



Manual: New Emergency Manual	Policy ID: EM-Emergency_Code_1
Reviewed Last: March 3, 2025	Created: March 3, 2025
Reviewed By: Stacey Maracle	Approved By: Stacey Maracle

EMERGENCY CODE BLUE CARDIAC ARREST

PURPOSE

1. To alert individuals within the Home of a Cardiac Arrest or Respiratory Arrest in a particular room or area of the building.
2. To provide a streamlined system of responding to the needs of a resident during acute illness.

POLICY

Have an organized system in dealing with acute situations within the Home, ie. choking victims, cardiac arrest, acute illness. This is achieved by following the outlined procedure.

KEY POINT

Nurse in Charge will immediately go to area of Code Blue to assist. Anyone may bring or be asked to bring the Suction Machine to the area from the dining room or tub room.

PROCEDURE

1. **When discovering a resident with a change in health status:**
 - Pull nearest bell.
 - Stay with resident;
 - If no response to call bell, call out for help; if no response go to Nursing Station;
 - **page "Code Blue" (announce Code Blue @ room) three (3) times;**
 - Upon arrival, supervisory personnel will take charge of situation and delegate to other staff members any functions to be carried out, ie:
 - Emergency ambulance to be called (auto dial, give name, address of Manor & answer questions from dispatch.)
 - Attempt to have information ready for ambulance personnel including:
 - Completion of Transfer From;
 - Notification of Attending Physician and family;
 - Other duties as need to be assigned by Nurse In Charge



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EMERGENCY CODE WHITE AGGRESSIVE SITUATION

PURPOSE

1. To initiate an appropriate effective response to the presence of an aggressive person.
2. To minimize the risk of harm coming to a resident and/or staff through effective access control and proper identification of all personnel.

POLICY

All staff are responsible for initiation a Code White upon discovering a aggressive person or situation in the Home.

PROCEDURE

1. Anyone found in the nursing home not appearing to have legitimate purpose for being there, will be approached by staff in a non-confrontational and professional manner.
2. Ascertain whom they are visiting and whether they require any assistance.
3. Once the nature of the visit has been determined, accompany them to the appropriate resident's room.
4. If they have no legitimate purpose for being in the home, escort them to the main exit. Notify the Nurse in Charge.
5. If a non-authorized individual:
 - is not recognized **and**;
 - refuses to follow your direction **or**;
 - becomes argumentative **or**;
 - has no purpose for being in the nursing home **or**;
 - looks suspicious;

INITIATE THE CODE WHITE YOURSELF

INTRUDER CODE

1. Go to the nearest telephone set and call 911. Advise police there is an unauthorized person on the premises and provide the description if asked.
2. Announce in a clear, calm tone of voice "CODE WHITE" (for example: "Code White area"). Repeat this page 3 (three) times and again 30 seconds after to ensure all staff are alerted.
3. Immediately notify the Nurse in Charge and additional Registered Staff and/or Management Staff to report to the affected area.
4. Nurse in Charge or designate to delegate someone to meet the police upon their arrival and provide assistance as required.
5. Upon the arrival of police or when safe to do so Nurse in Charge or designate will notify Administrator or Director of Nursing if not on premises.
6. Depending on police instruction fan out procedure may be initiated.



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CODE- RED
R.E.A.C.T. UPON DISCOVERY OF FIRE OR SMOKE
IF YOU DISCOVER SMOKE OR FIRE IN A ROOM / AREA:

R.E.A.C.T.

1. Remove residents in immediate danger, if possible.
2. Ensure the door(s) is closed to confine the fire and smoke.
3. Activate the fire alarm system using the nearest pull station (if not already activated).

**Communication Person will check annunciator panel then,
SLOWLY AND CLEARLY USING THE TELEPHONE PAGING SYSTEM ANNOUNCE
"Code red, (location)" three (3) times.**

4. Repeat 30 seconds later to ensure all staff have been alerted.
5. Call 911.
6. Try to extinguish the fire or concentrate on further evacuation.
7. Initiate horizontal evacuation away from the fire to another fire separation zone.

NOTE: In all cases of evacuation (horizontal, vertical or total) in order to clearly identify that resident rooms have been thoroughly searched and evacuated, the staff person removing the last resident from the room, will place an orange evacuation tag on the rooms doorknob (orange evacuation tags will be kept at the Nursing station under the desk. Rooms with shared bathrooms need to be considered as one room and require evacuation after the room across the hall.

8. Fight fire only if the fire is small and after residents are removed from the fire zone.
9. If there is smoke from under a room door, do not open door and place wet towel/sheet along bottom edge of door.

The sequence of these steps will vary depending upon the circumstances of the fire.



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EMERGENCY CODE BLACK - BOMB THREAT

PURPOSE

1. To ensure there is little or no injury to residents and staff.
2. To ensure accurate documentation of details of threat.

POLICY

All staff to be aware of their responsibility for dealing with a bomb threat.

PROCEDURE

1. Immediately following the threat of a bomb, the staff member will call 911 and inform dispatch giving as much detail as they can.
2. Then the staff member will **immediately** advise the Administrator, the Director of Nursing, and/or the Nurse in Charge.
3. The Administrator, Director of Nursing or Nurse in Charge will announce 'Code Black' and begin evacuation immediately.
4. When the police or emergency personnel arrive, they will take over.
5. The Ministry of Long-Term Care must be notified by the Administrator or designate by the Critical Incident System or calling the After-Hours Line (1-888-999-6973).



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1EMERGENCY CODE YELLOW - MISSING PERSON

PURPOSE

To locate a resident who is unaccounted for using an efficient, thorough process.

POLICY

An immediate and thorough search of the Home and the immediate environment shall be conducted upon the suspicion/notification that a resident is missing in accordance with the following procedure

PROCEDURE

21. After a thorough check on the Unit, Staff will notify the Nurse In Charge immediately of a suspected missing resident.
2. The Nurse In Charge will announce "**Code Yellow, name of missing resident, room number**"; e.g. "**Code Yellow, Mrs Smith, Room 213**".
3. The Nurse In Charge will delegate two (2) Personal Support Workers (PSW's) to check outside the Home and approximately one hundred (100) yards north of the Manor vicinity. One (1) searches the front and rear of the north side of the building. The other person searches the front and rear of the south side of the building and approximately one hundred (100) yards south of Manor. Include search of public buildings, i.e. sheds.
4. **All Nursing Staff on each resident care unit search their Unit in an organized fashion:**
 - In each room, on/under beds;
 - In each bathroom;
 - Utility Rooms, including Janitor Closets;
 - Linen Closet, closets;
 - Stairwells, Library;
 - Individual rooms.
35. **Staff on all floors will call Nurse in Charge promptly to indicate:**
 - Search completed;
 - Resident found/not found.
46. If resident not found, the Nurse in Charge will notify the Director of Nursing, who in turn will notify Police, Family and Physician.
57. Director of Nursing completes an Incident Form and documents all actions taken on Multi-disciplinary Plan (MDPN). The Ministry of Health will be notified by telephone immediately followed by the Critical Incident System.

8. **When resident is found, the Director of Nursing/Nurse in Charge shall notify:**
Police, Family, Administrator, and Physician.
9. The Director of Nursing or delegate will notify the Ministry of Long-Term Care by the via Critical Incident System or the After-Hours line.
10. The Director of Nursing/Nurse in Charge shall document in Multi-disciplinary Notes the details of return and action taken to prevent reoccurrence.
11. Where the resident is not found within twenty-four (24) hours, the Administrator shall determine the appropriate course of action to be taken, e.g. arrange for press conference with press and Police Department.



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**EMERGENCY CODE BROWN - INTERNAL OR EXTERNAL INCIDENT
INVOLVING HAZARDOUS MATERIALS**

INTERNAL

All chemicals in the Home have an MSDS sheet. Under spills/disposal the MSDS sheet provides a specific clean-up procedure for staff to follow.

EXTERNAL

Friendly Manor Nursing Home is located in the Town of Greater Napanee.

The Mayor of Greater Napanee would implement the emergency plan.

Friendly Manor will follow our own procedures for any chemical spill and/or community disaster. Regular communication with the police would be maintained prior to any decision of Home evacuation.

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EMERGENCY CODE GREY - LOSS OF UTILITIES

HYDRO

PURPOSE

To have a system in place in case the Nursing Home experiences a loss of power.

POLICY

The Home shall maintain all essential services during a loss of power.

PROCEDURE

1. Telephone communication will only be available through the power-fail set (beige) located at under desk at nursing station until the generator starts.
2. In the event of a total loss of power, contact Hydro One at 1-800-434-1235 to report the outage and determine the anticipated duration of the power loss.
3. Ensure a staff member makes frequent checks at each door to the outside to prevent residents from wandering out until the generator starts or power is returned.
4. For the purpose of communication of emergency codes (code blue, code red) and for critical messages, such information will be passed on to the Office Manager (or nurse in charge) by a designated runner. When no office persons are on duty, an assigned PSW will be posted at the nursing station to access the power-fail telephone set.
5. Flashlights are kept in the med room.
6. Obtain emergency blankets from storage and use as necessary to keep residents warm.
7. Friendly Manor Nursing Home has a 150 KW Natural Gas Generator with a 600-amp transfer switch. This generator can supply 100% power required for all equipment/systems in the Home.
8. When utility power supply is cut off to the Home and the automatic transfer switch detects a no power situation for more than 30 seconds, it will send a signal to the generator to start. Once the generator is running all power is restored to the home.
9. With the 30 second temporary power outage, the mag locks may release, and the fire panel may detect no power and the alarm may sound.

10. The fire panel and the mag lock doors may need to be reset. The nurse in charge will be responsible for this in the absence of the Maintenance Supervisor.
11. When utility power is restored, the automatic transfer switch will send a signal to the generator to shut down. There may be a glitch in the power and the lights may flicker.

NATURAL GAS

PURPOSE

To ensure the well-being of the residents and staff in case of a loss of natural gas.

POLICY

The Home shall be prepared to deal with an incident of loss of natural gas in a way that minimizes disruption to the residents and staff.

PROCEDURE

An interruption in natural gas supply will affect the kitchen stove, the hot water boilers, laundry dryers, all furnaces, and the generator.

1. In the event of loss of natural gas supply, contact Enbridge Gas at 1-866-763-5427 in order to determine expected duration of shutdown.
2. In the event that the supply of gas will be restored quickly, no further action need be taken.
3. **In the event that loss of natural gas has occurred during the warm weather and is to be restored in a reasonable period of time:**
 - Suspend operation of laundry and dishwashing services in order to conserve hot water for residents' use.
 - For emergency feeding of residents, see "**Interruption of Dietary Services**".
4. In the event that gas supplies are not to be restored for an extended period of time, make arrangements for the laundering of linen outside the Home. The Administrator will determine whether a total evacuation is necessary and contact the Napanee O.P.P.
5. The Ministry of Long-Term Care must be notified by the Administrator or designate by calling the Service Ontario After Hours Line (1-888-999-6973) and/or via Critical Incident System.
6. Anytime staff detect the smell of gas, phone **Enbridge Gas** and tell them you smell gas and they will come out and investigate.

WATER

PURPOSE

To have procedures in place to deal with a loss of water situation which would allow for minimal disruption to the Nursing Home.

POLICY

To have access to an adequate supply of water in the case of an emergency.

1. In the event of a complete loss of water, contact Town of Deseronto Public Utilities at 613-396-2440 in order to determine expected duration of shutdown.
2. In the event that water services will be returned to normal quickly, within one (1) to two (2) hours, no further action need be taken. Unnecessary operations requiring water will be suspended.
3. **In the event that water supplies will not be available for several hours, the following procedure is to be followed:**
Milk and fruit juices are to be used to supply the needs of residents.
Laundry and dishwashing operations and regular resident bathing shall be discontinued for the duration of the shortage. Arrangements to have linen laundered off premises shall be made by the ESS or designate, if situation warrants.
Disposable hand wipes will be obtained from the emergency supply for perineal care.
4. **Minimize the use of toilets during the period of shortage. Remember, toilet can be flushed once after supply to building is cut off.**
5. Advise Environmental Supervisor to turn off all equipment which may burn out due to lack of water (i.e. kitchen steamer, refrigeration units, and coffee machines).
6. Nutrition Manager will ensure food refrigeration temperatures remain at proper levels and recorded half hourly. Situation may warrant arrangements to refrigerate food off site.
7. **In the event that water supplies will not be returned to normal for an extended period of time, initiate contact with pre-planned emergency water sources:**
Brighton Springs at 613-475-5666
8. Disposable plates and utensils shall be used during meal service.
9. In the event that water supplies will not be returned to normal indefinitely, initiate **Total Evacuation** (see Evacuation).
10. The Ministry of Health and Long-Term Care must be informed by the Administrator or designate by calling the Service Ontario After Hours Line (1-888-999-6973) and/or via Critical Incident System.



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EMERGENCY CODE GREEN FACILITY EVACUATION

PURPOSE

To provide a means of communicating the need for evacuation during a disaster or potential disaster situation.

POLICY

The Administrator or designate will initiate the Code Green when type and extent of evacuation required is determined.

PROCEDURE

1. During a disaster or potential disaster situation, the Nurse in Charge will collaborate with the Administrator, Director of Nursing, other applicable department supervisors, professional services personnel i.e. Fire Chief, Police Chief etc. to determine if evacuation is required and type and extent required. **In some situations, the Nurse in Charge will be responsible to initiate evacuation immediately without collaboration i.e. immediate or horizontal evacuation, situation circumstances.**
2. The Nurse in Charge or designate will call Code Green using designated manner:
i.e. \ Code Green Horizontal Evacuation of Hall A
OR
i.e. \ Code Green Total Facility Evacuation
Repeat Code 3 times. Speak slowly and clearly.
Repeat Code Green in 30 seconds.
3. Evacuation tags will be flipped on all resident rooms indicating the room has been searched and evacuated. Tags are attached to each door.

CODE GREEN RESIDENT/STAFF CHECKLIST

PURPOSE

To ensure all Residents and staff are accounted for after the Home has been declared a Code Green (total evacuation).

POLICY

A Resident/Staff checklist will be completed once residents and staff have been evacuated from the Home.

PROCEDURE

1. The Office Manager will ensure an updated copy of the Resident/Staff checklist is kept in the Disaster kit.
2. The Nurse in Charge will designate at least 2 staff members to the area of evacuation.
3. The 2 staff members designated will complete this checklist for all residents and staff listed on the duty list.
4. Any resident not accounted for must be immediately located via the missing person policy EM CODE 9 – Yellow – Missing Person.



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1EMERGENCY CODE ORANGE - MASS CASUALTY RECEPTION

PURPOSE

To have a comprehensive plan in place for accepting residents/patients from another facility should it be required.

POLICY

1. The Nursing Home shall accommodate other facilities in their time of need.
2. The decision to accept residents from an outside facility may be made only by the Administrator or Designate.

PROCEDURE

1. The exact number of people to be received is dependent on the level of care required by the individuals
2. Upon agreeing to accept disaster victims, the Administrator is to immediately call a meeting of the Department Supervisors in order to assign extra duties and to ensure that Department Supervisors schedule staff to accommodate emergency situation.
3. The Administrator is responsible for notifying the Ministry of Long-Term care to apprise them of the situation.
4. Arrangements may be made with affiliated Nursing Homes to acquire extra mattresses, blankets, linens and medical supplies as the situation dictates.
5. Upon arrival, all incoming residents/patients are to be directed to the Dining Room and North Lounge.
6. **The Office Manager and available staff will obtain the following information from each individual (where possible this is to be done before the individual enters the Dining Room):**
 - Name
 - Address
 - Age
 - Sex
 - Next of Kin
 - Diagnosis
 - Allergies

7. The Office Manager (or delegate) will then prepare an identification bracelet for all evacuees (where possible this is to be done at the time the initial information is received).
8. The staff from the evacuated facility will be expected to care for the evacuees under the direction of their designated Supervisor.
9. The Advisory Physician, Attending Physicians and/or Nurse Practitioner (as deemed necessary) shall be available to attend to emergencies.
10. The Director of Nursing (or delegate) will be responsible for responding to enquiries from relatives.
11. Unless authorized by the Administrator, families/friends of evacuees are not permitted to visit so as to reduce confusion and congestion.
12. Temporary residency will be set up in common areas of the Nursing Home (Recreation Rooms, Dining Room).
13. The Dietary Department will require tray service for those residents displaced from having meals in the Dining Room and for evacuees during the term of the emergency.



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EMERGENCY CODE SILVER PERSON WITH A WEAPON

PURPOSE

1. To initiate an appropriate effective response in the presence of a person with a weapon.
2. To minimize the risk of harm coming to a resident and/or staff through effective access control and proper identification of all personnel.

POLICY

All staff are responsible for initiation a Code Silver upon discovering a person with a weapon in the Home.

PROCEDURE

1. **Immediately** initiate Code Silver and **call 911**.
2. **DO NOT** under any circumstance become confrontational with the person. Try to remain calm.
3. Attempt to remove all residents and staff from immediate harm if able to do so safely.

INITIATE THE CODE SILVER YOURSELF