

EMERGENCY PREPAREDNESS PLAN

**Caressant Care Fergus
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Fergus, ON
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Introduction

Careless Care homes are vulnerable to multiple threats and hazards. Some of these could potentially include natural hazards such as tornadoes; severe weather, including wind, rain and occasionally snowstorms; floods; fires; and loss of essential services. Additionally, there could be man-made hazards such as hazardous materials spills and potential external disasters.

While each of these threats is a problem in and of themselves, they are frequently the cause of secondary issues such as long-term power and telephone outages. In some cases, the event may cause disruption to critical supplies and services such as food, medical supplies, and other services.

Preparing for such disasters is critical for ensuring the safety and security of residents, staff, and visitors of long-term care facilities.

The purpose of the emergency plan is to be prepared and to minimize the effect of any losses which might occur.

This plan has been developed to:

- Ensure our residents and staff are safe
- prevent injuries and save lives
- reduce property damage and protect our assets
- provide for continuity of operations and recovery for unforeseen circumstances
- provide guidance and direction in emergency situations

An **emergency is defined** as 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

Some examples may include but are not limited to:

- An incident causing or having the immediate potential to cause fatal or severe injuries requiring medical or first aid attention
- Unexpected operational incidents which may result in fires or explosions
- Forces of nature such as severe windstorms, floods, tornadoes, snowstorms and, earthquakes
- Deliberate acts of damage from malicious mischief, sabotage, and riots

I. PURPOSE

To provide guidance on emergency policies and procedures to protect the lives and property of residents, staff, and visitors and the organization.

II. SITUATION AND ASSUMPTIONS

A. Authorities

1. Federal, Provincial and Municipal Government
2. Ministry of Long-Term Care (MLTC)
3. Ministry of Labour, Training and Skills Development
4. Home and Community Care Support Services (former LHIN)
5. Public Health /Medical Officer of Health and Ontario Health
6. Fire Department/Fire Marshall and Emergency Management Ontario
7. Ministry of the Solicitor General
8. Infection Prevention and Control Hubs
9. Ontario Health Teams
10. Retirement Homes Regulatory Authority (RHRA)

B. Situation

1. Our location in Ontario is vulnerable to both natural and man-made disasters.
2. Residents of this home are vulnerable, frail and may have several physical conditions that may require special emergency considerations in planning for disasters or emergencies and in ensuring safety.

C. Assumptions

1. The possibility exists that an emergency or disaster may occur at any time.
2. In the event an emergency exceeds the home's capability, external services and resources may be required.
3. Local, provincial, national departments and agencies may provide assistance necessary to protect lives and property.
4. Depending on the scope of the event and the type of assistance needed, local, provincial, and national departments and agencies may be unable to respond immediately. It is the responsibility of the home to be prepared to care for the residents, staff, and visitors for seven to ten days.
5. The home will comply with all legislative requirements for review and inspection of safety plans and procedures.

III. CONCEPT OF OPERATIONS

The home should have an emergency action plan in place capable of providing for the safety and protection of residents, staff, and visitors. Procedures should be developed to ensure that residents who are cognitively impaired, physically impaired, hearing impaired, speech impaired, or have English as a second language are properly informed and alerted as necessary.

This plan can be effective for either internal or external emergencies.

A. Pre-Emergency

1. Review, exercise and re-evaluate existing plans, policies, and procedures.
2. Develop Relocation Agreements with other community partners, both in and outside the immediate area. Review and update the Agreements regularly. (Maintain a copy of all Agreements as Attachment D.)
3. Review and update inventory/resource lists.
4. Determine communication systems. (E.g., cellular phones may offer the best means in the event of a power loss.)
5. Ensure the availability and functioning of emergency warning system / public announcement system.
6. Test reliability of emergency telephone call out system for contacting personnel and activating emergency procedures. (See Attachment G.)
7. Install and maintain emergency generators.
 - a. Identify power needs based on which equipment and appliances are necessary for the safety and security of residents, staff, and visitors.
 - b. Develop procedures for testing generators and equipment supported by emergency generators.
 - c. Maintain a minimum 24-hour supply of emergency fuel. Establish a delivery agreement with a supplier.
 - d. Activate and test the generator once weekly, and under load according to monthly schedule
 - e. Document all testing procedures.
8. Ensure a 3-to-4-day supply of food and water for residents and staff.
 - a. Arrange for a back-up to supply resources.
 - b. Rotate supplies and check expiration dates regularly.
9. Employees should be scheduled on orientation during the onboarding process and regular annual in-service training on the operations of the emergency plan.
10. Enhance emergency education.
 - a. Distribute preparedness checklists provided in Attachment B.
 - b. In accordance with provincial and local codes and requirements: Post display of evacuation routes; alarm and fire extinguisher locations; and emergency contact telephone numbers.
 - c. Provide demonstrations on warning systems and proper use of emergency equipment for the staff, residents, and residents' families if applicable.
 - d. Encourage personal preparedness for all staff.

11. Conduct fire drills *at a minimum* of once per month per shift
 - a. Document each drill, instruction, or event to include date, time, content, and participants involved.
 - i. Identify and document any problems or learnings associated with the drill.
 - ii. Debrief with the team, residents and others after the drill is completed
 - iii. Develop and implement an improvement plan for problems associated with the drill.
12. Various drills, including tabletop exercises and competency-based training will be provided on the emergency plan as per the schedule to exercise *all* aspects of the emergency action plan. Document table-top and in-person drills with critiques, evaluations.
13. Develop and maintain Standard Operating Procedures (as Attachment C for Outbreak Management to this document) to include:
 - a. Task assignments (by title, not individual names)
 - b. Security procedures
 - c. Communication
 - d. Emergency supplies; storage, maintenance, and use
14. Central Nursing Station (2nd Floor) is the designated Command Centre and will serve as the focal point for coordinating operations. The secondary Command Centre will be located at the Retirement Home Nursing Station. If evacuation is necessary, the off-site alternate location will be Centre Wellington Sportsplex (550 Belsyde Ave. E, Fergus ON).
15. Ensure all staff are trained on the disaster plan to execute the activities of the Command Centre. All staff should know the location of the Emergency Preparedness Plan.
16. Plan for evacuation and relocation of residents.
 - a. Identify the individual responsible for implementing home evacuation procedures.
 - b. Determine the number of ambulatory and non-ambulatory residents. Identify residents who may need more than minimal assistance to safely evacuate and ensure staff are familiar with individual evacuation plans for those residents.
 - c. Identify and describe transportation arrangements made through Mutual Aid Agreements of Memorandum of Understanding that will be used to evacuate residents. (Attach copies of documents to this plan as Appendices. Attachment D)
 - d. Describe transportation arrangements for logistical support to include moving and protecting records, medications, food, water, and other necessities.

- e. Identify other locations and include in the plan a copy of the Relocation Agreement or Memorandum of Understanding that has been entered into with another home or location to receive residents. (Attach copies of documents to this plan as Appendices Attachment D.)
 - f. Identify evacuation routes that will be used as well as secondary routes should the primary routes be impassable.
 - g. Determine and specify the amount of time it will take to successfully evacuate all residents to the receiving home.
 - h. Specify the procedures that ensure home staff will accompany evacuating residents and procedures for staff to care for residents after evacuation.
 - i. Identify procedures to keep track of residents once they have been evacuated. Include a log system.
 - j. Determine what items and how much each resident should take.
 - k. Plan for evacuation and shelter of any pets and service animals, if applicable.
 - l. Establish procedures for responding to family inquiries about residents who have been evacuated.
 - m. Establish procedures to ensure all residents and staff are out of the home and accounted for.
 - n. Determine when to begin pre-positioning of necessary medical supplies and provisions.
 - o. Specify at what point Agreements for transportation and the notification of alternative locations will begin.
17. Identify contact information for community resources available to provide emergency services during a disaster. These may include volunteers, churches, service clubs and organizations, emergency medical services, law enforcement, fire departments, businesses, hospitals, and other local government departments and agencies.
18. Establish a plan for donations management. Delineate what is needed; where items will be received and stored; and who will manage donation management operations.
19. Test EMAR/ETAR backup system regularly to ensure accuracy of medications and treatments for residents.

B. Preparedness

Upon receipt of an internal or external warning of an emergency, the Executive Director or appropriate designate(s) should:

- 1. Notify staff in charge of emergency operations to initiate the disaster plan. Use the call out system for quick messaging. Advise personnel of efforts designed to guarantee resident and staff safety.
- 2. If potential disaster is weather related, closely monitor weather conditions and update department managers as necessary.

3. Inform key agencies of any developing situation and protective actions contemplated. Notify Head Office through Risk Alert email.
4. Review Emergency Preparedness Plan, including evacuation routes, with staff and residents.
5. Prepare the Central Nursing Station (2nd Floor) for Command Centre operations and alert staff of impending operations.
6. Communicate with residents' families through the call out system.
7. Control the building access, ensure only appropriate and approved visitors/staff/agency/contractors are attending and all areas are secured.
8. Confirm emergency staff availability. Emergency arrangements for accommodations should be in place.
9. Pre-arrange emergency transportation of non-ambulatory residents (dialysis residents, etc.) and their records.
10. Check food and water supplies.
11. Monitor radio.
12. Have a plan in place for pharmaceuticals with CareRx and contact the back-up pharmacy to determine emergency operations in the event of halted deliveries.
13. Ensure the home can access and print EMARS and ETARS.
14. Warn staff and residents of the situation and expedient protective measures. Schedule extended shifts for essential staff. Alert alternate personnel to be on stand-by.

C. Response

In response to an actual emergency, the Executive Director will coordinate the following actions:

1. Complete the actions of Pre-emergency and Preparedness outlined above.
2. Activate the Emergency Preparedness Plan and conduct Command Centre operations, including communications, message control and routing of essential information.
3. Ensure communications with residents' families, people of importance and physicians.
4. Determine requirements for additional resources and continue to update appropriate authorities and/or services.
5. Coordinate actions and requests for assistance with local emergency services and the community.
6. Ensure prompt transfer and protection of resident records (in case of evacuation).

D. Recovery

Immediately following the emergency, the Executive Director should take the provisions necessary to complete the following actions:

1. Assess the event's impact upon the building, residents, and staff members.
2. Coordinate recovery operations with the local Emergency Management and other local agencies to restore normal operations, to perform search and rescue, and to re-establish essential services.
3. Provide crisis counseling and support for staff, residents and families as needed.
4. Provide local authorities a master list of displaced, missing, injured or dead residents and/or staff; and notify the Next of Kin.
5. Provide information on sanitary precautions in case of contaminated water and/or food to staff, volunteers, residents, and appropriate personnel.
6. If necessary, arrange for alternate housing or facilities.
7. Complete any reporting requirements through the Critical Incident System (call if necessary).

IV. ORGANIZATION AND RESPONSIBILITIES

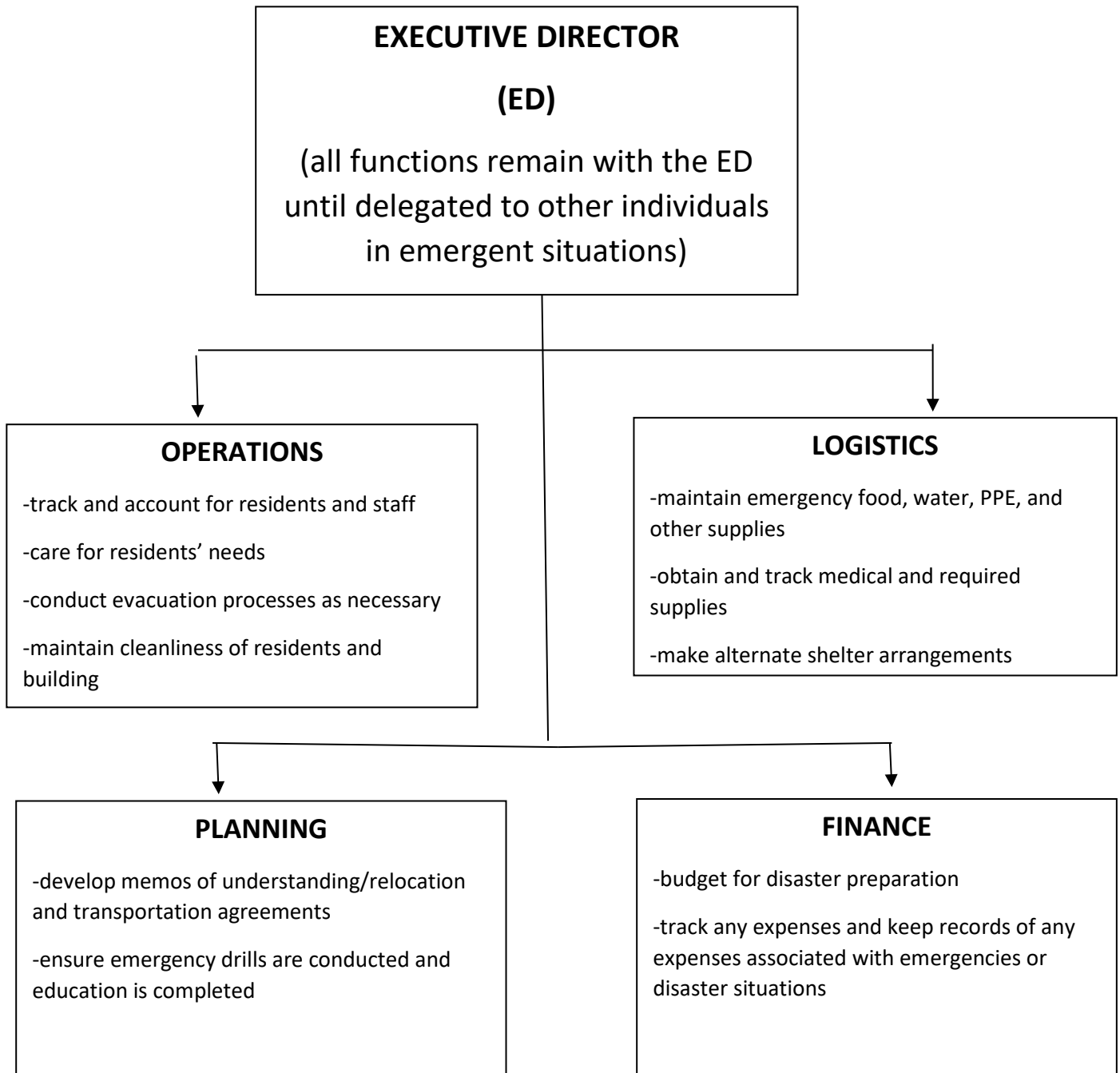
The Executive Director is responsible for the overall direction and control of the home's emergency operations, receiving requested assistance from the heads of each internal department, the local Emergency Management Services, local Fire Department, local Police Department, private and volunteer organizations and other various departments and agencies.

Duties and activities that should be directed or assigned by the Executive Director are:

1. Coordinate the development of disaster preparedness plans and procedures.
2. Coordinate the activation, and oversee the implementation, of disaster preparedness plans and procedures.
3. Direct Command Centre operations.
4. Assign a coordinator for the delivery of residents' medical needs.
5. Assign a coordinator accountable for residents, their records, and needed supplies.
6. Assign responsibility for maintaining safety, including securing necessary equipment and alternative power sources.
7. Coordinate the emergency food services program.
8. Ensure availability of special resident menu requirements and assess needs for additional food stock.
9. Assign a coordinator to ensure the cleanliness of all residents and provision of residents' supplies for 3 to 4 days.
10. Coordinate the inspection of essential equipment (wet/dry vacuums) and protection of building (lower blinds, close windows, secure loose equipment, etc.).
11. Provide security of home/grounds. Limit access to the home as necessary.

12. Coordinate provision of assistance to Maintenance and Housekeeping Departments.
13. Supervise notification of families on emergency operations.
14. Facilitate communications and oversee release of information.
15. Ensure the Emergency Preparedness Plan is reviewed at least annually and updated as needed.
16. Keep all emergency service and mutual aid agreements current and revise as necessary.
17. Ensure training is provided to staff, volunteers, students, and others as required on their responsibilities on start and at least annually thereafter.
18. The Emergency Plan and attachments should be available in the home in a location that is accessible, a copy will be provided to interested parties upon request, with any personal identifiers not required, removed.
19. Ensure all applicable directives, orders, guidance, advice, or recommendations issued by the appropriate authority (Fire Marshall, Chief or Local Medical Officer of Health, MLTC, Public Health) are followed in the home.
20. LTC homes will complete the annual attestation required by the Ministry of Long-Term Care.

Emergency Response Chart



The Executive Director/designate or other authoritative body will be responsible to declare an emergency and implement emergency actions as necessary, as well as declare the emergency to be over

Emergency Codes

Caressant Care will use standardized codes to alert staff to various emergency situations within the building. This practice is intended to convey essential information quickly and with a minimum of misunderstanding, while preventing panic among visitors and residents.

The codes may be printed on small placards and carried with each staff member on duty for quick reference.

Staff and others providing services in the home will be orientated to the standardized codes upon hire and during all testing of the emergency plan throughout the year.

The following are the acceptable codes used in Caressant Care.

| | |
|---------------------------|-----------------------------------|
| <i>Code RED</i> | FIRE |
| <i>Code YELLOW</i> | MISSING PERSON |
| <i>Code BLUE</i> | MEDICAL EMERGENCY |
| <i>Code ORANGE</i> | EXTERNAL DISASTER |
| <i>Code BLACK</i> | BOMB THREAT |
| <i>Code WHITE</i> | VIOLENT PERSON |
| <i>Code GREEN</i> | EVACUATION |
| <i>Code PURPLE</i> | INTRUDER |
| <i>Code GREY</i> | LOSS OF ESSENTIAL SERVICES |
| <i>Code SILVER</i> | GUN or WEAPON THREAT |

A-1 FIRE (CODE RED)

UPON DISCOVERY OF SMOKE OR FIRE:

All Staff must be aware of the following:

- Remove persons in immediate danger, if possible
- Ensure the door(s) is closed to confine the fire and smoke
- Activate the fire alarm system using the nearest pull station
- Call the fire department Dial 911
- Try to extinguish the fire or continue to evacuate

The sequence of these steps will vary depending upon the circumstances of the fire and by the responding person's abilities.

If the fire is located behind a closed door, always feel the door for heat first. If the door is hot to touch, DO NOT OPEN DOOR. If the door is not hot, protecting yourself behind the door, open slowly to determine the extent of the fire. If it is safe to do so, enter the room **BUT ONLY FOR RESCUE PURPOSES.**

Upon hearing the fire alarm the following procedures are to be undertaken:

- I d e n t i f y the location of the fire/alarm on the annunciator panel
- P a g e Code Red and alarm location 3 times (in a loud clear voice)
- Assign staff to investigate the alarm and have one report back. The remaining staff will begin evacuating residents (if the alarm is not false). If the alarm is true Charge Nurse will assign all remaining staff to evacuate to a safe zone, beyond the nearest set of doors.
- Call 911 (designation clerk to do this during days.)
- Prepare to evacuate residents out of the zone (send additional staff if required)
- If there is smoke/fire, once fire department is on scene, first floor Charge Nurse is to act as liaison between the home and fire department. Inform the Executive Director of the inside conditions and be prepared to assist the fire personnel in coordinating efforts of supervisory staff.
- Staff are reminded to always evacuate residents to the closest safe zone

DO NOT USE ELEVATORS!

CODE RED - Instructions for Staff

Departmental Staff Actions

| Department | Instructions |
|---|---|
| Dietary | <p><u>IF THE FIRE ALARM SOUNDS:</u></p> <ul style="list-style-type: none"> • staff turn off all equipment, secure and close windows, and doors. Report to the Command Centre (Main Nursing Station) to await instructions. • If you encounter smoke, Refer to REACT. |
| Nursing /PSW/RSA/Ward Clerk/Guest Attendant | <p><u>IF THE FIRE ALARM SOUNDS:</u></p> <ul style="list-style-type: none"> • Put away all equipment to clear the hallways • All staff to meet at the Command Centre for further instructions • Take direction from the Charge Nurse • If you encounter smoke, Refer to REACT. <p><u>IF IN THE TUB ROOM:</u></p> <ul style="list-style-type: none"> • Notify your co-workers by pulling the call bell • Dry and dress the resident if possible/cover with flannels • Prepare to evacuate |
| Housekeeping/Laundry Staff | <p><u>IF THE FIRE ALARM SOUNDS:</u></p> <ul style="list-style-type: none"> • Put away all equipment to clear hallways • Secure doors • Reports to the Charge Nurse at the Command Centre to await instructions. • If you encounter smoke, Refer to REACT. |
| Administrative/Maintenance/Environmental | <p><u>IF THE FIRE ALARM SOUNDS:</u></p> <ul style="list-style-type: none"> • Report to the command centre and await further instructions. Assist fire department (if no fire) in locating alarm source. • If you encounter smoke, Refer to REACT. |
| Program/Activities/Service Providers/Others | <p><u>IF THE FIRE ALARM SOUNDS:</u></p> <ul style="list-style-type: none"> • Stay with residents and await instructions from the Charge Nurse If there are no residents present, report to the Charge Nurse for instructions. If you encounter smoke, Refer to REACT. |

NOTIFICATION OF ALL FIRES

In case of fire in the home, regardless of the extent of the fire, the following persons and/or agencies must be notified.

All fires must be reported to and followed up by the local Fire Department.

1. When the fire occurs at a time when the Executive Director is in the home, he/she must notify the proper authorities.

2. When the Executive Director is not in the home, he/she must be notified by the Charge Nurse, regardless of the time.
3. Head Office (Regional Director of Operations) must be notified via telephone by the Executive Director and a Risk Alert email completed where possible.
4. A *Critical Incident Report* (see Administration Manual) and verbal report must be directed to the Compliance Inspector (CIATT) at the Ministry of Long-Term Care.
5. A written record of events will be posted in the Fire Manual for future reference for all employees.
6. Reports to the media, when and if given, are to be given only by the Vice President Operations/designate.

RESETTING PULL STATIONS AND MAG LOCKS

Resetting Pull Stations

The pull stations are to be reset a upon direction of the fire department as follows:

1. Obtain a small screwdriver.
2. Open pull station by inserting screwdriver into top of pull station and twisting screw counter clockwise (to the left).
3. Move toggle switch on wall plate down from “alarm or test” position to “normal position”.
4. Insert glass rod as indicated by direction inside cover. Close cover, pushing firmly against wall unit cover until it is “snapped” shut.
5. Resetting of system
6. Resetting of mag locks

To Silence the Panel/Buzzer

To Silence the Panel/Buzzer

After the scene has been identified and determined to be a FALSE ALARM, the registered staff may silence the alarm and the buzzer from any nursing station.

1. Open the panel door in the Mechanical Room in the Service Wing (1st Floor)
2. Located on the lower quadrant of the panel, the button labelled “Signal Silence”, press, and hold for three (3) seconds.

Reset the Main Panel

To Reset the Main Panel (after the Fire Department has given the all clear)

The Charge Nurse will:

1. Open the panel door and locate the YELLOW acknowledge button, press, and hold for three (3) seconds.
2. Locate the GREY system reset button, press, and hold for three (3) seconds,
3. Ensure all trouble lights of the panel have reset.
4. Ensure the panel has reset.

Resetting Mag Locks

The Charge Nurse will reset the Mag Locks once the panel has been reset.

1. The Mag Lock reset button is located at the North Wing Nurses Station (2nd floor) on the wall beside the Resident Charts.
2. Press the Mag Lock reset button for 2 seconds.
3. Ensure Mag Locks are functioning.

BUILDING INFORMATION

- Nursing home was built in approximately 1978
- The building is concrete block brick construction with a core slab / block ceiling
- The roof is sloped with membrane
- Concrete floor
- Retirement/ Nursing Home addition was completed in 1986
- The new section is concrete block construction with a core slab ceiling
- Smoke and heat detectors throughout the entire home
- Extinguishers and fire cabinets throughout the home
- There are fire separation doors throughout the building creating zones
- The home is heated with make air units and electric baseboard heating
- The air handler units automatically shut down in both buildings to prevent the spread of fire and smoke through the duct system.
- All extinguishers are ABC extinguishers and can be used as a first line of defence to fight all fires that staff may come up against. Staff are only to fight fires when they feel it is safe to do so.
- Detectors that have been activated will show a red light.
- There is fire alarm pull stations located at each building exit and at zone separations that will activate the alarm for the entire building.
- A Generator provides emergency power to lights, fire panel, alarm, call bells and some receptacles

| | |
|-----------------------|---|
| Alarm System | |
| Monitoring Company | Georgian Bay Fire & Safety 1-800-265-3118 ID# 2310-5412 |
| Annunciator Locations | Main entrance (Main Panel) |
| | Electrical Room on First Floor in the Service Wing (Secondary Panel). |
| Kitchen Systems | Badger Brand Fire Suppression System. Emergency Pin is located at the doorway into the Kitchen and the Manual lever is located on the back wall beside the dishwashing station. |
| | K class portable extinguisher – Near the oven Fire Blanket on the wall above the Fire Extinguisher. |
| Primary Power Supply | Electric |

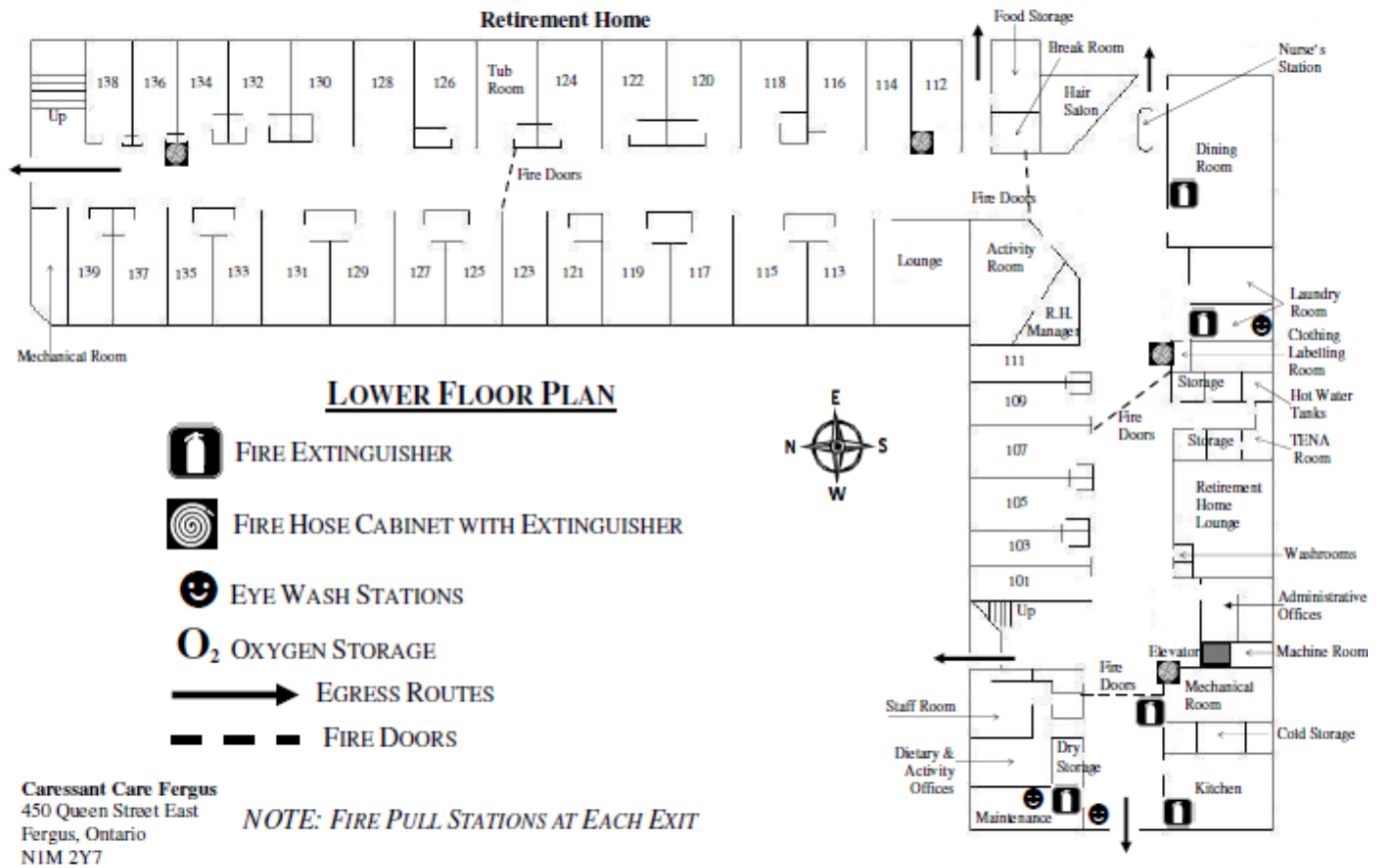
COMMAND CENTRE LOCATION

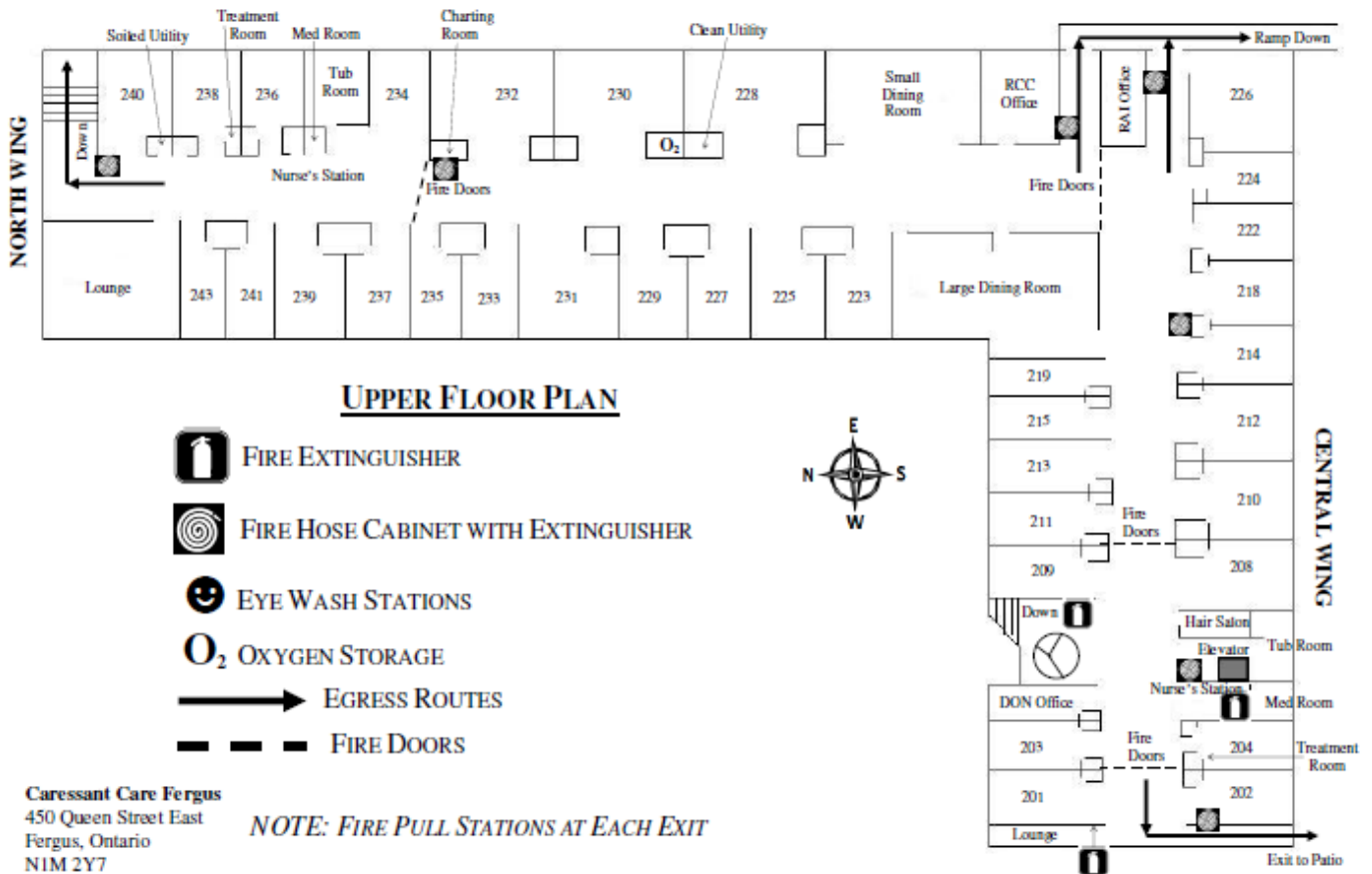
at the Nursing Station

Main - 2nd Floor Central Nursing Station

Secondary Command – First Floor Retirement Home Nursing Station.

LOCATION of FIRE EXITS





FIRE ZONES

| ZONE | FLOOR | DESCRIPTION |
|---------|--------------------------------------|--|
| Zone 2A | Ground Floor | Main Entrance to West Exit down the Service Wing |
| Zone 2B | Ground Floor | Retirement Home Entrance to Room 107 and Tena Hallway |
| Zone 3 | Ground Floor | Retirement Home Room 109/Laundry Room/ RH Dining Room/RH Nursing Station/Salon |
| Zone 4 | 2 nd Floor (Nursing Home) | By Elevator/Stairwell down to Activation Office |
| Zone 6 | 2 nd Floor (Nursing Home) | Physiotherapy Room / Exit to Patio |
| Zone 8 | 2 nd Floor (Nursing Home) | North Wing – North Nursing Station/ North Tub Room down to the Lounge |
| Zone 9 | 2 nd Floor (Nursing Home) | RCC Office/ Large & Small Dining Room down to Room 235 |
| Zone 11 | Ground Floor | Retirement Home – Food Storage Room / Lounge down to Room 124 |
| Zone 12 | Ground Floor | Retirement Home – Tub Room to North Exit Doors |

EXTINGUISHING OF FIRES

A staff member will endeavour to extinguish a fire only if residents are safe, the Fire Department has not arrived and, if in the opinion of the employee, it is safe to do so.

Staff will have annual training in fire safety, as well as in orientation.

PROCEDURE:

- To operate Extinguishers:

PASS

P – Pull Pin.

A – Aim Hose.

S - Squeeze trigger

S – Sweep in an “S” pattern directing discharge at base of fire back and forth.

General Information:

There are three kinds of fires:

1. Class A: the burning of ordinary combustible materials such as wood, garbage, and rags.
2. Class B: the burning of grease, oil, gas, or a petroleum substance
3. Class C: electrical fire.

Firefighting Methods:

Class A Fire Fought with a water base fire extinguisher, such as water, air pressure Foam tank. One tank is needed for every 1250 sq. Feet of floor space.

Class B Fire Should be smothered by keeping oxygen from reaching it with a blanket, pot lid or fire extinguisher giving off foam, dry chemicals, or carbon dioxide. Never try to beat out a grease fire.

Class C Fire May start from an electrical short, an overheated electrical motor or from other electrical sources. The extinguishing material must be non-conducting to electricity and therefore, no water-based extinguisher should be used. A dry chemical dioxide extinguisher should be used.

Water cannot be used on Class B or C fires.

FIRE EXTINGUISHERS:

There are two types of portable hand fire extinguishers provided at this home. These units are for the use of staff in dealing with minor fire extinguishers (e.g., burning ashtrays or wastepaper basket) according to utilization chart below. More serious emergencies are to be left to the fire department personnel. Under no circumstances are fire hoses to be operated by staff, these are provided for the fire department in dealing with serious fires.

ABC

These extinguishers are red in colour, approximately 18” high and are charged with dry powder. Locations of these units are in or adjacent to all hazardous areas in the home and may be used on all types of fires. Grasp handle, pull pin and squeeze trigger to discharge content at fire to extinguish it. Refer to the Fire Safety Information.

CLASS K

These are used to supplement extinguishing system installed in kitchen exhaust hoods for grease or electrical fires. Operations are the same as ABC above. **The K Class fire extinguisher is for Firefighter use only.**

HANDHELD FIRE EXTINGUISHERS:

To eliminate the time-consuming task of determining what type of fire it is in progress and therefore the appropriate type of extinguisher to use, this home provides Dry Chemical. These units are suitable for use

on most classes of fire, i.e., ABC.

LOCATION:

Hand extinguishers are located wall mounted next to kitchen, laundries, service wing, mechanical room, family room, and each wing which present a potential fire hazard.

FUNCTION:

Use of these extinguishers is intended for small electrical fires such as a burning motor, and those fires which may occur in a wastepaper basket or ashtray. Larger problems require competent personnel with fire hoses. These extinguishers should accompany staff when responding to the ringing of fire bells.

REMEMBER:

1. Hand extinguishers are to be used on minor fires only.
2. See to residents' safety before attempting to extinguish a minor fire.
3. Never carry or touch burning materials – use the extinguisher.
4. Always leave yourself an escape route.

FIRE EXTINGUISHER LOCATIONS

Ground Floor – ABC Extinguisher, 10lb, unless otherwise denoted.

- Maintenance room
- Kitchen (K)
- Mechanical Room
- Laundry Room
- Retirement Home Dining Room

Second Floor – ABC Extinguisher, 10lb, unless otherwise denoted.

- 2nd Floor Activity Office
- 2nd Floor Central Nurses Station
- 2nd Floor by the stairwell to main entrance

EMERGENCY BUILDING SHUT-OFF (LOCATIONS)

WATER - Main Mechanical Room in Service Wing

- Mechanical Room at the end of the Retirement Home North Hallway

HYDRO - Main Breaker located in the Main Mechanical Room in the Service Wing (Only used by Hydro One)

NATURAL GAS - Attached to the Gas Meter at the back of the building off the Laundry Room. (Only to be used by Union Gas)

HVAC/VENTILATION - HVAC Shut off located in the Main Mechanical Room in the Service Wing (Only to be used by Upper Grand Mechanical)

A-2: EVACUATION (CODE GREEN)

CODE GREEN EVACUATION

If in the opinion of the Executive Director/designate or Charge Nurse or representative of the Fire Department, it is necessary to evacuate residents from the entire building, the pull station can be activated to ring 120 strokes per minute (2nd stage alarm to signal evacuation). This alarm is key activated by the Charge Nurse.

1. It is standard procedure to evacuate the immediate fire area to the area behind the first set of fire doors.
2. If, due to the nature of the situation it becomes apparent that a more comprehensive evacuation (of the entire building) is required, the evacuation alarm must be sounded.
3. Obtain the key with white tag from the nurses' station. Insert in pull station key slot and turn. Alarm will start ringing at "double time" signaling evacuation to begin.

The following steps are then to be taken:

- Every room and washroom are to be checked for residents and staff
- When it is ascertained that no one is in the room, a vacant sign is turned at the bottom of the door. A checklist in each Resident Living Fire Zone is used by the staff to identify location of people in bed and outside of their rooms.
- It is essential that tub rooms and other non-resident rooms be checked as well.

Residents are evacuated in an orderly fashion using the following criteria:

- i. Areas closest to the danger area are cleared first
- ii. Residents are removed from the most ambulatory to the least ambulatory in sequence to save as many lives as possible (ambulatory, wheelchair, bed ridden, aggressive/resistive)
- iii. Residents who struggle and fail to co-operate will be left to last, again to ensure that as many residents as possible are rescued.
- iv. One staff member or delegate shall remain outside the evacuation area to prevent panic and keep residents from returning to the building.
- v. One staff member shall assume responsibility for directing the evacuation and is given an area to minimize confusion and consequent danger
- vi. Identification of evacuated residents is essential to ascertain that all are accounted for – current resident list must be kept updated and accessible.

If evacuation of the home is to be prolonged, disaster plan for housing residents etc. shall be initiated.

No employee or resident shall re-enter the building until the safety of the home is ascertained by the Fire Department.

EVACUATING THE HOME:

1. Notify the Ministry of Long-term Care or RHRA (see emergency phone numbers)
2. Ensure that one person has overall charge of the plan (Executive Director or designate)
3. Designate the Command Centre.
4. Call in staff as appropriate for evacuation assistance and as necessary to the command center.
5. Delegate one staff member in each area the responsibility of maintaining a resident head count.
6. Find out where evacuees are to go and document
7. Establish liaison with administration of receiving home.
8. Ensure those residents requiring special medical attention are designated to go to the appropriate home.
9. Ensure sufficient medical documentation accompanies residents. (charts, medication lists, care plans)
10. Keep residents completely informed of the situation.
11. Ensure that all residents are individually identified using wrist bracelets (found in the Emergency Binders at the Nursing Stations).
12. Decide how the individual residents are to be transported.
13. Assign necessary personnel to the appropriate means of transportation.
14. Assign personnel as appropriate to inform families of situation, by telephone.
15. Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident receive the necessary medications and equipment and are requested to leave a forwarding address.
16. All persons entering and/or leaving an emergency shelter will be checked in and out to maintain control and knowledge of people there. Implement sign in and out sheets.
17. Residents may be picked up and signed out by family members at the relocation site.
18. Make a list, by department, of the necessary equipment to be evacuated.
19. Double check all evacuated areas to ensure they are cleared.
20. Restrict building to unauthorized persons only. ID must be provided to enter the home.
21. Assign personnel as appropriate to handle telephone inquiries from families. Ensure proper messaging has been received from head office (VP Ops or designate.)
22. Notify Medical Director and attending physician(s) of the situation.
23. Ensure parking area is clear to allow sufficient room for evacuating and emergency vehicles.
24. Ensure residents being evacuated are properly clothed and covered as appropriate.
25. Make final check of empty building to ensure that all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.

26. Ensure that all evacuated areas are sealed off, appropriately secured, and barricaded as necessary.
27. Notify police that building is evacuated or with minimal staff on duty.
28. Post signs on door indicating whereabouts and phone number.

EQUIPMENT AND NECESSITIES TO BE CONSIDERED FOR EVACUATION:

1. Medications (charts, carts, etc.)
2. Resident Care Plans
3. Resident Medical charts
4. Adequate blankets and bedding, towels, wash cloths etc.
5. Resident's medical care appliances as necessary (oxygen, wheelchairs, canes, walkers etc.)
6. Resident's personal clothing and grooming aides
7. Adequate supplies of food
8. Staff phone lists
9. Family phone number lists
10. Adequate recreational supplies and physiotherapy equipment
11. Ensure that all records and documents left behind are properly secured

RETURNING TO THE EVACUATED HOME:

1. Building must be inspected and approved for resident re-occupancy by appropriate individuals or authorities.
2. Notify Ministry of Long-Term Care or RHRA about return.
3. Check all operational equipment to ensure all make-up air/HVAC units are operating normally.
4. If possible, arrange for a meal or snack for returning residents.
5. Notify families about time and date of return. Schedule re-admission of residents who have been with families, last.
6. Contact staff regarding scheduling for re-admissions.
7. Gather up all lists of residents and equipment to be returned.
8. Notify Medical Director and attending physicians of return date and time.
9. Designate the command centre for returning residents, staff, and equipment.
10. The Executive Director or delegate should be made responsible for returning traffic.
11. Double check and identify residents as they disembark from the various means of transportation.

12. Ensure checklists of residents and equipment are continually updated.
13. Ensure that residents and equipment are returned to the appropriate area.
14. Investigate missing items immediately.
15. Establish regular routines as soon as possible.

RECOVERY:

1. Thank everyone:
 - residents who have been inconvenienced
 - staff who helped
 - volunteers
 - families
 - media
 - government agencies
 - receiving facilities
 - ambulance, police, and fire
 - bus service
2. Notify Ministry of Long-Term Care of residents with updates
3. Take inventory of all linen, supplies and equipment to assess loss and ensure adequate supplies.
4. Establish additional staffing costs and costs of evacuation
5. Residents will be assessed as necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency.

A-3: MEDICAL EMERGENCY (CODE BLUE)

CODE BLUE Medical Emergency

CODE BLUE Medical Emergency

Refers to a need for resuscitation and the implementation of CPR. As well as the CODE BLUE may be called when a resident or staff member has a medical emergency that needs immediate staff response/support.

The following is a list of medical emergencies that may be covered under a CODE BLUE situation. (this list is not limited to these conditions)

- Seizure
- Loss of consciousness
- Cardiac Arrest
- Choking
- Stroke
- Suicide or attempted suicide
- Severe Hypo/Hyperglycemia
- Anaphylactic Reaction
- Imminent Death – without a DNR order

A CODE BLUE is to be used when a resident has been listed as wanting CPR on their Plan of Care for CPR form on their chart.

CODE BLUE Procedure (More than One Staff on Shift):

1. Stay with the resident
2. Have someone (any staff member) Call “CODE BLUE” as well as the location 3 times over the paging system.
3. Once the charge person arrives the staff are to report the situation to the charge person.
4. Charge Person is to take responsibility for the code blue.
5. Determine right away if 911 needs to be called.
6. Charge Nurse is to take over the situation - they assess for risk, and hazards in the immediate area before other staff step in to help.
7. Delegate to a staff member that any residents or visitors politely to move out of the room.
8. First Aid may be administered appropriately by registered staff depending on the emergency
9. If the team members are trained in First Aid or CPR, then:
 - First Aid may be administered by trained staff depending on the emergency
 - CPR may be administered by trained staff as warranted.
 - Team members should use appropriate PPE (gloves, mask with one-way valve)
 - CPR should be performed on a hard surface (not a bed)
 - 30 compressions to 2 breaths
 - Continue as tolerated or ask someone to take over, continue until ambulance/paramedics arrive.
 - Keep person(s) in distress as calm and comfortable as possible
10. If staff are not trained in First Aid or CPR, it will not be performed unless upon ambulance/paramedic arrival it is warranted and performed by said individuals.
11. One team member is to Call 911 and provide 911 with:
 - Status of the person, the situation (what was witnessed or found)
 - Whether First Aid or CPR is being administered (dependent upon if staff member is trained)
 - The home’s address

- The home's phone number
12. Another team member will meet the ambulance/paramedics at the door and direct them to the location of the person requiring medical attention.
 13. Upon arrival of the ambulance/paramedics, care of the person will transfer to them. The team members will assist and provide the ambulance/paramedics with any required documents (if) from a resident's chart.
 14. The team members will notify the manager on call and will notify the Family, and Physician upon advice of the manager on call.
 15. Team members will document the incident on the resident's chart/progress notes, ensuring they capture all the details for any investigations that may occur.
 16. In the event the death was not witnessed, and it is apparent that a significant time has passed for CPR to be effective (such as death in sleep, or at rest) then regardless of resident DNR status staff may determine it inappropriate to commence with CPR. This is debatable but the follow up conversation and debriefing with the registered staff will be necessary to determine the rationale at the time.

Medical Emergency Procedure: One Staff on Shift (Retirement Homes)

1. Upon finding the Resident, stay with the resident if possible and use their phone to call 911. If no phone is available, leave, locate the nearest phone, and call 911.
2. Provide 911 with the following information:
 - Status of the Resident, the situation (what was witnessed or found)
 - That you are working alone and have not yet started First Aid or CPR due to the need to call 911
 - The home's address
 - The home's phone number
 - Resident room number
3. Return to the resident and administer First Aid or CPR only if qualified:
 - First Aid may be administered by trained staff depending on the emergency
 - CPR may be administered by trained staff as warranted.
 - Team members should use appropriate PPE (gloves, mask with one-way valve)
 - CPR should be performed on a hard surface (not a bed)
 - 30 compressions to 2 breaths
 - Continue as tolerated or ask someone to take over, continue until ambulance/paramedics arrive.

If the staff member is not trained in First Aid or CPR, it will not be performed unless upon ambulance/paramedic arrival it is warranted and performed by said individuals.

4. Upon arrival of the ambulance/paramedics, care of the resident transfers to them. The team member will provide the ambulance and paramedics with any required documents from the resident's chart.
5. The staff member will notify the manager on call and will notify the Family, and Physician upon advice of the manager on call.
6. The Staff member will document the incident on the resident's chart, ensuring they capture all the details for any investigations that may occur.

Post CODE BLUE Incident

1. Notify the following:
 - a. Family
 - b. Physician (if taken to hospital b/o medical emergency)
 - c. Manager /manager on call.
2. Document the incident on the resident chart/risk management. Ensure that you capture all the details for any follow-up investigations that may occur.
3. Alert the manager on call to notify of the Code Blue.
4. Follow any required reporting for example, MLTC if any injury or unexpected death, follow RHRA required reporting.
5. Debrief with team members, residents, and others (as required) after the incident to ensure safety and

provide support for the well-being of any residents or others that experienced distress as a result of the medical emergency.

6. Discuss and document any areas for improvement with an action plan

Note: Any staff trained in first aid and CPR may provide CPR/First Aid interventions to anyone including non-residents, visitors, and other staff, if needed in any medical emergency. Any staff member may be asked to call 911 if needed. Alert the manager on call if there was any injury during the incident as this will result in a Mandatory Report to the MLTC.

A-4: VIOLENT PERSON (CODE WHITE)

Code White Procedure:

1. Stay with the person.
2. Have someone (any staff member) call “code white” as well as the location 3 times over the paging system.
3. Charge Nurse is to assist (not necessarily take over) the staff involved with the code.
4. Ask any persons or visitors politely to move out of the room as to not trigger further aggression.
5. The staff leading the code will take charge of the situation.
6. Staff to remain for support as shift permits (should be 4-6 staff persons if possible).
7. Action - Try these approaches to assist the person:
 - a. Try to calm the person down and redirect their thinking
 - b. Find out what is upsetting them “What is wrong?”
 - c. Remove triggers “Can I help”.
 - d. Redirect their thought process through changing the subject.
8. Have the person sit down or rest.
9. Offer a drink to assist with calming and redirecting thought.
10. Contact the physician if person will not calm down – receive orders and proceed with orders given.

Non-Violent Crisis Intervention:

Two ways a resident can act out are physically & verbally. There are four behavior levels and it’s important to intervene as soon as possible. At a level 1 or 2 is best before things escalate to level 3 or 4.

Level 1- Upset facial expression (anxiety), frustration without violence.

Level 2 -Defensive verbally – swearing, loud tone of voice, name calling, crying

Level 3- Physically aggressive and defensive of self and personal space (acting out)

Level 4-Tension Reduction – this comes after the heightened emotional response

Crisis interventions:

Level 1 - Recognize, support, and act before the resident moves to level 2.

Level 2 - One staff needs to calmly talk to the resident, to help resident regain control. Never invade the resident’s space. Assist the resident to another space that is calm and quiet.

Level 3 - Allow resident to release their frustration in a safe area free from obstacles or other residents.

Level 4 - Re-establish communication with the resident when they are calm and ask what happened to cause this behavior. Record and report triggers so you and others can help avoid these behaviors from happening again. Also recording the incident will assist others when dealing with responsive behaviours.

Always give personal space between you and the resident approximately a meter stick, (out of arms reach). Explain to the resident what you would like to do, so you can tell the mood they are in before approaching. If the resident appears unhappy, start with crisis interventions at what level they are currently at. We need to recognize and deal with resident behavior before it escalates, to physical and verbal abuse.

If you get into a situation with a resident that has escalated, and these interventions have not worked, or you are at a level 3 or 4 with your resident and need staff assistance. You are to call a **Code WHITE**.

If resident is an identified THREAT to themselves or others call 911 for assistance

Post Incident

- If Police were involved POLICE WILL ADVISE THE Executive Director (OR DESIGNATE) WHEN IT IS SAFE TO END THE CODE WHITE.
- Once the Police have said it is safe to do so, the Executive Director/designate will announce “Code White, All Clear” overhead three times.
- All team members should return to their work area for debriefing. Team members from the affected area should go to a designated meeting point.
- The Executive Director/designate should consider how to address any operations that may not be immediately available post incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use.
- As soon as possible, the Executive Director/designate should conduct a debriefing including participation of any responding law enforcement.
- After the Code/emergency is declared over, business operations will resume as normal, a debriefing session will be held with team members, residents, and others, as appropriate and documented to learn of any opportunities for improvement with an action plan completed.
- Residents will be assessed if necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency.
- As part of the recovery process, the Executive Director/designate will consider and assess as necessary the physical and mental health needs of all team members and residents. Support will be provided, utilizing existing and additional identified programs (e.g., Employee and Family Assistance Program, Social Worker, Clergy)
- Staff should speak with their supervisor regarding any specific concerns, needs, or considerations.

If the violent person was a resident take the following steps:

Notify the following:

- a. Family
- b. Physician (if taken to hospital b/o aggression)
- c. Manager /manager on call.
- d. Document the incident. Ensure that you capture all the details for any follow up investigations that may occur.

Alert the manager on call if there was any injury during the incident to another person or aggression/fight with another person. Please report as necessary to MLTC, MOL and RHRA.

A-5: INTRUDER (CODE PURPLE)

In any threatening situation, the safety of residents and staff is paramount. While every attempt is made to deal with a threatening situation at the home level, appropriate reinforcements will be called upon if the home management is unable to diffuse the potentially harmful situation.

Procedure – Unwanted Visitor/Intruder: REMAIN CALM

1. If an unfamiliar person is in the home, Charge Nurse or home management are to ask them who they are and who they are there to see.
2. If they have no legitimate business in the home, ask them to please leave.
3. If they refuse to leave, alert them that you will call the police to remove them from the premises.
4. When interacting with the intruder, keep conversation non-threatening and non-accusatory. Do not try to reason with the person.
5. Hold your body in a calm and non-threatening way. Keep your arms loose at your sides. DO NOT cross your arms as the person may think you are angry and a danger to them. Keep a safe distance away from intruders and always keep a visual eye on the person.
6. Call 911, or delegate someone, as soon as safely able to do so.
7. Ensure resident safety. Dispatch team members to all home areas to ensure residents stay in their rooms/lounges until the threat has passed.
8. Ensure that any wandering residents are accounted for and moved to a common area so that tam members can keep track of them.
9. Once the intruder has been removed from the premises either of their own volition or police escort, home management will hold a debriefing session for all tam members.
10. A *Critical Incident Report* must be completed for LTC if the police were called for intervention and if the safety of residents has been put at risk. In Retirement Homes send an email to info@rhra.ca advising of the incident for RHRA

Procedure – Hostage Situation:

1. If you are taken hostage, stay calm.
2. Call or signal for help as soon as safely able to. Do not make an announcement over the PA system but quietly alert any team members to direct residents to safety.
3. Isolate the area, instructing team members to move residents into their rooms/lounges to maintain their safety.
4. Do not turn your back on the hostage taker.
5. Do not attempt to negotiate with the hostage taker. The police will negotiate when they arrive.
6. Follow the hostage taker's instructions. Once the police arrive, follow their instructions.
7. If the hostage taker has a gun and shots are fired, lay on the floor, and stay down. (See Code Silver)
8. Once the situation has been diffused by police, home management will hold a debrief session for team members.

A *Critical Incident Report* should be completed for the Ministry of Long-term Care in LTC and if the safety of residents has been put at risk in Retirement Homes send an email to info@rhra.ca advising of the incident for RHRA.

RECOVERY

- POLICE WILL ADVISE THE Executive Director (OR DESIGNATE) WHEN IT IS SAFE TO END THE CODE PURPLE.
- Once the Police have said it is safe to do so, the Executive Director/designate will announce "Code Purple, All Clear" overhead three times.
- All team members should return to their work area for debriefing. Team members from the affected area should go to a designated meeting point.
- The Executive Director/designate should consider how to address any operations that may not be immediately available post incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use.
- As soon as possible, the Executive Director/designate should conduct a debriefing including participation of any

responding law enforcement and team members. After the Code/emergency is declared over, business operations will resume as normal, a debriefing session will be held with team members, residents, and others, as appropriate, and documented to learn of any opportunities for improvement with an action plan completed.

- Residents will be assessed if necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency.
- As part of the recovery process, the Executive Director/designate will consider and assess as necessary the physical and mental health needs of all team members and residents. Support will be provided, utilizing existing and additional identified programs (e.g., Employee and Family Assistance Program, Social Worker, Clergy)
- Staff should speak with their supervisor regarding any specific concerns, needs, or considerations.

A-6: PERSON WITH A WEAPON (CODE SILVER)

- Code Silver is a planned response to ensure the safety of all health care workers, residents, and visitors at the home when an individual is in possession of a weapon and an enhanced police response is required.
- Code Silver should be called if there is a threat, attempt, or active use of a weapon to cause harm, regardless of the type of weapon.
- Likely, it will be unsafe for medical support to respond to the location of a Code Silver situation until the police arrive and/or the assailant is incapacitated.
- Code White or Code Purple Scenarios may escalate to a Code Silver.
- The code should be called if you see or hear of:
 - A person attempting to harm or injure people with any weapon; or
 - A person carrying a weapon on or near home grounds.

When a Code Silver is called: REMAIN CALM

EVACUATE:

- Do not confront a person with a weapon or attempt to deescalate the situation
- Do not attempt to remove wounded persons from the scene
- If possible, assist others to leave the area and redirect those trying to enter
- Evacuate if safe and able to proceed
- Only evacuate if you are close to an exit and can get there safely, without attracting attention
- While evacuating always keep hands visible (not to be mistaken for the shooter)
- Leave any belongings behind
- Call 911 as soon as possible

If you cannot evacuate, HIDE:

- Use rooms with doors that lock
- Barricade the door with heavy furniture
- Silence your cell phone and turn off any sources of noise (e.g., radios, televisions, etc.)
- Hide behind large objects (e.g., cabinets, desks, walls, etc.)
- Remain quiet and low to the ground
- Call 911 as soon as possible

If you are found, SURVIVE:

- Fight only as a last resort and only if your life is in imminent danger
- Attempt to disrupt and/or incapacitate the assailant by: Acting as aggressively as possible against him/her, throw items and improvising weapons, yelling, commit to your actions
- If others are available, work together to distract and attack the assailant as fiercely as possible

Call CODE SILVER then 911, as soon as possible.

- Give the operator as much information as possible including:
 - Location of the assailant(s) (current, last known, and/or direction headed)
 - Type of weapon(s)
 - Description of the assailant(s)
 - Any comments or demands made by the assailant
 - Information on victims and/or hostages
 - Any other information you feel may be relevant
 - Remain on the line, and follow the instructions of the operator (stay as quiet as possible)
2. Hide in place until "CODE SILVER, ALL CLEAR" is announced or you are evacuated by police.
 3. If the assailant enters your work area, inform 911 if it is safe to do so.

UPON POLICE ARRIVAL

1. Law enforcement personnel are the primary responders and will assume control of any response.
2. Do not interfere with the Police Officers by delaying or impeding their movements.
3. Police will be responding with the intent to use the required level of force to diffuse the situation. Ensure you do not present as a threat to them:
 - a. Drop any items in your hands (bags, jackets)
 - b. Immediately raise hands and always keep them visible
 - c. Remain calm, avoid screaming or yelling
 - d. Avoid making quick movements toward the officers
 - e. Do not attempt to grab or hold onto an officer.
 - f. Do not ask the officers for directions, proceed the direction from which officers are entering the area.
4. Rescue teams comprised of additional officers and emergency medical personnel may follow the initial Officers when it is safe to do so. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the area.
5. Once you have reached a safe location you will likely be held in that area by Police until the situation is under control and all witnesses have been identified and questioned. Do not leave the safe location until Police have instructed you to do so.

RECOVERY

- POLICE WILL ADVISE THE Executive Director (OR DESIGNATE) WHEN IT IS SAFE TO END THE CODE SILVER.
- Once the Police have said it is safe to do so, the Executive Director will announce "Code Silver, All Clear" overhead three times.
- All team members should return to their work area for debriefing. Team members from the affected area should go to a designated meeting point.
- The home should consider how to address any operations that may not be immediately available post incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use.
- As soon as possible, the home should conduct a debriefing including participation of any responding law enforcement and team members
- As part of the recovery process, the home will consider and assess the physical and mental health needs of all team members and patients. Support will be provided, utilizing existing and additional identified programs (e.g., Employee and Family Assistance Program)
- After the Code/emergency is declared over, business operations will resume as normal, a debriefing session will be held for team members, residents, and others as appropriate, and documented to learn of any opportunities for improvement with an action plan completed.
- Residents will be assessed if necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency.
- Team members should speak with their supervisor regarding any specific concerns, needs, or considerations.
- Alert the manager on call, as to the occurrence and report as necessary to MLTC, MOL and RHRA.

Role of the Executive Director/designate

- Remain calm
- Assist police with all requests
- Alert the organization via Risk Alert and file CI report per timeline
- Debrief with staff and residents, others involved
- Provide any needed counselling or supports for residents and staff (reference employee assistance, clergy etc.)

A-7: BOMB THREAT (CODE BLACK)

GENERAL RULES:

This procedure will be carried out discreetly with a minimum of publicity. Under NO circumstances should the news media be informed of the Bomb Threat. No threat is to be taken lightly or ignored and all are treated as real until proven otherwise. A Bomb Threat will be referred to as CODE BLACK.

A floor plan of the Nursing Home and master keys should be available to the authorities.

PROCEDURE:

BOMB THREAT RECEIVED:

When a bomb threat is received:

- Be calm and attempt to prolong the conversation to get as much information as possible
- Listen carefully and complete checklist (attached under section B)
- Write all information down as you listen
 - Date and time call was received
 - Any noticeable “words”, idiosyncrasies, accent, or speech impediment
 - Sex and approximate age of caller
 - Background noises such as music, voices, aircraft, church bells etc., which may identify caller’s location.
- Do not interrupt the caller

Ask questions:

- What time will the bomb go off?
- Where is it?
- What does it look like?
- Why did you do this?

If the threat is in writing:

- do NOT handle the note or envelope with bare hands (use gloves)
- avoid smearing any existing fingerprints
- place in a large envelope or folder
- record how the threat was delivered and by whom

Notify the Authorities:

Police and Fire Department **911**

Ministry of Long-Term Care **1-800-546-8255**

RESPONSIBILITIES

Person in Charge:

- when in possession of all details, the Executive Director or delegate will take total charge
- evaluates the situation
- initiates Bomb Threat procedure

Notifying Staff:

- Executive Director or designate will announce “Code Black” over the PA system
- establish command center
- all available staff report to the command center.
- form search teams
- decide whether to call in off duty staff

SEARCH PROCEDURE:

If the caller indicated where the bomb is located, search that area immediately. Otherwise, search those areas always accessible to the public (i.e., entrances, lobbies, stairwells, washrooms, elevators, closets, etc.), then the rest of the building.

When professional assistance arrives, they may take over charge of the situation, follow their direction and provide assistance if requested such as:

- ✓ divide up areas of the home on floor plan and provide copies of floor/home area maps to search teams
- ✓ mark off searched areas on floor/home area maps
- ✓ set up a control center
- ✓ the authorities DO NOT search - staff is more familiar with surroundings and much more likely to spot unusual objects

Room Search:

- when possible, form 2- person teams - one person will start the search, the other person listens for “ticking”
- stand still and glance around the perimeter of the room - is there anything there that does not belong?

Perform a 4-step search. Go around the room each time looking only at:

- floor
- open closets
- open drawers
- furniture

When Room Search is Completed:

- close door and flag
- report to the person in charge and always keep him/her informed

IF SUSPICIOUS OBJECT IS FOUND:

- **DO NOT TOUCH IT!**
- leave light switches in the position they are found
- open windows and doors (reverse from fire threat)
- inform the authorities in charge of location and description
- evacuate residents and staff from immediate area (using proper procedure)
- restrict entry to that area
- leave bomb removal to the authorities
- do not assume it to be the only one - continue to search the remainder of the building
- visitors desiring entry to the home will be told that the building is temporarily closed
- visitors desiring to leave must use the front door only

EVACUATION:

Total evacuation will be a joint decision by the Executive Director or delegate, police and/or fire departments and any other professionals providing assistance.

If evacuation is deemed necessary, all staff will proceed with **EVACUATION PROCEDURES**/CODE GREEN

RECOVERY:

After each Bomb Threat, a review of the experience will be held. The plan and its provision will be reviewed to determine if the procedures were appropriate or if improvement is needed.

The review will involve all team members as well as representatives from the police and fire departments. A written report will be distributed to all persons of agencies having a responsibility for any action relating to the incident. A debrief will be held with team members, residents, and others, as appropriate.

The Executive Director/designate will follow all legislated reporting guidelines for reporting through Critical Incident system and as per RHRA reporting guidelines as appropriate.

Residents will be assessed if necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency.

A-8: EXTERNAL DISASTER (CODE ORANGE)

Code Orange is an external disaster which may impact the home's resources, necessitate a need to shelter in place, evacuate the home or serve as an evacuation centre for others. Examples include:

- a natural disaster or severe weather (tornado, flooding, earthquake, severe thunder, ice, or snowstorms)
- loss of essential services (power, water, communications, fuel/gas, or supplies)
- hazardous materials/chemical explosion or leaks (gas leak, chemical spill, toxic or chemical biological, nuclear and/or radiological issues)
- community related disaster such as a fire, train derailment or plane crash.

Once a Code Orange has been determined the Charge Nurse/designate will:

1. a) Page Code Orange 3x through the overhead paging system
b) Team members will report to the Command Centre
c) The Charge Nurse/designate will provide instructions for team members related to the specific emergency.
2. Notify the Executive Director (ED) if not onsite
3. Depending on the emergency it may be necessary to call in other team members or volunteers to assist.
4. Once the environment has stabilized the ED/Charge Nurse/designate will page Code Orange – All Clear
6. Contact the Ministry of Environment or Public Health for more information regarding air quality and monitoring.
7. After the Code/emergency is declared over, business operations will resume as normal, a debriefing session will be held with team members, residents, and others as appropriate, and documented to learn of any opportunities for improvement with an action plan completed.
8. Residents will be assessed if necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency.

External Air Exclusion

The potential of toxic gas from a chemical spill or smoke from an external fire could threaten the environment of the home. The Executive Director/designate or the designated Charge Person may wish to close off the home to protect the safety of the occupants rather than initiate an evacuation of the building. Consider the need to any alternate actions, such as evacuation of the home, before initiating the "Code Orange" procedure.

A "Code Orange" emergency response will result in closing the home, restricting access, closing all external openings to the outdoors, and shutting down internal air circulation systems. After full evaluation of the seriousness of the external disaster (may require consultation with the Police and/or local emergency response authorities),

1. Upon the initiation of a "Code Orange" all outside air sources will be shut off, such as ventilation and air conditioning systems, windows, and exterior doors.
2. Alert Department Heads and Charge Nurse(s) of impending circumstances.
3. Direct the Environmental Services Manager or designate to shut down all mechanical central air circulation and air conditioning systems.
4. Announce over the public address system three times "Code Orange– All team members to report to the command centre."
5. The ED will contact the Ministry of Long-Term Care to advise of the emergency. If applicable, the ED/designate will initiate and complete the Critical Incident Report.
6. Maintain an awareness of outside conditions – give direction to team members as appropriate.

ON ANNOUNCEMENT OF “CODE ORANGE” Responsibilities

| | |
|---|---|
| Charge Nurse: | <ol style="list-style-type: none"> 1. Ensure telephones are used with discretion; telephone use should be for communication and emergency purposes only. 2. Ask all visitors to leave the home if appropriate, depending on degree of urgency and if time allows. 3. Assign some of the team members to reassure residents and provide comfort. 4. Assign duties as required to other team members as they report in. |
| Nursing Team Members: | <ol style="list-style-type: none"> 1. If working on the home area, ensure all windows are closed before leaving the immediate area on the floor – includes bedrooms and common areas. 2. Shut off any air-conditioning units or air fans that vent to the outside. 3. Report to Charge Nurse for further direction and assignments. |
| Housekeeping and Team Members: | <ol style="list-style-type: none"> 1. If on the home area, assist nursing team members in closing windows in the immediate area. 2. Report to the Environmental Services Manager or designate for assignments and directions. 3. Under the direction of the Environmental Services Manager or designate, monitor doors and guard against exit from the building. |
| Laundry Team Members: | <ol style="list-style-type: none"> 1. Shut off all equipment, any fans and close any windows in the laundry room, and then close the laundry room door on the way out. 2. Report to the Environmental Services Manager– may be asked to assist with building patrols or support nursing team members on the home areas. |
| Maintenance Team Members | <ol style="list-style-type: none"> 1. assist nursing team members in closing windows in the immediate area. 2. As directed by the Environmental Services Manager, assist with shut down of equipment and monitor all areas through continuous rounds. |
| Environmental Services Manager/designate | <ol style="list-style-type: none"> 1. Either shut down or direct another staff person to shut down all the mechanical central air circulation and air conditioning systems for the building. 2. Go to command centre in anticipation of team members reporting in – stay in a visible place. 3. Assign specific activities and responsibilities to maintenance, housekeeping, and laundry team members – duties will be pre-determined prior to emergency response situation based on priorities and available number of staff. 4. Monitor all doors to ensure the building is kept secure. |
| Food and Nutrition Manager/designate | <ol style="list-style-type: none"> 1. Shut off the following: <ul style="list-style-type: none"> - Ovens and appliances - Dishwasher - Fan in range hood (if switch is in kitchen) - Fans (if in place and turned on) 2. Close any windows and shut all doors on the way out of the work area. 3. Report to the command centre for direction from the Charge Nurse. 4. Implement Emergency Menu dependent on the duration of the loss of ventilation systems which may restrict equipment use. |

| | |
|---|--|
| Dietary and Program Team Members | <ol style="list-style-type: none"> 1. (Dietary) Assist the Dietary Manager in shutting down all dietary work areas. 2. (Program) If on a nursing home area, assist team members in closing windows. 3. Report to the Charge Nurse at the command centre for directions and assignments. |
|---|--|

End of Code Orange or Recovery:

1. Over the public address system, announce three times "Code Orange- All Clear" when the outside emergency has cleared. This may require consultation with and/or approval from the Police or the applicable local emergency response authorities.
2. Resume normal activities as quickly as possible.
3. Notify the Ministry of Long-Term Care or RHRA that the emergency is over and complete any reporting requirements.
4. Provide a report to the Joint Health and Safety Committee of the home. Debrief with team members, residents and others as required. A documented analysis will be conducted, and an action plan will be developed for any areas of improvement identified.
5. Provide support and assistance to any residents or team members that experienced distress because of the emergency.

Air Quality Issues

Additional items to consider if air quality is poor or there is an advisory:

- Limit outdoor activities for residents
- Stay cool and drink lots of water
- Monitor residents with lung and heart disease closely and ensure they have medication to manage any exacerbation of symptoms.
- If it is hot in your area, keep curtains closed to keep areas shaded.
- Monitor residents for signs and symptoms of respiratory distress and alert their Physician or NP if needed.

For more information, see these websites:

- [Protecting your health from wildfire smoke](#)
- [Weather alerts for Canada](#)
- [Sign up for air quality alert email notifications](#)

Hosting Others In Emergency Situations

The possibility of an external disaster situation outside of the home may require that the home receive evacuees at any given time. This relocation may be for a shorter or longer time frame, depending on the nature of the external disaster and the ability of evacuees to return to their original locations.

“Code Orange” applies to disasters that are external to the home such as a natural disaster, a train or plane crash or an internal disaster at another home.

1. The team member receiving the call from the outside home or organization will document:
 - the location of the disaster, the cause,
 - # evacuees, with any special needs of the evacuees
 - caller's name and telephone number, and the estimated time of arrival.
2. The team member will immediately notify the Executive Director (ED) and/or alternate management designate in charge and on duty of the “Code Orange” status and that the home will be receiving evacuees on a temporary basis. After

business hours, the ED and/or management designate on call must be notified. The ED or management designate will inform the Regional Director of Operations (RDO).

3. Depending on the circumstances at the home (for example, there may be a communicable disease outbreak restricting admissions and visitors), the ED/ designate may have to re-negotiate arrangements for accommodations with the affected home/organization.

4. On notice of the emergency and pending arrival of evacuees, the ED/ designate will initiate the emergency response by announcing three (3) times over the Public Address (PA) system: “Attention All Staff - Code Orange Alert Is Now in Effect – All available team members should proceed to the designated Command Centre in the home)”.

5. The ED/designate will select a team member to initiate a call out of team members to return to the home as required.

6. From the pool of reporting team members on duty, the ED/ designate will assign:

- a) team members to **Reception** and **Identification** Teams to the main entrance of the home to receive and complete the identification of evacuees.
- b) team members to designated holding area(s) to receive and care for evacuees.
- c) team members to obtain supplies for the **Holding** area(s), for example, bedding, linen, and mattresses, and assist in setting up the holding area(s) with the respective holding area team; and
- d) team members to transport evacuees from the reception area to the holding area(s) after the identification process is complete and, if required, remain with evacuees in the event of any special needs.

7. The ED/ designate will contact and/or assign a team member to contact the Ministry of Long-Term Care (MLTC) to notify them of the emergency.

8. On arrival of other team members coming in and any possible volunteers who may have come to assist, the ED/ designate will assign individuals to the different teams to complete the assigned tasks.

| Person | Responsibility |
|---|---|
| DOC/designate | DOC and/or designate will take the lead for advising and directing the Charge Nurses on the home areas. In some cases, team members reporting to the command centre may be directed to a home area to assist with resident care depending on the needs of that area. |
| Charge Nurse | will determine which team members (from all departments) will go to the command centre and which staff members will stay on the home area to continue to care for residents. The Charge Nurse will take direction from the DOC or designate. The residents on the home area are not to be left unattended at any time. |
| Food and Nutrition Manager/designate | Review dietary and utilize dietary emergency supplies, alter production to provide and meet dietary needs of additional people, order more supplies as necessary |
| Environmental Team Members | Retrieve emergency supplies and assist in organizing holding area |
| Team Members | Follow direction from the charge nurse |
| Assigned Reception Team Members | <ol style="list-style-type: none"> 1. 1. Ensure the groups of people arriving at the home are moved in an orderly fashion through an identification process. 2. 2. Provide each individual as they arrive at the entrance with a name tag or a wristband (dependent on the individual’s health status) clearly displaying the individual’s name. 3. 3. Accompany each evacuee to the Identification Team for completion of the identification process. |
| Assigned Identification Team Members | <ol style="list-style-type: none"> 1. For each person arriving at the home, obtain the following information and documentation: name, address, birth date, next of kin/emergency contact, any special needs and time of arrival. 2. Collect and note any records, medication and/or equipment arriving with the individual. 3. Send the registered evacuee with porter staff to the assigned holding area. |
| Assigned Holding Area Team Members | <ol style="list-style-type: none"> 1. Set up the holding area(s) for the individuals coming in, including beds/bedding, linen, tables, chairs, and a sitting area (if space is available). 2. Direct, support and assist the individuals coming into the holding area(s) with placement of their personal belongings, and responding to any requests, questions, or other needs. |

| | |
|--|---|
| | <p>3. Set up a dining area and, depending on the length of time that individuals are expected to remain at the home, ensure that they have food and fluids available.</p> <p>4. Make sure that everyone's name tag or wristband and record of information match.</p> <p>5. Establish a filing system for the information records, noting any on-going interventions or concerns on the record for each individual accommodated.</p> <p>6. Orientate the evacuees to the respective area to include location of the washroom, and how to contact the nurse/care provider if additional assistance is required.</p> |
|--|---|

9. **Recovery** – after the emergency is over all areas will be restored for normal operations, with all utilized supplies replenished.

The ED/designate will debrief with team members, residents, and others as required and review any identified areas of improvement and document an action plan.

The ED/designate will arrange support and assistance to any team members or residents that experienced distress due to the emergency.

Building Lockdown

Lockdown procedures are implemented to secure and protect team members and residents when an unauthorized or suspicious person enters the home and may be implemented in the event of a threatening communication, or other external threat. Procedures such as shelter-in-place procedures in are to be used when it may be more dangerous to evacuate than to stay inside. The intent is to reduce harm to team members, residents and others and the potential of any casualties and will be initiated when evacuation is not feasible.

When implementing lockdown procedures:

- ensure communication with team members as calmly as possible,
- call 911 as soon as it is safe to do so, and follow the direction of the police.

By controlling access to, and movement and noise within the building, emergency personnel are better able to manage and respond to the threat.

If the intruder is outside the building:

- secure all windows and doors and gather all team members and residents inside the building, outside of the line of view of intruder.

If the intruder has entered the building, secure team members and residents in a safe room or area of the building.

Shelter in Place

This type of lockdown is normally referred to when an environmental threat is present outside, and it is not possible or advisable to evacuate the building. This type of action is normally in response to an air contaminant and involves keeping the air contaminates outside the building and keeping persons from unnecessarily putting themselves in medical danger. In the case of external health hazard, where it is not possible or advisable to evacuate the building:

- 1) The Executive Director or designate will announce "Building Lockdown – Shelter in Place" to all team members as soon as possible.
- 2) The Executive Director or designate will advise all team members, residents, and visitors in the building to move upwards to an interior room on a higher floor if appropriate since many agents are heavier than air.
- 3) All team members will close windows and doors.
- 4) The Executive Director or designate will:
 - a. Ensure exterior doors are locked.
 - b. Turn off heating, air conditioning and ventilation systems, if possible.
 - c. Check the inventory of openings to ensure that no openings have been overlooked.
 - d. assign team members to monitor doors
- 5) The Executive Director or designate will monitor radio or television stations for further updates and have occupants remain in the shelter-in-place mode until authorities indicate it is safe to come out.

Hold & Secure

This response is used when a serious environmental/physical threat is present outside the building or in the local neighbourhood. A Hold & Secure involves enacting preventive measures to prevent individuals from leaving the building and entering an area of danger, or to prevent the threat from entering the building.

What to do – if it's safe to:

- 1) Announce "Building Lockdown – Hold and Secure" to all team members as soon as possible.
- 2) Listen to instructions from emergency responders or building managers.
- 3) Proceed inside the building (if not already inside).
- 4) Close and secure exterior doors.
- 5) Close windows and blinds.
- 6) Turn off lights if safe to do so.
- 7) Keep away from exterior doors and windows.
- 8) Encourage people to remain inside the building until the threat has passed.

Lockdown

This response is used when the threat is already in the building and measures need to be enacted to prevent the threat from accessing areas where potential victims are or may be, or to protect individuals from entering areas where the threat may be present.

What to do – if it's safe to:

- 1) Announce "Building Lockdown" to all team members as soon as possible.
- 2) Listen to instructions from emergency responders or building managers.
- 3) Move to a safe area.
- 4) Close and secure doors and windows.
- 5) Barricade doors with furniture or wedges if unable to secure them.
- 6) Turn off lights if safe to do so.
- 7) Keep away from doors and windows.
- 8) Silence cell phones.
- 9) Remain silent.
- 10) Lie on the floor if gunshots are heard.
- 11) Call 911 if it is safe to do so and if you have information such as location of attacker.
- 12) Speak as calmly and quietly as possible. Provide quiet activities to help keep residents focused and quiet.
- 13) Do not open the door for anyone unless you have a plan in place to protect yourself and others from the potential threat. If you open the door, you may be placing others in danger. Police will announce their entry. If still uncertain, and if safe to do so, you can confirm police presence by calling 911.
- 14) Remain in the lockdown response until police advise it is over.

Please note: If a fire alarm should sound during a lockdown, you may need to re-assess your situation. Do not automatically evacuate unless you smell smoke. If you determine it is too dangerous to remain in lockdown, be aware of your surroundings when evacuating. Have a plan in place and if the threat presents itself, be prepared to defend yourself.

Recovery

Police will advise the Executive Director or designate when it is safe to end the Lockdown.

Announce "Lockdown All Clear" when matter is resolved.

- All team members should return to their work area for debriefing.
- Team members from the affected area should go to a designated meeting point.
- The home will consider how to address any operations that may not be immediately available post-incident (i.e. if the affected area is secured for investigation; if damage to equipment/building inhibits their use)

- As soon as possible, the Executive Director/designate will conduct a debriefing, including participation of any responding law enforcement, and ensuring appropriate Employee & Family assistance resources are provided to anyone who experienced distress as a result of the emergency. The Executive Director/designate will complete any reporting requirements as per MLTC and RHRA guidelines.

A-9: CHEMICAL SPILL (INTERNAL)

1. Each home will maintain a clearly marked chemical spill kit.
2. When a spill is detected, immediately remove any residents or others from the area and ensure their safety. If appropriate, close any doors to contain the spill and/or fumes.
3. If the spill is significant putting residents and others at risk, notify the appropriate authorities if necessary
Fire Department 911
Police Department 911
Ministry of Environment (HOME SPECIFIC)
Any others as instructed by the Fire Department (i.e., gas company)
Follow any preliminary instructions the authorities may give over the phone.
If necessary, proceed to evacuate the area.
If evacuation is deemed necessary, all staff will proceed with evacuation procedures as per policy.
4. Re-entry to the home area or building will be on the direction of the Fire Department.
5. If a liquid chemical is spilled and is minor in nature locate the Safety Data Sheet (SDS) sheet and make it available for the authorities upon their arrival. Follow the SDS sheet instructions for safe clean up. Ensure appropriate personal protective equipment is worn as per manufacturer's instructions.
6. Residents will be assessed if necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency.

IDENTIFY THE SUBSTANCE & DETERMINE THE RISK

If a chemical is spilled and is minor in nature locate the Safety Data Sheet (SDS) sheet The individual in charge should identify (to the extent possible) all hazardous substances, the conditions present, handling procedures, amount of liquid and potential dangers. The most important thing to consider here is if the spill is life threatening. If so, dial 911 and/or call your local authorities

PROTECT YOURSELF

Once an individual has determined that the spill is not life threatening and is manageable, protect the clean-up team by properly outfitting them in Personal Protective Equipment (PPE). This includes the appropriate PPE that can be found on the SDS sheet, such as respirators boots, gloves and goggles.

STOP THE SPILL

Stop the spill at the source if possible. This may be done by turning a valve, rolling a drum over or using a leak stopper product.

CONTAIN THE SPILL

Limit the spread and exposure of the spill by properly containing the liquid. This can be done by utilizing the correct equipment from the spill kit. These products may be used to dam, dike or divert the spill for easy, manageable clean up. If properly planned, many spills can be self-contained by using the proper secondary containment.

MINIMIZE THE RISK

CLEAN UP THE SPILL

Using the instructions on the SDS wearing correct PPE.

DECONTAMINATE

Cleaning a spill means properly cleaning both the clean up crew and their equipment afterwards. Remove and dispose of used PPE the same manner as your spilled liquid.

A-9: b) CHEMICAL SPILL (EXTERNAL)

1. If the home is advised of an external chemical spill and gas leak the Charge Nurse/designate will page Code Orange x 3
2. All team members upon hearing Code Orange paged will report to Command Centre and follow instructions provided by charge nurse or most responsible person in charge.

FOR External Chemical Spill or Natural Gas Leak (outside) instruct staff to:

1. **Close all windows & doors**
2. **Remove residents into safe zone that would allow for evacuation.**
3. **Shut down all HVAC/Make up Air Units/Exhaust.**
4. **Keep doors closed as much as possible**

Once given all clear, resume normal activities.

Residents will be assessed if necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency.

A-10: MISSING RESIDENT - CODE YELLOW

Upon declaring a missing resident, notify Charge Nurse of the missing resident. The Charge Nurse then initiates the following procedure:

Next Steps:

1. Page CODE YELLOW and the home area that the Resident is missing from x3 overhead.
2. Establish a Command Centre (should be the home area nurse's station).
3. All available managers and staff will respond to the command Centre when they hear "CODE YELLOW" paged.
 - Taking direction from the Charge Nurse, initiate a thorough search of the entire home area (including dining rooms, tub rooms, lounges, etc.) spreading through the entire home as required to include Retirement Home (if applicable). Extend the search further if required. Organize everyone so that all parts of the home are being searched and reported back to you when search is complete. (i.e., PSWs working in the east – search all east rooms, DOC/ED – search all locked rooms that could have been left open and Resident got in, Dietary staff – search kitchen and dining rooms, etc.)
4. Notify the police department, if the resident has not been located within 30 minutes providing the following information.
 - a. Name of Resident
 - b. Time and location the Resident was last seen
 - c. What kind and colour of clothes Resident was wearing?
 - d. Colour of eyes, hair, and skin
 - e. Age, height, and weight
 - f. Mental condition
 - g. Use Residents photograph in front of MAR for identification but do not provide to anyone due to confidentiality
 - h. Have Residents profile file out
5. Notify the POA/SDM.
6. Notify the Medical Director/physician.
7. Report to DOC/manager on call to determine if it needs to be reported to the Ministry.
8. For LTC follow Critical Incident Policy for reporting and for RH report as necessary to RHRA.
9. Residents will be assessed if necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency

A-11: LOSS OF SERVICES (CODE GREY)

In the event of loss of services related to power, water or fuel the following procedures shall be initiated by the Executive Director or Charge Person.

LOSS OF ELECTRICAL SERVICES

Things Staff Should Know:

- The outlets are red which are powered by the emergency generator.
- The Generator provides emergency power to lights, fire panel, alarm, call bells and some receptacles

Responsibilities of Executive Director:

- Set up a command post to co-ordinate communications and activities that will need to be conducted
- Function as a backup maintenance staff
- Review generator system powered sheet

Responsibilities of Supervisor/Maintenance Staff:

- Ensure the generator is functioning properly, monitor hourly (checking coolant temperature, etc. to ensure they are in the proper operating range) and document.
- Confirm the fuel levels (if other than natural gas), monitor hourly and document.
- Contact the electrical utilities provider to determine the cause and length of the outage.
- If generator is powered other than Natural Gas, contact fuel supplier and make them aware of the situation and have them on standby to refuel the generator as required.
- Ensure all equipment operating off the generator is operating properly.
- Ensure flashlights are ready to go and spare batteries are available.
- Review generator systems powered sheet.

Responsibilities of Charge Nurse (after regular hours):

- Set up a command post to co-ordinate communications and activities that will need to be conducted.
- Contact the On-Call Manager/Executive Director to advise them of the situation.
- Review generator system powered sheet.

Responsibilities of Nursing Team:

- Advise staff what medical equipment requires emergency power.
- Substitute air beds out with regular mattresses (unless power is available).
- Ensure oxygen concentrators are connected to emergency power.
- Prepare emergency supplies (blankets, linens, etc.).

Responsibility of Food Nutrition Manager:

- Refer to Emergency Food Service Policy
- May need to alter menu to incorporate food and supplies on hand as well as equipment that is available for preparation
- If refrigeration is not included in generator coverage - Food in refrigerators – potentially safe for 12 hours without electricity if doors remain closed as much as possible. Check food temperatures to ensure food safety

- Food from freezer – potentially will keep up to 2 days without electricity if doors remain closed as much as possible. Check food temperatures to ensure food safety
- Purchase baby textured foods for puree texture
- If exhaust fans are not working, ventilate work area.

LOSS OF WATER

Follow the Procedure Below:

Contact the facilities water supply to determine expected duration of shut down.

1. If water services will be returned to normal quickly, no further action needs to be taken.
 2. If the water shortage is known in advance put away fresh tap water for use as needed.
 3. If water supplies will not be available for several hours, the following procedure is to be followed:
 - Only safe fluids such as potable water, milk or fruit juices are to be served to the residents and used for cooking.
 - Laundry, dish washing operations and regular resident bathing shall be discontinued for the duration of the shortage. Homes will resort to bed baths, using a variety of resources such as basins with heated water from the kitchen or personal hygiene wipes or bed bath kits, as available.
 - Water required for emergency care of the residents can be obtained through the purchase of bottled water and/or other alternatives.
 - Minimize the use of toilets during the period of shortage. Remember, tank toilet can be flushed once after supply to building is cut off.
 4. In the event water supplies will not be returned to normal for an extended period, initiate contact with pre-planned emergency water sources. Ensure enough water is available for all departments including nursing, dietary, housekeeping etc..
 5. Dietary - Go to cold menu if necessary and paper service if necessary
 6. Check with local Public Health if water advisory has been issued. SEE boil water advisory section.
 7. At all times safe food handling practices are to be adhered to and hand sanitizers are to be used
- If water supplies are not available for an extended period, and it is unsafe to stay in the building consider, option for evacuation.

LOSS OF HOT WATER

Obtain heating devices such as large coffee makers, electric kettles or boil water on stovetop in kitchen to heat water for handwashing, resident use and any equipment that needs to be cleaned.

Manual Dishwashing for multi-service articles, using the 3-sink method:

Step 1: Pre-Wash

Before starting the wash cycle in a 3-basin sink, scrape off as much food as possible into a waste bin.

Step 2: Wash Ensure that each sink is clean and sanitized prior to filling them.

The 1st sink is for washing with hot, soapy water at 45° C (113 F). Remember to replace with clean, hot, soapy water when it begins to drop temperature or becomes dirty.

Step 3: Rinse The 2nd sink should be filled with hot water at 45° C. (113 F) The cleaned dish should be rinsed off in the water until no more detergent is present on the dish. If it becomes hard to get the detergent off, you should refill the basin with new, hot water.

Step 4: Sanitize

The 3rd sink should be filled with hot water at least 77C (170 F) or cold water no colder than 24 C (75F) and sanitizer to ensure bacteria are removed from all surfaces. Acceptable sanitizing solutions include **Quaternary Ammonium, 200 ppm (preferred method) OR** Chlorine, 100 parts per million (ppm),) **OR** Iodine, 25 ppm. Check and record the PPM of the sanitizer. The item should soak in a mixture of sanitizer mix for at least 45 seconds.

Step 5: Air Dry

The only recommended way to dry articles is by air drying.

Handwashing or for resident use

1. Obtain closed containers such as insulated beverage dispensers to place in areas where needed.

2. Water can be heated in the kitchen (stove top) and or other vessels (as above) and mixed with cold water to an appropriate warm temperature (no higher than 40 – 49 C) for handwashing. Check temperature regularly to ensure appropriate and safe.

LOSS OF SEWAGE SERVICES

Loss of Sewage Services Procedure:

Executive Director:

- set up central communications with all departments

Environmental Services:

- call Township of Centre Wellington : 519-846-9691 or
Centre Wellington Infrastructure Svc. 519-846-9691 x 905
- attempt to make repairs, call plumber & electrician if necessary
- determine length of outage and report to Executive Director/designate
- determine availability of portable toilets from outside vendors if necessary
- discuss commode procedures and use of disposable incontinent products with nursing team
- continue repairs to sewage system
- establish an area outside to store waste, if necessary
- organize portable toilets if situation will be span a longer time span than a few hours

Dietary:

- use paper plates, cups etc. & modify menu if necessary
- drain water outside home

Laundry:

- suspend service and prepare to do laundry at a laundromat if ongoing loss of service

Housekeeping:

- assist where needed and as directed by Executive Director

Nursing:

- set up human waste collection stations
- waste to be disposed of in outside holding area

- use paper napkins at meals
- secure disposable incontinent supply
- reschedule baths

LOSS OF ELEVATOR SERVICE

Executive Director:

- set up central communications with all departments

Environmental Services Manager:

- notify the elevator service contractor KONE Emergency # 1-877-276-8691
- determine loss of service
- ensure individuals inside elevator are rescued

Laundry & Housekeeping:

- be prepared to make alternative arrangements for clothing/laundry retrieval and distribution and coordinate with nursing and maintenance
- clean laundry bags may be used to take clean linen/clothing to home areas
- dirty laundry bags changed more frequently
- set up system and communicate direction to staff

Food Services

If the elevator affects dining services:

- provide insulated containers to transport food
- use paper products, if possible, to eliminate additional carrying
- look at leasing additional equipment if a long-term basis (refrigerator/hot holding)
- Alter menu if necessary

LOSS OF NATURAL GAS/FUEL

Follow the Procedure Below:

- Contact Natural Gas Supplier to determine expected duration of shut down.
Union Gas Emergency # 1-877-969-0999
- Turn off any gas-powered appliances

If the supply of gas will be restored quickly, no further action need be taken.

Or

If loss of fuel has occurred during warm weather and is to be restored in a reasonable period:

- Suspend operation of laundry and dish washing services to conserve hot water for resident care
- For emergency meal preparation for residents, see Emergency Meal Service Policy.

Or

If the loss of fuel occurs during cold weather and will be restored in a reasonable length of time:

- Ensure that all windows and exterior doors are closed, and all air supply and exhaust fans are off
- Obtain additional blankets from storage and use as necessary to keep residents warm.
- Purchase additional heaters if safe to use within the home

Or

If gas supplies are not to be restored for an extended period, and the building is unsafe consider options for CODE GREEN: Evacuation.

**PLEASE NOTE: Check to see that all valves to stove top/elements and oven are in off position.
Anything with pilot lights will need to be relit.**

LOSS OF TELEPHONE

1. In the event of a loss of regular telephone services, utilize a cell phone to advise the service provider of the loss of services.
2. When notifying regarding the loss of services, advise the phone company of the disruption and request immediate emergency repairs.
3. If phone outage is indicated for a long duration, advise the Manager On Call if after hours.
4. Advise Regional Director of Operations or Corporate Manager on call via telephone if extended outage expected so they can communicate to the leadership team.

LOSS OF INTERNET

1. In the event of a loss of internet services, call the internet provider to determine the outage time.
2. Switch to paper for documentation requirements.
3. Utilize printed eMAR sheets for medication administration if outage is ongoing.

LOSS OF NURSE CALL SYSTEM

This system is on the generator and should have uninterrupted service.

1. If unusual circumstances happen where the nurse call system is not working or the system fails, contact the service provider.
2. While awaiting repairs staff should use 15 min. round checklists anywhere the call bell system is not functioning.
3. Other options are to use chair alarms/bed alarms & servant bells.

A Critical Incident Report will be filled out on-line by the Executive Director or Director or designate as per required timelines.

LOSS OF PHARMACY

1. Medications are to be given out as long as they last. This may require sharing of some drugs.
2. Documentation of drugs used should be kept.
3. Corporate Head Office and the Ministry of Long-Term Care to be notified by Executive Director or designate.
4. Contact Back Up pharmacy as required.
5. Utilize Emergency Drug Box medications as needed.
6. Contact Medical Director for medication compression for residents are required.

In emergency contact Pharmacy Manager (Emergency # 226-927-4756)

LOSS OF BUILDING SECURITY /MAG LOCK SYSTEM

1. Charge Nurse to notify Environmental Services Manager if there is a failure of the front door alarm or mag lock.
2. All home doors will be locked and checked frequently. Schedule staff to monitor all exit doors.
3. Staff to monitor status of any wandering residents or residents who like to roam.
4. If possible, engage wandering residents in one area with a staff member to monitor them.

LOSS OF REFRIGERATION/FREEZER

If refrigeration or freezers break down and are unable to be repaired the home should look at purchasing small additional refrigeration or hiring onsite refrigerated truck.

LOSS OF GENERATOR

1. Call the service provider immediately, if unable to repair, alternate generator services will need to be provided.
2. Contact Head Office for assistance, (On Call Manager or Director of Building Services)

LOSS OF LAUNDRY SERVICES

1. Call service provider for support.
2. Try to reduce laundry by conserving or delaying laundry where able.
3. If laundry equipment is unable to be repaired in a timely manner, the home will utilize local laundromats.

LOSS OF SUPPLIES

If for any reason there is an anticipated loss of supplies, due to delivery issues the home should have a backup plan.

The home will be advised of any anticipated supplies by vendors, and should stockpile supplies, review alternate suppliers, advise corporate office and arrangements will be made to assist in obtaining supplies, or borrowing from sister homes on a temporary basis.

A-12: BOIL WATER ADVISORY

A boil water advisory is to protect consumers from potential health risks related to drinking water of an unacceptable microbiological quality. A boil water advisory may be either "emergency" or "precautionary"

If possible, the home should obtain/purchase drinking water from another source.

If the home receives a boil water advisory from Public Health, the following should occur.

BOIL WATER ADVISORY IMPLEMENTATION

In the event the home is advised of a boil water advisory, the location will use boiled water, bottled water or water from another safe public supply not affected by the advisory, and will follow procedures as indicated for personal hygiene, cleaning and sanitizing, and preparing food and beverages and ensuring handwashing is followed by use of 70 % or higher alcohol -based hand rub. The location will follow the direction of and contact Public Health that issued the boil water advisory for further information as needed.

IMPORTANT:

Do not use tap water to:

- Drink
- Prepare food or beverages.
- Make ice.
- Wash fruits or vegetables
- Brush teeth
- Give to pets or animals in pet therapy programs

PROCEDURE:

1. The Executive Director/Retirement Home Manager or designate will:

- a) Communicate to all team members, residents, families and visitors that a boil water advisory is in effect and when it is over.
- b) Ensure alternate sources of water are provided to residents, team members and visitors that is safe for drinking.
- c) Identify a "Charge Person" who will be responsible for ongoing management of the emergency situation and ensure ongoing compliance with safety requirements for your home

2. The Infection Prevention and Control Lead/designate will:

- a) Post signage at entrance to the location and at all faucets, including the kitchen area, washrooms and hand sinks that a boil water advisory is in effect and that water is not safe to drink.
- b) Post signage to advise team members, residents and visitors to apply alcohol-based hand sanitizer (at least 70 %) to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels.

3. The Environmental Services Manager/Worker will:

- a) Disconnect all water connected equipment such as juice and coffee machines, ice makers, water dispensers or fountains from the affected supply.

- b) Provide alcohol-based hand sanitizer, containing at least 70 % alcohol in all public and team member washrooms and at all stand-alone hand sinks.

4. The Food and Nutrition Manager/designate will:

- a) Utilize emergency water supply on hand and make arrangements for more to be ordered as soon as possible
- b) Discard any ice and beverages or food products that may have been prepared with the affected water supply (consider juices, desserts such as jello, soups etc.)
- c) Sanitize ice cube trays if needed for ice supply
- d) Direct team to prepare boiled water if necessary and as needed:
 - Bring water to a rolling boil for at least 1 minute.
 - Use an electric kettle if possible.
 - Only boil as much water that can be safely lifted without spilling.
 - If boiling water on the stove, place the pot in the back burner.
 - Take all precautions necessary to work safely and avoid burns.
- e) Restrict and alter menu to items that require little or no water and little preparation if possible, use boiled or purchased water for food preparation activities
- f) Switch to paper supplies for dishes and single use wherever possible from emergency supplies. Using potable water ensure proper dishwashing is followed if utensils must be washed by hand refer to either Dishwashing - 2 or 3 Sink Method Policy as applicable, for direction.
- g) When using bottled water, check with Public Health if unsure of brands of water, which should be produced in locations not affected by boil water advisory.

5. The Nursing Team will:

- a) Use sterile water to wash broken skin and wounds and for other resident care activity (note: commercial bottled water is not sterile)
- b) Discuss with physician/Nurse Practitioner any special precautions that may be needed for residents with weakened immune systems.
- c) Review bath and showers schedule –sponge bath as needed using potable water or emergency bathing kits. If residents have any open wounds, cuts, blisters or recent surgical wounds, these must be covered with a waterproof covering and care must be taken not to contaminate these areas during bathing, showering or sponge bathing.
- d) Obtain boiled/bottled water for brushing teeth and cleaning dentures.
- e) **IMPORTANT** – please take special care and monitor any residents with cognitive deficiencies that may impair their understanding of the boil water procedures.

6) The laundry department will:

- a) Continue to wash laundry as per guidelines

7) The housekeeping department will:

- a) switch to ready to use products for environmental cleaning such as Oxivir TB or Ready to use Wipes when water is mixed with chemical supply for environmental cleaning

8) Any personal services such as hairdressing or foot care:

- a) Use potable water to mix with cleaning and disinfecting work surfaces such as scissors, combs, brushes, nail clippers etc.

9) Actions to take when the Boil Water Advisory is Lifted:

- Run all cold-water faucets and flush all water-using fixtures for five (5) minutes before using the water.
- For multi-storey homes, maintenance staff can start at the top floor flushing each fixture for 5 minutes, proceed to the next floor and continue the procedure until all fixtures and faucets have been flushed.
- Ensure equipment with water-line connections such as refrigerator and ice dispensers are drained, flushed, cleaned and disinfected according to manufacturer's recommendations.
- Disinfect any pressure tanks that contained the affected water source.
- Run water softeners through a regeneration cycle according to the manufacturer's instructions.
- Replace the filters on any water filtration devices and flush the fixture according to manufacturer's instructions.
- Drain and refill hot water heaters that have been set below 45 C/110 F
- To get rid of possible sediment, screens (also known as aerators) should be removed, rinsed, and replaced. Ensure hands are washed before handling the screens.
- It is possible that a slight taste or smell of chlorine will be detected during the first use. The municipality or drinking water system operator may have been using a higher level of chlorination.
- If there are any concerns, please contact the local municipal office or the operator of the drinking water system.

Recovery

1. For LTC follow Critical Incident Policy for reporting and for RH report as necessary to RHRA.
2. Residents will be assessed if necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency.

A-13: CARBON MONOXIDE

If a detector registers an alarm, the staff members will immediately notify their direct supervisor of the affected area to investigate.

The supervisor will:

1. Identify the detector that is sounding the alarm and investigate and identify the source of the carbon monoxide; checking to ensure that there is no outside source (i.e., vehicle causing exhaust to enter the home).
2. Re-set the alarm.
3. **If the alarm remains silent**, then this indicates that the area is clear of carbon monoxide and that it is safe to return to the area.
4. **If the alarm is re-set and continues to alert**, then this may confirm that there is a potential presence of carbon monoxide in the area.

If the alarm continues to sound, follow the following steps:

If the supervisor determines there is a threat of carbon monoxide in the home based on a continuous full alarm:

1. Nursing staff members will check to see if any residents are experiencing headache, dizziness, nausea, and/or any other flu like symptoms.
2. Staff members will open all the windows and doors in the affected area.
3. Nursing staff members will notify and engage the Environmental Services team and/or designate for further guidance.
4. As required, and with direction from the supervisor, staff members will evacuate all individuals from the affected area of the home to a location with fresh air in accordance with evacuation procedures
5. Nursing staff members will perform a head count to check that all residents are accounted for.
6. Call "911" and the gas utility company immediately.

DO NOT re-enter the affected area until it has been aired out and a qualified technician, and/or the gas utility company, has corrected the problem and confirmed that it is clear to re-enter.

Maintenance of Alarm:

1. The alarm will be tested regularly as per the Manufacturers' Instructions and documented in the preventative maintenance program.
2. A program will be in place to change the battery bi-annually and/or as required (i.e., in the spring when the clocks are moved forward and in the fall when the clocks are moved back) if the detector is battery operated.

Prevention of Carbon Monoxide build-up:

1. Ensure that there is proper ventilation in areas where flammable fuels are burned.
2. Ensure that the venting systems to the outside are regularly cleaned and do not become blocked.
3. Ensure that appliances that use flammable fuels are serviced and inspected regularly, in accordance with appropriate legislation.

A-14: WEATHER RELATED EMERGENCIES

Weather alerts can be checked through:

https://weather.gc.ca/warnings/index_e.html?prov=son

WEATHER WARNINGS

Type of Alerts

The type of alert used depends on the severity and timing of the event:

- **Special Weather Statements** are the least urgent type of alert and are issued to let people know that conditions are unusual and could cause concern.
- **Advisories** are issued for specific weather events (like blowing snow, fog, freezing drizzle and frost) that are less severe, but could still significantly impact Canadians.
- **Watches** alert you about weather conditions that are favorable for a storm or severe weather, which could cause safety concerns.
- As certainty increases about the path and strength of a storm system, a watch may be upgraded to a **Warning**, which is an urgent message that severe weather is either occurring or will occur. Warnings are usually issued six to 24 hours in advance, although some severe weather (such as thunderstorms and tornadoes) can occur rapidly, with less than a half hour's notice.

These alerts are updated regularly so that members of the public can stay on top of a developing situation and take the appropriate action.

Severe Weather Warnings

In the event of severe weather is expected to occur:

- Stay calm and do not alarm residents and staff.
- Stay tuned to the local radio station for weather advisories, use battery-powered radio or auxiliary power outlet, or check https://weather.gc.ca/warnings/index_e.html?prov=son
- Secure outside objects (chairs, turn in awning etc.) which could become missiles if blown by a high-speed wind. Off -hours – call maintenance supervisor for assistance, if needed.

Blizzards and Winter Storms

Blizzards come in on a wave of cold arctic air, bringing snow, bitter cold, high winds, and poor visibility due to blowing snow.

Blizzards:

- May last anywhere from a few hours to several days.
- Are often accompanied by high winds in the Prairies, Arctic, northern Ontario, and northern Quebec.
- Typically bring heavy snowfalls
- May include a wind chill “warning”, issued when very cold temperatures (-35°C or colder) combined with wind could create outdoor conditions hazardous to human activity.

- Can give rise to a windstorm warning when winds are expected to reach a steady speed of between 65-75 km/h, or 90-100 km/h in gusts.
- Can leave heavy snowfall that can cause roof failures or collapses and difficulty travelling.

What to do

- If a blizzard or heavy blowing snow is forecasted and there is time, prepare by ordering additional supplies if possible
- When a winter storm hits, encourage residents and staff to stay indoors. If they must go outside, ensure people are dressed for the weather. Document when, and where the resident has indicated they will be going outside to (the area)
- Prepare for staffing contingencies, go to staffing contingency plan if there is a shortage of staff. Staff currently in the building may be offered overtime, or in severe snowstorms may be offered accommodations to staff the building.
- If snow is excessive or a roof shows signs of distress, contact a professional who is experienced in safe snow removal procedures. Unsafe procedures may cause personal injury and structural damage. Prevent access to areas under roofs where snow could fall.

Ice storms

Freezing rain occurs when raindrops fall from a warm layer of air into air that is below freezing and become supercooled. When the supercooled droplets strike a surface below 0°C they instantly freeze, forming a layer of ice.

Ice storms:

- Freezing rain is particularly common in Ontario
- Remember that ice, branches, or power lines can continue to break and fall for several hours after the end of the precipitation, which can cause other issues in the building, access, and challenges for staff to travel to work

What to do

- If an ice storm is forecasted and there is time, prepare by ordering additional supplies if possible
- When a winter storm hits, encourage residents and staff to stay indoors.
- Prepare for staffing contingencies, go to staffing contingency plan if there is a shortage of staff. Staff currently in the building may be offered overtime, or in severe snowstorms may be offered accommodations to staff the building.
- Ice from freezing rain accumulates on branches, power lines and buildings. If you must go outside when a significant amount of ice has accumulated, pay attention to branches or wires that could break due to the weight of the ice and fall on you.
- Never approach power lines. A hanging power line could be charged (live) and you could be electrocuted. Stay back at least 10 meters (33 feet) from wires or anything in contact with them.
- If an ice storm results in loss of power, proceed to follow instruction re: Code Grey
- Provide salt at all entrances and exits to keep walkways as clear as possible

Thunderstorms, lightning, and hail

Thunderstorms are often accompanied by high winds, hail, lightning, heavy rain and in rare cases can produce tornadoes. Hail is formed when updrafts in thunderclouds carry raindrops upward into extremely cold areas of the atmosphere, where they freeze and merge into lumps of ice.

Thunderstorms, lightning, and hail:

- Thunderstorms are usually over within an hour, although a series of thunderstorms can last several hours.
- Hailstorms occur across Canada, mostly from May to October.
- Some hailstones are the size of peas while others can be as big as grapefruits.
- Hail comes down at great speed, especially when accompanied by high winds and can cause serious injuries and damages.

What to do if outside

- If you are caught outside and you can see lightning or hear thunder, you are in danger of being hit. Seek shelter immediately either in an enclosed building or a hard-topped vehicle. There is no safe place outside in a thunderstorm.
- If caught outside far from a safe location, stay away from tall objects, such as trees, poles, wires, and fences. Take shelter in a low-lying area.
- Wait 30 minutes after the last rumble of thunder before going outside again.

What to do if inside

- Before a severe thunderstorm, unplug radios, televisions, and appliances (especially those that may start up automatically when the power is restored). Listen for weather updates on your wind-up or battery-powered radio.
- If you need to use the phone during a thunderstorm, use a cordless phone.
- Stay away from items that may conduct electricity, such as corded telephones, appliances, sinks, bathtubs, radiators, and metal pipes.
- Take cover when hail begins to fall. Do not go out to cover plants, cars, or garden furniture.
- When a hailstorm hits, encourage residents and staff to stay indoors, and keep away from windows, glass doors and skylights which can shatter if hit by hailstones.

Tornadoes

Warning signs of a potential tornado

- Severe thunderstorms.
- An extremely dark sky, sometimes highlighted by green or yellow clouds.
- A rumbling or a whistling sound caused by flying debris.
- A funnel cloud at the rear base of a thundercloud, often behind a curtain of heavy rain or hail.
- A tornado is deceptive. It may appear to be standing still but may in fact be moving toward you.

What to do:

In the event of a weather emergency such as a Tornado:

1. The charge nurse will initiate the code by calling CODE ORANGE x3 overhead.
2. Establish the Command Centre as per Fire Plan.

3. Instruct all team members to:
 - stay away from the windows, outside walls and doors and move any residents away from these areas as well
 - Go to the basement if possible or take shelter in any small interior ground floor room such as bathrooms, closets, or hallways.
 - Get as close to the ground as possible, protect your head and watch for flying debris.
 - DO NOT open windows. Despite myths to the contrary, this is not helpful at changing the direction of a tornado.
 - Close any windows that are open and doors of rooms that have exterior windows
 - Staff are to quickly move residents into the centre corridor of the building and away from windows. For mobile residents, a room with no exterior windows where they can be contained will ensure their compliance with staying in a safe zone.
 - Remove residents from bed, place them in their wheelchair or with their walker and move them into the corridor.
 - Do not use the elevator, if there is one.

Floods

1. When warned of potential flooding, fill clean bathtubs, large pans, buckets, etc., with fresh water and store in case water services are interrupted (contaminated).
2. Fill and use sandbags to ward off floodwaters. Use proper sandbagging techniques.
3. Evacuate according to local emergency management orders and/or recommendations.
4. Turn off electricity if the building is flooded.

Recovery or After the Flood:

1. Clean:
 - Wear dust mask and gloves.
 - Get rid of mud as soon as possible.
 - Clean everything that got wet.
2. Don't risk contamination. "If in doubt, throw it out." Dispose of all foods and canned goods that came in contact with flood waters.
3. Use purchased water for consumption or boil drinking water before using as per Public Health. Wells should be pumped out and the water tested for purity before drinking. If in doubt, call your local public health authority.
4. Be cautious around electrical lines, outlets, and appliances. Do not assume that the power is off.
5. Do not dispose of hazardous chemicals and materials (those marked "danger, caution, poison, warning, flammable, toxic, keep out of reach of children and hazardous") in the trash, down the drain or into standing water as they can contaminate groundwater and sewer lines. Take these items to a hazardous materials waste site.
6. Watch for animals. Small animals like rats and snakes that have been flooded out of their homes may seek shelter. Use a pole or stick to poke and turn items over and scare away small animals.
7. Look before you step. After a flood, the ground and floors are covered with debris including broken bottles and nails. Floors and stairs that have been covered with mud can be very slippery.

RECOVERY:

After any severe weather-related event:

1. Assess damage and clean up to restore operations.
2. Reassure and support any residents and team members that may have experienced distress due to the severe weather event.
3. Once the danger has passed and residents are safe, complete any required reports for example Critical Incident to MLTC or RHRA if required.
4. Replenish any supplies that were used from emergency inventory.
5. Complete a debriefing session with residents, team members and others for any identified gaps and document a plan for corrective action.

Attachment B: Emergency Checklists

The following pages provide emergency response checklists for any hazards that may occur.

B-1: All Hazards Preparedness

Steps to be completed ahead of time:

| Completed | Initials | |
|-----------|----------|---|
| | | 1. Identify and obtain emergency supplies. <ul style="list-style-type: none"> <input type="checkbox"/> Flashlights (and batteries) <input type="checkbox"/> Radio (and batteries) <input type="checkbox"/> Emergency food and water supplies <input type="checkbox"/> Extra blankets and linens <input type="checkbox"/> Medications (Emergency box contents, stock medications) <input type="checkbox"/> Medical supplies (dressings, bandages, tape) <input type="checkbox"/> Sanitation items (continence supplies, wipes) <input type="checkbox"/> Personal care items (toothpaste, toothbrushes, deodorant etc.) <input type="checkbox"/> Ensure ABHR is available (extra supply) <input type="checkbox"/> Cleaning supplies |
| | | 2. Create and exercise an emergency communications plan. |
| | | 3. Develop and exercise an evacuation plan Know the evacuation route(s). |
| | | 4. Keep all vehicles adequately fueled. Don't let the tank go below half-full. |
| | | 5. Identify community partners and "sister facilities." Develop and maintain Mutual Aid Agreements and/or Letters of Understanding. |
| | | 6. Install flexible pipe fittings to avoid gas or water leaks. Flexible fittings will be less likely to break. |
| | | 7. Maintain an accurate blueprint of all utility lines and pipes associated with the home and grounds. |
| | | 8. Develop procedures for emergency utility shutdown. |
| | | 9. Install and maintain a back-up generator. |
| | | 11. Develop a system to check eMAR backup regularly. |

B-2: Fire Safety

Steps to be completed ahead of time (in addition to All-Hazards Preparation):

| Activity | Completed Date | Initials |
|---|----------------|----------|
| 1. Post locations of fire alarms. | | |
| 2. Post locations of fire extinguishers. | | |
| 3. Train employees on use of alarm systems and extinguishers. (Refresh annually.) | | |
| 4. Post directions on how to utilize emergency equipment. | | |
| <p>5. Train on, and exercise REACT procedures:</p> <p>R: REACT – Rescue persons in immediate danger. if possible.</p> <p>E: ENSURE the door is closed to confine the fire and smoke</p> <p>A: ACTIVATE – the alarm system using the nearest pull stations</p> <p>C: CALL the fire department call 911</p> <p>T: Try to EXTINGUISH – use fire extinguisher as situation permits</p> <p style="text-align: center;">or</p> <p>EVACUATE – Follow evacuation procedures.</p> | | |

B-3: Severe Weather

Includes electrical storms, windstorms, rainstorms, snowstorms, etc.

Steps to be completed ahead of time (in addition to All-Hazards Preparation):

| <u>Date</u> | <u>Initials</u> | What to do: |
|-------------|-----------------|---|
| | | 1. Plug critical equipment into surge protectors. |
| | | 2. Evaluate the home for potential dangers and fix the problems. <ul style="list-style-type: none">• Dead trees that could fall during the storm• Potential fire hazards |

B-4: Severe Weather (Tornado)

During the event:

| Completed | Initials | Activity |
|-----------|----------|---|
| | | 1. Relocate to inner areas of building as possible. |
| | | 2. Check restrooms or vacant rooms for visitors or stranded residents. |
| | | 3. Keep away from glass windows, doors, skylights, and appliances. |
| | | 4. Refrain from using telephones and taking showers. |
| | | 5. Turn off and unplug computers, televisions, and other non-critical appliances. |
| | | 6. Listen to battery-operated radio for information. |

B-5: Flood

Steps to be completed ahead of time (in addition to All-Hazards Preparation):

| Completed | Initials | Activity |
|-----------|----------|---|
| | | 1. Evaluate the home for flood hazard(s). <ul style="list-style-type: none"> • Know your flood risk and elevation above flood stage. |
| | | 2. Install check valves in building sewer traps to prevent flood water from backing up into building drains. |
| | | 3. Have sand and sandbags on hand to ward off floodwaters. |

FLOOD During the event:

| Completed | Initials | Activity |
|-----------|----------|---|
| | | 1. When warned of potential flooding, fill clean bathtubs, large pans, buckets, etc., with fresh water and store in case water services are interrupted (contaminated). |
| | | 2. Fill and use sandbags to ward off floodwaters. Use proper sandbagging techniques. |
| | | 3. Evacuate according to local emergency management orders and/or recommendations. |
| | | 4. Turn off electricity if the building is flooded. |

After the event:

| Completed | Initials | Activity |
|-----------|----------|--|
| | | Clean: Wear dust mask and gloves. <ul style="list-style-type: none"> • Get rid of mud as soon as possible. • Clean everything that got wet. • Don't risk contamination. "If in doubt, throw it out." |
| | | 2. Dispose of all foods and canned goods that came in contact with flood waters. |
| | | 3. Boil drinking water before using. Wells should be pumped out and the water tested for purity before drinking. If in doubt, call your local public health authority. |
| | | 4. Be cautious around electrical lines, outlets, and appliances. Do not assume that the power is off. |
| | | 5. Do not dispose of hazardous chemicals and materials (those marked "danger, caution, poison, warning, flammable, toxic, keep out of reach of children and hazardous") in the trash, down the drain or into standing water as they can contaminate groundwater and sewer lines. Take these items to the hazardous materials waste site. |
| | | 6. Look before you step. After a flood, the ground and floors are covered with debris including broken bottles and nails. Floors and stairs that have been covered with mud can be very slippery. |

B-6: Emergency Drills – Analysis Form

| | | |
|--|---------------|--------------|
| Name of Person completing form: | Title: | Date: |
|--|---------------|--------------|

Participants (including volunteers/visitors)

| Participant | Role | Participant | Role |
|-------------|------|-------------|------|
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|--------------------------|------------------------|------------------------------|
| Drill Start Time: | Drill End Time: | Total Length of Time: |
|--------------------------|------------------------|------------------------------|

| Type of Drill | Notification/Alert Method | Criteria Met |
|---|---|---|
| <input type="checkbox"/> Code Red <input type="checkbox"/> Code Black <input type="checkbox"/> Code Blue <input type="checkbox"/> Code Green <input type="checkbox"/> Code Grey <input type="checkbox"/> Code Orange <input type="checkbox"/> Code Purple <input type="checkbox"/> Code White <input type="checkbox"/> Code Yellow <input type="checkbox"/> Code Silver <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Boil Water <input type="checkbox"/> Business Continuity <input type="checkbox"/> Other Additional details: _____ | <input type="checkbox"/> Bell or Buzzer <input type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Staff Notification <hr/> For Fire Drills ONLY Alarm monitoring called @ _____ (time) Operator # _____ Fire Department called @ _____ (time) Operator # _____ Which pull station was used? _____ Did automatic fire separation doors close and latch? yes O no O Did magnetic exit doors release? yes O no O Did alarm system function properly? yes O no O Corridors and exits found free of obstruction and clear? yes O no O All equipment properly shut down? yes O no O | <input type="checkbox"/> Safety of resident and staff maintained <input type="checkbox"/> Staff responded promptly and appropriately. <input type="checkbox"/> Additional emergency staff alerted as required e.g., ambulance called <input type="checkbox"/> Tasks delegated appropriately <input type="checkbox"/> Documentation of scenario complete and attached: _____ <input type="checkbox"/> All staff had adequate knowledge of scenario <input type="checkbox"/> All staff knew how to access the emergency equipment <input type="checkbox"/> All staff competent in handling emergency equipment required |

| | | |
|--|--|---|
| | After drill is over to re-arm system: Alarm monitoring called @ _____(time) Operator # _____ Fire Department called @ _____(time) Operator # _____ | <input type="checkbox"/> Emergency equipment up to standard <input type="checkbox"/> Staff worked as a team to adequately manage the scenario. <input type="checkbox"/> Clean-up of room and equipment done safely. <input type="checkbox"/> All areas secured, equipment, windows, doors? <input type="checkbox"/> Debrief and review of scenario completed and documented |
| | Evacuation Practiced? ZONE: _____ Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Total <input type="checkbox"/> | |

Description of Scenario:

CQI Identified Plans for Improvement: (tick all that apply and explain below)

| | |
|---|---|
| <input type="checkbox"/> Additional staff training <input type="checkbox"/> Address need for additional equipment <input type="checkbox"/> Improved emergency supplies <input type="checkbox"/> Improved emergency equipment <input type="checkbox"/> Improved knowledge of emergency | <input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Other: |
|---|---|

| | |
|---|--------------------|
| Plan of Action - process for improvement. | Dates Implemented: |
|---|--------------------|

Signature of Individual Conducting Scenario

Date

Signature of Executive Director

Date

Signature of Joint Health and Safety Representative

Date

B-7: Power Outage

Steps to be completed ahead of time (in addition to All-Hazards Preparation):

| Completed | Initials | Activity |
|-----------|----------|---|
| | | 1. List names and numbers of maintenance personnel for day and evening notification. |
| | | 2. Evaluate back-up generator needs. Consider power needs for critical safety and medical equipment, refrigeration, temperature control, etc. |
| | | 3. Arrange for private contract to serve as an added back-up source. |

During the event:

| Completed | Initials | Activity |
|-----------|----------|---|
| | | 1. Call Hydro One 1-888-664-9376 to report outage. |
| | | 2. Notify maintenance staff. |
| | | 3. Evacuate the building if danger of fire. |
| | | 4. Keep refrigerated food and medicine storage units closed to retard spoilage. |
| | | 5. Turn off power at main control point if short is suspected. |

B-8: Water Main Break

During the event:

| Completed | Initials | Activity |
|-----------|----------|---|
| | | 1. Centre Wellington Emergency Service Line 519-846-9691 -select option 2 for a representative |
| | | 2. Notify maintenance staff. |
| | | 3. Evacuate the building if necessary. |
| | | 4. Shut off valve at primary control point. |

B-9: Gas Line Break

During the event:

| Completed | Initials | Activity |
|-----------|----------|---|
| | | Call 9-1-1. |
| | | 1. Evacuate the building immediately. Follow evacuation procedures. |
| | | 2. Shut off main valve. |
| | | 3. Call Union Gas # <u>1-877-969-0999</u> to report break. |
| | | 4. Notify maintenance staff. |
| | | 5. Open windows and doors. |
| | | 6. Re-enter building only at the discretion of utility officials. |

B-10: Bomb Threat Checklist

KEEP CALM, DO NOT EXCITE OTHERS, HAVE SOMEONE CALL 911

TIME: Call Received _____ Call ended _____ Date: _____

EXACT WORDS OF CALLER Ask caller to repeat what they just said (“I am sorry I did not hear what you said would you mind repeating it?”)

QUESTIONS TO BE ASKED: **RESPONSE**

| | |
|---|--|
| 1. Where is it located? Building? Floor? Home Area? Outside? | |
| 2. When is the bomb set to explode? | |
| 3. What kind of bomb is it? | |
| 4. What does it look like? | |
| 5. Why would you want to harm those within the home? | |

DESCRIPTION OF VOICE:

| | | | | |
|--------|-------------|----------|-------|---------|
| Male | Young | Nervous | Rough | Muffled |
| Female | Middle-aged | Calm | Soft | Clear |
| Angry | Old | Agitated | Loud | Refined |

BACKGROUND NOISE (if any)

| | | |
|----------|--------------------|---------------|
| Music | Running motor type | Traffic |
| Whistles | Bells/Horns | Cell phone |
| Aircraft | Machinery | Tape recorder |
| Other? | | |

ADDITIONAL INFORMATION

| | |
|---|--|
| Speech impediment? Describe | |
| Unusual phrases – or repeating words | |
| Recognize voice? If so, who do you think it might be? | |
| Recognize accent? | |
| Did caller indicate knowledge of the home? If so, what? | |
| What line did the call come in on? | |
| Call display/recall? | |

Report completed by: _____ Reviewed by Executive Director: _____

B-11: EMERGENCY DIETARY/FOOD CHECKLIST

| Completed | Initials | Activity |
|-----------|----------|---|
| | | Provide master dietary data base list and any special requirements for residents. |
| | | Utilize emergency menu if needed. |
| | | Ensure proper food temperatures and handling is adhered to. |
| | | Any residents require tube feeding? Hospital transfers possible? |
| | | Food allergies and textures are identified? |
| | | Do other vendors need to be notified? |
| | | If volunteers are assisting, ensure they are aware of resident requirements. |
| | | Can perishable foods be utilized? |
| | | Does menu need to be altered for the situation? |
| | | Is alternate cooking equipment available? |
| | | Are supplies adequate for needs? |
| | | Does water need to be purchased? |

Ensure safe food temperatures are in place for holding and reheating:

Safe Food Temperatures

- Refrigerated Food 4°C (40°F) or less
- Frozen Food -18°C (0°F) or less
- Cooking Food See table below
- Hot Food Holding 60°C (140°F) or higher
- Chilling Hot Food Food cooled throughout from 60°C (140°F) to 20°C within 2 hours and from 20°C to 4°C (40°F) within four hours – total 6 hours

- Reheating Food

See table next page.

| Cooking Temperatures | | | | |
|------------------------------------|---|-------|--------------------------------------|-------|
| FOOD | MINIMUM INTERNAL COOKING TEMPERATURE | | MINIMUM REHEATING TEMPERATURE | |
| WHOLE POULTRY | 85°C | 180°F | 74°C | 165°F |
| GROUND / CUT POULTRY | 74°C | 165°F | 74°C | 165°F |
| FOOD MIXTURES (e.g., soups) | 74°C | 165°F | 74°C | 165°F |
| PORK / PORK PRODUCTS | 71°C | 160°F | 71°C | 160°F |
| GROUND MEAT (not poultry) | 71°C | 160°F | 71°C | 160°F |
| SEAFOOD | 70°C | 158°F | 70°C | 158°F |
| FISH | 71°C | 160°F | 71°C | 160°F |
| EGG DISHES | 74°C | 165°F | 74°C | 165°F |

EMERGENCY FOOD SUPPLIES (Pull List)

| Emergency "Pull List" (to be completed at the home level based on occupancy) | | | |
|---|---------------|---------------------------|---------------|
| Food | Amount | Other | Amount |
| Bottled water | | Paper plates | |
| Instant coffee | | Paper side plates | |
| Tea | | Paper bowls | |
| Hot chocolate | | Paper cups | |
| Drink crystals | | Plastic glasses | |
| Sugar/Brown Sugar/ Syrup/Sweetener | | Disposable forks | |
| Powdered creamer | | Disposable knives | |
| Dry milk powder | | Disposable spoons | |
| Canned soups | | Serviettes | |
| Canned juices | | Pots / pans | |
| Canned meats | | Aluminum pans for cooking | |
| Canned entrees | | Serving utensils | |

| | | | |
|--------------------------------|--|------------------------------|--|
| Canned vegetables | | Thermometers | |
| Canned fruit | | Plastic freezer bags - large | |
| Gravy Mix | | Small plastic portion bags | |
| Hot and cold cereal | | Garbage bags | |
| Cookies | | Cleaning products | |
| Pudding Cups | | Paper towels | |
| Granola Bars | | Disposable sanitizer wipes | |
| Instant Potatoes | | Hand sanitizer | |
| Instant Rice | | Oven mitts | |
| Pasta / Macaroni | | Rags | |
| Bread | | Plastic Gloves – S / M / L | |
| Peanut Butter | | Tea towels | |
| Jam / Jelly / Honey | | Muffin Papers | |
| Crackers | | Kleenex | |
| Margarine | | Aprons | |
| Baby textured foods | | Paper and Pen / Pencil | |
| Dry Muffin Mix | | Measuring cups | |
| Dry Cake Mix | | Measuring spoons | |
| Dry Tea Biscuit Mix | | Knives – all sizes | |
| Dry Pancake Mix | | Whisks – all sizes | |
| Flour | | Handheld food blender | |
| Corn Starch | | Alcohol Swabs | |
| Supplements | | Can Opener | |
| Enteral Feeds | | Hair Nets | |
| Thickener | | | |
| Salt and Pepper and Seasonings | | | |
| Ketchup / Mustard / Relish | | FIRST AID KIT | |

Attachment C: Outbreak Management

C-1: Pandemic/Epidemic Plan (insert)

C-2: Standard Operating Procedures Outbreak Management

See Pandemic/Epidemic Plan

C-3: Isolation Room(s)

ISOLATION ROOMS will be designated by the ED or DOC if necessary.

C-4: Outbreak Supplies

EMERGENCY SUPPLIES ARE LOCATED: In the Retirement Home Lounge

Inventory will be maintained, rotated, and checked frequently

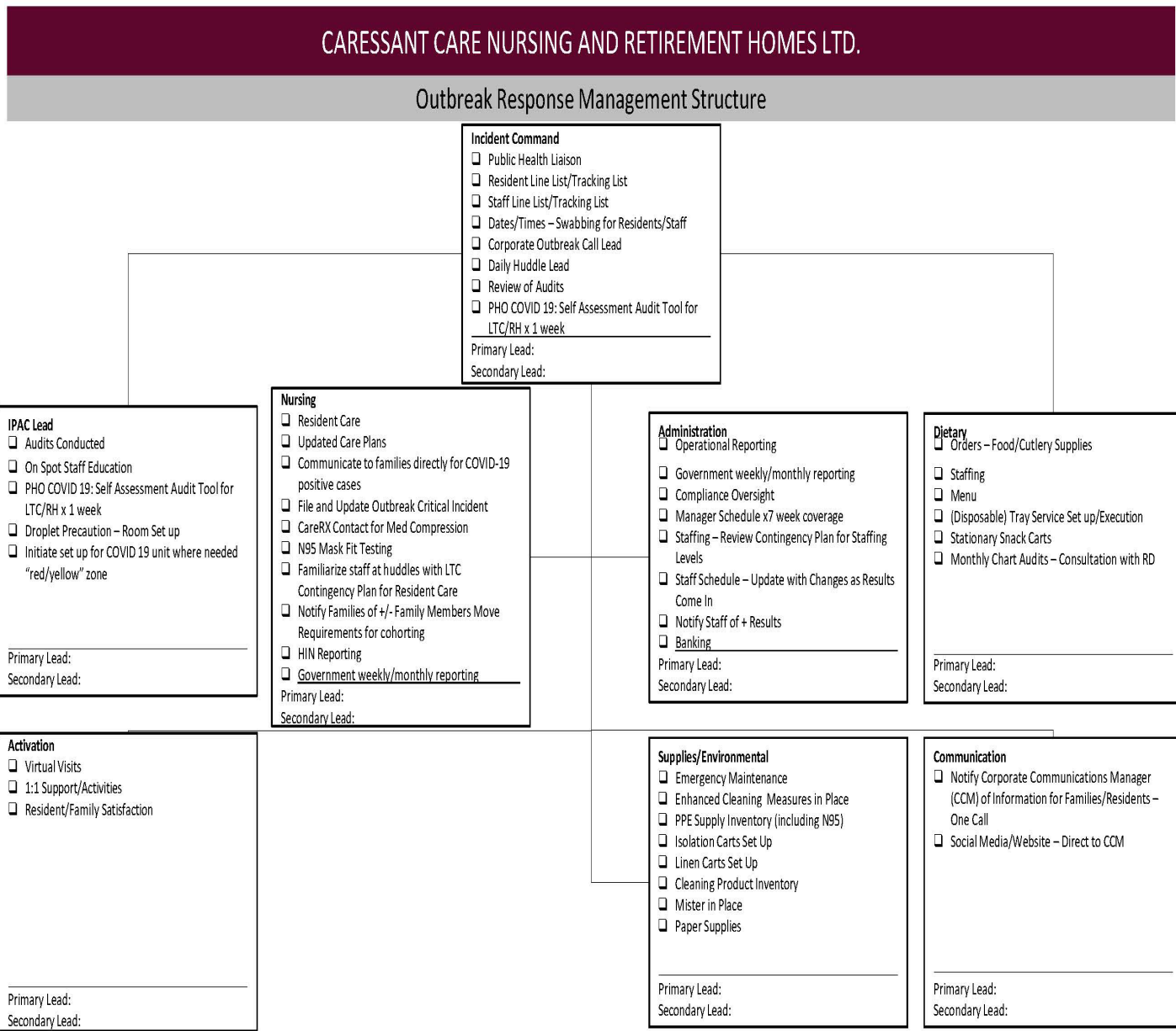
This will include:

- Isolation carts/caddies for every resident room
- Supply of PPE
- N95 masks
- Masks
- Gowns
- Gloves
- Hand sanitizer
- Disinfecting and sanitizing wipes
- Appropriate swabbing supplies
- Paper products for dietary purposes
- Appropriate outbreak signage
- Mop heads, toilet brushes, garbage containers with lid

C-5: Outbreak Checklist – Calling Public Health Unit

| Information to Share/Provide to PHU | |
|---|--------------------|
| Discussion Item | Answer/Information |
| Date outbreak/symptoms started: | |
| S/S of outbreak: | |
| # of Residents Affected (have copy of line list handy): | |
| # of Staff Affected: | |
| Unit of home/area where outbreak is: | |
| Name of IPAC Lead for Home: | |
| Contact Information for IPAC Lead: | |
| Controls & PPE put in place: | |
| Staff Cohorting in place: | |
| Vaccination Rates: <ul style="list-style-type: none"> - Staff - Resident | |
| Information to Receive/ Obtain from PHU | |
| Discussion Items | Answer/Information |
| Outbreak Number: | |
| Case Definition: | |
| Visitor Restrictions to Put in Place: | |
| Signage Requirements: <ul style="list-style-type: none"> - For the Home - For the Residents Room | |
| Messages/Information to Share with: <ul style="list-style-type: none"> - Families - Residents - Staff | |
| # of Swabs to take and which Residents: | |
| Review of PPE put in Place: | |
| Contact at PHU for outbreak: | |
| Time of daily updates to PHU and How: <ul style="list-style-type: none"> - Phone call - Faxing of line list document? | |
| <u>Closing to Admissions:</u> | |

C-6: Outbreak Response Structure Checklist



C-7: Outbreak Checklist (first 24 hours)

OUTBREAK CHECKLIST - FIRST 24-HOURS

**To be completed within first 24 hours of outbreak.
Please retain for your records as RDOs and CPLs may request to review this document.**

Outbreak Checklists can be found on Document Sharer at:

Manuals >> Outbreak Resources >> Checklists

Attachment D: Mutual Aid Agreements

Relocation Agreements

- Centre Wellington Sportsplex
- Sister Caressant Care Homes
 - Arthur
 - Harriston
 - Listowel
 - Cambridge

Local Hotels Available:

- Best Western Plus Fergus
- The Village Inn Elora

Transportation Agreement

Elliot Bus Lines

Staffing Agencies Available to Contact:

- Eli-Ann
- Aquarius
- MapleTree
- Zuriel
- TLC
- Pinkerton

Attached in Appendix

Attachment E: Contact Lists

List Attached

Attachment F: Contingency Plan for Resident Care

| | Routine Services At baseline to 10% below baseline | Non-Critical Services Reviewed/Optional 11-25% below baseline | Non-Critical Services Optional 26-50% below baseline | Critical Services Only More than 50% below baseline |
|---|---|--|---|---|
| Safety | | | | |
| Passive / Active Screening | ✓ | Utilize after-hours process (ie. doorbell system) to allow redeployment to resident care within scope | Utilize after-hours process (ie. doorbell system) to allow redeployment to resident care within scope | Utilize after-hours process (ie. doorbell system) to allow redeployment to resident care within scope |
| Emergency Code response per protocol | ✓ | ✓ | ✓ | ✓ |
| Infection Prevention and Control screening, PCRA, additional precautions | ✓ | ✓ | ✓ | ✓ |
| Specialty Care | | | | |
| Renal dialysis | ✓ | ✓ | ✓ | MRP order required for altered diet, fluid intake, medications to extend periods between dialysis (In collaboration with dialysis unit) |
| Enteral feeding (J-tube, Gtube) | ✓ | ✓ | ✓ | ✓ |
| Medical Management *Early engagement with Medical Coordinators is key to put plans in place to identify essential medications and treatment for residents based on individual priorities and needs (Medical coordinators/,medical directors and primary care providers (Physician, NP) | | | | |
| Medication administration | ✓ | Medications given as prescribed. Engage Medical Coordinator/MRP and/or Pharmacy for Medication Reviews: goal is to decrease med passes and number of medications Identify pharmacy technicians to assist as required Medication optimization | Consult with MRP to prioritize medication for chronic/acute pain management, insulin dependent diabetes, essential medication and treatment for chronic disease management Identify pharmacy technicians to assist as required | Consult with MRP to prioritize medication for chronic/acute pain management, insulin dependent diabetes, cardiac issues Identify pharmacy technicians to assist as required (Assign other treatments, ie vital signs) |
| Respond to acute medical events | ✓ | ✓ | ✓ | ✓ |

| | | | | |
|-------------------------------------|--|--|--|--|
| Medical appointments | ✓ | Routine appointments if operationally able Consult with MRP to identify and prioritize medically essential appointments | Routine appointments if operationally able Consult with MRP to identify and prioritize medically essential appointments | Routine appointments if operationally able Consult with MRP to identify and prioritize medically essential appointments |
| Medical investigations (lab, x-ray) | ✓ | Consult with MRP to identify priority routine investigations and medically essential investigations | Consult with MRP to identify priority routine investigations and medically essential investigations | Medically essential investigations only |
| Physician Assessment | ✓ | ✓ | In-person assessment preferred | In-person assessment preferred |
| Care of Resident | | | | |
| Hydration and nutrition | Regular meals x3 Snacks, including hydration x 2 provided | Regular meals x3 Snacks optional (unless diabetic or supplementary nutrition included as part of care plan) Shift to tray service from dining room service if needed in affected areas Hydration provided | Regular meals x3 Snacks optional (unless diabetic or supplementary nutrition included as part of care plan) Shift to tray services in affected areas Hydration provided | Regular meals x 3 Shift to tray services & consider catered meals Diabetic snack and ordered supplementary nutrition Hydration provided |
| Assistance with meals | ✓ | Review seating plans to group residents together who require assistance or monitoring with meals Identify those who have Essential Visitors in place for support at meal times Look to Students/Volunteers/ Families for support Need to capture documenting by other care team members on paper or electronically Alter staff break schedules around resident peak | Residents seated together in groups for monitoring and assistance if still doing dining room services Delegate monitoring and portering to alternate providers (ie RA, AW, HCSW) Assistance with meals delegated to care team and leaders especially if transitioned to tray service Essential Visitors to provide assistance to specific residents per established care plan | Ratio of staff to resident to assist with meals may be decreased Residents seated together in groups for monitoring and assistance if still doing dining room service Delegate monitoring and portering to alternate providers (ie RA, AW, HCSW) Assistance with meals delegated to care team (ie HCA), and leaders Essential Visitors, students, volunteers and families to provide assistance to specific |

| | | | | |
|---|--|--|---|--|
| | | mealtimes | Alter staff break schedules around resident peak mealtimes Look to Students/Volunteers for support Consider adding CSA for low-risk residents | residents per established careplan |
| Personal Body Washing | Tub bath or shower twice per week per Care Plan Consider dry shampoos, bathin a bag, shampoo in a bag resources | Peri-care, hand and face washing, bed baths Identify residents with priority need for tub baths Identify those who have Essential Visitors in place for support with personal washing/ADLS | Peri-care, hand and face washing, bedbaths Essential Visitors to provide assistance with personal washing/ADLS to specific residents per established care plan | Peri-care, hand and face washing Essential Visitors to provide assistance with personal washing/ADLS to specific residents per established care plan |
| Dressing Always be aware of resident dignity | In own clothes/pajamas | In own clothes/pajamas, changed as needed | Residents changed into own clothes and pajamas; change as able | Residents remain in personal night clothing; change as able or soiled |
| Mouth Care | √ | √ | Frequency may be decreased | As needed Consider non care staff or essential care givers assist with mouth care |
| Toileting | √ | Maintain toileting schedules, change incontinence product as needed Identify residents at high risk for skin integrity issues and prioritize | Frequency may be decreased, Identify residents at high risk for skin integrity issues and prioritize Consider reprioritizing tasks, ie bed bath so incont product can be changed as a priority over bed baths | Frequency may be decreased, maximize time in brief Identify residents at high risk for skin integrity issues and prioritize Consider reprioritizing tasks, ie bed bath so incont product can be changed as a priority over bed baths |
| Bowel Care | √ | √ | √ | √ |
| Wound care | Per Wound Care Plan | Complex wound management, consult NSWOC , (Nurse Specialized in Wound, Ostomy and Continence)for Wound Care Plan/products that maximize time between dressing changes | Complex wound management, consult NSWOC for Wound Care Plan/products that maximize time between dressing changes | Complex wound management, consult NSWOC for Wound Care Plan/products that maximize time between dressing changes |

| | | | | |
|-----------------------------|---|--|---|--|
| Mobilization/turns | √ | <p>Identify and prioritize those unable to turn/change position; continue to support residents getting into their wheelchairs and of bed asable</p> <p>For Lifts: Effort should be made to try to maintain this during the outbreak Identify & prioritize those residents requiring a mechanical lift – review opportunities to decrease</p> | <p>Frequency may be decreased Priority given to those who are unable to turn/change position without assistance;</p> <p>and those who need to be up in a chair/wheelchair due to skin/wound issues and to support cognitive orientation</p> <p>For Lifts: Develop schedule which includes a reduced number of transfers i.e res out of bed every 2/3 days – and a positioning schedule other days</p> | <p>Frequency may be decreased Priority given to those who are unable to turn/change position without assistance</p> <p>For Lifts: residents remain in bed with a turning and positioning schedule in place</p> |
| Palliative/End of life Care | √ | √ | √ | √ |
| Essential Visitors | √ | Review Essential Visitor plans and maximize care provided by Essential Visitors | Maximize Essential Visitors for identified care needs | Maximize Essential Visitors for identified care needs |
| Care planning | | | | |
| Kardex | √ | √ | √ | √ |
| Interdisciplinary Care Plan | √ | Review acuity of residents to prioritize care needs and assignments with staff available | Review acuity of residents to prioritize care needs and assignments with staff available | Review acuity of residents to prioritize care needs and assignments with staff available |
| Care Conference | √ | Optional - priority to complex residents or admission care conference | Optional - priority to complex residents or admission care conference; explore virtual option | Postponed |
| Behavioural Care Planning | √ | √ | √ Explore Agency for 1:1/Hall monitor (Including security) | √ Explore Agency for 1:1 Constant Care/Observation or implement Hall Monitors (Including security) |
| Assessment | | | | |
| Falls | √ | √ | √ | √ |
| Pain | √ | √ | √ | √ |
| Behaviour/Cognition | √ | √ | √ | √ |

| | | | | |
|--|---|--|---|--|
| Monitoring of skin integrity | √ | Frequency decreased to bathing schedule, priority given to residents at medium to high risk | Point of care assessments of high-risk pressure areas | Only if clinically necessary Priority should be given to immobilized residents |
| Routine weights and vitals | √ | Routine measurements may be deferred to another shift, priority to clinically necessary measurements | Only if clinically necessary | Only if clinically necessary for acute event |
| Allied Health There is a constant need to monitor the mental health of the residents at all times | | | | |
| Physiotherapy/Occupational Therapy/Registered Dietetics | √ | Review care plans and identify high-risk, high-priority residents, maximize use of current care plans | Optional - priority given to those with clinical need Staff may be reassigned to mandatory duties within their scope of practice | Essential clinical need only Staff reassigned to mandatory duties within their scope of practice |
| Social Work | √ | Review residents and identify priorities including those at greatest risk of social isolation and without any ECGs | Priority work only (MOST/ACP support, capacity assessments, complete adult/guardianship investigations, time sensitive documents per licensing; checking in on the most socially isolated residents) May be redeployed to assist with resident care as directed within scope | Priority work only (MOST/ACP support, capacity assessments, complete adult guardianship investigations, time sensitive documents per licensing) May be redeployed to assist with resident care as directed within scope |
| Recreational/Activity programs | √ | Review programs, identify high attendance, low staff demand activities Maximize use of HCSWs for activities when available Consider shifting to 1:1 programming with focus on those at greatest risk of social isolation | Review programs, identify high attendance, low staff demand activities Maximize use of HCSWs for activities when available Off-site outings optional Staff may be redeployed to assist with resident care as directed within scope | Review programs, identify high attendance, low staff demand activities Maximize use of HCSWs for activities when available Off-site outings cancelled Staff may be redeployed to assist with resident care as directed within scope |
| Documentation | | | | |
| Health record documentation | √ | √ | Charting by exception | Critical Assessments |

| | | | | |
|-------------------------------|----------------------------|---|--|---|
| RAI coding/Observation Week – | v | <p>Quarterly assessments if operationally able</p> <p>Full assessments required</p> | <p>Priority to full assessments only & escalate to Regional Director Operations and Corporate clinical lead.</p> <p>RAI staff can be utilized to provide clinical care</p> | <p>Priority to full assessments only Observation period may be adjusted until staffing is yellow or green & escalate to Regional Director Operations and Corporate clinical lead.</p> <p>RAI staff can be utilized to provide clinical care</p> |
| Admissions | | | | |
| Admissions | Based on current directive | Based on current directive | <p>Deferred until staffing complement is yellow or green</p> <p>Work with RDO/VP Ops and Regional Health Authority</p> | Deferred until staffing complement is yellow or green |

ATTACHMENT G: COMMUNICATION

Communication is key in emergency situations or outbreak management. The Executive Director/designate is responsible overall for communications.

Contact the RDO for assistance.

Information provided should be accurate, timely and provided at the beginning of an emergency if there is a change of status and when the emergency is declared over.

Residents

Residents should be made aware of the emergency plan and kept informed during emergency situations. It is important to reassure residents when performing simulated or actual drills to keep them calm, and so they have awareness of situations. Components of the Emergency Plan will be shared with residents at move-in and with Resident's Council, so they are aware of the safety measures in place.

Staff

Staff should be notified through the one call system. One call out or text messaging, can be put out in bulk, for communications if staff need to be notified, or additional assistance is required.

Families/Person of Importance to the Residents

Every attempt should be made to keep families informed during emergency situations or outbreaks. The one-call system should be used to notify and keep families updated with as much information as possible, so they are assured we are keeping our residents safe.

Head Office

A risk alert email should be sent once an emergency has been identified, depending on the seriousness. The Executive Director should reach out via telephone to their Regional Director of Operations or the corporate on call to notify immediately as the situation presents.

G-1: Communication Plan

| Stakeholder | Method | Purpose | Frequency | Responsibility |
|--|---|--|---|---|
| Caressant Care Operations Team & Head Office | Risk Alert Email | Communicate the declaration of the emergency or outbreak | Upon notification and at the beginning, any significant changes and when declared over. | ED/DOC/RHM/RDO |
| Residents | In-person | Communicate information that is timely | As required, at the beginning, any significant changes and when declared over. | Home staff (TBD) |
| Resident Council | In-person | Communicate information that is timely | As required, at the beginning, any significant changes and when declared over. | Activities Manager |
| Family Council | Email Letter Phone call | Communicate information that is timely | As required, at the beginning, any significant changes and when declared over. | Activities Manager |
| Family Members/POA | One Call Email Phone call | Communicate information that is timely | As required, at the beginning, any significant changes and when declared over. | ED/RHM support from RDO and Operations team as needed |
| Staff | One Call Email Bulletin board Screening Desk | Communicate information that is timely | Daily or as required, at the beginning, any significant changes and when declared over. | ED/RHM |
| JHSC & Union | Email Letter | Communicate information that is timely | As required, at the beginning, any significant changes and | ED/RHM |

| | | | | |
|---|--|---|------------------------------------|---|
| | Phone Call Written Notices of Staff Cases | | when declared over. | |
| Family members/POA/Community | Website and social media updates | Communicate information that is timely | Daily or as required | Home/RDO/Operations Team |
| Family Members/POA and Residents | Virtual Calls- IPAD Phone | Resident & Family Communication | As required | Ward Clerk/Activities staff/ modified staff/ RSA/SW |
| Media (all media requests for comment go to VP Ops) | Email, phone call, video conferencing | Communicate information that is timely/ respond to requests | As required | Home/RDO/Operations Team |
| Initial Outbreak Corporate Call if outbreak | Teams Call | Ensure all IPAC protocols are in place, determine priority and frequency of calls, review any supports needed | 24 hours after outbreak declared | Set up by DPP, attended by: ED/RHM, DOC, RDO, CPL, VPO, DOO |
| Priority Corporate Calls for Outbreaks | Teams Call | Review Status of outbreak and review of support needed | As determined by outbreak priority | Set up by DPP, attended by: ED/RHM, DOC, RDO, CPL, VPO, DOO |
| Potential Town Halls | Teams Call Phone Call | Communicate information that is timely/ respond to requests, questions | As requested, | VP Ops and other staff as required |

G-2: Media Relations

Provide team members with guidelines and procedures relating to statements made to media sources, and the management of media inquiries. Team members should advise the Executive Director immediately regarding any media inquiries.

1. Home officials must keep their Regional Director - Operations and Vice President – Operations (VPO) up to date on any issues that could result in negative publicity. If the issue arises after hours, the corporate manager on-call must be notified.
2. All media calls requesting information and/or an interview which involves controversial or potentially controversial news will be handled by the VPO.
3. Obtain the reporter's name and contact information and head office designate will contact the reporter.
4. The VPO will act as spokesperson on all controversial or potentially controversial situations for Caressant Care.

ATTACHMENT H: EMERGENCY EXERCISES

H-1: Introduction

All emergency drills and situations will be tested regularly for preparedness to ensure staff, residents and others will be kept safe.

All emergency exercises (planned or unplanned) will be documented, and records will be maintained.

Debriefs will be provided and any learnings used for quality improvement.

H-2: Education and Training

Education will be provided to all employees on orientation and on a regular basis. Education may be through actual or simulated drills, online learning sessions, or in person or tabletop drills.

For simulated, actual or tabletop exercises, documents will be maintained to include participants, areas for improvement noted, with corrective action implemented for improvement(s) as required.

Codes can be combined when exercising if appropriate, for example a fire or bomb threat leads to evacuation.

Community partners should be included and involved if possible, such as the fire department or emergency services if available.


H-3: Exercise Types and Frequencies

| Type | Frequency | Required |
|--|--|-------------------------------------|
| Fire (Code Red) | 3 x monthly on each shift LTC + RH | As per Fire Code (MLTC, CARF, RHRA) |
| Evacuation (Code Green) | Simulated annually (zones) Complete actual every 3 years LTC, 2 years RH | MLTC, CARF, RHRA |
| Medical Emergency (Code Blue) | Annually LTC + RH | MLTC, CARF |
| Violent Person (Code White) Intruder Code (Code Purple) Person with Weapon (Code Silver) | Annually LTC + RH | MLTC, CARF, RHRA |
| Bomb Threat (Code Black) | Annually LTC + RH | CARF |
| Business Continuity | Annually | CARF |
| External Disaster (Code Orange) | Annually LTC + RH | MLTC (3 years) |
| Loss of Essential Services (Code Grey) | Annually (1 or more) LTC + RH | MLTC, CARF, RHRA |
| Natural Disaster | Annually LTC | MLTC, CARF |
| Extreme Weather Advisory | Annually LTC | MLTC |
| Boil Water Advisory | Annually LTC | MLTC |
| Outbreak/Infectious Diseases | Annually LTC | MLTC |
| Epidemic/Pandemic | Annually LTC | MLTC |
| Flood | Annually LTC | MLTC |
| Missing Resident (Code Yellow) | Annually LTC + RH | MLTC, RHRA |
| Gas Leaks | Annually LTC | MLTC |
| Chemical Spills | Annually LTC | MLTC (3 years) |

ATTACHMENT I: MLTC Reporting Requirements

I-1: Critical Incident Reporting

TABLE 1: MLTC Reporting Requirements Reference Sheet

| | |
|--|--|
| <p>Ministry of Long-Term Care Reporting Requirements—Reference Sheet</p> | <p>Ontario </p> |
| <p>October 2022</p> | |
| <p>Report Immediately</p> <p>If during business hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.), submit a Critical Incident System (CIS) report.</p> <p>If outside of business hours or during a statutory holiday, call the Service Ontario After-Hours Line (1-888-999-6973), and submit a CIS report the next business day.</p> <p>Investigate and report findings of the investigation via an amendment to the original CIS report within 10 days.</p> | <ul style="list-style-type: none">▶ Section 28(1) (Certain matters) For example, improper or incompetent treatment or care of a resident, abuse of a resident, unlawful conduct, misuse or misappropriation of a resident's money or funding provided to a licensee. <u>Refer to the <i>Fixing Long-Term Care Act, 2021</i> for full details.</u>▶ Regulation 115(1) (Critical Incidents) For example, emergency situations, an unexpected or sudden death, a missing resident, outbreak of a disease of public health significance, contamination of the drinking water supply. <u>Refer to the <i>Fixing Long-Term Care Act, 2021</i> for full details.</u>▶ Regulation 109 (Complaints) A complaint that alleges harm or risk of harm, including but not limited to physical harm, to one or more residents. |
| <p>Report in 1 Business Day</p> <p>Report via the Critical Incident System (CIS) within one business day. Do not call the after-hours telephone line.</p> <p>Investigate and report the findings of the investigation via an amendment to the original CIS report within 10 days</p> | <ul style="list-style-type: none">▶ Regulation 115(3) (Critical Incidents) For example, a breakdown of the security system, a loss of essential services, flooding, a missing or unaccounted for controlled substance, certain incidents that cause injury to residents, a medication incident or adverse drug reaction. <u>Refer to the <i>Fixing Long-Term Care Act, 2021</i> for full details.</u> |
| <p>When making a report to the Director, be sure to include a description of the incident, the actions taken in response, an analysis of the incident, and follow-up actions being taken. Also, include the name, title, and contact information of the person making the report.</p> | |

I-2: RHRA Reporting

TABLE 1: RHRA Reporting Requirements Reference Sheet

FACT SHEET:

Mandatory Reporting (Section 75)



The *Retirement Homes Act, 2010* (Act) is legislation for the retirement home sector in Ontario. The Act sets out the care and safety standards that all licensed retirement homes must meet.

The Act requires operators and licensees to immediately report to the RHRA harm, or risk of harm, to a resident resulting from:

- improper or incompetent treatment or care
- abuse by anyone
- neglect by the licensee or staff of the retirement home
- unlawful conduct
- misuse or misappropriation of a resident's money

With the exception of residents, all persons including family members, substitute decision makers (SDMs), retirement home staff, and retirement home operators are obligated to report incidents of harm. Regulated professionals such as doctors, nurses, therapists, naturopaths and social workers must also report situations of resident harm or risk of harm even if the information is confidential. Residents may make a report, but the Act does not require them to do so.

To assist reporting, the home is required to post RHRA's mandatory reporting poster in a public and easily accessible area.

Knowingly making false reports, or failing to make a report, are offences under the Act and subject to penalties if convicted.

What is a Mandatory Reporting Inspection?

Mandatory reporting inspections are conducted by RHRA inspectors. The inspector(s) will make an unannounced visit to a retirement home in response to a report.

Inspectors have extensive powers under the Act, some of which include:

- inspecting the home and its operations
- reviewing, copying and removing records and other documents
- interviewing residents and others
- calling on other experts for assistance

The mandatory reporting inspections focus on the event reported, and steps the licensee undertook following the event.

In certain situations, the inspector may also notify other agencies or authorities such as the police, fire officials, public health, and regulated health profession colleges about relevant findings during and after the inspection.

Inspection Reports

If the home is a licensee under the Act, the inspector will provide the licensee with a draft inspection report. The licensee will have an opportunity to give the inspector written comments about the report before a certain date. The Act requires the inspector to consider the comments in preparing a final report. The RHRA will provide copies of the final report to the licensee and the Residents' Council, if there is one.

The RHRA will provide a final summary report of the inspection, with all identifying and confidential information removed, to operators to post in the home. The RHRA will also post the summary report on its Retirement Home Database.

Inspections that result in serious findings may be escalated to Enforcement for further action.

Whistle-Blowing Protection

Mandatory reports may be made anonymously.

Those who report or provide information to the Registrar are protected by the Act from any retaliation. For more detail see *Fact sheet: WhistleBlowing Protection*.

For More Information:

Contact the RHRA at:

55 York Street, Suite 700 Toronto, ON, M5J 1R7

Telephone: **1-855-ASK-RHRA** (275-7472) Fax:

416-487-1223

Email: info@rhra.ca

Website: www.rhra.ca

The *Retirement Homes Act, 2010* is available at

www.e-laws.gov.on.ca

I-3: Health and Safety Requirements

Any emergency situation that results in a worker becoming ill or injured needs to be reported as per WSIB requirements.

Any worker that becomes ill as a result of an outbreak, needs to be reported through the WSIB.

Maintain a line listing of any staff reporting ill with symptoms.

Contact Disability Management Specialist at Corporate Office.

Plan Review and Sign Off

Adopted: July 8th, 2022, and revised December 2023

Review Date: Dec/11/2023

Executive Director *a gamma*

Retirement Home Manager *Andre D. Bell*