

Caressant Care Mary Bucke
Long Term Care Home
4 Mary Bucke Street
St. Thomas, Ontario, N5R 5J6

Emergency Plan:

Caressant Care on Mary Bucke

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Caressant Care
Nursing and Retirement
Homes Limited

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Introduction

Caressant 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, team members, and visitors of long-term care and retirement homes.

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 team members 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

Caressant Care will ensure that the Emergency Plan for each home is evaluated and updated annually, and within 30 days of an emergency being declared over, after each instance that an emergency plan is activated. The plan will be reviewed with the Resident and Family Council (if any) during this review. The Home will ensure that all arrangements with entities and emergency contact information is updated during these reviews, and that all entities involved in the emergency response are provided an opportunity to provide feedback to the plan. The Emergency Plan will be available online through the Caressant Care website, as well as through physical copies, available upon request.

An attestation will be completed and maintained with the Emergency Plan on Document Sharer for long-term care homes on an annual basis. This attestation will include the licensee's legal name, the name of the home, the date of the attestation, the full name of the person attesting, and a statement attesting that the requirements in in Section 90 of the Act and sections 268 and 269 of the Regulation of the Fixing Long

Term Care Homes Act have been complied with. It will also include a statement attesting that all of the information and answers provided for in the attestation are complete, true, and correct, and a statement attesting that the licensee understands that any misrepresentation, falsification, or omission of any material facts in the attestation may render the attestation void. This Attestation will be completed by the Executive Director of the home and submitted to the MLTC Director annually.

Team members, volunteers, and students will be trained on the emergency plans before they perform their responsibilities, and on an annual basis thereafter. 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.

Caressant Care will test the emergency plans according to the schedule below. Testing will include the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located, including, without being limited to, community agencies, health service providers, partner facilities and resources that will be involved in responding to the emergency.

Emergency Drill Testing

| Type | Frequency |
|--|--|
| Fire (Code Red) | 3 x monthly on each shift (LTC + RH) |
| Evacuation (Code Green) | Simulated annually (zones) Complete actual every 3years LTC, 2 years RH |
| External or Community Disaster (Code Orange) | Annually on each shift (LTC + RH) |
| Medical Emergency (Code Blue) | Annually on each shift (LTC + RH) |
| Violent Person (Code White) | Annually on each shift (LTC + RH) |
| Intruder Code (Code Purple) | Annually on each shift (LTC + RH) |
| Person with Weapon (Code Silver) | Annually on each shift (LTC + RH) |
| Bomb Threat (Code Black) | Annually on each shift (LTC + RH) |
| Missing Resident (Code Yellow) | Annually on each shift (LTC + RH) |
| Loss of Essential Services (Code Grey) | Annually on each shift (LTC + RH) |
| Boil Water Advisory | Annually on each shift (LTC) |
| Weather Related Emergencies | Annually on each shift (LTC) |
| Chemical Spills | Annually on each shift (LTC) |
| Carbon Monoxide | Annually on each shift (LTC) |
| Outbreaks of a Communicable Disease, Outbreaks of a Disease of Public Health Significance, Epidemics and Pandemics | Annually on each shift (LTC+RH) |

The Home will keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans utilizing the Roadmap to Success.

Preparation

A Hazard Vulnerability Analysis must be completed annually to determine the likelihood versus the impact scoring of any potential hazard or risks that may impact the home, within, or in the surrounding vicinity of its location.

Risk Assessment and Hazard Identification

| Hazard | Risk | Impact | Preparedness |
|-------------------------------|------|---------------------------|--|
| Fire/Smoke | 4 | High | Prepared See Code RED – Fire Monthly Fire Drills (all shifts) Annual evacuation drills Annual Fire Department Inspection Georgian Bay Fire & Protection Fire System Safety Inspection Annual review of external agreements |
| Outbreaks | 6 | Moderate | Prepared See Pandemic Plan Public Health Guidance & Control Measures Line Listing Extra PPE N95 mask fit (all staff) *Annual round table IPAC exercise |
| Power Failures | 4 | Low (depending on length) | Prepared See Code GREY Use of Generator for essential service/medical equipment *Annual Drills |
| HVAC Failure (heat/cold risk) | 2 | Low | Prepared Contact Tears Mechanical to service individual PTAC units. |
| Water System Disruption | 4 | low | Prepared See Code GREY *Annual Drills 72 Hour EMERG supply Elgin Pure Water -will supply 528L of fresh water (44 residents x 4L x 3 days) hrs). |
| Medical Oxygen Supply Issues | 2 | Low | Prepared Use of concentrators (limited mobility) Connect to filling units Use of another Vendor (Medigas)519-451-7932 |
| Food Emergency | 2 | Moderate | Prepared Modify Menu Plan |

| | | | |
|--|---|-----------------|--|
| | | | -use of on hand items -seek support from sister home(s). -Use alternative local suppliers -utilize “fast food” ordering (i.e. subs, pizza, chicken, etc.) |
| Structural Failures (roof Leaks, Elevator Failure) | 6 | Moderate - High | Prepared Contact ESM, Risk Alert, ED/RDO Containment of debris/water, etc. See Code ORANGE General Contractor *Annual Drills |
| Extreme Weather (Ice Storm, Heat Wave, Heavy Snow, Flooding) | 4 | High | Prepared See Code ORANGE Cooling stations, hydration stations, heat breaks. Ambient room checks daily. *Annual Drills |
| Hazardous Material Spills in Community | 1 | Moderate | Prepared *Annual Drills See Code ORANGE |
| Community Outbreaks/Pandemics | 6 | Moderate | Prepared *Annual Drills See Outbreak Hazard above Back up PPE – 2 weeks See Pandemic Plan |
| Regional Power Grid Failure | 3 | Moderate | Prepared *Annual Drills See Code GREY Use of Generator Use of Emergency Supply Kit (batteries/flashlights/ |
| Transportation Disruptions | 3 | Low | Prepared Use of alternative transportation services (taxi, bus, Voyago) Contact local school bus lines |
| Violent Persons or Active Threat Near Home | 3 | Low | Prepared *Annual Drills See Code PURPLE & Code WHITE Total lock down |

| Level of Risk | Likelihood | Percentage | Description |
|---------------|---------------|--|-----------------------------|
| 1 | Rare | Less than 1% chance of occurrence in any year | Occurs every 100 + years |
| 2 | Very Unlikely | Between 1 – 2 % chance of occurrence in any year | Occurs every 50 – 100 years |

| | | | |
|---|-----------------|--|---------------------------------|
| 3 | Unlikely | Between a 2 – 10% chance of occurrence in any year | Occurs every 20 – 50 years |
| 4 | Probable | Between a 10 – 50 % chance of occurrence in any year | Occurs every 5 – 20 years |
| 5 | Likely | Between a 50 – 100% chance of occurrence in any year | Occurs every 5 years or less |
| 6 | Almost Probable | 100% chance of occurrence in any year | Hazard occurs at least annually |

Supplies, Equipment and Resources

A 72 Hour Emergency Supply will be maintained in the home at all times. The specific location of this supply can be located by reviewing *Appendix C: Building Map/Profile*. This emergency supply must contain, at a minimum:

- Water (4L per person per day)
- Ready-to-eat foods
- Extra linens, blankets, towels
- Flashlights, lanterns, batteries
- Backup chargers and radios
- PPE (masks, gloves, gowns, etc.)
- First aid kits
- Incontinence products
- Cleaning and disinfection supplies

There will also be an emergency kit located at the front entrance under sign-in table. This kit will contain:

- Flashlights, batteries
- First aid supplies
- Resident identification bands
- Evacuation tags
- Duct tape and plastic sheeting
- Employee contact list
- Resident list

Caressant Care operates with PointClickCare (PCC) as its main electronic health record system. Should an emergency occur, there will be a need for back-up access to electronic health records, including printed MARS and TARS, as well as paper documentation. *Appendix C: Building Map/Profile* includes the location of the backup MARS device, which should be checked nightly to ensure the system is operating correctly in the event of an emergency. Should there be a need, paper documentation can be completed utilizing the Daily Flow Sheet found on Document Manager. Pharmacy will work closely with the home to provide the following in a timely manner:

- Replacement and dispensing of all required medications

- Delivery of medications to alternative locations
- Delivery/printing of MAR sheets and/or prescriber's medication review if home unable to do so
- Ongoing refills to alternate location for duration of emergency.

The home's food and fluid provider will work closely with the home to provide the following in a timely manner:

- Adequate meals, snacks, and beverages aligned with the required therapeutic textures.
- Adequate food preparation equipment and spaces.
- Any other support as required.

Staffing in long-term care and retirement settings is essential 24 hours a day. During an emergency, available staffing resources may be negatively affected. If required, the Home will activate the Staff Contingency Plan for each department. Additionally, if staffing levels related to resident care reach a critically low point at any time, the Home will implement *Appendix F: Contingency Plan for Resident Care*.

Plan

In order to effectively prepare for any potential emergencies, the home will consult with any entities that may be involved in or provide emergency services to the home, including, but not limited to, community agencies, health service providers, partner homes, and resources that will be involved in responding to the emergency. This is maintained by way of keeping an updated copy of any Relocation and Transportation Agreements in the Contracts and Agreements – Home Level Shared Drive.

An updated Emergency Contact List will be maintained at all times that will incorporate all personnel and vendors that may require involvement to support this Emergency Plan (*Appendix A – Emergency Contact List*).

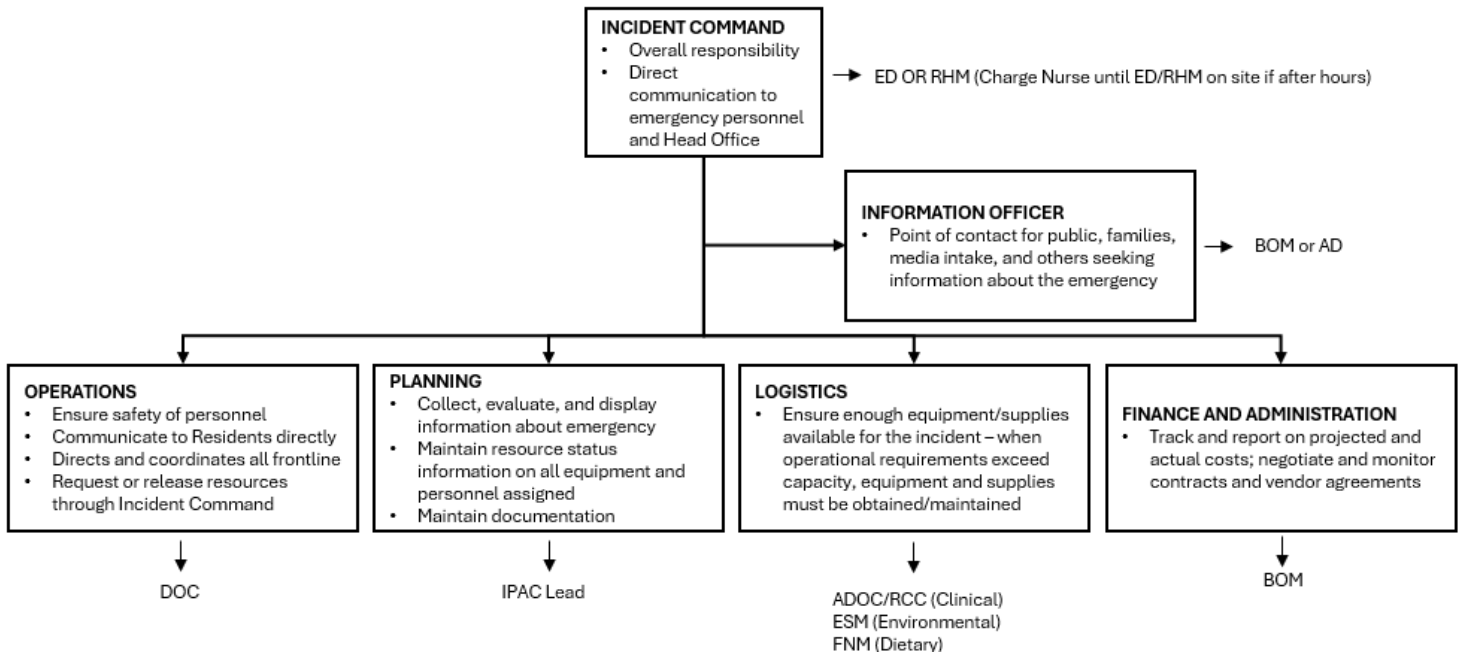
In the event of an emergency, the Home will utilize an Emergency Operation Centre, on-site and off-site, depending on the situation. The lines of authority within this incident command structure will begin with the most senior person/manager at the site leading the emergency response, altering to the Executive Director upon arrival (i.e., a Charge Nurse after hours). Alternatively, in situations where external authorities are involved, such as a Fire, the Fire Department will hold authority, until all clear is provided, in which case it will be transferred back to the Executive Director. During an outbreak, the Infection Prevention and Control (IPAC) Lead will hold significant influence and leadership alongside the Executive Director.

All communication, continuity, and recovery will be directed by the Executive Director as part of the emergency response. These plans can be found within the overall Emergency Plan and should be treated as a standard action requirement in the emergency response.

The Executive Director is responsible for the overall authority, 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. In the event of an emergency, team

members will each take on specific roles and responsibilities to ensure all appropriate parties are kept apprised of the status of the emergency situation.

An emergency will be activated by the Executive Director, and the following positions will take on the following responsibilities:



**Note this can change depending on the resources at the home at the time of emergency activation.

Communication Plan

Communication is key in emergency situations. The Executive Director/designate is responsible for overall communications. The following communication plan will be utilized when activating the Emergency Plan:

| Stakeholder | Method | Purpose | Frequency | Responsibility |
|---|---|--|---|--|
| Caressant Care Head Office | Risk Alert Email Manager-On Call (if after hours) | Communicate the declaration of the emergency | Upon notification, any significant changes and when declared over. | Executive Director (ED)/Retirement Home Manager (RHM) |
| Authorities | Online Portal Phone | Report emergency as required by relevant authorities (i.e. MLTC, RHRA, PH, MLITSD, etc.) | As required | ED |
| Residents | In-person | Communicate information that is timely | As required, at the beginning, any significant changes and when declared over. | Director of Care (DOC) |
| Resident Council | In-person | Communicate information that is timely | As required, at the beginning, any significant changes and when declared over. | Activity Director (AD) |
| Family Council | Email Letter Phone call | Communicate information that is timely | As required, at the beginning, any significant changes and when declared over. | AD |
| 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/Business Office Manager(BOM)/AD |
| Team Members | One Call Email Bulletin Board | Communicate information that is timely | Daily or as required, at the beginning, any significant changes and when declared over. | ED/DOC/RHM |
| JHSC & Union | Email Letter Phone Call Written Notices of Team Member Cases | Communicate information that is timely | As required, at the beginning, any significant changes and when declared over. | ED/BOM/RHM |
| Community | Website and social media updates | Communicate information that is timely | Daily or as required | ED/VP Operations (VPO) |
| Family Members/POA and to Residents | Virtual Calls-IPAD Phone | Resident & Family Communication during Emergency | As required | Ward Clerk/Activities team members/ 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 | ED/VP Operations |

| | | | | |
|--|------------|--|------------------------------------|--|
| Priority Corporate Calls for Outbreaks | Teams Call | Review Status of outbreak and review of support needed | As determined by outbreak priority | Set up by Director Professional Practice, attended by: ED/RHM, DOC, Regional Director Operations, VPO, Director Operations |
|--|------------|--|------------------------------------|--|

Emergency Codes

Caressant Care uses standardized codes to alert team members to various emergency situations within the building. These codes are identified as the following:

Code Red – Fire

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 (911).

Try to extinguish the fire or continue to evacuate.

The sequence of steps to take will vary depending on circumstances of the fire and by responding to the 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 the door slowly to determine the extent of the fire. If it is safe to do so, enter the room BUT ONLY FOR RESCUE PURPOSES.

1. Identify the location of the fire/alarm on the annunciator panel.
2. Page CODE RED and alarm location 3 times (in a loud clear voice).
3. Assign team members to investigate the alarm and have one report back. The remaining team members will begin evacuating residents (if the alarm is not false). If the alarm is true, Charge Nurse will assign all remaining team members to evacuate to a safe zone, beyond the nearest set of fire doors.
4. Call 911 (Charge Nurse).
5. Prepare to evacuate residents to the nearest safe zone (send additional team members if required).
6. If there is smoke/fire, once fire department is on scene, 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 team members.
7. If full evacuation is required, follow Code Green procedure.

Department Specific Actions when Alarm Sounds:

Dietary: Turn off all equipment, secure and close windows, and doors. Report to Command Centre.

Nursing: Put away all equipment to clear hallways and report to Command Centre. If in Spa Room, notify co-workers by pulling the call bell. Dry/Dress resident if possible and/or cover with flannels.

Housekeeping/Laundry: Put away equipment to clear hallways, secure doors, report to Command Centre.

Administrative/Environmental: Report to Command Centre. Assist Fire Department in locating alarm source (if no fire).

Activities/Service Providers/Others: Stay with resident and await instructions from Charge Nurse. If no residents present, report to Command Centre.

Once the Fire Department has provided direction to reset the system, follow the below:

Resetting of Pull Stations:

1. Obtain a small screwdriver
2. Open pull station by inserting screwdriver into top of pull station and twisting screw counterclockwise.
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.

Silence the Panel/Buzzer:

1. Open the panel door.
2. Press the BLUE button labelled "Signal Silence", press, and hold for three (3) seconds.

Reset Main Panel:

1. Locate the GREY system reset button, press, and hold for three (3) seconds.
2. Ensure all trouble lights in the upper section of the panel have reset.
3. Ensure the "All Clear" button is GREEN.

Resetting Mag Locks:

All mag locks need to be reset after any power outage and anytime the generator turns on or off.

1. Locate magnetic door panel at PSW station in center core area.
2. Find two reset controls (keys will be in place, (photo present to show accuracy of directions to turn keys)
3. Turn RIGHT key to RESET mode and hold for 4 seconds, repeat for the LEFT key.
4. Check all emergency doors to ensure magnetic reset is complete.

Notification of Confirmed Fires:

In case of fire in the home, notification to appropriate authorities must be completed by the Executive Director when in the Home. If the Executive Director is not in the home, he/she must be notified by the Charge Nurse, regardless of time.

1. All fires must be reported to and followed up by the local Fire Department.
2. A written record of events will be posted in the Fire Plan for future reference for all employees.

Recovery:

1. Once fire department says it is safe to do so, the ED/designate will announce "Code Red, All Clear" 3x over the paging system.
2. The ED/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.
3. As soon as possible, the ED/designate should conduct a debriefing including participation of any responding law enforcement where available to learn of any opportunities for improvement with an action plan.
4. After the code is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
5. Document the incident – ensure all details are captured for follow up investigations that may occur.
6. Follow any required reporting (i.e. MLTC, RHRA).

Reports to the media, when and if given, are to be given by the Vice President, Operations/designate.

Code Green – Evacuation

The Executive Director (Charge Nurse if after hours) or representative of the Fire Department will announce evacuation of residents from building.

Roles during evacuation:

Charge Nurse: Lead for evacuation

Team member 1: One team member to guide team members and residents to safe location

Runner: One team member that updates on the evacuation process

Nurse: First aid station qualified to administer first aid (in safe zone)

Team member 2: One team member will remain outside the evacuation area to prevent panic and keep residents from returning to the building

Team Member 3: Responsible for identifying evacuated resident list to ensure all are accounted for – located at safe zone area. If multiple safe zones – will require multiple team members for each cohort, which will then be provided to Charge Nurse.

PSWs/GAs: Evacuate responsible residents.

All Other Team Members: Follow Code Red roles.

Residents will be evacuated in an orderly fashion using the following criteria:

1. Areas closest to the danger area are cleared first.
2. Residents are removed from the most ambulatory to the least ambulatory in sequence to save as many lives as possible (ambulatory, wheelchair, bedridden, aggressive/resistive).
3. Residents who struggle and fail to cooperate will be left to last, again to ensure that as many residents as possible are rescued.
4. No employee or resident shall re-enter the building until the safety of the home is ascertained by the Fire Department.

If evacuation of the home is to be prolonged, Code Orange shall be initiated.

Recovery:

1. Once the fire department says it is safe to do so, the ED/designate will announce "Code Green, All Clear" 3x over the paging system.
2. The ED/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.
3. As soon as possible, the ED/designate should conduct a debriefing including participation of any responding law enforcement where available to learn of any opportunities for improvement with an action plan.
4. After the code is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
5. Document the incident – ensure all details are captured for follow up investigations that may occur.
6. Follow any required reporting (i.e. MLTC, RHRA).

Code Orange – External Disaster

Code Orange is to be initiated when 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. The Executive Director will ultimately be responsible to determine execution of Code Orange. If after hours, the Charge Nurse must notify the Executive Director/designate.

Examples include:

1. A natural disaster or severe weather (tornado, flooding, earthquake, severe thunder, ice, snowstorms).
2. Loss of essential services (power, water, communications, fuel/gas or supplies).
3. Hazardous materials/chemical explosion or leaks (gas leak, chemical spill, toxic, or chemical biological, nuclear and/or radiological issues).
4. Community related disaster such as fire, train derailment or plane crash.
5. Any other code that may require prolonged evacuation.
6. Events requiring the home to function as a hosting site for evacuees from another LTC/RH home or facility.

Upon Code Orange Activation:

1. Establish/activate the Incident Command Structure.
2. Assign Command Centre roles.
3. Charge Nurse to page "Code Orange" 3x over the paging system.
4. All team members must report to the Command Centre for direction.

Types of Response under Code Orange:

1. Shelter-In-Place (remain safely inside home)
2. Evacuation (partial or full removal of residents for prolonged period)
3. Hosting/Sheltering Others (serving as evacuation centre)

Preparation:

1. Activate Incident Command Structure.
2. Bring in additional team members if evacuation is likely.
3. Print or obtain (if unable to print, contact sister home for virtual access and printing):
 - a. MAR/TAR
 - b. Care Plans
 - c. Dietary Database
 - d. Resident Identifiers (wristbands/tags) are current.
4. Gather minimum 3-day supply of resident items such as clothing, toiletries, continence products.
5. Group residents by medication cart to maintain medication integrity.
6. Develop resident location list, evacuation logistics, and transportation order.
7. Contact families regarding situation and option for residents to go home (if appropriate).
8. Contact receiving/evacuation agreement sites to confirm capacity and readiness.
9. Contact transportation companies to confirm availability, numbers, and timelines.
10. Assign team members for:
 - a. Wristband application at exit.
 - b. Resident flow tracking (*Appendix E – Resident List for Evacuation*)
 - c. Managing documentation and belongings.
 - d. Assisting residents on transport.
 - e. Transporting medication carts on agreed upon transportation (nurse).
 - f. Receiving residents at destination and documenting arrival (*Appendix E – Resident List for Evacuation*).
 - g. Setting up residents in temporary spaces.
 - h. Care provision at destination.
 - i. Family notification of safe arrival.
11. Prepare list of equipment per department and gather equipment as relevant:
 - a. Medication carts
 - b. Treatment carts
 - c. Resident charts
 - d. Linens, bedding, gowns
 - e. Mobility aids (wheelchairs, walkers, oxygen)
 - f. Clothing and grooming items
 - g. Beds/cots
 - h. Food and dietary supplies

- i. Recreation and physiotherapy equipment
 - j. Secure any records left in the home
12. Notify the Medical Director and attending physicians of status and resident location.

Roles during Code:

Charge Nurse: Control telephone use for emergency communication only, ensure visitors leave unless safe, assign roles as team members arrive at Command Centre.

Nursing: Close all windows (resident rooms/common spaces), where appropriate, shut off a/c units or fans venting outside in units, report to command centre.

Activities: Assist with closing windows, report to command centre.

Housekeeping: Assist nursing with securing area, report to command centre.

Laundry: Shut off equipment and fans, close windows, close door, and report to command centre.

Environmental: Shut down mechanical central air systems if required and report to command centre.

Dietary: Shut off all kitchen equipment and ventilation fans and report to command centre.

Shelter in Place:

Shelter in place is used when it is safer to remain inside the building than to evacuate (e.g., chemical plume, severe weather, community violence, hazardous materials etc.)

1. ED/designate announces: "Shelter-in-Place Code Orange 3x over the paging system.
2. Close and lock all windows and doors.
3. Shut down HVAC systems that draw outside air, as directed by the ED or Environmental.
4. Move residents away from the exterior windows and into interior hallways/rooms if required.
5. Seal gaps under doors with towels (for chemical/air quality events).
6. Maintain communication with PHU, EMS, and emergency services.
7. Ensure accessibility to food, water, medications, and essential supplies.
8. Provide reassurance and updates to residents.
9. Maintain staffing zones and supervision.
10. Monitor residents for distress or health changes.

When Shelter-in-Place ends:

1. ED/designate issues "All Clear" 3x over the paging system after confirming with authorities.
2. Restore HVAC, reopen windows as appropriate.
3. Document actions taken.

Sheltering Others:

1. Activate the Incident Command Structure and designate receiving area coordinator.
2. Prepare available beds/rooms or temporary cots.
3. Confirm available staffing for incoming residents.
4. Ensure resident care supplies and PPE are adequate.
5. Record incoming residents using *Appendix E – Resident Evacuation List*.
6. Apply identification bands if missing.
7. Coordinate with sending home for transfer documentation, MARS/TARS and care plans.
Store incoming belongings securely with labels.
8. Assign team members to orient, settle, and monitor evacuees.
9. Maintain separate between home residents and evacuees when required (IPAC, behaviours).
10. Update families of evacuees as directed by sending home or local authority.

Evacuation

1. Evacuate using logistics developed in preparation stage.
2. Apply identification wristband at exit and record time/location (*Appendix E*).
3. Send resident belongings and documentation with each resident.
4. Transport medication carts with nursing team members.
5. Record arrival times at destination using *Appendix E*.
6. Set up residents in temporary accommodation.
7. Notify families of safe arrival.
8. Double-check evacuated areas.
9. Shut off equipment, secure building.
Restrict access to authorized individuals only.
10. Notify police of evacuation or minimal staffing for security reasons.

Returning to Evacuated Home:

1. Building will be inspected and cleared by appropriate authorities.

2. Notify MLTC or RHRA of return.
3. Verify HVAC/make-up air systems functioning properly.
4. Activate Incident Command Structure for re-admission.
5. Organization staffing for return.
6. Create resident return schedule.
7. Notify residents/families of return timeline.
8. Notify Medical Director and physicians.
9. Send residents with belongings and track using *Appendix E*.
10. Assist residents to rooms and re-establish routines.
11. Investigate missing items.
12. Reopen services as able.

Recovery:

7. Once fire department says it is safe to do so, the ED/designate will announce “Code Orange, All Clear” 3x over the paging system.
8. The ED/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.
9. As soon as possible, the ED/designate should conduct a debriefing including participation of any responding law enforcement where available to learn of any opportunities for improvement with an action plan.
10. After the code is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
11. Take inventory of all supplies and equipment to assess loss and ensure adequate supplies replenished.
12. Establish additional staffing costs and costs of evacuation.
13. Document the incident – ensure all details are captured for follow up investigations that may occur.
14. Follow any required reporting (i.e. MLTC, RHRA).

Reports to the media, when and if given, are to be given on by the Vice President, Operations/designate.

Code Blue – Medical Emergency

Code Blue refers to a need for resuscitation and the implementation of CPR. Code Blue may also be called when a resident or team member has a medical emergency that needs immediate team member response/support. Medical emergencies may include, but are not limited to:

1. Seizure
2. Loss of consciousness
3. Cardiac arrest
4. Choking
5. Stroke
6. Suicide or attempted suicide
7. Sever hypo/hyperglycemia
8. Anaphylactic reaction
9. Imminent death – without a DNR order

A Code Blue is to be used when a resident has listed as wanting CPR in their Plan of Care.

Code Blue (More than One Team Member on Shift):

1. Stay with the resident
2. Have someone (any team member) call “CODE BLUE, LOCATION” 3x over the paging system.
3. Once the Charge Nurse arrives – the team members are to report the situation to the Charge Nurse
4. Charge Nurse will take responsibility of the Code Blue – assess for risk, and hazards of the immediate area before other team members step in to help.
5. Determine right away if 911 needs to be called. If yes, one team member will call 911 and provide:
 - a. Status of the person, the situation (what was witnessed or found).
 - b. Whether First Aid or CPR is being administered (dependent upon if team member is trained).
 - c. The Home’s address.
 - d. The Home’s phone number.
6. Delegate a team member to assist any other residents or visitors politely move out of the room.
7. If the team members are trained in First Aid or CPR, then:
 - a. First Aid may be administered by trained team members depending on the emergency
 - b. CPR may be administered by trained team members as warranted.

- i. Team members should use appropriate PPE (gloves, mask with one-way valve).
 - ii. CPR should be performed on a hard surface (not a bed).
 - iii. 30 compressions to 2 breaths.
 - iv. Continue as tolerated or ask someone to take over, continue until ambulance/paramedics arrive if warranted.
- c. Keep person(s) in distress as calm and comfortable as possible.
- 8. If team members are not trained in First Aid or CPR, it will not be performed unless upon ambulance/paramedic arrival if warranted.
- 9. A team member will meet the ambulance/paramedics at the door and direct them to the location of the person requiring medical attention.
- 10. 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 from a resident's chart required.
- 11. 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.
- 12. In the event of death, unwitnessed, 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 team members may determine it inappropriate to commence with CPR. If this is the case, a follow up conversation and debriefing with the registered team member will be necessary to determine the rationale at the time.

Code Blue (One Team Member 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:
 - a. Status of the resident, the situation (what was witnessed or found)
 - b. That you are working alone and have not yet started First Aid or CPR due to the need to call 911
 - c. The Home's Address
 - d. The Home's Phone Number
- 3. Return to the resident and administer First Aid or CPR if qualified:
 - a. First Aid may be administered by trained team members depending on the emergency
 - b. CPR may be administered by trained team members as warranted.
 - i. Team members should use appropriate PPE (gloves, mask with one-way valve).
 - ii. CPR should be performed on a hard surface (not a bed).
 - iii. 30 compressions to 2 breaths.
 - iv. Continue as tolerated or ask someone to take over, continue until ambulance/paramedics arrive if warranted.
 - c. Keep person(s) in distress as calm and comfortable as possible.
- 4. If team members are not trained in First Aid or CPR, it will not be performed unless upon ambulance/paramedic arrival if warranted.
- 5. 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 from a resident's chart required.
- 6. 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.

Post Code Blue Incident:

- 1. Notify the following:
 - a. Manager/ Manager On Call
 - b. Family
 - c. Physician (if taken to hospital b/o medical emergency)
- 2. Follow any required reporting (i.e., MLTC, RHRA)
- 3. 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.
- 4. Discuss and document any areas for improvement with an action plan.

Code White – Violent Person

- 1. Stay with the person.
- 2. Have someone (any team member) call "CODE WHITE, LOCATION" 3x over the paging system. If alone – pull Call Bell to initiate communication for this step.

3. Charge Nurse is to assist (not necessarily take over) the team member 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 team member leading the code will take charge of the situation.
6. Team members to remain for support as shift permits (should be 4-6 persons if possible).
7. 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.
 - e. Have the person sit down or rest.
 - f. Offer a drink to assist with calming and redirecting thought.
 - g. If resident, 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 and verbally. There are four behaviour 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 action before the resident moves to level 2.

Level 2: One team member 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 behaviour.

Record and report triggers so you and others can help avoid these behaviours 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 behaviour 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 team members assistance. You are to call a **CODE WHITE**.

If resident is an identified THREAT to themselves or others, or if not a resident in the Home, call 911 for assistance.

Post Incident:

1. If Police involved, once Police have said it is safe to do so, the ED/designate will announce “Code White, All Clear” 3x over the paging system.
2. The ED/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 damages to facilities and equipment inhibits their use.
3. As soon as possible, the ED/designate should conduct a debriefing including participation of any responding law enforcement where available to learn of any opportunities for improvement with an action plan.
4. After the code is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.

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

1. Notify the following:
 - a. Manager/ Manager On-Call
 - b. Family
 - c. Physician (if taken to hospital b/o aggression)
2. Document the incident – ensure all details are captured for follow up investigations that may occur.
3. Follow any required reporting (i.e., MLTC, RHRA)

Code Purple – Intruder

Unwanted Visitor/Intruder:

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, alert them that you will call the police to remove them from the premises.
3. When interacting with the intruder, keep conversation non-threatening and non-accusatory. Do not try to reason with the person.
4. 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.
Call 911, or delegate someone, as soon as safely able to do so.
5. Ensure resident safety. Dispatch team members to all home areas to ensure residents stay in their rooms/lounges until the threat has passed.
6. Ensure that any wandering residents are accounted for and moved to a common area so that team members can keep track of them.
7. 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 team members.

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 paging 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 (follow Code Silver).

Recovery:

7. Once police say it is safe to do so, the ED/designate will announce "Code Purple, All Clear" 3x over the paging system.
8. The ED/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.
9. As soon as possible, the ED/designate should conduct a debriefing including participation of any responding law enforcement where available to learn of any opportunities for improvement with an action plan.
10. After the code is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
11. Document the incident – ensure all details are captured for follow up investigations that may occur.
12. Follow any required reporting (i.e. MLTC, RHRA).

Code Silver – Person with a Weapon

Code Silver is a planned response to ensure the safety of all team members, residents, and visitors at the home when an individual is in possession of a weapon, and an enhanced police response is required. It 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 Purple scenarios may escalate to 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.

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 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 (remain as quiet as possible)
- Hide in place until “Code Silver, All Clear” is announced or you are evacuated by police.

Evacuate:

1. Do not comfort a person with a weapon or attempt to deescalate the situation.
2. Do not attempt to remove wounded persons from the scene.
3. If possible, assist others to leave the area and redirect those trying to enter.
4. Evacuate if safe and able to proceed – only if you are close to an exit and can get there safely, without attracting attention.
5. While evacuating always keep hands visible (not to be mistaken for the armed person).
6. Leave any belongings behind and call 911 as soon as possible.

If you cannot evacuate, hide:

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

If you are found, survive:

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

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 towards the officers.
 - e. Do not attempt to grab or hold onto an officer.
 - f. Do not ask the officers for direction, 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 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:

1. Once police say it is safe to do so, the ED/designate will announce “Code Silver, All Clear” 3x over the paging system.
2. The ED/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.
3. As soon as possible, the ED/designate should conduct a debriefing including participation of any responding law enforcement where available to learn of any opportunities for improvement with an action plan.
4. After the code is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
5. Document the incident – ensure all details are captured for follow up investigations that may occur.
6. Follow any required reporting (i.e. MLTC, RHRA).

Code Black – Bomb Threat

This code will be carried out discreetly with minimal 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.

Bomb Threat Received:

1. Be calm and attempt to prolong the conversation to get as much information as possible.
2. Try to collect the following information:
 - a. Date and Time Call Received.
 - b. Any noticeable “words”, idiosyncrasies, accent, or speech impediment.
 - c. Sex and appropriate age of caller.
 - d. Background noises such as music, voices, aircraft, church bells, etc., which may identify caller’s location.
 - e. Do not interrupt the caller
 - f. Ask questions:
 - i. What time will the bomb go off?
 - ii. Where is it?
 - iii. What does it look like?
 - iv. Why did you do this?
3. If threat is in writing:
 - a. Do not handle the note or envelope with bare hands (use gloves).
 - b. Avoid smearing any existing fingerprints.
 - c. Place in a large envelop or folder.
 - d. Record how the threat was delivered and by whom.
4. Notify 911
5. Announce Code Black 3x over the paging system.
6. Executive Director/designate to establish Command Centre and form search teams.
7. 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.) and then the rest of the building.
8. When emergency services arrive, they will take charge over the situation, follow their direction and provide assistance if requested such as:
 - a. Divide up areas of the home on the floor plan and provide copies of floor/home area maps to search teams.
 - b. Mark off searched areas on floor/home area maps.
9. 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 that does not belong?
10. Perform a 4-step search looking only at:
 - a. Floor
 - b. Open Closets
 - c. Open Drawers
 - d. Furniture
11. When room search is complete, close door and flag – report to person in charge to keep them informed.
12. If suspicious object is found:
 - a. DO NOT TOUCH IT
 - b. Leave light switches in the position they are found
 - c. Open windows and doors (reverse from fire threat)
 - d. Inform emergency services of location and description
 - e. Evacuate residents and team members from immediate area (using Code Green)
 - f. Restrict entry to that aera
 - g. Leave bomb removal to emergency services
 - h. Do not assume it is the only one – continue to search the remainder of the building
 - i. Visitors desiring entry to the home will be told the building is temporarily closed
 - j. Visitors desiring to leave must use the front door only

Recovery:

1. Once police say it is safe to do so, the ED/designate will announce “Code Black, All Clear” 3x over the paging system.
2. The ED/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.
3. As soon as possible, the ED/designate should conduct a debriefing including participation of any responding law enforcement where available to learn of any opportunities for improvement with an action plan.

4. After the code is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
5. Document the incident – ensure all details are captured for follow up investigations that may occur.
6. Follow any required reporting (i.e. MLTC, RHRA).

Code Yellow – Missing Resident

Upon notification of a missing resident:

1. Have someone (any team member) call “CODE YELLOW, Home Area” that the resident is missing from 3x over paging system.
2. Establish Command Centre
3. Report to Charge Nurse and initiate a thorough search of the entire home area (including dining rooms, tub rooms, lounges, etc.) spreading through the entire home as required, including the adjoining building if applicable. Organize everyone so that all parts of the home are being searched and report back to Charge Nurse.
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. Type and colour of clothing resident was wearing
 - d. Colour of eyes, hair, and skin
 - e. Age, height, and weight
 - f. Mental Condition
 - g. Use resident photograph in front of MAR for identification but do not provide to anyone due to confidentiality
5. Report to DOC/Manager on Call to determine next steps.
6. Notify POA/SDM.
7. Notify the Medical Director/Attending Physician.

Recovery:

1. Once the resident has been found, “Code Yellow, All Clear” should be announced 3x over the paging system.
2. As soon as possible, the ED/designate should conduct a debriefing including participation of any responding law enforcement where available to learn of any opportunities for improvement with an action plan.
3. After the code is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
4. Document the incident – ensure all details are captured for follow up investigations that may occur.
5. Follow any required reporting (i.e. MLTC, RHRA). Note if resident is not found within specified timeframe of reporting – this may be required earlier while search continues.

Code Grey – Loss of Services

Loss of Electrical Services:

RED electrical outlets identified in the building are powered by the generator.

1. Set up Command Centre to coordinate communication and direction.
2. Environmental
 - a. Ensure the generator is functioning properly, monitor hourly (checking coolant temperature, etc. to ensure they are in proper operating range) and document.
 - b. Confirm fuel levels (if other than natural gas), monitor hourly and document. If generator is powered other than natural gas, contact fuel supplier and make them aware of the situation and request standby to refuel generator as required.
 - c. Ensure all equipment operating off the generator is operating properly.
 - d. Ensure flashlights are ready to go and spare batteries available.
3. Nursing
 - a. Advise what medical equipment requires emergency power.
 - b. Substitute any air beds with regular mattresses (unless power available).
 - c. Ensure oxygen concentrators are connected to emergency power.
 - d. Prepare emergency supplies (blankets, linens, etc.).
4. Dietary
 - a. Refer to Emergency Food Service Policy

- b. May need to alter menu to incorporate food and supplies on hand as well as equipment that is available for preparation.
- c. If refrigeration is not included in generator coverage – food potentially safe for 12 hours without electricity if doors remain closed as much as possible in refrigeration area.
- d. If freezers not included in generator coverage – food potentially safe for 2 days without electricity if doors remain closed as much as possible in freezer area.
- e. Check food temperatures before preparation for food safety.
- f. If exhaust fans are not working – ventilate work area.

Loss of Water:

1. Contact the facilities water supply to determine expected duration of shutdown. If water services are returned to normal quickly, no further action needs to be taken.
2. If 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 procedures should be followed:
 - a. Only safe fluids such as potable water, milk or fruit juices are to be served to the residents and used for cooking.
 - b. 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.
 - c. Water required for emergency care of the residents can be obtained through the purchase of bottled water and/or other alternatives.
 - d. Minimize the use of toilets during the period of shortage. 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 preplanned emergency water and laundry sources.
5. Dietary can resort to cold menu and/or paper service if necessary.
6. If water supplies are not available for an extended period of time, and it is unsafe to stay in the building, consider option for Code Orange.
7. Check with local Public Health if water advisory has been issued – may need to resort to boil water advisory section.

Loss of Hot Water:

1. 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.
2. Manual dishwashing for multi-service articles can be found on Policy Professional.

Loss of Sewage Services:

1. Contact the facilities sewage services to determine expected duration of shutdown. If services are returned to normal quickly, no further action needs to be taken.
2. Contact local trades to support with repairs.
3. Determine availability of portable toilets from outside vendors if necessary.
4. Discussion commode procedures and use of disposable incontinent products with nursing team.
5. Establish an area outside to store waste, if necessary.
6. Follow loss of water steps if necessary.

Loss of Natural Gas/Fuel:

1. Contact the facilities supplier to determine the expected duration of shutdown. If services are returned to normal quickly, no further action needs to be taken.
2. If loss of fuel has occurred during warm weather and is to be restored in a reasonable period:
 - a. Suspend operation of laundry and dish washing services to conserve hot water for resident care.
 - b. For emergency meal preparation for residents, see Emergency Meal Service Policy.
3. If loss of fuel has occurred during cold weather and is to be restored in a reasonable period:
 - a. Ensure all windows and exterior doors are closed, and all air supply and exhaust fans are off.
 - b. Obtain additional blankets from storage and use as necessary to keep residents warm.
4. If supplies are not to be restored for an extended period, and the building is unsafe, consider options for Code Orange.

Loss of Heat:

1. If there is an interruption in gas supply – contact Union Gas/Enbridge to determine the cause and expected duration of the interruption.
2. If there is a mechanical failure – contact the Mechanical Heating/Cooling company (in *Appendix B*).

3. Ensure all windows and doors are closed.
4. Identify areas with heat and relocate residents if necessary (e.g. hallways, common areas).
5. Dress residents in affected areas with several layers of loose-fitting clothing.
6. Provide activities to keep residents moving, as appropriate.
7. Supply additional linens to residents in affected areas.
8. Provide residents and team members with warm liquids in affected areas where possible.
9. If the service is not resolved in a reasonable time, the Executive Director/designate will initiate the Code Orange procedure.

Loss of Air Conditioning:

1. Determine the cause of the loss of air conditioning (mechanical or electrical) and contact the facilities supplier for repair.
2. Charge Nurse to follow Heat-Related Illness procedures.

Loss of Communication:

1. Contact appropriate service provider for repair.
2. Use backup communication devices (i.e. radios, cell phones, in-person rounds).
3. If related to **nurse call system or maglocks**, assign team members to increase physical monitoring of residents and exits.
4. If related to **internet**, secure access to paper-based care plans and medication records, utilizing paper documentation.

Loss of Pharmacy:

1. Medications are to be given out as long as they last.
2. Documentation of drugs used should be kept.
3. Contact back-up pharmacy if required (in *Appendix B*).
4. Utilize Emergency Drug Box medication as needed.
5. Contact Medical Director for medication compression for residents as required.

Loss of Supplies:

The home should always have a backup plan for loss of supplies. If emergency supply is depleting, Home should contact sister homes or Corporate Office to borrow from sister homes on a temporary basis.

Recovery:

1. Once the service has resumed normal, “Code Grey, All Clear” should be announced 3x over the paging system.
2. As soon as possible, the ED/designate should conduct a debriefing including participation of any responding law enforcement where available to learn of any opportunities for improvement with an action plan.
3. After the code is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
4. Document the incident – ensure all details are captured for follow up investigations that may occur. Follow any required reporting (i.e. MLTC, RHRA).

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

1. The Executive Director/designate will communicate to all team members, residents, families and visitors that a boil water advisory is in effect.
2. Boiled water (bring water to rolling boil for at least 1 minute), bottled water, or water from another safe public supply not affected by the advisory will be utilized.
3. 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.
4. Signage to be posted at the entrance location and throughout the home to indicate a boil water advisory is in effect.
5. Team members, residents, and visitors should continue to apply alcohol-based hand sanitizer (at least 70%) for handwashing purposes.
6. Disconnect all equipment connecting to water (juice and coffee machines, ice makers, water dispensers, or fountains, etc.)
7. 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.).
8. Restrict and alter menu to items that require little or no water and little preparation. Switch to paper supplies for dishes and single use where possible.

9. Use sterile water to wash broken skin and wounds and for other resident care activity (note: commercial bottled water is not sterile).
10. Discuss with Physician any special precautions that may be needed for residents with weakened immune systems.
11. Review bath and shower schedule – sponge bath as needed using potable water or emergency bathing kits. If residents have open wounds, cuts, blisters, or recent surgical wounds, these must be covered with a waterproof covering and care must be taken so as not to contaminate these areas during bathing, showering or sponge bathing.
12. Monitor residents with cognitive deficiencies that may impair their understanding of the boil water procedures.
13. Cleaning products should be switched to ready use products such as Oxivir TB or Ready to Use Wipes when water is mixed with chemical supply for environmental cleaning.

When Boil Water Advisory is Lifted:

1. Run all cold-water faucets and flush all water using fixtures for five minutes before using the water. For multi-storey homes, start at the top floor and travel downward.
2. Ensure equipment with water-line connections such as refrigerator and ice dispensers are drained, flushed, cleaned, and disinfected, disinfect any pressure tanks that contain the affected water source, run water softeners through a regeneration cycle, and replace filters on any water filtration devices and flush the fixture all according to manufacturing instructions.
3. Drain and refill hot water heaters that have been set below 45 C/110 F.

Recovery:

1. Once the service has resumed normal, “Boil Water Advisory Lifted” should be announced 3x over the paging system.
2. As soon as possible, the ED/designate should conduct a debriefing including participation of any external personnel where available to learn of any opportunities for improvement with an action plan.
3. After the boil water advisory is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
4. Document the incident – ensure all details are captured for follow up investigations that may occur.
5. Follow any required reporting (i.e. MLTC, RHRA).

Weather Related Emergencies

In the event of expected severe weather:

- Stay calm and do not alarm residents and team members.
- Stay tuned to the local radio station or local weather websites for weather advisories.
- Secure outside objects (chairs, turn in awing, etc.) which could become dangerous if blow by high-speed winds.

Winter Storms:

- If a winter storm is forecasted and there is time, prepare by ordering additional supplies if needed to ensure at least 72 hours coverage.
- Confirm generator is operational and fueled.
- Prepare shelter-in-place plan.
- Review staffing contingency and take measures as necessary such as offering overtime to those in the building, or in extreme snowstorms, offer accommodations to staff the building.
- When a storm hits, encourage residents and team members to stay indoors – if going outdoors, ensure residents are dressed for the weather. Document when, and where the resident has indicated they will be going outside.
- If snow is excessive, or if a roof shows signs of distress, contact a professional who is experienced in safe snow removal to avoid structural damage.

Ice Storms:

- If an ice storm is forecasted and there is time, prepare by ordering additional supplies if needed.
- Review staffing contingency and take measures as necessary such as offering overtime to those in the building, or in extreme snowstorms, offer accommodations to staff the building.
- If you must go outside, pay attention to branches or wires that could break due to the weight of the ice. Never approach power lines – stay back at least 10 metres from wires or anything in contact with them to avoid electrocution.
- If an ice storm results in loss of power, follow Code Grey.

Thunderstorms, Lightning, Hail:

- If outside, seek shelter immediately at the sound or view of thunder/lightning.

- If inside, continue in sheltered area and stay away from windows, doors, and skylights or items that may conduct electricity.
- If a thunder, lightning or hailstorm results in loss of power, follow Code Grey.

Tornadoes:

- Executive Director/designate will initiate a tornado preparation warning over the paging system if required.
- Close any windows that are open and doors of rooms that have exterior windows.
- Team members 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 compliance with staying in a safe zone.
- Instruct all team members to stay away from the windows, outside walls, and doors and move any residents away from these areas as well.
- Move to the basement if possible or take shelter in any small interior ground floor room such as bathrooms, closets, or hallways.
- Do not use the elevator, if there is one.
- Executive Director/designate will initiate a code orange by announcing “Code Orange” 3x over the paging system if required.

Floods:

1. Executive Director/designate to announce flood area of home and initiate Command Centre.
2. Fill and use sandbags to ward off floodwaters if possible, using proper sandbagging techniques.
3. Turn off electricity if the building is flooded.
4. If necessary, Executive Director/designate to initiate a Code Orange.

Flood Clean Up:

- Wear dust mask and gloves and clean everything that got wet.
- Don't risk contamination – dispose of all foods and canned goods that came into contact with flood waters.
- Use Boil Advisory for all water use until Public Health has indicated water is safe to use.
- Be cautious around electrical lines, outlets, and appliances – do not assume the power is shut off.
- Look before you step. After a flood, the ground and floors can be covered with debris. Floors and stairs that have been covered can be very slippery.

Recovery after any Weather-Related Emergencies:

1. As soon as possible, the ED/designate should conduct a debriefing including participation of any external personnel where available to learn of any opportunities for improvement with an action plan.
2. After flood is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
3. Replenish any supplies utilized from the emergency inventory.
4. Document the incident – ensure all details are captured for follow up investigations that may occur.
5. Follow any required reporting (i.e. MLTC, RHRA).

Chemical Spill

Internal:

1. The Home will maintain a clearly marked chemical spill kit.
2. Recognize and assess – stop immediately if you smell a strong chemical odour or see a liquid/powder spill. Identify the chemical using: container label, Safety Data Sheet (SDS) and team member report.
3. Protect people – remove residents and visitors from the immediate area. Evacuate residents upwind if fumes or vapors are present. If chemical is flammable, eliminate ignition sources (e.g., unplug equipment).
4. Isolate the area – close doors to contain fumes and post “Do Not Enter – Chemical Spill” signage. Block access utilizing carts, cones or team members.
5. Report immediately to Executive Director/designate, and/or call 911 if fumes are causing breathing difficulty, the spill is unknown or large, or if it involves toxic, corrosive, or reactive substances.
6. Determine spill size:
 - a. Minor spill (team members can safely manage) if for example, it is less than 1 litre of cleaning solution, non-toxic, no inhalation hazard.
 - b. Major Spill (team members should NOT clean) if for example, it is more than 1 litre of cleaning solution, toxic fumes, flammable liquids, unknown substance, etc.
7. Clean Up Procedure (minor only – trained team members):

- a. Put on appropriate PPE based on SDS, contain spill using absorbent materials (spill kits), clean from outer edges toward centre, place contaminated materials into labelled disposal bags or containers, wash area with approved cleaning solution, remove PPE safely and perform hand hygiene.
- b. Ventilate area until odors dissipate
- c. Return residents only when safe
- d. Complete incident report
- e. Restock spill kit materials

External:

1. If the home is advised of an external chemical spill, initiate Shelter-In-Place or Evacuation utilizing the Code Orange procedure.
2. Track residents for symptoms of chemical exposure (eye irritation, breathing difficulty, etc.) and action medical assistance as required.

Recovery after a Chemical Spill:

1. As soon as possible, the ED/designate should conduct a debriefing including participation of any external personnel where available to learn of any opportunities for improvement with an action plan.
2. After chemical spill is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
3. Replenish any supplies utilized from the emergency inventory.
4. Document the incident – ensure all details are captured for follow up investigations that may occur.
5. Follow any required reporting (i.e. MLTC, RHRA).

Carbon Monoxide

When a Carbon Monoxide (CO) alarm sounds:

1. Team to immediately notify the Supervisor for investigation.
2. Supervisor will locate the activated detector, check for possible sources (including outside exhaust), and attempt to reset the alarm.

If the alarm stays silent after reset:

Area is considered clear and it is safe to return.

If the alarm continues:

Possible CO presence, proceed as follows:

3. Assess residents: nursing checks to all residents for headache, dizziness, nausea, or flu-like symptoms.
4. Ventilate the area – open windows and doors.
5. Notify Environmental for technical support.
6. Evacuate the area (as directed by the Incident Command) to a fresh-air location following evacuation procedures in Code Green.
7. Account for all residents with a head count.
8. Call 911 and the gas utility company immediately.
9. Do NOT re-enter the area until a qualified technician or gas utility company confirms it is safe to do so.

Recovery after a CO Exposure:

10. As soon as possible, the ED/designate should conduct a debriefing including participation of any external personnel where available to learn of any opportunities for improvement with an action plan.
11. After CO exposure is declared over, business operations will resume as normal. Assess residents, team members, or anyone else who experienced any distress during emergency and provide support as needed.
12. Replenish any supplies utilized from the emergency inventory.
13. Document the incident – ensure all details are captured for follow up investigations that may occur.
14. Follow any required reporting (i.e. MLTC, RHRA).

Outbreaks of a Communicable Disease, Outbreaks of a Disease of Public Health Significance, Epidemics and Pandemics

The Home is prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance by referring to the organization's Infection Prevention and Control and Pandemic policies and procedures.

An outbreak would be activated and deactivated by the local Public Health Unit (PHU) of the Home. Depending on the situation, the direction to activate and deactivate response to epidemic/pandemic would come from the provincial authority and Work Health Organization (WHO) as appropriate.

Upon activation, the Emergency Operations Centre structure will be placed in action. For the purposes of this plan, Executive Director will hold Incident Command position, with significant leadership from the IPAC Lead.

The LTC-IPAC-S11-10.2 Outbreak Management Policy will be utilized to take immediate action in accordance with the precautionary principle during a potential outbreak to prevent infection transmission to residents and team members. The procedure mandates immediate reporting and infection control measures by all team members, with specific roles for nurses, the IPAC Lead, Executive Director and department managers to manage and communicate the outbreak, ensure proper documentation, and maintain infection control protocols.

Business continuity is crucial, even in emergency situations. Essential services will be prioritized to ensure all programs are maintained with some capacity. The Home has a Staff Contingency Plan, located on the Home's shared drive for each department that will identify steps to take for staffing levels where modifications may be required. Where staffing reaches any level of shortage, Appendix F: Contingency Plan for Resident Care can be utilized in addition to the staffing contingency plan.

Daily Surveillance will be managed for residents through the LTC-IPAC-S1-20.0 IPAC Daily Surveillance. Should a team member fall ill at any time during the outbreak, the Team Member (Staff) Illness and Return to Work procedure will be followed.

Once the PHU declares the outbreak over, the home will remove all signage and return to normal operations. Within 30 days of the outbreak resolution, an interdisciplinary debrief meeting will take place to identify gaps, successes, and lessons learned. Should any requirements be needed, the emergency plan and IPAC policies and procedures will be updated.

Appendix A: Emergency Contact List (redacted for privacy)

| Emergency Services | | |
|--|-----------------------|-----------------------------|
| Provider | Phone | |
| Ambulance, Fire, Police | 911 | |
| Fire Non-Emergency | 519-631-1089 | |
| Local Police Detachment (Non-Emergency) | 519-631-1364 | |
| Authority and Community Partners | | |
| Contact | Phone | |
| Ministry of Long-Term Care (MLTC) | 1-866-434-0144 | |
| Retirement Homes Regulatory Authority (RHRA) | N/A | |
| Regional Coroner | 1-855-299-4100 | |
| Ministry of Labour, Immigration, Training and Skills Development | 1-833-233-8203 | |
| Ministry of Environment | 519-873-5000 | |
| Local Public Health Unit | 519-631-9900 | |
| Ontario Poison Control | 416-813-5900 | |
| City/Municipality (in case of loss of essential service) | 519-631-1680 | |
| Union Gas – Enbridge | 1-877-969-0999 | |
| Key Personnel | | |
| Position | Name | Phone (Cell) |
| Executive Director | | |
| Business Office Manager | | |
| Director of Care | | |
| Assistant Director of Care (IPAC) | | |
| Resident Care Coordinator (IPAC) | | |
| RAI Coordinator | | |
| Food Nutrition Manager | | |
| Environmental Services Manager | | |
| Life Enrichment Manager | | |
| Retirement Home Manager | | |
| Social Worker | | |
| Chaplain | | |
| Hospital | | |
| Name | Phone | |
| St. Thomas Elgin General Hospital | 519-631-2020 | |
| | | |
| Transportation | | |
| Service Type | Organization | Phone |
| Public Transit | Paratransit | 519-631-3331 |
| Taxi | St Thomas Cab Company | 519-631-1800 |
| Patient Transfer Service | Right at Home | 226-212-0001 |
| Transportation Agreement | Quality Care Transit | 226-650-0852 |
| Evacuation Agreement | | |
| Organization | Location/Contact | # of Residents Accommodated |
| St. Anne's Parish Church | | 44 residents |
| Caessant Care Bonnie Place | | 3 beds |
| Quality Care Transit | | |

Appendix B: Supplier List (redacted for privacy)

| Suppliers | | |
|--|--------------------------|----------------------|
| Service Type | Organization Name | Contact/Phone (Cell) |
| Fire/Nurse Call <ul style="list-style-type: none"> Alarm Monitoring Fire System Sprinkler System Nurse Call System | Georgian Bay | |
| Elevator Monitoring and Service | N/A | |
| Mechanical Heating and Cooling | Tears Mechanical | |
| Telephone | Bell | |
| Internet | Rogers | |
| Hydro | Entegrus | |
| Gas | Enbridge | |
| Generator | T&T Power | |
| Plumbing | Ambrose Plumbing | |
| Electrical | Waite Bros. Electrical | |
| Roof | United Roofing | |
| Pharmacy | CareRx | |
| Laboratory | LifeLabs | |
| Sharps Removal | Daniels | |
| Emergency Pharmacy | Rexall | |
| Bath/Spa Equipment | SFI | |
| Resident Lifts | Arjo | |
| Beds (rental/relocation) | SFI | |
| Mobility Devices | Ontario for Home Health | |
| Oxygen Provider | Pro Resp | |
| Kitchen Equipment | Russel Hendrix | |
| Food Provider | Sysco | |
| Bread Provider | Bimbo Canada | |
| Bottled Water Supplier | Sysco | |
| Dietary Chemicals | Diversey | |
| Grease Trap | Steam Canada | |
| Kitchen Hood Cleaning | Steam Canada | |
| Housekeeping Chemicals | Diversey | |
| Garbage/Recycling Removal | Waste Management | |
| Biohazardous Waste Removal | Stericycle | |
| Locksmith | K&K Locksmith | |
| Snow Removal | Kettle Creek Landscaping | |
| Yard Care | Kettle Creek Landscaping | |
| Pest Control | Orkin | |
| Linens | George Courey | |
| Laundry Equipment | Coinamatic | |

Appendix C: Building Map/Profile

| | |
|--|---|
| Home Location | 4 Mary Bucke Street, St. Thomas, Ontario, N5R 5J6 |
| Construction | |
| # of Floors | 1 -Main Level 2 -Top Floor (Boiler Room/Storage/Lunchroom/Roof Access) |
| Date of Initial Construction | 1961 |
| Building Materials of Initial Construction | Brick, Siding, wood, plaster |
| List of Addition(s) | |
| Home Area | # of Beds (adjusted occupancy) |
| EAST COVE | 8 |
| NORTH STAR | 18 |
| SOUTH SHORE | 18 |
| Important Locator/Building Information | |
| Natural Gas | Main Valve Location: Outside Service Exit on right, Kitchen shut off by Kitchen service door Uses: Stove, dryers Provider: Enbridge |
| Propane | Location: Outside in Backyard Uses: BBQ Propane tanks Provider: Filled at Home Hardware |
| Electrical | Capacity:140 volts or 600 amps Location of Disconnect: Boiler Room Provider: Entegrus |
| Hot Water | Source: Boilers Shut-Off Valves: Boiled Room Provider: City of St. Thomas |
| Cold Water | Source: Water Value Shut-Off Valves: At Emergency exit at end of North Provider: Entegrus |
| Medical Gases | Type: Oxygen Location: Clean utility Room Uses: resident Oxygen Administration Provider: ProResp |
| Generator(s) | Type: 25kW Power Capacity Location: Outside on the West side by the Kitchen Receptacles Powered by Generator (Red faced Outlets): -Kitchen in the corner by stove -Front Foyer – behind door -Nursing Office -Nursing Office #2 by vaccine fridge -FNM Office -Medication Room -1 receptacle in each wing Equipment Connected to Generator: -Fire alarm system -phone system -call bell system -exit signs -mag locks -key pad for front door (MM/YY*) -key pad for all emergency exits (1961*) -heat/cool large activity room, both dining rooms -coffee machines -boilers -re-circulating pump Lights connected to Generator: -4 lights in kitchen -One in each hallway |

| | |
|-----------------------------|---|
| | -4 wall lights in large activity room -2 lights in front lobby -main entrance -4 at nursing stations -locker upstairs -activity storages upstairs -archive room -boiler room |
| Fuel Stores nothing onsite? | Type: Propane (2 tanks -detached from BBQs) Location: Back patio area Provider: Home Hardware |
| Boiler | Type: 4 Tankless Boilers Location: Boiler Room Provider: Reliance |
| Air Conditioning Units | Type: PATC Units Location: In all resident rooms and common areas Provider: Tears Mechanical |
| Cooling Zones | Location: Dining Rooms and Activity Rooms |
| Mechanical Room(s) | Location: Boiler Room |
| Elevator(s) | Location: NA Type/Capacity: NA Provider: NA |
| Kitchen | Location: Off Centre Core |
| Kitchen Range System | Type: American Range (Grill top with 6 stove tops, 2 ovens) |
| Food Storage | Location: Dietary Storage in Service Hall |
| Laundry | Location: Off Center Core |
| Chemical Storage | Location: Housekeeping Storage Room in Service Hall Provider: Diversey |
| Command Centre | Location: Center Core |
| Emergency Supplies | Food/Dietary supplies: Dietary storage PPE/Nursing supplies: Sea can and East Storage Chemical/Paper Supplies: Housekeeping Storage |
| Mag Lock Resets | Location: Centre Core Desk |
| Fire Panel | Location #1: Small panel in front lobby at ED office Location #2: Main panel in boiler room |
| Annunciator | Type: Page system Location: Throughout the home |
| Fire Box | Location: At front entrance, by DOC office door. |
| EMAR Backup | Location: RN laptop (Nursing Office) |
| Pull Stations | Location: See attached Map of Mary Bucke |
| Fire Extinguishers | Location: See attached Map of Mary Bucke |
| Fire Zones | Zone: South, North, East, Centre Core |
| Chemical Spill Kit | Location: Maintenance Office |
| Isolation Room: | Location: East 1 -private room or as designated by ED or DOC |

Appendix D: Communication Templates

Risk Alert Email

Emergency Type:

Details of the Situation:

What Steps are Being Taken in the Home to Address:

Who has been notified (i.e., Residents, families, team members, MLTC, RHRA, MLITSD):

Family Council Letter Sample

To Family Council,

This is to notify you that the Home has declared a _____ in our home, today, XXXX. *If Outbreak related:* At this time, we have X team members who have tested positive and X Residents. (If Residents affected include – The families of these positive Residents have been notified). While this situation is concerning be assured that we are doing everything we can to keep your loved ones safe and healthy. We are working closely with XXX *authorities* and our Medical Director to ensure all policies, procedures, and practices are in place. We are committed to keeping you updated and will be sending out updates daily via our automated message system.

Initial One Call Message – Families

Hello, this message is from Caressant Care (Home Name). We want to inform you that the Home has declared a _____ in our Home as of today, XXXX. *If outbreak related:* Currently, () Residents and () team members have tested positive. Families of affected Residents have been notified. Please rest assured that we are taking every possible measure to ensure the safety and health of your loved ones. We are committed to keeping you informed and will provide daily updates.

Initial One Call Message – Team Members

Hello, this message is from Caressant Care (Home Name). We want to inform you that the home has declared a _____ in our Home as of today, XXXX. *If outbreak related:* Currently, () Residents and () team members have tested positive. Please rest assured that we are taking every possible measure to ensure your health and safety. We are committed to keeping you informed and will provide daily updates at the Home.

Daily One Call Message – Families

Hello, this message is from Caressant Care(Home Name). This is a daily update on our XX situation in the Home. *If outbreak related:* Currently, () Residents and () team members have tested positive. Families of affected Residents have been notified. Families of affected Residents have been notified. We are taking all precautions to protect everyone's health and safety. Our team is diligently managing the situation, and we are committed to keeping you informed. Another update will be sent tomorrow.

JHSC Email/Letter Notification

Members of the JOHSC,

This is to inform you of the _____ situation that was declared by in our Home on XXX. *If outbreak related:* At this time, we have X team members who have tested positive and X Residents. We are working closely with XX authority, our Medical Director, and the Corporate Head Office to ensure all policies, procedures and practices are in place to ensure the safety of our Residents and team member.

As the situation evolves, we will continue to keep you updated. If you have any questions or concerns, please don't hesitate to bring it to our attention.

Appendix E: Resident List for Evacuation

| Date/Time | Resident | Current Location | Is Resident Departing (D) or Arriving (A)? | Belongings (Chart, MARS/TARS, Clothes, Care Plan, Toiletries, Continence Products) | Family Notified (Y/N) | Family Contact if Resident with Family |
|-----------|----------|------------------|--|--|-----------------------|--|
| 1. | | | | | | |
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| 39. | | | | | | |

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| 40. | | | | | | |
| 41. | | | | | | |
| 42. | | | | | | |
| 43. | | | | | | |
| 44. | | | | | | |

Appendix 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 (i.e. doorbell system) to allow redeployment to resident care within scope | Utilize after-hours process (i.e. doorbell system) to allow redeployment to resident care within scope | Utilize after-hours process (i.e. doorbell system) to allow redeployment of screening team members to resident care within scope |
| Emergency Code Response | √ | √ | √ | √ |
| Infection signs and symptoms 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 (in collaboration with pharmacy provider) | √ | Medications given as prescribed. Engage Medical Director/MRP and/or Pharmacy for Medication Reviews with focus on compression of med passes. | Consult with MRP to prioritize medication for chronic/acute pain management, insulin dependent diabetes, essential medication and treatment for chronic disease management. | Consult with MRP to prioritize medication for chronic/acute pain management, insulin dependent diabetes, cardiac issues (Assign other treatments, i.e. vital signs). |
| Respond to acute medical events | √ | √ | √ | √ |
| Medical appointments | √ | Routine appointments if operationally able. Consult with MRP to identify and prioritize medically essential appointments | Consult with MRP to identify and prioritize medically essential appointments. | 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 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. | Consider catered meals x 3 Shift to tray services. 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. Maintain 2:1 Resident to team member ratio when assisting. Leadership team to assist with meal service. Identify those who have Essential Visitors in place for support at mealtimes Need to capture documenting by other care team members on paper or electronically) Alter team members break schedules around resident peak mealtimes | Residents seated together in groups for monitoring and assistance. Ratio of team members to resident to assist with meals may be decreased Delegate monitoring and portering to alternate providers (i.e. recreation) All hands on deck assistance with meals especially if transitioned to tray service Essential Visitors to provide assistance to specific residents per established care plan Alter team member break schedules around resident peak mealtimes Look to trained/experienced Students/Volunteers for support for low-risk residents | Residents seated together in groups for monitoring and assistance if still doing dining room service. Ratio of team members to resident to assist with meals may be decreased Delegate monitoring and portering to alternate providers (i.e. recreation) Assistance with meals delegated to care team (i.e. HCA), and leaders Essential Visitors, students, volunteers and families to provide assistance to lowest risk Residents per established care plan |
| Personal Body Washing | AM/HS Care Tub bath or shower twice per week per Care Plan. | AM/HS Care Bed Baths Only | AM/HS Care only. No baths. Essential Visitors to provide assistance to specific residents per established care plan | AM care only with peri care PRN. No baths. Essential Visitors to provide assistance to specific residents per established care plan |
| Dressing Always be aware of resident dignity | Residents changed from day clothes to night clothes daily. √ | Residents changed from day clothes to night clothes daily. | Residents to wear one set of comfortable clothing day and night, changed daily. | Residents to wear one set of comfortable clothing day and night, changed PRN. |
| Mouth Care | √ | √ | Frequency may be decreased | As needed Consider non care team members or essential caregivers 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, i.e. bed bath so incontinence 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, i.e. bed bath so incontinence 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 thatmaximize time between dressing changes | Complex wound management, consultNSWOC for Wound Care Plan/products that maximize time between dressing changes |
| Mobilization/turns | √ | √ | Frequency may be decreased to greater than every 2 hours. For Lifts: Develop schedule which includes a reduced number of transfers i.e. Resident out of bed every 2/3 days – and apositioning schedule other day | Frequency may be decreased to greater than every 2 hours. Residents reliant on lifts to transfer will remain in bed. |
| Palliative/End of life Care | √ | √ | √ | √ |
| Essential Visitors | √ | Review Essential Visitors | Maximize Essential Visitors for identifiedcare 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 team members available. | Review acuity of residents to prioritizecare needs and assignments with team members available. | Review acuity of residents to prioritizecare needs and assignments with team members available. |
| Care Conference | √ | Optional - priority to complex residentsor admission care conference. | Optional - priority to complex residents oradmission care conference; explore virtual option | Postponed |
| Behavioural Care | √ | √ | √ Explore Agency for 1:1/Hall monitor (Including security) | √ Explore Agency for 1:1 Constant Care/Observation or implement HallMonitors (Including security) |
| Assessment | | | | |
| Falls | √ | √ | √ | √ |
| Pain | √ | √ | √ | √ |
| Behaviour/Cognition | √ | √ | √ | √ |
| Monitoring of skin integrity/wounds | √ | Frequency decreased to bathing schedule, priority given to residents at medium to high risk | Point of care assessments of high-riskpressure areas | Only if clinically necessary Priorityshould be given to immobilized Residents |
| Routine weights and vitals | √ | Routine measurements may be deferredto another shift, priority to clinically necessary measurements | Only if clinically necessary | Only if clinically necessary for acuteevent |
| Allied Health There is a constant need to monitor the mental health of the residents at all times | | | | |
| PT/OT/RD | √ | Review care plans and identify high-risk, high-priority residents, maximize use of current care plans | Priority given to those with clinical treatment need Team members may be reassigned to mandatory duties within their scope of practice | Essential clinical need only. Team members reassigned to mandatory dutieswithin their scope of practice |

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|--------------------------------|---|---|---|---|
| Social Work | √ | Review residents and identify priorities including those at greatest risk of social isolation and without any essential care givers. | Priority work only (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 (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. Focus on those at greatest risk of social isolation. | Review programs, identify high attendance, low staff demand activities. No off-site outings. Team members may be redeployed to assist with resident care as directed within scope. | Team members redeployed to assist with resident care as directed within scope. |
| Documentation | | | | |
| Health record documentation | √ | √ | Charting by exception | Critical Assessments |
| RAI Coding | √ | Routine assessments if operationally able. First assessments and assessments to reflect significant change prioritized. Full assessments required | RAI team members can be utilized to provide clinical care, escalate coding to corporate clinical team. | RAI team members can be utilized to provide clinical care, escalate coding to corporate clinical team. |
| Move-Ins | | | | |
| Resident Move Ins | √ | √ | Deferred until staffing complement is yellow or green | Deferred until staffing complement is yellow or green |