



**COMMUNITY AND HEALTH SERVICES DEPARTMENT  
PARAMEDIC AND SENIORS SERVICES BRANCH  
LONG-TERM CARE**

**Fire Emergency Plan – CODE RED (Policy and Procedures)**

<b>Manual</b>	Emergency Management – Module 3	<b>Policy Number</b>	EM-03.03 (v.2.0)
<b>Applies to</b>	All Long-Term Care Staff, Students and Volunteers		
<b>Effective Date</b>	May 13, 2024	<b>Replaces</b>	November 30, 2022
<b>Updates</b>	Addition of CODE RED Checklist (Appendix C)		

**PURPOSE:** The policy provides guidelines for staff to respond to a fire in the Homes. It is supported by each Home’s **Fire Safety Plan**

**DEFINITIONS:**

CODE RED	A term used to alert staff that there is or may be a fire at the Home
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 the safety of persons in the Home
Staff	<p>Means a person who works at the Home either:</p> <p>(a) <b>As an employee of the Region/Home.</b> This includes unionized staff, including but not limited to CUPE 905 Long-Term Care Bargaining Unit Staff (excluding Seniors Community Program Staff), and Non-Union staff working in the Homes. This also includes any redeployed Regional staff</p> <p>(b) <b>Has a contract or agreement with Region/Home.</b> This includes but not limited to the Medical Director, Registered Dietician, Pharmacy Service Provider, Physiotherapist, etc.</p> <p>(c) <b>At the Home due to a contract or agreement between the Region/Home and an employment agency or other third party.</b> This includes agency staff (including those who may not provide direct care to residents)</p> <p><b>Note:</b> Education and Training exemptions apply for those in (b) and (c) who provide occasional maintenance and repair services to the Home and will not provide direct care to residents. These staff will receive information about emergency plans before commencing their services</p>

**POLICY:** The key requirements of this policy are:

1. The **Fire Emergency Plan – CODE RED (Policy and Procedures)** **MUST** be **activated** by **any** staff member, student or volunteer:
  - Upon discovery of a fire anywhere onsite (inside the Home or outside on the grounds of the Home)
2. All staff have a duty to support and respond to a **CODE RED**
3. **Equipment and Supplies:** The Homes will ensure staff have access to resources, supplies, personal protective equipment, and equipment to adequately respond to a **CODE RED**
4. **Communications:** The Homes will be equipped with an effective public address system for announcing **CODE RED** to those in the Home
5. **Reporting:** The Home must report a critical incident that presents an emergency to the Ministry of Long-Term Care immediately
6. **Education and Training:** All staff, students and volunteers will be provided with education and training on the **Fire Emergency Plan – CODE RED (Policy and Procedures)** at orientation and annually thereafter

**Note:** For CODE RED testing and exercise requirements, see the **Long-Term Care Emergency Preparedness and Response Training and Exercise Plan**

**PROCEDURES:** This section contains procedures for the following:

- A. Activating and responding to a CODE RED**
- B. During a CODE RED**
- C. Ending a CODE RED**
- D. Post CODE RED Procedures and Documentation**

**A. Activating and responding to a CODE RED**

**Any person will:**

- Upon discovery of fire, sound the fire alarm by pulling a manual station and then follow the Home's **Fire Safety Plan, or**
- Upon hearing the fire alarm, follow the Home's **Fire Safety Plan**

**Note:** The **Fire Emergency Plan – CODE RED (Policy and Procedures)** is activated when the Home's Fire Safety Plan is in use

**B. During a CODE RED**

**All staff will:**

- Follow the Home's **Fire Safety Plan**
- Take direction from the Charge Nurse as the Fire Control Officer (or designate) until the Fire Department arrives on scene and assumes command of the emergency

**The Administrator (during business hours) or the Manager-on-Call (after hours) will:**

- Consult with the Director, Seniors Services on whether to activate the Incident Management System (IMS). See **Long-Term Care Emergency Plan**

**The Charge Nurse as the Fire Control Officer (or designate) will:**

- Upon notification of incident/injury of **employees**, request that the employee's supervisor follow the employee incident / injury process. See [Incident and Concern Reporting](#)
- Upon notification of incident/injury of **students, volunteers, agency staff and contracted service providers**, notify the supervisor of that individual about the need to complete the **Non-Regional Incident Reporting Form**

**C. Ending a CODE RED**

**The Charge Nurse as the Fire Control Officer (or designate) will:**

- Upon the Fire Department approval, announce the following statement **three times** over the public address system:

**"CODE RED. All clear"**

**Note:** Once a **CODE RED** has been declared over, normal operations resume unless there has been a fire. See **Emergency Recovery Plan**

- Notify the Administrator (during business hours) or the Manager-on-Call (after hours)

**All staff will:**

- Follow the Home's **Fire Safety Plan**

**D. Post CODE RED Procedures and Documentation**

**All staff will:**

- Follow the Home's **Fire Safety Plan**

**The Charge Nurse as the Fire Control Officer (or designate) will:**

- Ensure any actions identified in the Homes’ **Fire Safety Plan** are followed as part of their role
- Report any incidents/injuries involving visitors and other members of the public using the **Bodily Injury Reporting Form**
- Conduct debrief(s) and other actions as required by the **Long-Term Care Emergency Recovery Plan**

**The Director of Care (or designate) will:**

- Follow the **Mandatory and Critical Incident Reporting Policy and Procedures**
- Notify Joint Health and Safety Committee regarding all incidents involving staff, volunteers, visitors, and contract workers
- Notify the Education and Wellbeing Team to ensure staff supports are in place for those who experienced distress. See **Appendix E: Support Resources in Emergency Recovery Plan (Policy and Procedures)**

**The Administrator (during business hours) or the Manager-on-Call (after hours) will:**

- In consultation with the Director, Seniors Services, deactivate the Incident Management System (IMS), if activated

**A Supervisor of any employee involved in the incident (and who sustains an injury or a near miss) will:**

- Follow the employee incident / injury process. All incidents must be reported through the **Online e-Incident Report Form** on the Homes’ incident reporting system

**Note:** All incidents (including near misses) must be investigated by employers. See [Incident and Concern Reporting](#)

**A Supervisor of a student, volunteer, agency staff or contracted service providers, involved in the incident (and who sustains an injury or a near miss) will:**

- Complete the **Non-Regional Incident Reporting Form**

**ROLES AND RESPONSIBILITIES:**

Role	Responsibilities
All staff, students and volunteers	Follow the Home’s <b>Fire Safety Plan</b>



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Administrator (or designate)	Carry out actions identified in the <b>Fire Safety Plan</b> , and in particular those of the Building Owner (Administrator) and the Responsibilities and Duties of the Administrator
Chief Fire Warden (Building Services Engineer)	Carry out actions identified in the <b>Fire Safety Plan</b> , and in particular the responsibilities of the Building Services Engineer (Chief Fire Warden)
Director of Care (or designate)	Carry out actions identified in the <b>Fire Safety Plan</b> , and in particular the responsibilities of the Director of Care or Designate
Manager of Production and Support Services (or designate)	Carry out actions identified in the <b>Fire Safety Plan</b> , and in particular the responsibilities of the Manager of Production and Support Services or Designate
Supervisory Staff and Team Leaders	Carry out actions identified in the <b>Fire Safety Plan</b> , and in particular the responsibilities of all supervisory staff and team leaders
Charge Nurse (or designate) as the Fire Control Officer	Carry out actions identified in the <b>Fire Safety Plan</b> , and in particular the Responsibilities and duties of Charge Nurse (RN) 24/7 (Fire Control Officer (FCO), Command)  <b>Note:</b> For Maple Health Centre only, the Charge Nurse on the second floor is the Fire Control Officer
Fire Warden	Carry out actions identified in the <b>Fire Safety Plan</b> , and in particular the responsibilities and duties of Fire Wardens
Assistant Fire Wardens	Carry out actions identified in the <b>Fire Safety Plan</b> , and in particular the responsibilities and duties of Assistant Fire Wardens
Runner	Carry out actions identified in the <b>Fire Safety Plan</b> , and in particular the responsibilities and duties of the Runner
Emergency and contingencies planning specialist	<ul style="list-style-type: none"> <li>• Provide education and training on Emergency Plans</li> <li>• Complete After-Action Review (AAR) as required by the <b>Long-Term Care Emergency Recovery Plan</b></li> </ul>
Education and Wellbeing Team	<ul style="list-style-type: none"> <li>• Ensure staff supports are in place for those who experienced distress. See <b>Appendix E: Support Resources</b> in <b>Emergency Recovery Plan (Policy and Procedures)</b></li> <li>• Maintain staff records of education and training</li> </ul>



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<b>Authority</b>	<i>Fixing Long-Term Care Act, 2021 s. 16 and 90; General Regulation 246/22 s. 20, 85, 86, 268, 270, 271; Fire Protection and Prevention Act, 1997; Ontario Regulation 213/07; CARF Aging Services Standards; and York Region Seniors Services Administration</i>		
<b>Related Resources</b>	<ul style="list-style-type: none"> <li>• Appendix A: Maple Health Centre Fire Safety Plan</li> <li>• Appendix B: Newmarket Health Centre Fire Safety Plan</li> <li>• Appendix C: CODE RED Checklist</li> <li>• <b>Related Home Policies:</b> Emergency Planning Policies and Procedures; Mandatory and Critical Incident Reporting Policy and Procedures; and Training and Orientation Program Policies and Procedures</li> <li>• <b>Related Regional Policies:</b> None</li> </ul>		
<b>Policy Contact</b>	Senior Program Analyst	<b>Review Period</b>	Annually