



<b>MANUAL:</b>	<b>Emergency</b>
<b>SECTION:</b>	<b>CODE ORANGE</b>
<b>SUBJECT:</b>	<b>Tornado</b>

## POLICY

It is the policy of Schlegel Villages to provide a safe environment for all residents, team members, family, and visitors. To that end, if a tornado occurs, an effective Tornado Emergency procedure will be employed.

## CATEGORIES

1. **Severe Thunderstorm Watch:** This is the initial level of alert for potential of thunderstorms. It is often used before clouds have begun to develop. The Charge/Lead Nurse shall ensure that the weather is frequently being checked for updates.
2. **Severe Thunderstorm Warning:** This is a level of alert in which warnings have been given that thunderstorms are causing or likely to cause damage in the Village area. The Charge/Lead Nurse shall ensure that the weather is frequently being checked for updates. Team members shall have either radio and/or televisions on turned to weather channels in order to stay in tune with the progression of the storm in the Village area. Management and team members will be on increased alert, but Code Orange will not be implemented at this time.
3. **Tornado Watch:** This level indicates that the stage is set for potential tornadoes. The Charge/Lead Nurse shall ensure that the weather is frequently being checked for updates. Team members shall have either radio and/or televisions on turned to weather channels in order to stay in tune with the progression of the storm in the Village area. Management and team members will be on increased alert, but Code Orange will not be implemented at this time.
4. **Tornado Warning:**  
This level means that a tornado has been sighted or is imminent. The Charge/Lead Nurse will call a Code Orange at this time, as described below, if the Village is located in the affected area.

## PROCEDURE

1. At either Severe Thunderstorm Warning and/or Tornado Watch Level, the Charge/Lead Nurse should direct Team Members to close and lock all exterior windows and doors, lower all blinds and ensure that all residents are inside and accounted for.



2. In the event of a Tornado Warning/Tornado, the Charge/Lead Nurse will page “Code Orange Tornado Warning” 3 times.
3. The Charge/Lead Nurse will direct Team Members to move the residents to the centre core of the building away from windows and entry/exit doors and if possible to the lowest area of the building. If residents cannot be moved then they should be covered with blankets. (Each Village should pre-determine the safest locations for shelter and list them on the Tornado Refuge Areas List – see Attached)
4. One team member will be assigned to stay with the residents in the assembled area at all times.
5. Where possible, residents and team members will assume their positions with their knees forward and face buried in their arms.
6. Otherwise, residents and team members will stay in the assembled area until the Charge/Lead Nurse announces “Code Orange all clear”.

### **TORNADO DRILLS/TRAINING**

Tornado Training will be provided on orientation for all team members. The Leadership Team will strive to achieve 100% team member attendance on annual refresher training for Tornado Emergency Response. Refresher training may be in the form of education sessions, tabletop exercises, walk-through drills, functional drills, evacuation drills, or full-scale exercises.



## **TORNADO REFUGE AREAS LIST**

1. Tub and Shower Rooms with no Windows
2. Resident Hallways furthest from Windows
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.



## **Tornado Drill Report**

*Form Revised: February 2016*

Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Scenario Description:

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***Circle the appropriate answer***

Was a "Code Orange Tornado Warning" announcement made? Yes No

Was the announcement clear? Yes No

Did appropriate Team Members respond ? Yes No

Were residents moved to the appropriate safe areas Yes No

How many residents were moved? \_\_\_\_\_

Names of Team Members who participated:

1. \_\_\_\_\_

5. \_\_\_\_\_

2. \_\_\_\_\_

6. \_\_\_\_\_

3. \_\_\_\_\_

7. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

Comments/Recommendations:

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Charge/Lead Nurse: \_\_\_\_\_ Signature: \_\_\_\_\_

Manager: \_\_\_\_\_ Signature: \_\_\_\_\_