



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 3.19

DEPARTMENT: *Administration – H&S Emergency Preparedness*

SUBJECT: Code Red – Fire

APPROVAL DATE: December 2019

REVISION DATE: July 2022

REVIEW DATE: Dec. 2020; March 2022; October 2022

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POLICY:

It is the responsibility of the management, staff, contractors, visitors and residents to adhere to the approved Fire Safety Plan.

Management has the responsibility to provide the leadership and training for the staff and residents to carry out the approved Fire Safety Plan.

Staff has the responsibility to read and understand the Fire Safety Plan as assigned to them by Management.

Residents, visitors and contractors (on site) have the responsibility to initiate evacuation upon hearing an alarm, comply with directions given by staff, and to initiate an alarm upon discovery of a fire emergency.

PROCEDURE:

1. In order to achieve a high excellence of efficiency, management and staff are required to:
 - a. Communicate fire safety plan to staff, Contractors, and Residents.
 - b. Read and understand the fire safety plan.
 - c. Participate in monthly fire drills.
 - d. Maintain records of participants.
 - e. Maintain results of fire drills.
 - f. Practice using firefighting equipment when approved training is made available.

2. Upon hearing the fire system alarm; or, upon finding smoke or fire, staff shall, follow the principles of “REACT”:

SMOKE or FIRE

REACT

- R**emove persons in immediate danger, if possible.
- E**nsure the door(s) is closed. Close all doors in fire area.
- A**ctivate fire alarm system using the nearest pull station.
- C**all 9-1-1



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Try to extinguish the fire or continue to evacuate (trained staff only).

3. Staff will immediately implement the approved Fire Safety Plan procedure as per their specific position at the County of Elgin Homes.
4. Staff will be prepared for potential evacuation and/or loss of essential services. See Administration Policy 3.15.06 Code Green Evacuation and Administration Policy 3.16 Loss of Essential Services.
5. Communication is critical during a code red situation – land lines, overhead paging, mobile devices, walkie talkies and runners shall be utilized as applicable and required.
6. All fire drills and alarm results will be recorded and forwarded to the Manager of Support Services/Maintenance for record keeping.

Post Incident Plan for Recovery

Following a Code Red, a debrief will be conducted and will include staff, management, and, as applicable, others (students, volunteers, etc.) involved in the incident. Debriefing is an opportunity to build morale, listen to concerns, document lessons learned, and plan for regular operations. Emotional/physical support for those directly involved/witness to the code red will be provided as determined by assessed need(s).

A documented evaluation of the incident, policy and procedure shall be conducted within 30 days of the Code Red including what went well, opportunities for improvement, those in attendance, and dates changes implemented.

Testing and Evaluation

Homes are required to test emergency plans including arrangements made with emergency providers. Code red testing must be conducted annually. Exercises can be developed to test essential elements, interrelated elements, or the entire plan. These can take the form of table-top exercises, drills, functional exercised and field exercises. Testing shall include a written record of testing and changes made to improve the plans including the corrective action, and timeframes.



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Emergency plans must be evaluated and updated within 30 days of an emergency being declared over and annually should the plan not be activated.

References:

Fixing Long-Term Care Act, 2021

ON Reg. 246/22

Administration Policy 3.15.06 Code Green Evacuation

Administration Policy 3.16 Loss of Essential Services