

Emergency Plan
For
SLOVENIAN LINDEN FOUNDATION
(SLF)
DOM LIPA
2026

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1. Purpose

The Emergency Plan has been prepared to facilitate a controlled and coordinated response to an emergency or perceived emergency occurring within or affecting Slovenian Linden Foundation o/a DOM LIPA (Dom Lipa). The goal is to protect the health, safety and welfare of the residents, visitors and employees of DOM LIPA faced with an emergency.

The Emergency Plan outlines the responsibilities of DOM LIPA and the various Community Partners which would respond in emergency situations.

“Emergency” means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure safety of persons in the home.

2. Emergency Planning Requirements

The licensee of the Home shall ensure that the Emergency Plan for DOM LIPA incorporates all aspects of section 90 of the FLTC Act 2021 and O. Reg. 246/22 s. 268 and s. 269 and O. Reg. 166/11, s. 24, and s. 25.

3. Contact Details

Full Details available for Emergency Management Team

Owner of Slovenian Linden Foundation o/a Dom Lipa	SLOVENIAN LINDEN FOUNDATION
Name	Dom Lipa
Address	52 NEILSON DRIVE
City, Province, Postal Code	ETOBICOKE, ONTARIO M9C 1V7
Phone:	416 621 3820
Cell:	

Executive Director	Ms. Jolanta Linde
Address	
City, Province, Postal Code	
Phone: office	
Phone: home	
Cell:	

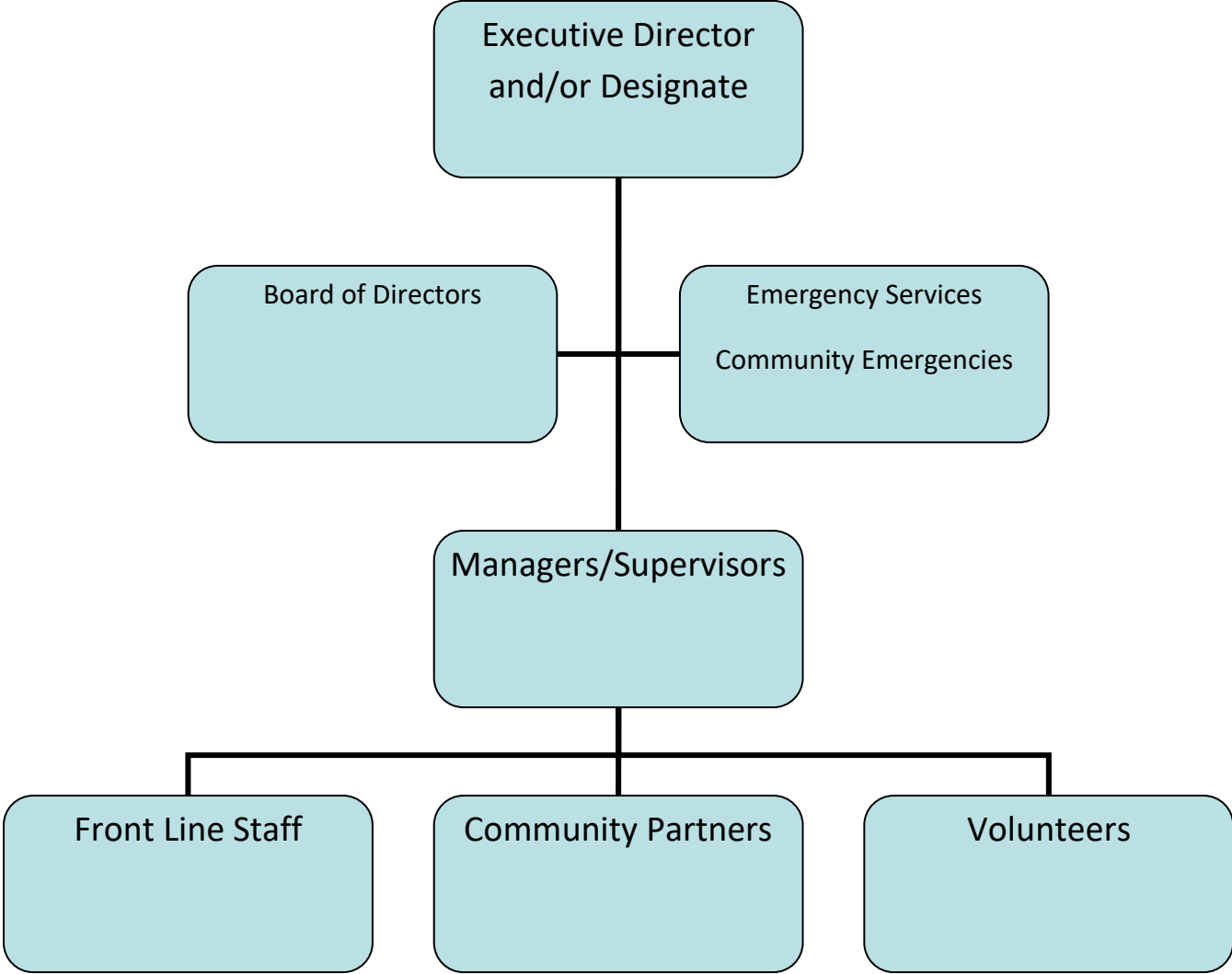
Director of Care	Ms. Zarah Claudio
Address	
City, Province, Postal Code	
Phone: office	
Cell:	

Resident Care Coordinator	Ms. Renata Ribaric
Address	
City, Province, Postal Code	
Phone: office	
Cell:	

Facilities Care Coordinator	Ms. Ana Jankovic
Address	
City, Province, Postal Code	
Phone: office	
Cell:	

Dietary Manager	Ms. Oksana Bomchyk
Address	
City, Province, Postal Code	
Phone: office	
Cell:	

4. Chain of Command



5. Roles and Responsibilities

All employees are responsible for participating in training of the Emergency Plan

Emergency Designate

- Assess the situation and determine the appropriate **action** and **code**
- Contact Emergency Services, 911
- Designate a **Command Post**
- Assign a scribe to document and record the event
- Assign a safety monitor, finance and clinical lead
- Obtain a copy of the Emergency Plan and have it available at the Command Post
- Contact Board of Directors President
- Contact Community Partners (Public Health Ontario, Toronto Public Health, Ontario Health Central, Ontario Health atHome, Ministry of Health, Ministry of Long Term Care if applicable)
- Follow procedures for the appropriate emergency code
- As necessary, solve problems
- At the **All Clear**, debrief and note areas that need revisions and updating

Managers/Staff

- Responsibilities as assigned by Emergency Designate
- Adhere to safe work practices in an emergency
- Report to their supervisor any known hazardous situation that may result in the course of an emergency
- Communicating effectiveness of Emergency Plan at the end of the “all clear”

6. Fan Out List

Full Details available for Emergency Management Team

7. Freedom of Information and Privacy Protection

Any personal or proprietary information collected under the authority of this Plan shall be used solely for the purpose of planning, preparing and conducting the response to emergencies impacting the County of Huron and its environment. The release of information under this Plan shall be made in conformity with the Ontario Freedom of Information and Protection of Privacy Act.

8. LTC & Retirement Home Census

Total number of LTC Beds: 66

Total number of Retirement Suites: 28 bachelor suites and 2 one-bedroom suites

Total Capacity: 98

Current Resident Census is posted at the Business Office and at each Nursing Station and updated when residents are admitted and discharged.

9. Plan activation

Aspects of this plan can be put in place at the direction of the Board of Directors/Executive Director and/or designate or at the direction of Community Emergency Management personnel. Once the plan has been activated, the staff of Dom Lipa will follow the directions laid out within the plan and other policies and procedures as indicated.

10. Emergency Codes

Code Red – Fire

Code Blue – Medical Emergency – Adult

Code Pink – Medical Emergency – Infant/Child

Code White – Violent Behaviour

Code Yellow – Missing Resident

Code Brown – Hazardous Spill including Gas Leaks

Code Purple - Hostage Taking

Code Orange – Community Disasters including natural disasters, floods and extreme weather events

Code Black – Bomb Threat/Suspicious Object

Code Green – Evacuation (precautionary, horizontal)

Code Green STAT (crisis, vertical to outdoors)

Code Grey – Infrastructure Loss or Failure e.g., boil water advisory

Code Grey Button Down – External Air Exclusion

11. Community Partners

To ensure the licensee of the home has arrangements with Community Partners to assist the licensee in the event of an emergency within the residence and to consult with the Community Partners to ensure their services match the needs of the licensee and are available to the licensee during an emergency.

Agreements and memoranda of understanding documents will be negotiated regularly with Community Partners, both private and public.

Community Partners will ensure appropriate plans and implementation procedures are developed for carrying out their roles and tasks. Community Partners will ensure that the health, safety and welfare of the residents of SLF-Dom Lipa are considered when developing and implementing plans and procedures.

Examples of Community Partners:

SilverFox Pharmacy

Food Suppliers: Gordon Foods, Imperial Coffee, Canada Bread, Mr. Dairy

Transportation Company

Relocation Sites

The full list of emergency partners is available for the Emergency Management Team.

11.1 Memoranda of Understanding (example)

Memoranda of Understanding

Between
Slovenian Linden Foundation – Dom Lipa
And
(Relocation site)

(Relocation site) is committed to assisting SLF-Dom Lipa during emergencies affecting the residents of SLF-Dom Lipa.

(Relocation site) agrees to provide SLF-Dom Lipa with the following:

During emergency: this would be shelter and kitchen / washroom facilities to access during an emergency.

SLF-Dom Lipa agrees to provide (relocation site) with the following:

Insert any terms applicable including payment or services.

This Memoranda of Understanding, MoU, begins on the date signed and is valid for a period of _____ . This MoU can be cancelled by either party with 90 days’ written notice.

Name and address of contact at: **(Relocation site)**

Name and address of contact at: **Dom Lipa Jolanta Linde**

Jolanta Linde
Insert Name of The Home Contact

(Relocation site)
Insert Name of Community Partner Contact

Signature

Signature

Date

Date

12. Code Grey - Loss of Essential Services

Our goal is to provide a safe and secure environment for all residents, staff and visitors. Code Grey policies will be implemented based on:

- Loss of Heating System
- Loss of Cooling System
- Power Outage
- Total Loss of Water
- Major Food Shortage
- Flood from internal source
- Elevator Entrapment
- At least annually, the Loss of Essential Services policies will be tested based on the Emergency Plan and including Community Partners.

12.1 Failure of the Heating System

During Extreme Cold Weather

Policy:

Staff to be familiar with procedures to follow in the event of failure of the heating system.

Purpose:

To ensure the appropriate measures are taken to protect residents during extreme cold weather.

Procedure:

1. If the failure of the heating system is due to a power failure refer to the power failure policy and checklist in the Emergency Plan.
2. If the failure is only related to the heating system, the charge person will contact the Facility Care Coordinator person on duty, or on call, who will contact the contracted service provider for the heating system to come to the residence and investigate and restore the heating system.
3. Until the heating system is restored, the following procedures should be followed:
 - Ensure all windows and exterior doors are closed
 - Make available additional blankets to keep residents warm
 - Keep vacant room doors closed
 - In the event the temperature in the residence drops below acceptable level and/or the heating system will not be restored for an extended period of time, initiate evacuation.
4. Document all procedures implemented.
5. In the event an extended absence of heat has been determined that may affect the health and safety of residents and staff, a **Code Green** may be implemented; see Code Green procedures.

12.1.1 Failure of the Heating System Checklist

Date of Heating System failure: _____	Initials of Staff	
Check thermostats to ensure it is set for heat		
Contact Facility Care Coordinator/staff on duty to contact contracted service provider (Springbank)		
Implement additional procedures found in the Failure of the Heating System Policy		
Charge person to consult with ED and/or Designate to determine if the residence will need to be evacuated.		

12.2 Failure of the Cooling System

During Extreme Hot Weather

Policy:

Staff to be familiar with procedures to follow in the event of failure of the cooling system.

Purpose:

To ensure the appropriate measures are taken to protect residents during extremely hot weather conditions.

Procedure:

1. If the failure of the cooling system is due to a power failure refer to the power failure policy in the Emergency Plan.
2. If the failure is only related to the cooling system, the charge person will contact the Facility Care Coordinator / staff person on duty, or on call, who will contact the contracted service provider for the cooling system to come to the residence and investigate and restore the cooling system.
3. Until the cooling system is restored, the procedures for Extreme Hot Weather are to be followed.
4. If the cooling system cannot be restored for an extended period of time and the extreme hot weather is expected to continue the Executive Director, in consultation with the Board of Directors, will determine if the residence will need to be evacuated.
5. Document all procedures implemented.

6. In the event when extended absence of a cooling system has been determined that may affect the health and safety of residents and staff, a **Code Green** may be implemented; see Code Green for procedures.

12.2.1 Failure of Cooling System Checklist

Date of Cooling System failure and/or Hot weather: _____		Initials of Staff
Check thermostats to ensure it is set for Air Conditioning (if applicable)		
Contact Facility Care Coordinator/staff on duty to contact contracted service provider (Springbank)		
Begin procedures to reduce temperature in the building (air conditioning, fans, attic ventilation)		
Implement additional procedures found in the Extreme Hot Weather Policy		
Charge person to consult with ED and/or Designate to determine if the residence will need to be evacuated.		

12.3 Emergency Hot Weather Procedures

The purpose of the following guidelines is to reduce the risk of illness or death occurring in a LTC and Retirement Home in the event of a heat wave.

Guidelines:

1. Determine potential risk of hot weather-related illness for each resident.
2. Reduce the temperature in the residence by using the following: ceiling fans, attic ventilation, reflective film applied to window glass or use portable air conditioners. It is suggested that an area of the residence which is accessible to all residents be air conditioned by a portable air conditioner.
3. Ensure that residents maintain adequate fluid intake. Each resident should be encouraged to drink 8-10, 240 ml glasses of fluid each day.
4. Revise menus to reduce the number of foods that must be cooked, and thus, reduce the amount of heat produced in the kitchen. Serve foods which are high in water content. Offer chilled beverages and foods.
5. Encourage residents to wear lightweight, light-colored, single-layer, cotton or linen clothing.
6. Physical activities should be supervised carefully, and in the event of extremely high temperatures, activities should be restricted.
7. In the event of a failure of the air conditioning and power outage, residents with a high risk of hot weather-related illness should be transferred to another residence or a cooling center (Cloverdale Mall etc.) where an air conditioned environment is available.
8. All residents should be monitored for the possibility of hot weather-related illness. In the event of illness, resident should receive immediate treatment and/or transfer to the local hospital.

12.4 Power Outage

Policy:

All staff be aware of procedure to follow during a power outage

Purpose:

To ensure residents are kept comfortable during a power outage.

Procedure:

1. The trouble alarm will signal in the event of a power failure, and the generator will start up.
2. In the event of total loss of power, the designated charge person will contact Toronto Hydro and determine the anticipated duration of the power loss.
3. The charge person will implement the power failure checklist to ensure all appropriate measures are taken.
4. Telephones, some computers, and the fire pump for the sprinklers are connected to the generator. Staff can also use walkie talkies for communication within the building. Emergency equipment is stored in the lower level emergency storage area.
5. The designated charge person will notify the fire department that the power is off and a Fire Watch to monitor residents' rooms, corridors, common areas, service areas for potential fire safety hazards every 1/4 hour. The Fire Watch Log is to be completed by assigned staff in each Home area.
6. If the power supply will not be restored for an extended period of time, the charge person to consult with the ED and/or Designate and Toronto Hydro to determine and prepare for a total building evacuation if required; see **Code Green** procedures.
7. Document all procedures implemented.
8. Ensure when power is restored a complete review of all related electrical systems are reviewed to ensure safe operations as follows:
 - Telephone – Internal communications
 - HVAC – heat/air, water
 - Fire annunciator and monitoring and notify each service; emergency lighting and carbon monoxide detectors as applicable
 - Kitchen equipment – range, refrigerators, freezers, microwave
 - Laundry areas
 - Housekeeping storage for mixing of chemicals
 - As applicable resident oxygen equipment and air mattresses
9. See also Generator and Maintenance Policy.

12.4.1 Power Outage Checklist

Date and Time of Power Failure:		Completed by: (list all individuals)					
Item	Initial on Onset	Initial 15 Minutes Later	Initial on the Half Hour				Sign off when power is restored and return applicable item to normal status
Using resident room list, complete immediate resident check -Visual check	*		*	*	*	*	*
Ensure exit doors are monitored by staff members	*	*	*	*	*	*	*
Set up emergency phone		*					*
All resident oxygen concentrators and air mattresses must be plugged into red plugs (generator)	*						*
Designated charge person to contact Toronto Hydro for confirmation of repair process Hydro telephone no: 416 542 8000		*					*
Designated charge person to contact Monitoring station re: fire alarms/signals Monitoring station telephone no: 1-800-465-4166 Account #713517 Password required	*						*
Check breakers	*						*
Ensure kitchen equipment turned off	*						*
Ensure laundry room equipment turned off	*						
Distribute flashlights	*						*
Retrieve Emergency Plan			*				*
Designated charge person to contact monitoring station to ensure monitoring system restored 1-800-465-4166							*
Ensure maglocks/doors are operational (check all)							*

12.5 Total Loss of Water

Policy:

All staff be aware of procedure to follow in the event of total loss of water

Purpose:

To ensure residents are hydrated and provided with the water necessary for proper hygiene and provision for food service.

Procedure:

1. In the event of a total loss of water, the designated charge person will contact the Water Company/Region and determine the anticipated duration of the loss of water.
2. Contact the Facility Care Coordinator / staff person on duty, or on call for direction.
3. The charge person will determine if necessary to implement procedures for Emergency Water Supply – including contacting supplier with whom the residence has agreements to supply emergency water and the equipment necessary.
4. In the absence of water for:
 - Hand washing, hand sanitizer must be made available in common washrooms and at a source applicable to avoid cross contamination
 - Kitchen and area of food preparation must utilize bottled water in the food preparation and move to paper products for meal service; a change in menu may be required to optimize available resources; cease use of all machines which are directly plumbed to water – dishwasher – ice machines – beverage machines etc. and seal off with signage to avoid resident and staff use.
 - Portable/bottled water is to be made available to residents and staff
 - Laundry is to be bagged to be completed at a later time
 - Care routines are to be minimized to essential completion only
 - Depending on length of loss of water, centralized washrooms need to be made ready and seal off the use of private and excess washrooms and post signage “Not for Use”. A garbage bag may be placed over a toilet for use and disposed of between use, using routine infection control practices for removal and disposal in appropriate waste facility.
5. Ensure on return of water all applicable service is restored by flushing toilets, running water in taps, checking all machinery directly plumbed to water – beverage machines, dishwaters etc. Complete a test run of machinery directly plumbed to water to ensure safe operations are restored.
6. Completed temperature check sampling on all water directly accessed by residents and staff to ensure it is within acceptable range.
7. Delay return of services and machinery which require hot water such as laundry, bathing and housekeeping until boiler have an opportunity to restore hot water

12.6 Major Food Shortage

Policy:

To ensure food supplies are available in the event of a supply chain breakdown occurs.

Purpose:

To ensure residents health is not jeopardized by a significant breakdown in food supplies by the contracted supply chain.

Procedure:

In the event of a shortage of food from supplier the residence may initiate the following steps under the direction of the Dietary Services Manager:

- Purchase food supplies from a local grocery store; if the routine of the home utilizes a preferred vendor for service, when using local grocery or changing provider, keep the invoice to identify foods prepared and serviced to residents in the event of foodborne illness.
- Enact Memoranda of Understanding with Community Partners, if applicable
- Arrange with local restaurants to provide meals

In the event food supplies are not available within the community the Executive Director may order an evacuation. **Code Green.**

12.7 Flood

Policy:

All staff to be aware of the procedure to following in the event of a flood in the Home.

Purpose:

To ensure proper procedures are followed to prevent harm to residents, staff and visitors and to prevent damage to the Home.

Procedure:

In the event of a flood, determine if the flood is related to equipment failure or weather.

Equipment Failure:

1. Remove residents, staff and visitors from immediate danger
2. Shut off water supply to the equipment that is failing
3. Turn off all electrical and mechanical equipment in the area
4. Restrict access to the area by locking out the area or clearly marking or taping around the area to create a barrier with yellow or danger tape and signage to prevent residents and staff from entry
5. Facility Care Coordinator with the Executive Director to determine arrangements for the cleanup of the area. This may involve the environmental department performing the cleanup or a contractor.
6. Document all procedures implemented.

Weather Related:

1. Monitor warnings from local authorities when weather conditions are present that may trigger a flood.
2. If flash flooding is known in your area and a warning has been issued, move residents, staff and visitors to higher ground.
3. Be prepared to evacuate and implement a **CODE GREEN** if instructed by Emergency Personnel.
4. Electrical power must be terminated to any area where water is present on the floor or areas where residents and staff may enter.

12.8 Elevator Entrapment

Policy:

Staff to take the necessary steps to ensure any person(s) trapped in an elevator is safe.

Purpose:

To have any person(s) trapped in an elevator removed as quickly and safely as possible.

Procedure:

1. Contact the elevator company responsible for service
2. Determine the timeframe for the contractor to correct the issue
3. If necessary, contact emergency services at 911
4. Provide regular communication with person(s) trapped in the elevator; prepare for the person's release from elevator by having water and a seat available upon their release
5. Make arrangements for transporting residents and services in the absence of elevator service; meal area may be altered to an area on each floor of the home to minimize risk to residents on stairwells and transport meals to a common area on the floor; meals may be altered to a lighter fare to assist; serve meals on paper products to minimize lift and weight when transporting to other area in the home to service residents

If a staff person is alone on shift and becomes trapped in the elevator:

1. Using the emergency phone located in the elevator contact emergency services (applies to west wing elevator only)
2. Contact the Executive Director and/or designate and advise of the situation

13. Code Yellow – Missing Resident

Our goal is to provide a safe and secure environment for all residents, staff and visitors. Code Yellow policies will be implemented when a resident is deemed missing.

At least annually, a test of the Missing Resident Policy based on the Emergency Plan and including Community Partners.

Policy:

All staff be aware of procedures for identifying and locating lost/missing residents.

Purpose:

To identify residents at risk of wandering and to provide a systematic search for lost/missing residents.

Procedure to ensure all residents are present and well:

- Each resident will be accounted for at each meal.
- Bed checks will be done during the night.
- All residents must sign in/out at the book located at the 1st east nursing station front desk.

Procedure when a resident is identified as lost/missing:

When a resident fails to appear or be present at a well-being check time, staff will:

1. Check sign in/out book to ascertain if the resident left the residence with a responsible person/family member.
2. Call Code Yellow and notify all staff on duty that a resident has not been located for a well-being check and assign staff to:
 - Search all rooms in their Home area including bedrooms, bathrooms, tub rooms, lounges, kitchen, staff rooms, closets, maintenance rooms, treatment room, and include all locked areas of the home
 - Check the grounds surrounding the building
 - Staff will notify “Charge” on completion of assigned search areas and/or if absent resident is located
 - Complete a **2nd check** of the home and surrounding area – change staff assignment for the search
 - Check with friends of the resident in the home to ensure they are not visiting elsewhere
 - Check the surveillance cameras to determine if the resident has left the building
3. If resident has not been located after above, contact family member for inquiry of resident

4. Obtain resident photo ID and description of resident last seen and what they are wearing
5. If the resident cannot be found, notify the local police department: 22 Division, 416 808-2222 Give the police a complete and concise description of the resident, i.e. what the resident was wearing, age, height, and any other pertinent facts – state of mind, medical issues which may arise
6. Inform family/substitute decision maker of a missing resident
7. Complete incident report and file in resident's file
8. If at any time during a missing resident search the resident returns to the home, the resident is welcomed for their safe return and a discussion about sign in/out importance to ensure the resident understands the importance regarding failure to sign in/out. The charge person is to advise the police and family members contacted of resident return and/or advise when found.

Home floor plan to be used in search procedures.

14. Code Blue/Code Pink – Medical Emergencies

Our goal is to provide a safe and secure environment for all residents, employees and visitors. Code Blue/Code Pink policies will be implemented when a medical emergency is identified based on the following criteria:

Cardiac Arrest
Unexpected Death

At least annually, a test of the Medical Emergency policy based on the Emergency Plan and including Community Partners.

Policy:

All staff and volunteers be familiar with the procedures to follow if a medical emergency occurs.

Procedure:

A Code Blue is initiated by a staff member in the event that a resident/ visitor/ staff/ volunteer is exposed to a life-threatening situation.

Using the paging system, **announce Code Blue/Code Pink location ... three times.** The paging system should only be used for announcements related to the Code Blue & Code Pink until all clear has been announced.

- Stay with the individual in distress until medical assistance arrives
- If a resident's physician, or the physician on call, cannot be reached, and a resident requires immediate emergency medical attention, the resident must be transferred STAT via ambulance to the closest hospital.

When contacting emergency services (911):

- Remain calm
- Be prepared to respond to the following questions:
 - name of Home: Dom Lipa
 - Street Address: 52 Neilson Drive, Etobicoke, ON
 - Location of the incident (i.e. dining room, resident's room etc.)
 - Date of birth of the individual if available
 - Medical status of the individual (i.e. breathing/not breathing, stable/not stable, pulse/no pulse etc.)
- Notify the emergency department and contact physician after the resident has been transferred

15. Code White – Violent and/or Behavioural Situation

The goal of SLF-Dom Lipa is to provide a safe and secure environment for all residents, staff and visitors. The Code White policy is to be implemented when an actual or potential violent and/or behavioural situation is occurring in the residence or on the property.

Policy:

All staff and volunteers be familiar with the procedures to follow if an act/threat of violence or aggression occurs.

Procedure:

The procedure will apply to all staff once the announcement of a **CODE WHITE** is made. In the event any person on the property presents a threat to the safety of others, using the paging system announce **Code White location ... three times**. The paging system should only be used for announcements related to the Code White until all clear has been announced.

Call for help at the first sign of violence or threat of violence, and if the offender is armed, i.e. knife or other weapon, call 911 immediately to handle the situation and do not attempt to handle it yourself. Ensure you inform 911 operator the offender is armed, the location of the offender, and provide the name of the offender if know.

- If the offender is inside the building:
 - Immediately remove all people from the danger zone to the furthest safe area including outside the home if it is safe to do so and when possible, lock down the area if a safe distance can be maintained.
 - Staff will maintain a distance close enough to observe and far enough not to be within reach or access by the individual; remain alert for seemingly harmless objects that can be used against you, i.e. pens, chairs, kitchen utensils etc.
 - If it is safe to do so, search the area for any weapons or other objects that could endanger others and confiscate and store all items in a safe place. Document items confiscated.
- If the offender is exterior to the building:
 - Lock down all points of entry/exit to the building (doors, windows, fire exits etc.) to prevent entry/departures
 - Using the paging system **announce lock down mode** to residents and staff **three times**
 - Close window coverings and move residents to interior rooms or corridors
 - Monitor presence of the offender from a safe distance without antagonizing the situation
 - Obtain descriptive information as available (i.e. name of the offender, relationship, physical description) to report to authorities

Treat any injuries sustained during the threat or seek outside medical attention if necessary. Interview any staff or residents who may have observed the incident and document their responses. Complete an incident report and other required forms.

Note: any staff members who may have reason to suspect themselves and others in their presence may be placed in danger from a person(s) outside the workplace must inform their employer of such circumstance to prepare the workplace and safety plan. The employer will assist with developing safety measures appropriate for the workplace for the arrival and departure of the staff member.

16. Code Red - Fire

Refer to the Fire Plan approved by Toronto Fire Department. Staff and residents are trained on the implementation of the fire plan including participation of staff in fire drills

17. Outbreaks, Epidemics and Pandemics

Refer to Infection Prevention and Control Plan

18. Code Orange - Community Disasters

Our goal is to provide a safe and secure environment for residents, staff and visitors. Code Orange policies will be implemented based on the following criteria:

Weather – Flood, tornado, ice storm, including power outages due to weather; refer to existing policies and procedures related to flood, power outages, etc.

Train derailment – if located near a rail line, including chemical spill

Multi vehicle crash – within the community or nearby highway, including chemical spill

Airplane crash - within the community

Nuclear power plant - leak

Pandemic - Community outbreak

Capacity Increase – housing members of the community through a community-based disaster

Revised: March 2026

19. Code Black - Bomb Threats/Suspicious Object

Our goal is to provide a safe and secure environment for residents, staff and visitors. Code Black policies will be implemented when a Bomb Threat/Suspicious Object is received.

Policy:

All staff and volunteers be familiar with the procedures to follow if a bomb threat/suspicious object is received.

Procedure:

Using the paging system, announce **Code Black location...three times**. The paging system should only be used for announcements related to the Code Black until all clear has been announced.

Bomb Threat received by Telephone:

- Remain calm
- Keep the caller on the line
- Notify nearby staff and have them contact 911, **using a land line**
- Try to take note of the following:
 - Gender of the caller
 - Does the caller have an accent
 - Is the caller attempting to disguise their voice
 - Background noise (e.g. traffic, voices, train, office equipment)
 - Is the caller calling from inside or outside
 - Specific details provided by the caller (e.g. demands)

Bomb Threat/Suspicious Object received by mail or email:

- For letter/package (mail), minimize the handling of the letter/package/envelope
- Leave the letter/package/envelope where it was discovered – may have been found at front door, elevator etc.

Secure the residence and only allow emergency personnel to enter or leave the residence. All residents and visitors are to remain in their rooms.

20. Code Brown – In-facility Hazardous Spill

Our goal is to provide a safe and secure environment for all residents, staff and visitors. Code Brown policy will be implemented when an In-facility hazardous spill occurs and will be classified as either:

Non-threatening hazardous spills present little or no hazard to the residents/staff/visitors or the property. These spills can be safely cleaned using a **Chemical Clean Kit**.

Or

Threatening hazardous spills within the residence involve the immediate evacuation of the residence and notification of emergency authorities.

20.1 Chemical Spill

Policy:

All staff aware of the procedures for identifying a hazardous spill.

A “spill” may be pharmacological, bio-hazard, toxic waste, and combustible and must be properly secured, cleaned up and disposed of using appropriate methods for the substance(s) and the nature of the spill.

Purpose:

All staff aware of a minor spill and a major spill and the procedures to follow if a hazardous spill is detected.

Non-Threatening (Minor) Hazardous Spill:

This type of spill possesses little to no hazard to the residents/staff or building. A minor spill can usually be contained and cleaned using an emergency spill kit.

1. Report spill to supervisor
2. If the spill is known, access MSDA sheets for the chemical to ensure appropriate clean up
3. Supervisor will notify the appropriate staff member to clean the area using the emergency spill kit.

Threatening (Major) Hazardous Spill:

This type of spill may cause a health hazard and cannot be contained safely with an emergency spill kit and/or threatens to enter the sewer system, mix with other chemicals in the same storage area, become airborne, or move off the property. This type of spill is to be reported immediately.

1. Report spill to Executive Director and/or charge person

2. Executive Director/charge person to report spill to 911 Emergency Services
3. If hazardous spill in the residence, begin evacuation procedures
4. If hazardous spill outside the residence, take direction from Emergency Services

Note: All spills are to be reported to the Joint Health and Safety Committee for review and prevention.

21. Code Green - Evacuation (precautionary)

21.1 Code Green STAT- Evacuation (crisis)

Our goal is to provide a safe and secure environment for residents, staff and visitors. Code Green policies will be implemented at the order of the Executive Director/Designate or Community Based Emergency Personnel.

Written Evacuation Plans should include: Levels of authority, designated meeting point outside the residence, transportation of residents, notification of family, resident count, staff count, relocation of residents, resident identification and a method of obtaining medical records and medications. Also, included is a re-entry plan outlining who is responsible for authorizing the re-entry.

A planned evacuation of the Home is required at least annually. In addition, a written record of the planned evacuation along with any changes made to improve the Evacuation Plan.

21.2 Evacuation Procedures

Policy:

All staff and volunteers be familiar with the procedures to follow to evacuate the Home.

Purpose:

To evacuate the Home in the event of an emergency that requires all residents, visitors, staff and volunteers to exit the residence

Using the paging system, announce **Code Green three times**. The paging system should only be used for announcements related to the Code Green until all clear has been announced.

Levels of Code Green Evacuations

1. **Level 1 – Crisis/Emergency:** Persons are in imminent danger and are moved according to the Fire Plan
2. **Level 2 – Precautionary/ Delayed:** There is an opportunity to execute the plan in events such as loss of utilities, preparation for emergencies such as flooding, weather, etc.
 - The home can enact the safety plans for movement of residents; utilize community contact resources for:
 - Family members to come for residents to take to a safe location with family
 - Transportation – ensure your contacts include people, wheelchair accessible, equipment and supplies

- Shelter – contacts must include the number of persons they can shelter at one time, male/female accommodation accessible; if food is available; if shelter includes a long term care facility – be sure to send sufficient staff for supervision – cannot depend on LTC staff to complete
- 3. **Level 3** – The emergency is such that the greater community plan is enacted and the home is directed on all activity and the resources are made available to transport and shelter residents.

Procedure:

1. Direct and assist residents to evacuate the Home to your designated assembly area either internally or externally depending on the nature and urgency of the evacuation
2. Remove residents closest to the danger zone first
3. Ensure staff is assigned to stay with evacuees
4. If possible, residents should be moved horizontally, only if necessary, a vertical move should take place
5. When a vertical move is required, residents should be moved to the ground floor then outside
6. Ambulatory residents should be moved first, followed by wheelchair residents, bed ridden residents then resistive residents
7. If possible, retrieve residents' charts, medications, MARS
8. Ensure all residents receive identification Name Tag and indicate the Residence Name
9. Once the Home has been evacuated complete a resident and staff count
10. If necessary to relocate residents, implement relocation plan

Evacuating Resistive Resident

1. Talk calmly to the resident
2. Explain situation and need to evacuate to a safe area
3. If unable to remove resident move on to the other residents requiring evacuation
4. Inform person in-charge and/or fire official of residents or others resisting evacuation. Follow instructions.

22. Visitors Injured While in the Residence

1. Assess visitor's injury, administer first aid as required and/or call an ambulance.
2. Arrange for visitor's transportation to his/her physician or the hospital, if required by the visitor.
3. Notify the Executive Director and/or Designate immediately.
4. Document incident:
 - a. Interview person observing or discovering visitor's incident.
 - b. Report should be detailed, factual and without an expression of opinion.
 - c. Report should be based on individual observations, but may include statements of the witness and the visitor.
 - d. Report should describe the visitor's condition before and after the incident.
 - e. Report should be forwarded to the Executive Director and/or Designate at earliest possible time.
 - f. The report should be kept in the Executive Director's office

23. Care of the Resident in the Event of an Emergency

In the event of an accident or incident involving a resident, the following procedures should be adhered to:

1. Insure that no further trauma is placed on the resident.
2. Preserve life by initiating appropriate medical assistance. First aid or remedial care action should be started immediately, then follow emergency criteria.
3. When an emergency arises outside the residence, remain with the resident and have another staff member or volunteer call an ambulance. Cover the resident with a blanket (if available) and make the resident as comfortable as possible while waiting for the ambulance to arrive.

24. Emergency Plan Maintenance, Testing and Revisions

A review and evaluation of the complete Emergency Plan is to be conducted annually. A review of the Emergency Plan is to include updating contact information for Community Partners and all persons or companies involved in the responding to any part of the Emergency Plan.

The following sections of the Emergency Plan will be tested at least annually

- (i) Loss of essential services
- (ii) Situations involving a missing resident
- (iii) Medical emergencies
- (iv) Violent outbursts

	Monthly	Annually
January	Code red	Code yellow
February	Code red	Code orange
March	Code red	Code white
April	Code red	Code blue
May	Code red	Code black
June	Code red	Code pink
July	Code red	Code brown
August	Code red	Code purple
September	Code red	Code green
October	Code red	Code green-STAT
November	Code red	Code grey
December	Code red	Code grey button down

25. Communication Plan

Emergency Communications

One staff position is designated as the person in charge for Dom Lipa Long Term Care and Retirement Residence. All staff/volunteers and community partners will receive communication from this designated person. The designated staff position is: Executive Director or Designate

Media

One person is designated to speak on behalf of Slovenian Linden Foundation. The designated person is: Vice President of the Board of Directors.

All communication from media directed to Dom Lipa Long Term Care and Retirement Residence will be answered by the designated person. If staff are questioned by media their response will be:

Dom Lipa Long Term Care and Retirement Residence is doing everything to protect the residents and staff. To protect their privacy, please direct all inquiries to the Executive Director.