



# The Grove Long-Term Care Home Emergency Plan

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## HAZARD IDENTIFICATION & RISK ASSESSMENT FORM

When creating an emergency response plan, it is necessary to do a risk and hazards assessment. A Hazards Identification & Risk Assessment (HIRA) identifies the risk exposure rating (vulnerability) by comparing the likelihood (probability/possibility) to severity (consequence). In completing the HIRA for the Grove, we considered the following questions:

- What can go wrong related to emergency situations?
- What event might occur and how severe might the event be?
- How likely are undesirable consequences, or the probabilities or frequency of consequences?

**The methodology used to complete the HIRA were:**

1. Rate the likelihood of hazards below based on **Probability** between 1 (very unlikely) to 5 (highest probability).
2. Rate the potential **Consequence** (or impacts) of hazards below between 1 and 5 with Negligible (1), Minor (2), Moderate (3), Major (4), and Extreme (5).
3. Rate the **Level of Risk** (in consideration of Probability and potential Consequence) for each identified hazard with a rating of Low, Medium or High Risk. (Probability x Consequences)

The Grove collaborated with the Town of Arnprior Community Emergency Management Coordinator to complete community-based risk assessment portion of the HIRA. A copy of the completed HIRA can be provided upon request to the VP, LTC.

<b>P R O B A B I L I T Y</b>	Very Likely (5)	5	10	15	20	25
	Likely (4)	4	8	12	16	20
	Possible (3)	3	6	9	12	15
	Unlikely (2)	2	4	6	8	10
	Very Unlikely (1)	1	2	3	4	5
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)	

### CONSEQUENCE

RISK	RISK Level
1 to 6	Low
8 to 12	Medium
15 to 25	High

## **COMMUNITY BUILDING PROFILE**

The following profile identifies the physical location and construction of the building, layout of operations, and key utilities and services that support the building.

### **LOCATION**

274 Ida Street North  
Arnprior, ON  
K7S 0J2

### **CONSTRUCTION:**

Number of Floors: 2  
Date of Initial Construction: 2021  
Building Material(s): Brick, cinder block and metal cladding

### **RESIDENTS LIVING AREA:**

#### **Floor 1:**

Level of Care/Services: Long term care beds; Administrative services, Kitchen (Food Production) Hairdressing; Common space and Physician Clinic.  
Number of Beds: 32 Beds - 20 Private and 12 Basic beds

#### **Floor 2:**

Level of Care/Services: Long term care beds; service corridor and offices.  
Number of Beds: 2 resident home areas with 32 residents each for total of 64 residents. (40 private beds and 24 Basic beds)

#### **Penthouse:**

Mechanical space and access to roof.

## **UTILITIES**

### **Natural Gas**

Valve Location: South East – by Tall Pines Clinic front entrance area.

Uses: hydronic heating for resident rooms; generator, roof top units, cooking equipment in the main kitchen as well second floor servery, domestic hot and water boilers. Humidifiers located in Spa rooms on each RHA.

Provider/Location Lead: Enbridge 1-800-267-3616

**Electrical**

Capacity: 600 Amp Service

Location of Disconnect: South East corridor – room 1068– back corridor of Tall Pines

Provider/Location Lead: Hydro One – 1-800-434-1235

**Water**

Source: Town of Arnprior water

Shut-Off Valves: Labelled as Main Shut off- sprinkler room, # 1067 - Tall Pines service corridor

Provider/Location Lead: Town of Arnprior 613-623-4231

**Backup Generator(s)**

Type(s)/Volume(s): Blue Star Generator – 600 volt powered by natural gas

Location(s): Roof top unit

Area(s) Powered: Walk in fridge and freezer, corridor lights, 2 elevators, call bells, phone system, vaccine fridge, 1 outlet in every nursing station, each resident room has 2 grey plug which is connected to the generator – located at head of bed and near the ceiling for ceiling lift. Does not power lights in resident's room.

Equipment connected to generator(s): Electrical Outlets that are grey in colour and lighting

**Boiler**

Type: 6 gas water boilers

Location: Penthouse

Provider/Location Lead:

Serviced by Enviro-Air

**Air Conditioning Unit(s)**

Type(s): 4 ERV's ; 4 RTU units, 1 MAU units,

Location(s): Rooftop

Provider/Location Lead: Trane

**Mechanical Room(s)**

Location(s): Electrical rooms on each RHA; Rooms 1068 &1067 in Tall Pines service corridor.

**Elevator(s)**

Location(s): 2 - One service and one person.

Type(s)/Capacity: 28 Persons/2040 KG

Provider/Location Lead: Otis Elevators

## **SERVICES**

### **IT Systems**

Internet: Cogeco

Resident Records Database: Point Click Care

Provider/Location Lead: Hospital IT services

### **Phone System**

Location: Server room – First floor service corridor

Type: Land Lines/Internet

Provider/Location Lead: Cogeco

### **Shipping/Receiving**

Location: North - central part of building

Description: Locked door leading to the receiving area

Provider/Location Lead: Ward Clerk and Dietary Cooks

### **Food Services**

Location of Dining Area: 3 Dining rooms, one per RHA

Location of Kitchen: Main floor back end of the home by receiving.

Location of Food Storage: Main floor kitchen

Location of Refrigeration: Main floor kitchen / 2<sup>nd</sup> Floor Servery

Provider/Location Lead: GFS

### **Laundry**

Commercial and personal clothing are laundered by the hospital. Delivery and pick up take place daily. Residential laundry machines are located on each floor for washing of slings.

### **Laboratory**

Provider: EORLA

Location: Hospital

### **Pharmacy**

Location: Medication rooms and ADC

Provider/Location Lead: Medisystems

### **Housekeeping – Chemical Storage**

Location(s): Main storage of chemicals in stores; as well limited supply in each housekeeping closet.

Provider/Location Lead: Wood Wyant/Ecolab

## **EMERGENCY SUPPLIES**

### **FIRST FLOOR:**

**Main Stores:** PPE, gloves, gowns, masks, face shields, reusable gowns

**Maple Resident Home Area:** communication centre – walkie talkies; emergency kit with flashlights and extension cords. Isolation hampers in clean utility. Cell phones located in medication room

**Receiving Area:** Spill kit

### **SECOND FLOOR:**

**Oak Resident Home Area –** communication centre – walkie talkies; emergency kit with flashlights and extension cords. Isolation hampers in clean utility. Cell phones located in medication room

**Pine Resident Home Area -** communication centre – walkie talkies; emergency kit with flashlights and extension cords. Isolation hampers in clean utility. Cell phones located in medication room

### **PENTHOUSE:**

Spill Kit

**Each RHA has a small amount of PPE supplies in the clean utility room**

## **EMERGENCY CONTACT NUMBERS – EXTERNAL/MUTUAL AID**

When contacting an emergency service, dial 9-1-1 and ask for the appropriate service. Give the building name, address, your name, and state the nature of the emergency.

After placing the initial call, if additional information becomes available, contact the emergency service and provide the new information.

### **THE GROVE CONTACTS**

**VP, Seniors Care, Community Programs & LTC: Jen Powley**

Non-Emergency Number: 613-623-6547 ext.223

Emergency Number: 613-899-4767

**Director of Care: Suzy Gardner**

Non-Emergency Number: 613-623-6547 ext. 299

Emergency Number: 343-596-9529

**Infection Prevention & Control Lead: Lynn McLaughlin**

Non-Emergency Number: 613-623-6547 ext. 247

### **AGENCIES & SERVICES**

**Fire**

Emergency Number: 9-1-1

Non-Emergency Number: 613-623-4231

**Police Services**

Emergency Number: 9-1-1

Non-Emergency Number: 1-888-310-1122

**Ambulance**

9-1-1

Non-Emergency Number: 613-735-7288

**Poison Information Centre**

Emergency Number: 1-800-268-9017

Non-Emergency Number: 1-844-764-7669

**Public Health Unit**

Non-Emergency Number: 1-800-267-1097

**Public Utilities – Water**

Emergency Number: 613-623-4231

Non-Emergency Number: 613-623-4231

**Public Utilities – Hydro One**

Emergency Number: 1-800-434-1235

**Public Utilities – Enbridge Gas**

Emergency Number: 1-800-267-3616

**Pharmacy**

Medisystems Pharmacy

Emergency Number: 613-224-3225 OR 1-866-205-1355

**CONTRACTORS**

**Gas**

Provider Name: Enbridge

Emergency Number: 1-800-267-3616

**Elevator**

Provider Name: Otis

Emergency Number: 1-800-233-6847

**Fire Alarm Monitoring & Maintenance**

Provider Name: Vipond

Emergency Number: 1-800-387-5956

**Security**

Provider Name: Cintel

Emergency Number: 613-727-8340

**Plumbing**

Provider Name: GBE

Emergency Number: 613-738-9165

**HVAC**

Provider Name: TRANE

Emergency Number: 1-864-272-3674

**Electrician**

Provider Name: Blayton Electric / TW Electric  
Emergency Number: 613-804-8801 or 613-867-1543

**Refrigeration**

Provider Name: Coyne Mechanical  
Emergency Number: 613-229-3297

**MUTUAL AID PROVIDERS**

**Primary Reception Site**

Provider Name: The Old Grove  
Number: 613-623-6547

**Secondary Reception Site**

Provider Name: Arnprior Memorial Hospital  
Number: 613-623-3166

**Secondary Reception Site**

Provide Name: Arnprior District High School  
Number: 613-623-3183

**Secondary Reception Site**

Provide Name: Nick Smith Centre  
Number: 613-623-7301

**Secondary Reception Site**

Provide Name: Arnprior Villa  
Number: 613-623-0414

**Transportation Services**

Provider Name: Arnprior-Braeside-McNab Seniors at Home Program  
Number: 613-623-7981

**Transportation Services**

Provider Name: Sunshine Coach Service  
Non-Emergency Number: 613-432-2134

**Food Services (local)**

Provider Name: Gordon Food Services (GFS)  
Emergency Number: 613-913-7887  
Non-Emergency Number: 1-866-408-0123

**Medical Supplies**

Provider Name: Medline

Emergency Number: 1-800-268-2848

Non-Emergency Number: 1-855-450-3069

**Personal Protective Equipment**

Provider Name: Procurement –Arnprior Memorial Hospital

Non-Emergency Number: 613-623-3166

**Home & Community Care Support Services**

Provider Name: Champlain LHIN

Non-Emergency Number: 310-2222 (no area code needed)

**Hospital**

Provider Name: Arnprior Memorial Hospital

Non-Emergency Number: 613-623-3166

Emergency: 613-623-3166 request manager on-call

**Ministry of Long-Term Care**

Provider Name: MLTC

Non-Emergency Number: 1-800-268-1153

Emergency Number: 1-800-268-6060

## **EMERGENCY FAN OUT**

The Grove's team member Fan Out will be activated by the Incident Manager or designate as required to contact team members in an organized fashion in the event of an emergency.

This community maintains a current Team Member Fan Out as part of the location's Emergency Plan as well depending upon the extent of the emergency the fan out list for the hospital maybe activated. The Fan Out List is not posted here as it contains personal information.

Please contact the community for further questions.

## TEAM MEMBER ROLES & RESPONSIBILITIES/EXTERNAL SUPPORT ROLES & RESPONSIBILITIES:

### Incident Management Team

The Grove maintains an established Incident Management Team (IMT) that follows the Incident Management approach in response to an emergency. All emergency code responses have the Charge Nurse the initial Incident Manager due to the fact they are on-site 24/7. They will be relieved of this role depending upon the day and time of day as well as the type of emergency taking place, by a Grove leader or by the emergency responders.

### Emergency Plan Activation

Activation of the emergency plan may be based upon the situation. For example, the person who sees a fire will pull the fire alarm, thus activating the Code Red response and emergency plan

### Lines of Authority

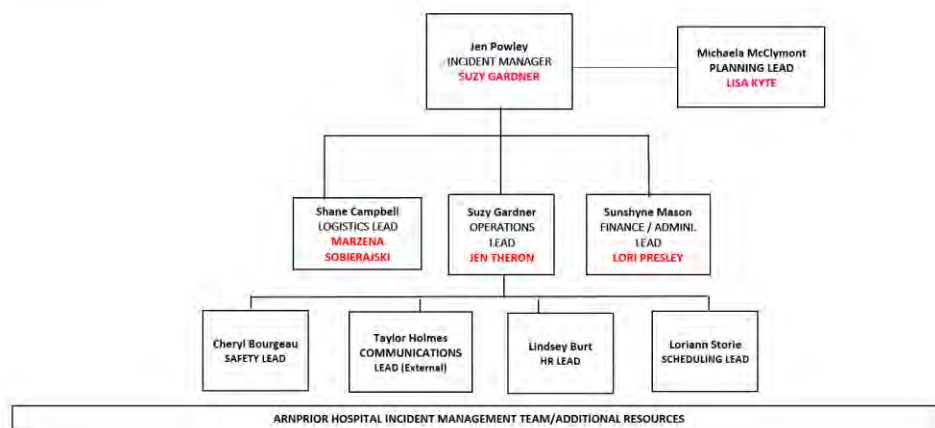
Lines of Authority will begin with the most senior person/manager at the site leading the emergency response, then to the VP, LTC or designate. For example: In a Code Red, the Fire Department, once onsite, will take the lead until an all clear is called and the line of authority is handed back to the site. When an emergency service response (police, paramedics) or third party is onsite (gas, electrician), they will lead until they have transferred authority back to the site.

The Incident Manager will be the immediate authority based upon the IMT structure when no emergency service or third party is involved.

During an outbreak, the Infection Prevention & Control (IPAC) Lead/designate will be the immediate authority ensuring all Public Health measures are implemented.

Team member roles are further defined within each Emergency Code/Procedure response as related to the specific emergency incident.

■ DENOTES BACKUP



**Communication, Business Continuity & Recovery**

The communication plan, business continuity plan, and recovery plan will be initiated by the VP, LTC or designate as part of an emergency response. These plans are presented separately in the document and are a standard action requirement in the emergency response.

**External Support Roles & Responsibilities**

The Grove, being a part of Arnprior Regional Health also relies upon the Arnprior Hospital for support. The hospital also maintains an organizational Incident Management team to be activated as required in support to the community in the event of an emergency.

The community has established and has current agreements with external entities/community partners that may be involved in or provide emergency services in the area where the community is located, including, without being limited to, relevant community agencies, health service providers, partner facilities, and resources that will be involved in responding to an emergency. Agreements for mutual aid or assistance during an emergency with community partners, agencies, and/or vendors are negotiated and formalized into written agreements and are tested and renewed annually.

These agreements include, but are not limited to:

- Provision of accommodation/temporary shelter in the event of an emergency evacuation
- Provision of Transportation in the event of an emergency evacuation
- Provision of Resources (food & water)
- Provision of Supplies (non-food i.e. cots, blankets, etc.)
- Provision of Services (oxygen, medical, etc.)

## **COMMUNICATION PLAN**

A communication team will be set up as required in the event of an emergency to ensure frequent and ongoing communication with residents, families, team members, volunteers, and Residents' Council and Family & Friends Council with the goal of keeping all parties apprised of the status of the emergency.

The VP LTC or designate will ensure ongoing communication using various methods at the beginning of the emergency, when there is a significant change throughout the course of the emergency, and when the emergency is over.

### **PHONE COMMUNICATION: INCOMING CALLS**

The home will assign a team member to receive incoming calls, prepared to respond with/to:

- Status updates on emergency/location/residents
- Help/resources and/or staff coming from other facilities
- Team members calling to find out work schedule
- Medical information (as appropriate)
- Redirect media to VP LTC and/or organizational representative

A voicemail message recording may be used to share a status update and redirect callers as appropriate.

### **PHONE COMMUNICATION: RESIDENTS & FAMILY**

The location will prepare a telephone tree and have assigned team members call family members to provide an update on their loved one's status and advise them of the location's plan for the crisis.

When placing calls, the assigned team members will:

- Advise if unable to contact via telephone where family members may call and/or visit website to obtain further information
- Advise family members that the team will be focused on providing resident care and protection
- Confirm the primary family contact, their phone number and email address where they may receive updates
- Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information
- Track calls made and any follow up required on the Family Emergency Contact Record Template

### **WRITTEN COMMUNICATION: RESIDENTS & FAMILY**

The VP, LTC or designate will work with the ARH Communication Lead to compile "key point bulletin" for the location to provide a communication to residents and family members consisting of these basic elements:

- Type of emergency
- Estimated time and severity of impact
- Expected disruptions to services and routines
- Actions to mitigate risk
- Estimated time frame for the next status update
- What residents and family members can do to help

Location newsletters may be used to share information during and after an emergency event. The Grove may also send out email updates or messages through Point Click Care Cliniconex.

#### **IN PERSON COMMUNICATION: RESIDENTS & FAMILY**

Based on the nature of the emergency, team members will keep residents informed via various venues such as daily update huddles, one to one conversation, printed text of automated call scripts, updates to all residents in the dining room with opportunity for Q&A, Residents' Council meetings, etc.

Family and Resident Town Halls may be organized by the VP LTC or designate to provide situational updates, include subject matter experts, answer questions, and address concerns. The frequency of written updates and Town Halls will be determined by the VP LTC or designate in collaboration with the ARH Senior Leadership team and Communication Lead.

#### **COMMUNICATION: TEAM MEMBERS**

See Fan Out Policies/Templates or communication through email.

#### **COMMUNICATION: ALTERNATE METHODS**

In an emergency, normal means of communication may become unreliable or nonexistent. Methods of communication in a disaster may include:

- Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures)
- Telephones (both cellular and landline if operating)
- Two-way radio (always keep in a charger because you may be without power at any point)
- Fax machine (if phones are operable)
- Internet (emails/websites) or local area networks (if computer systems are operative)

#### **COMMUNICATION: RESIDENT DOCUMENTATION & TRANSFER OF ACCOUNTABILITY**

During an emergency, if there is a failure with the electronic documentation system that is used to document resident information and communicate key resident health status changes, alternative methods can be used such as:

- The use a verbal shift exchange and the use of paper shift report tools
- Recording the shift report
- Assigning a point person to call for resident clinical updates from the hospital at min. every 3 days
- Refer to Electronic Documentation System Downtime Procedures

#### **COMMUNICATION: PROVINCIAL REGULATORY AUTHORITIES & COMMUNITY PARTNERS**

The VP LTC will ensure provincial regulatory authorities are kept informed as per the Fixing Long-Term Care Act and Regulations in the event of an emergency.

Based upon the type of emergency, and as deemed necessary, ongoing communication with community partners will be facilitated by the VP LTC /designate. The frequency, participant list, etc., will be determined in collaboration with the community partner.

The VP LTC /Incident Manager or designate will:

- 1) Ensure ongoing communication using the methods noted above to residents, substitute decision makers (if any), team members, volunteers, students, caregivers, and the Resident Council and Family & Friends Council (if any), including:
  - a. At the beginning of the emergency;
  - b. When there is a significant status change throughout the course of the emergency; and
  - c. When the emergency is over.

## CODE RED: FIRE

### **CODE RED RESPONSE:**

The Grove is committed to ensuring the safety of all residents, visitors and team members in case of a fire. The Grove is a 24/7 operation and therefore the Charge Nurse will take the lead during a Code Red Emergency. If maintenance is on site during a Code Red, they will provide assistance to the Charge Nurse.

When any team member or visitor comes across a fire they should:

- Remove persons in immediate danger if possible.
- Ensure the door(s) is/are closed to confine the fire and smoke.
- Activate the fire alarm system using the nearest pull station.
- Call the fire department; Dial 9-911
- Try to extinguish the fire or concentrate on further evacuation.

### **During a Fire Alarm**

- Upon hearing the fire alarm, all staff must respond immediately regardless of time or place, without compromising their own safety or the safety of any residents.
- Any instruction given by the Charge Nurse supersedes all other instructions unless you are directed by the Fire Department
- When the Fire Department is on site, they take over the management of the emergency. Staff must then follow their commands. Do not return to your regular duties until the RN announces "All Clear" to let staff and residents know, that the fire procedure has been completed and the situation is under control.

### **The Charge Nurse or Designate will:**

- When the alarm is initiated the Charge Nurse will proceed to the reception desk on the main floor. They will read the panel and proceed to announce through the emergency paging system "*Code Red and the location three times*". **It is important to speak clearly and loudly into the handset.**
- Call 911 if this has not been done and will call the Manager on Call.
- Don the yellow fire vest and take the walkie talkie at the reception desk.
- Direct staff that are in the main floor gathering room while waiting for the Fire Department.
- Based on the needs of the resident home areas (RHA's) the Charge Nurse may designate people in the main floor gathering room to be runners. (i.e. go to the home area where the fire is located; go to kitchen; watch doors etc.)
- Get updates on the situation through the use of the walkie talkies.
- Provide the "all clear" to the staff at the Grove when advised by the Fire Department.

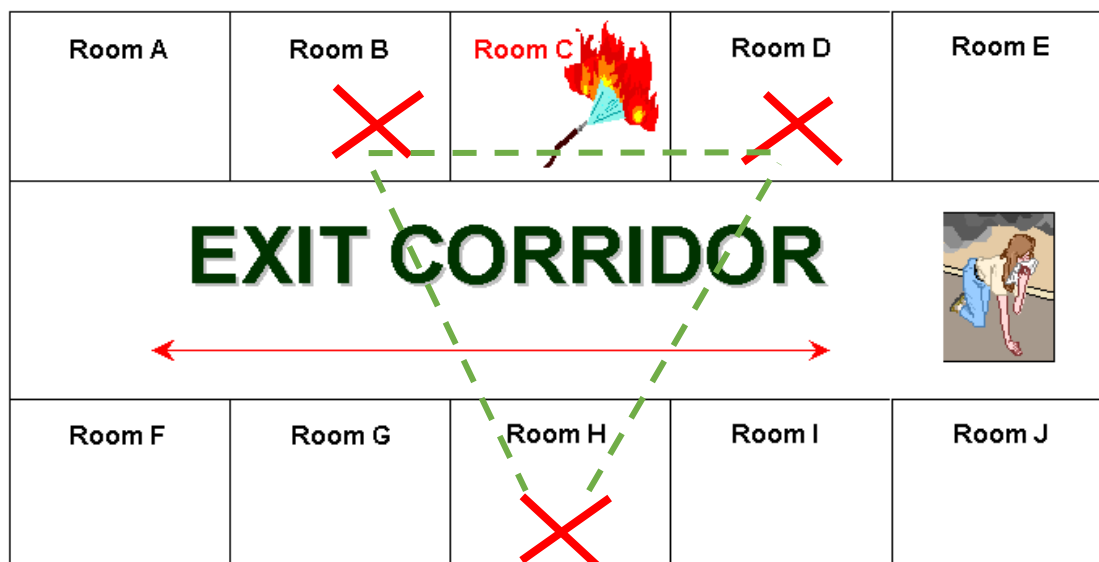
- Must ensure the maglocks are immediately re-engaged **prior to calling all clear**.
- Ensure that the mag lock in the main floor courtyard is re-engaged once the maglocks are reset.
- The Charge Nurse will transfer command and control of the Code Red emergency to the Incident Commander from the Fire Department (FD).

The Charge Nurse will liaise with the Incident Commander from the Fire Department and when needed work within the unified command principles

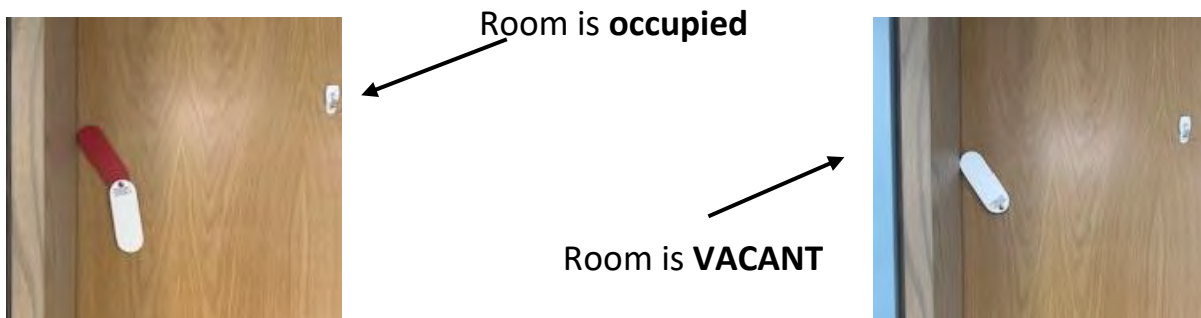
**IMPORTANT: Until you hear “All Clear” over the overhead emergency paging system you are to be on code red alert.**

#### **NURSING & PSW TEAM:**

- When alarm is activated, immediately take measures to search your work area for signs of smoke.
- The RPN/RN will check fire panel to confirm location of fire. (fire panel is located in Communication Centre)
- The RPN/RN will don the fire vest to indicate they are in charge. **If the RPN/RN are not on the floor** at the time the alarm sounds PSW assigned to Pod #1 will take the lead and don the fire vest. The RPN/RN will also grab the walkie talkie that will allow communication between the RHA and the Charge Nurse.
- RPN/RN will be in charge on resident home area – all staff will follow their direction unless otherwise directed by the Charge Nurse.
- When you come upon the fire – evacuation of residents should be based on the triangle. Evacuate if safe to do so, the resident in the room of the fire (Room C) CLOSE the DOOR; then evacuate the rooms directly beside the room with the fire Rooms B and D and finally the room across from the fire, Room H.



- The RPN/RN will direct staff to monitor all exit doors (doors to the stairwell and exit door)
- If PSW assigned POD # 2 you are the runner and will identify yourself to the RPN/RN on the home area. If required, you may be sent to another floor to provide assistance.
- All rooms will be looked into – if no resident is present - close door and flip Re-Mar (rescue markers) to **white** – if resident is in the room and not in immediate danger close door and leave Re-Mar in current position.



- All corridors must be cleared of all carts and equipment. (Housekeeping, linen, garbage, med cart and lifts). Carts can be placed in empty resident rooms.
- RPN/RN will provide directions to respective staff depending on the decisions and orders provided by the Charge Nurse.
- Direct visitors to stay with respective residents.
- RPN/RN will direct a team member to do a headcount of all residents to ensure all residents are accounted for. This includes reviewing the resident sign out sheets.

#### **DIETARY TEAM:**

- If Code Red is in the Dietary area: Follow
  - Remove persons in immediate danger if possible.
  - Ensure the door(s) is/are closed to confine the fire and smoke.
  - Activate the fire alarm system using the nearest pull station.
  - Call the fire department; Dial 9-911
  - Try to extinguish the fire or concentrate on further evacuation.
- If safe to do so shut down cooking equipment.

- If on the resident home area – proceed to Communication Centre and watch the exit and service corridor doors unless otherwise directed by the person in charge. If fire is located on another RHA and you are in the resident corridor go immediately to the stairwell doors to monitor.
- If in the kitchen or back corridor proceed to the Gathering Room
- Unless directed, watch the main entrance door and the service corridor door to ensure residents don't leave.
- Provide update on shut down and staff status to Charge Nurse when required.

#### **ACTIVITY TEAM:**

- If the Code Red is in an area where Activity staff is working with residents
  - Remove persons in immediate danger if possible.
  - Ensure the door(s) is/are closed to confine the fire and smoke.
  - Activate the fire alarm system using the nearest pull station.
  - Call the fire department; Dial 9-911
  - Try to extinguish the fire or concentrate on further evacuation.
- If you are working on the RHA, go to the communication centre to wait for direction from the RPN/RN in charge. If in the middle of a program stay with residents to provide reassurance. You may be directed to watch the exit door or help with the evacuation. If in the resident corridor proceed to nearest stairwell to monitor doorway if not already monitored. Assist with checking resident rooms.
- If not on the RHA when alarm sounds, go to the main floor Gathering Room if safe to do so to wait for direction from the Charge Nurse.

#### **HOUSEKEEPING TEAM:**

- If the Code Red is in an area where housekeeping staff
  - Remove persons in immediate danger if possible.
  - Ensure the door(s) is/are closed to confine the fire and smoke.
  - Activate the fire alarm system using the nearest pull station.
  - Call the fire department; Dial 9-911
  - Try to extinguish the fire or concentrate on further evacuation.
- If on the RHA immediately go to the end of the resident corridor to monitor the stairwell doors. If it is safe to do so search rooms and close doors as you are walking to the stairwell door.
- If not on the RHA, immediately go to the main floor Gathering Room and wait for further direction from the Charge Nurse.

#### **BUSINESS OFFICE (ADMINISTRATIVE STAFF):**

- If the Code Red is in the Front the common area
  - Remove persons in immediate danger if possible.

Ensure the door(s) is/are closed to confine the fire and smoke.  
 Activate the fire alarm system using the nearest pull station.  
 Call the fire department; Dial 9-911  
 Try to extinguish the fire or concentrate on further evacuation.

- Will ensure that no one enters the building other than the fire department and other required emergency services.
- Will follow the direction of the Charge Nurse

**NOTE:** Go to Maple Nursing Station in the event that reception area is affected by fire.

### **NIGHTS: 2230 – 0630**

If the fire alarms, go off or you come across a fire:

Remove persons in immediate danger if possible.  
*Ensure the door(s) is/are closed to confine the fire and smoke.*  
 Activate the fire alarm system using the nearest pull station.  
 Call the fire department; Dial 9-911  
*Try to extinguish the fire or concentrate on further evacuation.*

#### **Charge Nurse will:**

- Proceed to the front reception desk – to view the fire panel. Once location of fire is determined, they will announce Code Red and location three times over the emergency paging system.
- Don the fire vest and grab the walkie talkie.
- Call manager on-call while waiting for fire department
- Wait for fire department to arrive.
- Once the fire department gives the all clear the Charge Nurse will reset mag locks and announce Code Red all clear 3 times.

#### **RPN/RN on Floor:**

- Once the fire alarm sounds the RPN/RN will proceed to the communication centre to grab the fire vest and walkie talkie.
- If there is only 1 RPN on during the night shift they will proceed to the RHA where the fire is located
- The RPN will view the fire panel in the communication centre. If the fire is NOT on the RPN/RN home area and the Charge Nurse is assigned to Maple for that shift the RPN/RN will proceed to Maple. Location of the fire is based on the fire panel and the corridor marquees. We want to ensure that there is coverage on each floor – first and second floor while the Charge Nurse is at the front door.
- RPN on the non-fire floor will send a PSW to the home area with the fire to provide assistance.
- The RPN/RN will communicate this through the walkie-talkies.

**PSW**

- If on break and safe to do so return to your assigned home area.
- Wait for direction from your RPN/RN on your home area i.e. assisting another home area.
- If the fire is on your floor, start to evacuate the residents based on the triangle methodology below.

**ALL CLEAR PROCESS:**

Once the “ALL CLEAR” has been provided by the Fire Department to the Incident Manager at the home level:

The Charge Nurse will do the following:

- Silence the alarm
- Reset the mag locks and fire alarm system
- the Charge Nurse will announce over the Emergency PA System – “Code Red – All Clear” three times.
- Will assign a team member to check the courtyard gate to ensure the mag lock has re-engaged
- Permit visitors to re-enter the building or leaving the Gathering room to visit their loved one – only if it is safe to do so.

Team Members will:

- Will ensure the mag lock on the stairwell doors are re-engaged,
- Open and re-engage all fire doors
- Relocate residents to their respective rooms if they have been displaced;
- Open resident room doors and check on residents well being.
- Resume normal resident care activities.

## **CODE GREEN - EVACUATION**

### **CODE GREEN RESPONSE:**

This plan provides for actions to be taken in an emergency necessitating evacuation of the Grove LTC Home. Life safety is the primary goal; everything else is secondary.

**Code Green Stat** (crisis evacuation): Announcement indicates an immediate evacuation is necessary e.g. internal explosion, major gas leak, rapidly spreading fire.

**Code Green:** Announcement indicates less urgent evacuation e.g. extreme weather, loss of essential service such as water, hydro. There is lead time before the threat becomes imminent.

### **TYPES OF EVACUATION:**

**Partial:** Necessary where smoke or fire damage can be contained, or weather conditions have caused partial damage to the building.

**Total:** Necessary where smoke and fire damage cannot be contained, or an explosion or external disaster requires that all residents be moved to another location.

At the discretion of the Incident Manager, or at the request of emergency services/provincial regulatory authority at the time of the disaster, it will be decided whether a partial or total evacuation is necessary. If in doubt, the location is to be totally evacuated.

### **LINES OF AUTHORITY DURING EVACUATION PROCEDURES**

#### **Internal Authority**

The Charge Nurse will be designated the Incident Manager until they are relieved by the VP, LTC/CEO or designate. The Charge Nurse working in conjunction with the manager on-call has complete authority. See location's Incident Management Team organization chart for designated leads and backups.

#### **External Authority**

The Incident Manager will coordinate and work closely with the Hospital's Incident Management Team, Community emergency services, Town of Arnprior IMT and provincial regulatory authorities as required and based on the circumstances of the evacuation situation.

#### **Fire Department (Only in a Fire situation):**

- fire fighting
- search and rescue
- complete authority with the building and fire grounds

**Paramedics, responsible for:**

- triage
- primary medical aid
- communications with health agencies & other ambulance services
- transportation outside of (facilitate)

**Police Department, responsible for:**

- traffic control
- building and property security (initially)
- Search and Rescue
- communication between incident and police station

*Depending upon the emergency there can be a shared responsibility between the Community Emergency Services providers.*

**Offsite Evacuation location:** Residents will be evacuated to designated receiving site. The primary relocation area is the Old Grove. Secondary locations have been identified in the event of a community-wide local disaster affecting nearby designated relocation sites.

**EVACUATION PROGRESSION:**

- Site: evacuation from the room of origin of an emergency (e.g. during a fire)
- Horizontal: evacuation beyond corridor fire doors and/or to an adjacent service wing or Resident Home Area (RHA)
- Vertical: evacuation to a lower floor
- Premises: evacuation of the entire building

**STAGES OF EVACUATION-FIRE**

<b>STAGE ONE</b>	
<input type="checkbox"/>	Remove resident(s) from room of origin (close door and if room is empty flip RE-MAR (rescue marker on door) over to white.
<input type="checkbox"/>	Take resident(s) to holding area beyond fire doors
<b>STAGE TWO</b>	
<input type="checkbox"/>	Remove residents from rooms beside and across the hall from room or origin
<input type="checkbox"/>	Take residents to holding areas beyond fire doors
<b>STAGE THREE</b>	
<input type="checkbox"/>	Remove all residents from the immediate fire/danger area; search and evacuate all rooms following fire plan procedure (e.g. close door and tag procedure)
<input type="checkbox"/>	Take residents to holding area beyond fire doors
<b>STAGE FOUR</b>	
<input type="checkbox"/>	Designated team member(s) will identify residents and place identification lanyard on each resident before they are evacuated out of the home. Lanyards will be stored in the main stores.
<input type="checkbox"/>	Ensure each resident is adequately clothed if safe to do so.
<b>STAGE FIVE</b>	

<input type="checkbox"/>	Move residents from building to parking lot/identified loading area if safe to do to the old Grove – this will be dependent on the weather and the severity of the disaster
<b>STAGE SIX</b>	
<input type="checkbox"/>	Transport residents not requiring immediate medical care (as determined by emergency services) to pre-designated relocation sites.

### ORDER OF EVACUATION

Note: This order is recommended in the event of Code Green where time is available for a methodical evacuation. In the event of a Code Green Stat, life safety must take priority, and the Incident Manager will determine the most appropriate order of evacuation based on immediate need.

**First:** Ambulatory residents requiring minimal assistance. Considerations: Be cautious and aware of individuals who are confused/may get in the way or wander back into danger. Individuals who move slowly may need to be removed in a wheelchair.

**Second:** Residents using wheelchairs but otherwise requiring minimal assistance i.e. one team member.

**Third:** Residents who must be transported in bed/stretcher; requiring one or two people assist for lifts.

**Final:** Uncooperative residents.

Ensure all doors are closed/tagged per Fire Plan procedure, all residents accounted for, and residents identified to Incident Manager/designate and Transport Leads.

### CONTINUITY OF RESIDENT CARE/SERVICES

The location will ensure the following to support the care/service needs of residents throughout an emergency evacuation and relocation.

- **Resident Identification.** An identification label will be placed on each resident. The identification information must include: name, level of transfer/mobility, allergies, and DNR designation).
- **Evacuation Log.** to be maintained for all residents transferred out, including relocation site, injury/treatment, time of transfer, how they were transferred, and that SDM has been notified
- **Resident Records.** Laptops to be taken over. (as time permits; life safety is primary responsibility).
- **Medications.** Contact Pharmacy to initiate emergency services and to replace all medication in a seven-day package; send required medications with residents on transport. The pharmacy will provide all medications at the relocation site as needed.
- **Physician/Nurse Practitioner On Call.** The Medical Director will decide:
  - **Whether a site physician should be called**
  - **Whether a coroner should be onsite.**

## **TRIAGE: DESIGNATED TREATMENT ZONES (Map available designating each triage zone location.)**

### **Triage Procedures (duties of Triage Nurse)**

- The assessment for triage tagging is performed by the Nurse assigned as Triage Nurse. Depending on the type of emergency, the initial assessment centre will be outside of the hair salon due to close proximity to Maple and central stairwell as well as entry into the main gathering room.
- To clearly identify them, the Triage Nurse will wear the designated pink vest
- The Triage Nurse will direct team members to set up the 5 designated areas.
- Each resident is assessed and assigned to a coloured zone according to their injuries. A coloured sticker is placed on the individual's emergency lanyard and taken to that area for treatment.
- The Triage Nurse does NOT provide treatment except in the following circumstances:
  - o individual is bleeding profusely and will surely die unless immediate treatment is given.
  - o individual's airway is severely compromised.

### **First Priority (RED)**

- Immediate medical attention required
- Individuals are critical and their condition is deteriorating
- Transportation to hospital via ambulance is required
- Supervised by Nurse wearing Red Cap
- Identifying coloured stickers placed on individual's evacuation label and individual taken to that designated area in the Gathering Room.
- Evacuation log completed

### **Second Priority (YELLOW)**

- Prompt medical attention required
- Individuals are in serious but stable condition
- Individuals can sustain a wait of approximately 30 min. to 2 hours without hospital intervention provided stabilization occurs onsite
- Supervised by Nurse wearing Yellow Cap
- Identifying coloured stickers placed on individual's evacuation label and individual taken to that designated area in the Gathering Room
- Evacuation log completed

### **Third Priority (GREEN)**

- Individual transportation to hospital can be delayed
- Individuals are ambulatory (walking wounded)
- Supervised by Nurse wearing Green Cap
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area in the Conference Room.
- Evacuation log completed

### **Fourth Priority (WHITE)**

- Individuals are not injured, only require transportation to designated safe area
- Supervised by Non-Nurse wearing White Cap

- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area at the Old Grove.
- Evacuation log completed

#### **Fifth Priority (BLACK)**

- Individuals with no vital signs and have been pronounced deceased by RN
- No staff required to supervise, individuals covered with blankets and taken to Maintenance shop (room #1050).
- Evacuation log completed

### **JOB ACTION & DUTIES INCIDENT MGMT TEAM**

#### **INCIDENT MANAGER**

The designated Incident Manager has complete authority to direct an evacuation incident; they may be relieved by VP,LTC or designate upon their arrival to the location.

\*\*See Code Green Incident Manager Evacuation Checklist.

The Incident Manager has the authority to put the evacuation plan into effect.

- Assess the magnitude and type of threat.
- Ensure notification and collaboration with President/CEO or designate
- Assign Incident Management Lead roles (see location's Incident Management Team organizational chart).
- Assign a Nurse for Triage Nurse (TN) Until the paramedics have arrived.
- Assign a Nurse for each triage zone (red, yellow, green and white) in collaboration with the Triage Nurse.
- Assign a PSW team member to triage the white zone for uninjured residents
- Assign any additional roles as required based on incident scope i.e. Team Members to support building shutdown, culinary prep, supply gathering, labelling, account for residents, support residents who require consolation, behavioural needs, monitor exit doors to prevent re-entry, monitor external traffic flow, etc.
- Ensure all areas are secure and all duties are complete.
- Complete Incident Manager Evacuation Checklist.

#### **COMMUNICATIONS LEAD-IMMEDIATE DUTIES**

- Confirm emergency services have received alarm as required.
- ARH Communication Lead will take responsibility for all media and community-based communication.
- Notify external contacts that the Evacuation Plan has been initiated at the direction of the Incident Manager, including but not limited to:
  - o All necessary emergency responders (fire, police, ambulance, local hospital)
  - o Medical Director (as applicable)
  - o Provincial/regional health and/or regulatory authority (as required)
  - o Pharmacy
  - o Evacuation Reception sites
  - o Residents

- Families
- Assign team members to screen incoming calls, transfer media inquiries and residents' families as applicable. Reference Emergency Communication Procedure in location's Emergency Management Plan.

#### **LOGISTICS LEAD-IMMEDIATE DUTIES**

- Assign team members to initiate team member Fan Out and (as applicable) the hospital fan out list based on the initial response for the Grove fan out list
- Assign team members to gather supplies as required i.e. First Aid, Evacuation Supplies, Bus/Transportation Supplies, Blankets/Pillows, Food/Water, etc.
- As directed by Incident Manager, Emergency Services, or provincial regulatory authority, initiate call to transportation service providers.

### **JOB ACTION & DUTIES FRONT LINE**

#### **NURSE**

- Upon receiving verification of evacuation, begin instructing team members on required duties. If immediate evacuation is not in your home area, assign team members to assist in affected area(s) as directed by the Incident Manager.
- Grab walkie-talkie.
- Remove residents from any immediate danger to designated safe zone/ in case of a fire, past the fire doors.
- Remove all other residents to designated safe zones, in case of a fire, past the fire doors.
- Ensure Fire Plan procedure is followed to indicate all rooms checked and vacant.
- Complete head count of residents to ensure all accounted for.
- Assist with resident identification (updating, attaching to residents) assigned by Incident Manager. Initiate distribution of resident identification lanyards
- Assign team members to evacuate residents in order as directed by Incident Manager.
- Remove med-cart if situation allows.
- If your home area/ is not being evacuated (i.e. partial evacuation only), assign team members to monitor residents, secure your area, and assist at evacuation area as directed by Incident Manager.

#### **PERSONAL SUPPORT WORKER:**

- Clear corridors while reporting to the Communication Centre or front Gathering Room if not on RHA. If working night shift, report immediately to your home area.
- Verify announcement to evacuate.
- If immediate need is not in your area, secure and monitor residents or go to affected area to assist with evacuation as assigned by nurse, manager, or Incident Manager.

- If evacuation is in your immediate area, evacuate residents to safe zones as directed by nurse, manager, or Incident Manager. Assist with tagging rooms as checked, vacant per location procedure.
- Report any resistive resident or resident requiring immediate assistance to the nurse/manager in charge.
- Once all residents have been moved to a safe area, take further directions from the nurse, manager, or Incident Manager. You may assist with monitoring and supporting residents, loading residents onto buses, packing/labeling items for transport, etc.

### **ENVIRONMENTAL SERVICES**

#### **MAINTENANCE-IMMEDIATE DUTIES**

- Assist the Incident Manager as required.
- Ensure all entrances are clear of vehicles to allow for emergency services personnel/vehicle access and evacuation transportation vehicle access
- Be available to assist emergency responders as required
- Initiate Evacuation Building Shutdown Procedures based on the emergency at hand.
- Assist with evacuation of residents and with loading wheelchairs, equipment, etc. onto transport vehicles
- Communicate all pertinent information to the Incident Manager throughout the evacuation process
- Assist with final check of the building:
- Ensure all electrical equipment is turned off and unplugged
- Lower heat (if applicable)
- Maintain and monitor generator (if in use)
- Check building regularly when vacant (as directed by Incident Manager)
- Travel to relocation site(s) and assist as needed
- Keep a record of equipment, supplies, etc. removed from the building

#### **HOUSEKEEPING TEAM-IMMEDIATE DUTIES**

- Secure your department by shutting down all equipment; closing windows and doors
- Assist with ensuring all rooms are clear and vacant
- Report to nurse/manager in charge of your area and follow their direction
- As assigned by Incident Manager/nurse/manager in charge of your area, monitor residents and assist with keeping them calm/meeting their needs, assist with evacuation, or assist with other duties as assigned.
- Travel to relocation site(s) and assist as needed.

#### **DIETARY TEAM – IMMEDIATE DUTIES**

- Food & Environmental Services Manager or designate to initiate Code Green-Evacuation Culinary Operations Checklist
- If you are in the servery, ensure all appliances are off and unplugged and secure the area

- Report to the nurse/manager in charge of your area and assist as directed
- If you are in the kitchen, turn off equipment, ensure nearby hallways are clear, and secure the area
- If the emergency is not in your area or in the kitchen, report to the Communication Centre or front Gathering Room depending on where you are located.
- Execute the Emergency Plan for provision of food, fluid, emergency menus as directed by your manager, Incident Manager, or designate
- As assigned by Incident Manager/nurse/manager in charge of your area, monitor residents and assist with keeping them calm/meeting their needs, assist with evacuation, or assist with other duties as assigned.
- Travel to relocation site(s) and assist as needed.

#### **RECREATION/ LIFE ENRICHMENT TEAM: IMMEDIATE DUTIES**

- If you are in an area of immediate danger, assist with moving residents to the closest safe zone/or in case of a fire past the fire doors as directed by the Incident Manager/designate
- Report to manager/nurse in charge and take directions to assist with evacuation activities. If off the home area report to the front gathering room
- Direct any volunteers who may be in the building to assist with evacuation efforts as directed by Incident Manager; ensure volunteers are provided with clear instructions and support as needed
- As assigned by Incident Manager/nurse/manager in charge of your area, monitor residents and assist with keeping them calm/meeting their needs, assist with evacuation, or assist with other duties as assigned.
- Travel to relocation site(s) and assist as needed.

#### **EVACUATION SUPPLIES:**

##### **RESIDENT IDENTIFICATION (FULL EVACUATION)**

The community will ensure residents are appropriately identified prior to evacuation using procedure for Resident Identification Systems.

##### **EVACUATION RESIDENT LOG**

Use Evacuation Resident Log to document Resident Name, Condition, Transfer Location, Time of Transfer, Notification of Family/POA/SDM, and Transportation Provider.

##### **RELOCATION SITES EVACUATION AGREEMENTS CHART**

Reference Relocation Sites Evacuation Agreements Chart for relocation site contact and reception information (Name, Address, Beds available, Contact and Contact info., # Residents able to receive, Meal Provision, Estimated Accommodation Time, Staffing Resources, etc.).

## CODE WHITE: PHYSICAL THREAT/VIOLENT OUTBURST

### CODE WHITE RESPONSE

The Grove is committed to providing an atmosphere/environment free of violence (including threats) for all residents, team members, visitors, and volunteers in a manner that is dignified, respectful, and focused on person-centred care/services, while ensuring a safe environment for all. Violence includes physical force by a person that has the potential to cause injury (including threatening statements or behaviour indicating reasonable causes to believe risk of injury)

***In the event a Code White is initiated, team members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area.***

If confronted by a violent or aggressive resident, team member, volunteer, or visitor:

- If it is safe to do so, try to de-escalate the situation with the aggressive person(s). Consider:
  - Remain calm, empathetic, and non-judgemental
  - Respect personal space, if possible, stand 1.5 to 3 feet away from a person who is escalating
  - Be mindful of maintaining non-threatening gestures, facial expressions, movement, tone of voice, and other nonverbal expressions
  - Provide clear, simple, and enforceable directions
  - Allow time for the individual to process any request or direction you may have provided
  - If available to do so press staff assist and cancel to sound the alarm. If the threat is imminent pull the fire pull station.
- If you are witnessing a situation getting out of control immediately let the Charge Nurse know.

The Charge Nurse will:

- Will respond and try to provide support to deescalate the situation.
- Will assess the situation and direct the staff that are available at that time.
- If situation is escalating the Charge Nurse will proceed to call a Code White, the type of individual involved and location three times over the emergency PA system.
  - Ex. If the situation involves a resident the Charge Nurse will announce “Code White Resident, Gathering Room” or “Code White Visitor Gathering Room”
  - **Reminder: staff should NOT go to the area of the Code White – additional staff will be asked to respond if required.**
- Every effort should be made to isolate the individual.
- If the situation involves a resident, make the physician aware.
- Call on support from a team member or other individuals with whom the aggressive/violent person has an established rapport
  - Determine the number of team members required to support the situation
  - Assign specific duties to team members supporting the response

measures

- Supporting de-escalation measures (where safe to do so)
- Clearing the area of potentially dangerous objects
- Ensuring other residents, team members, visitors are sensitively redirected from the immediate area

- Make the Manager on-call aware of the situation.
- Call 911 when:
  - There is a real or perceived threat of immediate risk/danger to health, life, or property requiring police intervention to resolve.
  - Team members responding determine the situation is beyond their abilities.
  - An individual is brandishing or claiming to possess a weapon/firearm or is actively using/shooting a weapon/firearm.
  - An individual is taken hostage.

As part of the recovery process, the VP, LTC or designate will:

- Ensure debrief is conducted as immediately as possible following the incident.  
**NOTE:** See XVIII-A-10.80 Emergency Recovery for debriefing template and reference community/ residence Emergency Recovery Plan.
- Investigate and document the incident, file appropriate reports to provincial regulatory authority, support services office, etc., and take action for next steps noted in debrief as required.
- Ensure police services were contacted as required.
- Ensure any updates to Care/Service Plan made as required for behavioural support inclusive of any assessments that may be required i.e. psychogeriatric assessment.
- Consider the physical and mental health needs of all affected individuals and ensure supports are provided as required using existing and additional identified programs as needed i.e.
  - Employee & Family Assistance Program, individual and group counseling, etc.
- Consult with the Joint Health & Safety Committee/Occupational Health Committee on Code White policy/procedure training.

All Team Members will:

- Speak with their supervisor regarding any specific concerns, needs, or considerations.

The Joint Health & Safety Committee/Occupational Health Committee will:

- Review Code White policy/procedure annually (at minimum).
- Monitor policy/procedure implementation between reviews.
- Review Incident Reports and Statistical Data.
- Make recommendations to employers to eliminate and control risk of violence to team members.
- Monitor and ensure recommendations for prevention strategies are followed up.
- Consider Code White data when conducting workplace inspections.
- Participate in investigations of Code White incidents.

## CODE YELLOW: MISSING RESIDENT

### CODE YELLOW RESPONSE:

In the event that a resident cannot be located within 5 minutes of their absence being reported, Code Yellow will be called to alert team members and prompt an appropriate response in accordance with the location's Code Yellow Emergency Plan, including an organized and comprehensive centralized search procedure.

All Team Members will:

- Notify the nurse on the home area immediately when a team member is unable to locate a resident.

The Nurse in charge on the Home Area will:

- Inform the Charge Nurse immediately of the situation. The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)
- Direct team members to thoroughly search their home area, check the family sign out and sign in book and the recreation sign out clipboard, and **check for resident with Recreation team, POA, uninsured service providers & other areas.**

The Charge Nurse or designate will:

- If the resident is not found with the initial search of home area the Charge Nurse will announce "Code Yellow, Missing Resident and state the (resident name)" through the emergency paging system three times.
- Ensure completion of the Missing Resident Search Checklist as information is made available from team members conducting the search.
- Coordinate the search for the missing resident as follows:
  - Gather all information relating to missing resident i.e. care plan kardex, colour photo, full description of clothing worn, location and time resident last seen, resident profile information, previous incidents and where resident was found, etc.
  - Relocate to front reception desk and await reports or phone calls regarding the resident.
  - Code Yellow Search Kit located on each resident home area emergency supply cupboard: which includes floor plans, external maps, if it is nighttime open the code grey tool box for flashlights.
  - Discuss any known current hazards, such as weather etc.
  - Advise searchers to call out to missing person by name loudly and frequently throughout search
- The person leading the search in each area will bring the completed floor plan as well as the walkie-talkie down to the Charge Nurse at front reception. Once it is

confirmed that the resident is still missing the Charge Nurse will proceed to start the external search.

- Notify the VP, LTC or Designate or manager on call. The VP or Designate will ensure the CEO is made aware of the situation
- Assign an external search area (map) to team members (work in pairs if possible); The team members will communicate using the walkie talkies. The person bringing down the floor plan showing the search was completed should take the walkie talkie with them.
- Document the initiation and progression of the search procedures.

If the resident is not found after the internal & surrounding property search, the Charge Nurse will:

- Notify the VP, LTC or Designate or manager on call. The VP or Designate will ensure the CEO is made aware of the situation.
- If directed to do so call 911 for police assistance.
- Notify the POA of the missing resident.

When the resident is found, the Charge Nurse will:

- Make an announcement that the resident has been found and the Code Yellow is canceled 3 times.
- Notify the police, family, VP of LTC and Director of Care / Assistant Director of Care.
- Have the resident's condition assessed, complete incident report, provide resident with reassurance, complete Missing Resident Search checklist, and sign off as Search Coordinator.

The VP of LTC will:

- Inform the CEO of the missing resident search and recovery status throughout the search.
- Complete a report/contact regulatory authority per provincial regulatory reporting requirements.

## CODE BLUE: MEDICAL EMERGENCY

### CODE BLUE RESPONSE

In the event of a life-threatening medical emergency affecting any individual(s) on the premises, i.e. cardiac arrest, respiratory issues, choking, etc., Code Blue will be called to alert team members and prompt an appropriate response in accordance with the location's Code Blue Emergency Plan.

Upon discovering a medical emergency, Team Members will:

- Shout to nearby team members "Code Blue" Continue to repeat Code Blue until you are sure someone has heard you. If in a resident room push the "CANCEL" button + "STAFF ASSIST" on the nurse call and it will sound an alarm. This alarm will be through the marquee in the corridor and will flash the room number where the emergency is.
- Inform the Nurse on the home area immediately and call the Charge Nurse.
- The nurse in charge on the floor will assign a designate to run to get additional support from the closest home area if needed.
- The nurse in charge on floor will direct team member to look at goals of care to confirm DNR order/status to determine if resident requires CPR or not. This can be found quickly on Point of Care**
- Direct a team member to call 911 for an ambulance if within residents' goals of care.
- Direct appropriate resuscitation procedures until the arrival of paramedics. This would include the use of the Bag Valve Mask (BVM) located on the top shelf of the emergency supply cabinet.

### **ALL Nurses in the building should respond (including Nurse managers)**

The Nurse or designate will:

- Complete transfer forms (as applicable) and give them to ambulance attendants (paramedics).
- Notify POA/family member of transfer to hospital and notify the Physician.
- Ensure all resuscitation equipment is replenished and cleaned following the emergency.

All Team Members will:

- Keep nearby residents and visitors away from the scene and help maintain calm.

**NOTE: Choking incidents** will be treated as a medical emergency and the use of Code Blue emergency procedures will apply.

### MANAGEMENT OF A CHOKING RESIDENT

Choking incidents will be treated as a medical emergency and a Code Blue emergency response will be initiated.

Choking is defined in the following ways according to the 2017 Canadian Red Cross Comprehensive Guide for First Aid and CPR:

*Choking occurs when the airway becomes partially or completely blocked by a foreign object (e.g. a piece of food), by swelling in the mouth or throat, or by fluids, such as vomit or blood. If the airway is blocked by the person's tongue or by swelling, this is called an anatomical obstruction. If it is blocked by a physical object, this is called a mechanical obstruction. Complete choking happens when the airway is completely blocked. When a person is experiencing complete choking, they are unable to breathe and are in a life-threatening situation. Immediate first aid (and possibly medical intervention) is required to remove whatever is blocking the airway.*

#### The Nurse or designate will:

- Assess the situation to determine if the resident can breathe. Look for signs that the resident is suffering total airway obstruction. These signs include: the resident being unable to make any sounds above a wheeze; the face turning blue; and hands clutching the throat in the universal symbol for choking.
- If from the resident is unable to speak, cough, or breathe, or is making high-pitched noise, then immediately begin care for choking.
- A trained nurse/healthcare provider will alternate between abdominal thrusts and back blows to clear airway.
- If the resident becomes unresponsive then call 911.
- If CPR is required as per resident's goals of care, then ensure that the resident is lying on a hard surface to enable ease when doing CPR and to ensure compression is squeezing the heart.
- Continue providing emergency care until emergency response services arrive on scene.
- Notify Power of Attorney/Substitute Decision Maker, most responsible physician, and Director of Care / Associate Director of Care of the incident and actions taken.

#### Post Choking Incident:

- Following a choking event, the Nurse or designate will:
  - If the resident expels the object, continue to monitor resident's vital signs every shift x48hrs after the choking episode, watching the resident for symptoms of aspiration pneumonia. Conduct a chest assessment every shift with vital signs checks x48hrs.
  - Investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, or discomfort.
  - Registered Dietitian referral for re-assessment
  - If required, change diet texture or fluid consistency until the RD has reassessed.

- Identify if any other referrals or consultations may be required, i.e. PT/OT, physician, Speech & Language Pathologist.
  - Review and update the resident's plan of care/service plan (as applicable) to ensure risks and individualized care/service needs are identified.
- Document incident in the risk management tab of the resident electronic health record.

**The PSW or any team member will:**

- Immediately report any signs of chewing or swallowing difficulties during snacks, mealtimes, and when consuming any other food or fluids to the nurse.
- Ensure the resident is in an upright position or position as indicated in their care plan during mealtimes.

**The Director of Care / Associate Director of Care or designate will:**

- Complete a critical incident report as per provincial health authority requirements for transfers to hospital.
- Obtain proof of current CPR certification from nursing staff upon hire and recertification as per provincial requirements thereafter.
- Ensure team members receive training on Code Blue procedures including how to respond to choking incidents.

## **CODE ORANGE: EXTERNAL EMERGENCY**

### **CODE ORANGE RESPONSE – EXTERNAL EMERGENCY**

In the event of an external disaster/mass casualty incident, community utility failure, air exclusion event, severe weather event (including weather watches and warnings), severe air quality issues, wildfire danger, and/or if the location is requested to provide emergency shelter an external group (emergency reception), a Code Orange will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location's Code Orange Emergency Plan.

### **EXTERNAL AIR EXCLUSION (CHEMICAL, BIOLOGICAL, RADIOLOGICAL, ETC.)**

External air exclusion is the procedure for restricting the entry of outside air into the building(s) when hazardous gases/fumes such as significant air pollution, external chemical cloud, considerable wildfire smoke, etc. are present in outside air.

Any person who becomes aware of the need for external air exclusion (due chemical/biological/radiological hazard, etc.) will:

- Inform the Charge Nurse immediately.

The Charge Nurse or designate will:

- Announce Code Orange-External Air Exclusion.
- VP, LTC or designate OR Manager on-call will provide Charge Nurse updates from provincial or community authorities
- If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to "shelter in place".
- Seal building so contaminants cannot enter by:
  - Ensuring that all windows and doors are closed;
  - Sealing gaps under doorways, windows, and other building openings
  - Ensure that all heating, air conditioning, and ventilation systems remain off;
  - Where in place, remove portable air conditioning exhaust hoses from window and ensure windows closed/sealed; and
  - Limit access to the building.
- Implementation of Code Green would be directed by the VP, LTC or designate or CEO/President
- Announce Code Orange-All Clear three times when situation is resolved.

All Team Members will:

- Close windows, doors, and other openings to the exterior.
- Turn off air conditioning, vents, fans, and heating equipment.
- Take directions from the Charge Nurse.

## SEVERE AIR QUALITY ISSUES

Severe air quality issues occur when the Air Quality Health Index reaches a high-risk category. Special Air Quality Statements or Smog and Air Health Advisories may be issued by Environment and Climate Change Canada and/or provincial regulatory authorities in the event the Air Quality Health Index reaching a high-risk category.

Seniors are at higher risk of experiencing symptoms when the Air Quality Health Index reaches the high-risk category because of weakening of the heart, lungs and immune system and increased likelihood of health problems such as heart and lung disease.

Symptoms may include: sore throat, eye irritation, runny nose, mild cough, phlegm production, wheezy breathing, and headaches. More severe symptoms include shortness of breath, severe cough, dizziness, chest pain, and heart palpitations. Anyone experiencing severe symptoms requires medical attention.

Any person who becomes aware of a Special Air Quality Statement or Smog and Air Health Advisory will inform the Charge Nurse immediately:

The Charge Nurse will:

- Announce Code Orange-Severe Air Quality Issues. – 3 times over the emergency paging system.
  - VP, LTC or designate **OR** Manager on-call along with the IPAC lead will provide the Charge Nurse updates from provincial or community authorities.
- Ensure all windows and exterior doors remain closed at all times; making sure indoor temperatures can be maintained below 26 degrees Celsius indoors to prevent heat-related illness.
- If safe to do so shut off all Air Handling Units (MAUs) temporarily as they bring outdoor air into the building based on severity and maintenance review/direction. This would have to be done under the advisement of the Maintenance Supervisor.
- Check building regularly in case of conditions that may require the Roof Top Units to be turned off. In the event that this may be required:
  - Review and ensure compliance with Prevention & Management of Heat Related Illnesses (LTC)/ policy/procedure and additional related policies and procedures as applicable i.e. Extreme Heat Menu Changes, Heat Stress Management, etc.
  - Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure Humidex does not exceed 26C in any occupied area until cooling system is fully restored
    - In the event of a total loss of cooling system between May-September, implement Heat Contingency Protocols in compliance with VII-G-10.30 Prevention & Management of Heat Related Illnesses. Temperature must be maintained as required.
- Ensure that people with chronic health conditions e.g. asthma have any prescribed medications readily available.
- Facilitate communications to team members, such as huddles on each shift, to educate team members about assessment and care of residents who may be

impacted by air pollution.

- Ensure any strenuous and/or outdoor activities are postponed.
- Ensure residents stay hydrated and are kept cool.
- Ensure team members know to seek medical attention immediately in the event of anyone experiencing severe symptoms such as shortness of breath, severe cough, dizziness, chest pain, and/or heart palpitations.
- Announce Code Orange-All Clear when situation is resolved.

### SEVERE WEATHER/WILDFIRE

Thunderstorms, hail, tornadoes, blizzards, ice storms, high winds, heavy rain, wildfire, etc. Any of these may result in conditions that require evacuation of the building.

Any person who receives communication that severe weather is being forecasted/wildfires are drawing near will:

- Inform the Charge Nurse immediately.

The Charge Nurse will:

- Call the maintenance on-call and manager on-call to make them aware of the situation.
- Announce Code Orange and advise team members, residents, and visitors of severe weather/ wildfire warning.
- Direct team members to move residents away from windows and close blinds and curtains as time allows, preventing window glass from shattering onto them or debris from entering through windows, etc.
- Direct team members to have emergency supplies readily accessible.

VP LTC, or designate or Manager on-call

- Will keep abreast of all updates provided by local authorities.
- At the discretion of the VP LTC and CEO hotel rooms maybe provided to those driving long distances to get to work
- Initiate Code Green evacuation procedure as required in consultation with President/CEO.
- As needed when event is resolved, assess any damage that may have affected the building/grounds using the Damage Assessment Checklist as a guide; take action to remedy as required.
- Direct Charge Nurse to Announce Code Orange-All Clear when situation is resolved.

### EARTHQUAKE

During an earthquake, the majority of injuries are caused by non-structural items falling and becoming projectiles. In most situations you will reduce your chance of injury if you: **DROP, COVER, and HOLD ON.**

- **DROP** down to your hands and knees (before the earthquake knocks you down). This position protects you from falling but allows you to still move if necessary.
- **COVER** your head and neck (and your entire body if possible) under a sturdy table or desk. If there is no shelter nearby, only then should you get down near an

interior wall (or next to low-lying furniture that will not fall on you) and cover your head and neck with your arms and hands.

- **HOLD ON** to your shelter (or to your head and neck) until the shaking stops. Be prepared to move with your shelter if the shaking shifts it around. Be aware of falling debris after the shaking stops.

In the event of an earthquake, all Team Members will:

- Protect self – drop, cover, and hold on.
- Not attempt to assist others until the shaking stops.
- Stay covered until the shaking stops.
- Stay away from windows, bookcases, and other hazards.
- If inside, stay inside. Do not attempt to exit.
- Crawl under a strong table, counter, or desk if possible and hold onto the legs.
- Do not stand in a doorway.**
- If outside, stay outside.
  - Move away from the building and power lines
  - Avoid overhanging structures
  - Remain in location until the shaking stops

When the shaking stops: All team members will:

- Put out small fires quickly if it can be done without endangering themselves or other individuals. Fire is the most common hazard following earthquakes.
- Alert residents, team members, and visitors to expect aftershocks.
- Alert residents, team members, and visitors of fallen power lines and other hazards.
- Attempt to continue operations onsite. Continue to provide essential care and service as much as possible.
- Check for hazards; floors may be covered with glass, spilled medications, and chemicals. Clean up flammable liquid spills as soon as possible.
- Check the operating status of all telephones; replace receivers on bases as required.
- Check for injuries: assess if anyone is injured and provide medical assistance where required or call other team members for assistance.
- Check for people who may be trapped: inspect residents' rooms, nursing/comms centre, and other locations in your area. Leave doors to rooms open.
- Instruct residents to remain calm and stay in an intact room or assemble residents in hallways until a detailed damage assessment is complete. Keep residents away from windows, exterior walls, and objects, which may fall.
- Do not evacuate until advised by the Charge Nurse. Check exit routes for damage and debris in the event that evacuation is required. Expect to clear corridors and doorways or navigate disabled stairways.
- Do not consume or distribute food or water unless you are certain it is free from contamination.
- Do not flush toilets – conserve water.
- Assess the damage to your designated area/unit and inform the Charge Nurse. Use caution when opening doors to cupboards and rooms as objects may fall. Salvage and

- protect medications and required supplies. Post signs indicating dangerous areas and notify the Charge Nurse of unsafe situations.
- Report to the Charge Nurse.

The Charge Nurse will:

- Once safe to do so will announce Code Orange-Earthquake three times over the emergency paging system.
- Make Manager on-call and Maintenance on-call aware of the situation
- Alert residents, team members, and visitors that fire alarms and sprinklers may activate.
- Instruct residents, team members, and visitors to not leave the building due to potential danger of falling objects.
- Instruct residents, team members, and visitors to evacuate once shaking has stopped and move away from building; follow Code Green evacuation procedure as required.
- Ensure all residents, team members, volunteers, and visitors present at the time of the earthquake are accounted for. If anyone is missing, either conduct an immediate search or await instruction from emergency services, depending on the condition of the building.
- Contact emergency services, keeping in mind that the location may not be the only facility requesting assistance.
- Arrange for first aid to be administered as necessary. Seriously injured individuals should not be moved unless they are in immediate danger of further injury.
- Take directions from Emergency Services personnel.
- Arrange for the building and grounds to be inspected; depending on scope of incident this may be required before residents and team members can be re-admitted.

## **FLOOD (EXTERNAL I.E. DUE TO WEATHER)**

In the event of an external flood that may affect the building:

The Charge Nurse will:

- Announce Code Orange – external flood three times over the emergency paging system.
- VP, LTC or designate OR Manager on-call will provide Charge Nurse updates from provincial or community authorities.
- Alert team members that an evacuation may be necessary.
- If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to "shelter in place".
- Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
- Initiate Code Green evacuation procedures as required.

In the event there is time and it is safe to do so, the Maintenance Supervisor or designate will:

- Shut down/de-energize utilities not necessary for urgent resident care to reduce ignition sources and damage.

- Raise and relocate valuable and easily moveable equipment, furniture, and vital records to a higher elevation/upper floor wherever possible.
- Ensure back-up power supplies (i.e. generators) are functional.
- In the event building is damaged and evacuation has been initiated, arrange for building to be inspected before residents and team members are re-admitted.

## CODE ORANGE EMERGENCY RECEPTION PLAN

### CODE ORANGE RECEPTION SITE RESPONSE:

The Grove will provide support and act as an Emergency Reception site for other healthcare institutions/residences in crisis and in the event of certain regional/community disasters.

In exceptional circumstances the location may also provide emergency reception to local community members (the public).

The Team Member who receives a request to use the location as an Emergency Reception site will:

- Make the Charge Nurse aware immediately. The Charge Nurse will make the VP, LTC or designate aware immediately or if after business hours notify the manager on-call immediately.

The VP, LTC or designate or Manager on call will:

- Refer to the Surge Capacity-Reception Site XVIII-I-10.10(a) form to see how many external people the home could support.
- Assess the type of persons the location can receive and inform the evacuating site if the location can accept them (if they are not already a prearranged "reception partner").
- Be point of contact to receive most up-to-date information from sending site.
- Charge Nurse will announce Code Orange-Emergency Reception three times over the emergency PA system and inform team members of the upcoming reception.
- Collaborate with leadership team and review/ complete Checklist - Receiving Site Preparation XVIII-I-10.10(c). Provide direction to the charge nurse.
- Appoint team member(s)/volunteer(s) to meet the evacuated residents (and/or public) in front lobby. Delegate team members to designated areas of the building where residents/public will be accommodated if applicable.
- Appoint team member(s) to complete the Emergency Reception Registration Log and ensure there are identification tools (ie. Lanyards) for each of the incoming people.
- Appoint team members/volunteers to escort individuals to the assessment, holding, and temporary accommodation areas.
- Direct team members/volunteers to provide any additional supplies, comfort needs (blankets, pillow, bed, chair, personal – toothbrush, Kleenex, etc.) as required.
- On receiving "All Clear" and in anticipation of repatriation; collaborate with external site(s) and provincial authorities as required to plan for timing and logistics of repatriation.
  - Ensure original documentation accompanying evacuees returns with them to their original site(s)
  - Ensure all equipment and personal belongings that accompanied evacuees returns with them to their originating site(s)
  - Complete the Emergency Reception Registration Log and maintain as

part of location's documentation plan.

All Team Members will:

- Take direction from the Incident Manager.

The VP, LTC or designate will:

- Complete Surge Capacity Reception Site Plan template and maintain as part of location's Emergency Management Plan.

## CODE BLACK: BOMB THREAT

### **CODE BLACK RESPONSE**

In the event of a bomb threat or a suspicious package/device located within the building for which the owner cannot be located and the circumstances around the package are suspicious in nature, a Code Black will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location's Code Black Emergency Plan.

The VP LTC will:

- Make available the bomb threat information in all areas in which an incoming call can be received.

### **THREAT RECEIVED THROUGH THE MAIL**

The individual receiving a threat via mail will:

- Remain calm.
- Inform the VP, LTC or designate if after hours inform the Charge Nurse immediately.
- Note the delivery method and location of the threatening piece of mail.

The Charge Nurse will:

- Inform the manager on-call. The manager on-call will inform the VP, LTC.
- If directed by the Manager on-call announce Code Black three times
- Immediately contact the police at 911.
- Alert all other managers, team members.
- Determine whether to initiate Code Green evacuation procedures. **PLEASE NOTE: Code Green evacuation can only be initiated by the VP of LTC or CEO or Designate.**
- Take direction from Emergency Services personnel (police, Fire Department, Paramedics etc.).

### **TELEPHONE THREAT**

The individual receiving a threat by telephone will:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as possible by completing the Bomb Threat Telephone Checklist. Located in a black duotang by the phone.
- Get someone's attention – wave; text or email; to communicate the threat of a Code Black and to Notify Charge Nurse.

The Charge Nurse will:

- Contact the police at 911 if not already done.
- Announce Code Black three times if the location is known – and that the call is not at reception.
- Alert VP, LTC or designate if after hours contact the manager on call.
- Determine whether to initiate Code Green evacuation procedures. **PLEASE NOTE: Code**

**Green evacuation can only be initiated by the VP of LTC or CEO or Designate.**

- Take direction from Emergency Services personnel.

**SUSPICIOUS PACKAGE/DEVICE**

Any person who becomes aware of a suspicious package or device will:

- Inform the Charge Nurse immediately of the situation. The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)

The Charge Nurse will:

- Call 911.
- Announce Code Black three times and the location.
- Instruct team members to clear the area where the package was discovered.
- Assign a person to the front door to ensure no one comes in and to provide direction to emergency services.
- If a letter or parcel is open and/or a threat is identified:
  - For a Bomb:
    - Evacuate the area immediately
    - Call 911
  - For a Biological or Chemical Agent:
    - Isolate the letter/parcel - do not handle it
    - Evacuate the area immediately
    - Call 911
    - Instruct anyone who was in close proximity to or in contact with the letter/package/device suspected to have been contaminated to:
      - Wash their hands with soap and warm water
      - Remove contaminated clothing and place it in a sealed container (i.e. plastic bag) to be provided to emergency responders once onsite. Shower (with soap and warm water) as soon as possible
      - Seek medical attention as soon as possible
  - For a Radiological Agent:
    - Limit exposure to the letter/parcel - do not handle it
    - Evacuate the area immediately
    - Shield yourself from the object
    - Call 911
- List all people who may have been in contact with or in close proximity to the suspicious letter/package/device and provide this list to appropriate authorities once they arrive onsite.

Team Members will:

- Not touch, shake, or bump the package.
- Not open, smell, examine, or touch, the package.
- Take direction from Charge Nurse.

In the event of an explosion, the Charge Nurse will:

- Call 911
- Announce Code Green three times. Start a horizontal evacuation based on the location of the bomb.
- Notify VP LTC or Designate who will initiate the fan out list to provide additional support for evacuation.
- Ensure treatment of any residents, team members, visitors, or volunteers injured as a result of the emergency.
- Communication plan will be implemented.

The VP LTC will:

- Conduct a general meeting within a week of the incident to debrief team members, residents, visitors, and volunteers on the outcomes and recommendations following the emergency.
- Consider implementation of recommendations resulting from debriefing sessions as well as from Emergency Services.

## **CODE GREY: INFRASTRUCTURE FAILURE**

### **CODE GREY RESPONSE:**

In the event of any loss or failure of a major infrastructure component of the building i.e. mag locks, elevator entrapment/failure, loss of utility, life safety system, etc., Code Grey will be called to alert team members, residents, and visitors and prompt an appropriate response in accordance with the location's Code Grey Emergency Plan. Follow location's Emergency Recovery Plan when situation is resolved

Repair service contracts (where applicable) will include priority response time.

**Any infrastructure/essential services downtime in excess of 6 hours maybe required to be reported to the Ministry of Long-Term Care using the CIS Portal.**

### **ELEVATOR ENTRAPMENT/FAILURE**

Any person who discovers that someone is trapped in an elevator/elevator failure will:

- Inform the Charge Nurse immediately of the situation. The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)

The Charge Nurse or Designate will:

- Announce Code Grey elevator failure 3 times through the emergency paging system.
- Contact the Maintenance Supervisor and the elevator service company immediately and determine their estimated response time.
  - o **Elevator Service Company Name:** Otis
  - o **Elevator Service Company Contact Information:** 1-800-233-6487
  - o Building ID# F0569363
- Attempt to determine where the elevator is stopped.
- Will assign a team member to be stationed outside of the elevator door on the floor where it has stopped to reassure the occupant(s) that help is on the way.
- Direct occupant to push red button and it will go directly to the elevator call centre.
- Reinforce to occupants to not force the doors open and remain calm.
- Call 911 if the occupant(s) is in distress.
- Follow the directions of the elevator service technician or emergency services when they arrive on scene.
- The Maintenance Supervisor or technician will ensure the elevator is out of service until the necessary repairs are made.

### **ROOF COLLAPSE**

Any person who witnesses or suspects that there has been a roof collapse will:

- Inform the Charge Nurse IMMEDIATELY of the situation. The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)

The Charge Nurse:

- Announce Code Grey roof collapse and location three times through the emergency paging system
- Assess situation and Call 911 if required
- Make Maintenance Supervisor aware, who will assess the situation i.e. snow or ice on roof needing to be removed immediately, etc.
- Direct team members to relocate residents, visitors, and themselves from the affected area(s) of the building following the fire emergency procedures.
- Take direction from Emergency Services personnel.

All Team Members will:

- Take direction from the Charge Nurse or VP LTC or Designate.

### **ELECTRICAL POWER FAILURE**

Any person who becomes aware of a major electrical power failure will:

- Inform the Charge Nurse IMMEDIATELY of the situation. The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)

The Charge Nurse will:

- Ensure that the generator is running – lights should be on in the corridors, dining rooms etc but not in the resident's room.
- Announce Code Grey – power failure 3 times through emergency paging system.
- Maintenance Supervisor or delegate will notify the local hydro service provider at:
  - o **Ontario Hydro**
  - o 1-800-434-1235
  - o And ask for an update power failure and ask for expected duration of the outage.
- Direct team members to monitor all doors and high-risk residents for elopement.
- Reference and follow additional procedure within Code Grey emergency response as applicable for areas affected by electrical power failure i.e. TOTAL LOSS OF COOLING SYSTEM, RESIDENT ELECTRONIC DOCUMENTATION SYSTEM, etc.

The Nurse on each resident home area will (where applicable):

- Identify needs of residents for power (Oxygen, Air Mattresses, etc.).
- Ensure all required items are plugged into **grey receptacles** which are connected to the generator. In resident rooms these receptacles are located behind the headboard of the bed. Extensions cords are located in the

emergency response box on each resident home area.

All Team Members will:

- During the daytime will ensure all curtains are open to allow light to get into the room. During the evening and nights will carry a flashlight or other lighting tool.
- Provide residents with night light/lantern as needed.
- Take direction from the Charge Nurse or VP LTC or Designate.

The Maintenance Team will come on site if the Emergency generator is running in excess of 30 minutes:

- Monitor the generator to see that it is working correctly.
- Ensure that all lights and Generator powered equipment is working.
- Where applicable, direct team members to use the "GREY PLUG" Generator outlets
- Maintain an adequate supply of flashlights, batteries, and extension cords that are readily available to team members.
- Grey Plugs locations:
  - 1 in the activity room on each RHA
  - 2 in resident room behind bed and by ceiling lift
  - 1 in med room on each RHA
  - 1 in Alcove in communication centre on each RHA
  - 1 in business office/reception

**All emergency supplies will be located in the Communication Centre in a designated Emergency supply container.**

#### **RESIDENT ELECTRONIC DOCUMENTATION SYSTEM**

For loss of the resident electronic documentation system, refer to VII-J-10.20 Electronic Documentation System Downtime & attachments (LTC).

#### **NURSE CALL/CALL BELL SYSTEM OUTAGE**

Any person who suspects or observes that the Nurse Call/Call Bell System is not working will: Inform the Charge Nurse immediately.

The Charge Nurse will:

- Announce Code Grey call bells down – three (3) times over the emergency paging system.
- Notify Maintenance Supervisor and Director of Care or designate during business hours. If after hours call the Maintenance on-call and make the Manager on-call aware of the situation.
- Notify all team members on all shifts about the outage.
- Submit a ticket to the organization's IT Service desk to document the downtime and request support (start time, notification provided, actions taken).

- Activate Resident Safety Protocols as follows:

Increase Rounding/Safety Checks:

- Ensure all resident doors are left open if possible to ensure that residents can be heard and seen.
- Assign team members to perform visual rounds every 30 minutes (LTC)/every 1-2 hours (CC/RET) or more frequently based on resident acuity (update timing to reflect applicable level of care/staffing levels in location)
- Residents identified as high risk (i.e. falls, responsive behaviours, end of life, etc.) to be checked at minimum every 15 minutes (update timing to reflect applicable level of care/ staffing levels in location).
- Document rounds/safety checks using XVIII-K-10.00(c) Code Grey – Fire Watch/Safety Checks Checklist until system is restored.
- Depending on the length of the outage additional team members may be required to be added. The Charge Nurse will work with Manager on-call if after hours
- Once system is restored, ensure a system check is completed to ensure all stations are functioning.
- Call Code Grey call bell system all clear three (3) times over the emergency paging system.

All Team Members will:

- Complete monitoring and Fire Watch Checklist as assigned.
- Take direction from the Charge Nurse OR the Maintenance Supervisor or DOC or Designate.

### **FIRE PROTECTION SYSTEM FAILURE**

- Any person who suspects that the Fire Protection System is not working will:
- Inform the Charge Nurse IMMEDIATELY of the situation. The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)
- The Charge Nurse will:
- Announce Code Grey – fire watch being implemented 3 times through emergency paging system
- Give verbal instruction to team members and visitors that fire watch means that our normal fire detection systems such as heat detectors and pull stations may not work – if a fire is suspected you must call 911 directly.
- Assign team member(s) to monitor/complete Fire Watch Checklist for all areas of the building by doing thirty-minute walk about for the duration of the fire watch.
- Assign one team member to post Fire Watch signs at all entrance doors, information centres, main kitchen, laundry, and in elevators. Signs will be located in filing cabinet on each RHA in the communication centre.

All Team Members will:

- Complete monitoring and Fire Watch Checklist as assigned.
- Take direction from the Charge Nurse OR the Maintenance Supervisor or VP LTC or Designate.

The Maintenance Supervisor:

- Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.
  - **Fire Protection Service Supplier:** Vipond
  - **Fire Protection Service Supplier Contact Info.:** 1-800-387-5956
  - Building ID# 50031909
  - Fire Department Contact Info.: 613-623-4231 ext 2

### **TOTAL LOSS OF HEATING SYSTEM**

Any person who suspects that the heating system is not working and there is a total loss of heating will:

- Inform the Charge Nurse IMMEDIATELY of the situation. The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)

The Charge Nurse will:

- Announce Code Grey -Loss of Heating 3 times using the emergency paging system.
- The Charge Nurse will wait for further direction from VP LTC or Manager on Call or Designate
- Notify the local Maintenance Supervisor who will contact the HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
  - **HVAC heating system contractor service provider:** TRANE
  - **HVAC heating system contractor service provider Contact Info.:** 1-864-272-3674
- Request an estimated time to correct the problem following initial investigation by heating contractor.
- Review and implement policy on required interventions during Extreme Cold Conditions.
- Maintenance Supervisor to monitor through BAS if not working manually take temperatures and document building temperatures every 30 minutes to ensure temperature does not drop below 20°C in any occupied area until heating system is fully restored.
- Direct team members to ensure all exterior windows are closed and curtains are drawn

closed.

- Direct team members to move residents to inner core of building away from exterior walls if temperatures drop to less than 20°C.
- Review Evacuation plan and prepare to initiate Code Green evacuation if estimated time for repair is greater than 12 hours. PLEASE NOTE: Code Green evacuation can only be initiated by the VP of LTC or CEO or Designate.
- Implement evacuation plan if building temperatures fall below 15°C. Evacuation could be from one RHA to another based on the HVAC Failure.

### **TOTAL LOSS OF COOLING SYSTEM**

- Any person who suspects that the cooling system is not working and there is a total loss cool air will:
- Inform the Charge Nurse IMMEDIATELY of the situation . The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)

The Charge Nurse will:

- Announce Code Grey Cooling system down 3 times over the emergency paging system.
- Will wait for further direction from the VP-LTC or Manager on Call

### Maintenance Supervisor

- If directed they will notify the local HVAC system contractor service provider of the failure and ask for expedited service call to correct.
  - **HVAC cooling system contractor service provider:TRANE**
  - **HVAC cooling system contractor service provider Contact Info.: 1-864-272-3674**
- Direct Maintenance to monitor BAS or manually if BAS is not functioning and document building temperatures every 30 minutes to ensure Humidex does not exceed 26°C in any occupied area until cooling system is fully restored
- Request an estimated time to correct following the initial investigation by heating contractor.
- Review Evacuation plan and prepare to initiate Code Green Evacuation if time to correct is greater than 12 hours. **PLEASE NOTE: Code Green evacuation can only be initiated by the VP of LTC or CEO or Designate.**
- Review and ensure compliance with Prevention & Management of Heat Related Illnesses (LTC)/ policy/procedure and additional related policies and procedures as applicable i.e. Extreme Heat Menu Changes, Heat Stress Management, etc.
- In the event of a total loss of cooling system between May-September, implement Heat Contingency Protocols in compliance with VII-G-10.30 Prevention & Management of Heat Related Illnesses. Temperatures must be maintained as required.
- Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- Direct Maintenance to place in operation any fans available to provide additional comfort to residents.
- Direct team members to move residents to inner core of building away from exterior

walls.

### **LOSS OF POTABLE WATER**

Any person who becomes aware of a major or total failure of the building's water system will:

- Inform the Charge Nurse IMMEDIATELY of the situation. The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)

The Charge Nurse will:

- Announce Code Grey loss of potable water 3 times through the emergency paging system.
- Notify the manager/nurse in charge or Maintenance Supervisor or designate who will contact the following provider.
  - **System contractor service provider:** City of Arnprior
  - **System contractor service provider Contact Info.:** 613-623-4231
- Request an estimated time to correct following the initial investigation.
- Direct Food and Environmental Services Manager of the need to implement emergency menu.
- Direct Maintenance to search for leaks / shut off water i.e. at localized appliance.
- Implement emergency water rations for residents as required (i.e. Boil Water Advisory, Emergency Menus & Response).
- Stop bath and showers; look at bringing in additional water for consumption.
- Source and implement emergency supplies for toileting/incontinence management and team member use as required i.e. portable toilets and hand wash stations, disposable bed pans/ liners/urinals, solidifying powders or absorbent pads, pre-moistened peri-cloths, alcohol-based hand wipes, etc.
- Review Evacuation plan and prepare to initiate Code Green evacuation if time to correct is greater than 12 hours. **PLEASE NOTE: Code Green evacuation can only be initiated by the VP of LTC or CEO or Designate.**

### **INTERNAL FLOOD (I.E. BURST PIPES)**

Any person who suspects that there is a flood will:

- Inform the Charge Nurse IMMEDIATELY of the situation – During regular hours make the VP LTC or Designate aware of the situation (or Manager on call if during the off hours immediately)

The Charge Nurse will:

- Announce Code Grey internal flood and the location 3 times over the emergency paging system.
- Make Maintenance Supervisor aware – they will turn off water supply at main valve and shut off electricity to affected parts of the building.

- **Main valve location:** Water Entry Room North East /Tall Pines (Service Corridor)
  - **Electricity shut off location:** Electrical Room North East /Tall Pines (Service Corridor)
- Direct Maintenance to turn on faucets and flush toilets to drain pipes and relieve pressure.
  - Implement emergency water rations for residents as required (i.e. Boil Water Advisory).
  - Manage any relocation of residents as required whose rooms may have been affected.
  - Remove electronics, furnishings, equipment, files, etc. in danger of water damage.
  - Determine whether to initiate partial or full Code Green evacuation.
  - Maintenance Supervisor will take lead in clean up process including contacting third party for

Team Members will:

- Begin water cleanup as directed.
- Set up fans, dehumidifiers, etc. as directed.
- Clean any areas or items damaged by water.

### **MAG LOCKS FAILURE**

Any person who suspects that the mag locks are not functioning properly will:

- Inform the Charge Nurse IMMEDIATELY of the situation. The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)

The Charge Nurse will.

- Announce Code Grey mag lock failure 3 times over the emergency paging system.
- Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
  - **Instructions to reset mag locks:** located at Reception
  - **Location of station:** Reception
- Assign team members to monitor exit doors until the problem is resolved. Doors requiring close monitoring are the stairwell doors, front entrance door and courtyard gate door.
- Notify Maintenance Supervisor and VP LTC or Designate.
- Assign team members to complete a head count – sheets in the emergency box. Resident room check and to do ongoing walk about every fifteen minutes until system is reactivated.

All Team Members will:

- Complete room check and monitor exits as assigned.
- Take direction from the Charge Nurse, VP LTC or Designate.

- If in a non-resident home area please proceed to the front gathering room for further direction.

The Maintenance Supervisor or VP LTC/ will:

- Obtain immediate assistance (service response) from mag lock (security system) supplier.
  - **Mag lock/security system supplier:** Cintel
  - **Mag lock/security system supplier Contact Info.:**613-727-8340

### TELEPHONE SYSTEM/INTERNET FAILURE

Any person who suspects that the telephone or internet system is down will:

- Inform the Charge Nurse IMMEDIATELY of the situation. The Charge Nurse during regular business hours will let the VP LTC or Designate (or Manager on call if during the off hours immediately)

The Charge Nurse will:

- Announce Code Grey internet and telephones are down 3 times over the emergency paging system.
- Use cell phone to contact the IT Service Maintenance:
  - **After Hours IT Services provider:** NOVA
  - **After Hours IT Services provider contact:** 1-888-296-6682
- Notify residents and post signage.
- Family members will be notified through PCC Cliniconex and provided with cell phone numbers to be able to contact the nurse on each resident home area.

## **CODE BROWN: SPILL/GAS LEAK/HAZARD**

### **CODE BROWN RESPONSE**

In the event of a minor hazardous material spill, a major hazardous material spill or hazmat incident, a carbon monoxide or natural gas leak, or a biological/chemical threat, a Code Brown will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location's Code Brown Emergency Plan.

### **DEFINITIONS:**

A minor hazardous material spill is defined as a spill of a known substance in a manageable quantity that does not cause a chemical reaction.

A major hazardous material spill or hazmat incident can be defined as:

- a known substance that cannot be contained or cleaned up
- a substance of significant quantity that poses an immediate risk to team members and residents
- the material is unknown
- a chemical reaction is present
- incident could escalate and increase level of risk

### **CARBON MONOXIDE**

Signs that there may be a hazardous or potentially hazardous concentration of carbon monoxide (CO) detected in the air in the building:

- Stale, stuffy air
- Occupants have symptoms of CO exposure (see below)
- The pilot light on gas-fired equipment keeps going out
- A sharp odour of the smell of natural gas occurs when equipment turns on
- The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue (note: some natural gas fireplaces are designed to have yellow flames)
- Chalky, white powder on a chimney or exhaust vent pipe or soot buildup around the exhaust vent
- Excessive moisture on walls or windows in areas where natural gas equipment is on
- CO detectors alarm

Symptoms of Carbon Monoxide Exposure:

- Headaches
- Nausea
- Dizziness

- Drowsiness or fatigue
- Burning eyes
- Confusion
- Loss of coordination

Possible locations for a potential carbon monoxide leak would be main kitchen and penthouse.

### **PROCEDURE:**

Any person who suspects exposure to Carbon Monoxide will:

- Inform the Charge Nurse immediately. The Charge Nurse will investigate and if warranted will call the fire department using 911 immediately.

The Charge Nurse will:

- Announce Code Brown , Carbon Monoxide and location – three (3) times.
- Contact the Maintenance Supervisor to identify proper shutdown of gas to equipment. If after hours call the Maintenance on-call and then the Manager on-call.
- Maintenance will shut down equipment once on-site.
- Assign team members to provide for medical attention to those who need help, paying particular attention to anyone with a respiratory ailment (i.e. asthma).
- Take direction from Emergency Services personnel.

All Team Members will:

- Open windows or doors to ventilate the area.
- Relocate residents, team members, visitors, and volunteers from the affected area immediately.
- Take direction from the Charge Nurse.

### **NATURAL GAS LEAK**

Any person who suspects a natural gas leak will:

- Inform the Charge Nurse immediately.

The Charge Nurse will:

- Make the Maintenance Supervisor aware and if after hours will call the maintenance on-call as well as the manager on-call.
- Announce Code Brown, Natural Gas Leak and the location three (3) times.
  - **Gas Company:** Enbridge

- **Contact Information:** 1-800-267-3616)
- Upon arrival Maintenance will shut off the gas at the main valve and secondary valves if necessary.
- Instruct team members to relocate residents, visitors, and themselves from the affected area of the building following the fire emergency procedures.
- Take direction from Emergency Services personnel.

All Team Members will:

- Not smoke or use electrical devices including cell phones.
- Not turn the power on and off.
- Advise visitors/volunteers to not smoke or use electrical devices including cell phones.
- Take direction from the Charge Nurse.

### **LIQUID / BODILY FLUIDS / CHEMICAL**

Any person who discovers a liquid/bodily fluids/chemical spill or leak will:

- Inform the Charge Nurse immediately.

The Charge Nurse will:

- Will investigate and confirm the required interventions.
- If warranted the Charge Nurse will announce Code Brown and the location three times.
- Keep team members, residents, volunteers, and visitors clear of the area.
- During business hours contact the Maintenance Supervisor or designate to investigate and together determine the appropriate actions. If after-hours inform the maintenance on-call and then manager on-call aware of the situation.
- If required, call 911 to get Emergency Services assistance.
- Take direction from Emergency Services personnel.
- When the situation is under control, announce "Code Brown – All Clear".

The Maintenance Supervisor or designate will:

- Will go to the location of the leak/spill to investigate.
- If leak/spill found:
  - maintenance team to shut off liquid chemical/gas at main valve of equipment (as applicable);
  - Determine the nature, extent, and cause of the spill/leak;
  - maintenance team to use the Spill Kit stored in the receiving area or in the penthouse room (additional location) in order to contain the leak.
- Assist Emergency Services personnel as required.
- Contact environmental company to arrange proper disposal in keeping with the type of spill collected in the spill kit pail.

Team Members in the affected area will:

- Keep team members, residents, volunteers, and visitors out of the area until the situation is investigated and evaluated by the Charge Nurse or Maintenance Supervisor or designate.
- Take directions from the Charge Nurse or Maintenance Supervisor or designate.

All Team Members will:

- Take directions from the Charge Nurse.
- Keep out of the area.
- Reassure residents, visitors, and volunteers as appropriate.

## **BOIL WATER ADVISORY**

A boil water advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms, and that drinking the tap water can make people sick. Boiling the tap water destroys pathogens and makes the water safe to drink and use.

### **BOIL WATER ADVISORY IMPLEMENTATION**

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

Do not use tap water to:

- Drink
- Prepare foods
- Make juice
- Make ice
- Wash fruits or vegetables
- Brush teeth

### **PROCEDURE:**

The VP LTC or designate will:

- Communicate to the President/CEO or designate about the boil water advisory.
- Ensure all team members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
- Ensure alternate sources of water are provided to residents, team members, and visitors, and pets (as applicable) that is safe for drinking.

The Infection Prevention & Control Lead or designate will:

- Post signage at all entrances to the location and at all faucets, including the kitchen area, washrooms, and hand sinks, as a reminder that a boil water advisory is in effect and that the water is not safe to drink. See XVIII-O-10.00(d) Boil Water Advisory Signage.
- Post signage advising team members, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels. See XVIII-O-10.00(e) Boil Water Advisory Handwashing Signage.
- Post signage at all eye wash stations advising team members that a boil water advisory is in effect and that the water is not safe to use for eye washing. Alternatively, single use eye wash saline bottles can be used. See XVIII-O-10.00(d) Boil Water Advisory Signage.

The Maintenance Supervisor or designate will:

- Disconnect all drinking water fountains, with post-mix service, and ice making machines from the affected water supply.

The Ward Clerk will:

- Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks.
- Provide saline bottles at all eye wash stations.
- Reference XXVII-O-10.00(b) Cleaning & Sanitizing Practices During a Boil Water Advisory.

The Food and Environmental Services Manager or designate will:

- Discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays.
- Direct team to prepare boiled water as needed:
  - Bring water to a rolling boil for at least one minute.
  - Use an electric kettle if possible.
  - Only boil as much water as you can safely lift without spilling.
  - If boiling water on the stove, place the pot on the back burner.
  - Take all precautions as needed to avoid burns.
- If providing bottled water, check with Public Health Unit about brands of bottled water or water dispensers considered to be safe / that are produced in locations not affected by the boil water advisory.
- Reference XXVII-O-10.00(c) Preparing Food During a Boil Water Advisory.

The Care team will:

- Use boiled water that has been cooled to room temperature, or use sterile water, to wash broken skin and wounds and for other resident care activity (note: commercial bottled water is not sterile).
- Consider using sterile bottled, boiled, or otherwise disinfected drinking water for severely compromised residents.
- Discuss with physician/NP any special precautions that may be needed for residents with weakened immune systems.
- Reference XXVII-O-10.00(a) Personal Hygiene During a Boil Water Advisory.

**NOTE:** Water filtration devices cannot be relied on to make tap water safe to drink or cook with. Do not use water unless it has been boiled first.

**When the Boil Water Advisory has ended:**

The Maintenance Team will:

- Flush all water-using fixtures and faucets by running them for five minutes (if your service connection is long or complex, consider flushing for a longer period of time).

- In multi-storey buildings, begin on the top floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for five minutes, proceed to the next floor below; continue the procedure until all fixtures and faucets on all floors are flushed.
- ❑ Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations.

The Maintenance Supervisor or designate will:

- ❑ Flush, drain, clean, and disinfect cisterns that contained the affected water source.
- ❑ Run water softeners through a regeneration cycle according to the manufacturer's recommendations.
- ❑ Replace the filters on any water filtration devices and flush the fixture according to manufacturer's directions.
- ❑ Drain and refill hot water heaters that have been below 45°C/110°F.

The VP LTC or designate will:

- ❑ Communicate to all team members, residents, and visitors that the Boil Water Advisory has ended.
- ❑ Conduct a debrief with the team to review procedures and make any adjustments to site specific practices/Emergency Management Plan as needed.

The Infection Prevention & Control Lead or designate will:

- ❑ Remove signage.

## **OUTBREAKS OF A COMMUNICABLE DISEASE, OUTBREAKS OF A DISEASE OF PUBLIC HEALTH SIGNIFICANCE, EPIDEMICS & PANDEMICS**

The location 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 & Control and Pandemic policies & procedures.

The local Public Health Unit (PHU) would activate and deactivate an outbreak within the location. Depending upon the situation, the direction to activate and deactivate response to epidemic/pandemic would come from the provincial authority and World Health Organization (WHO) as appropriate.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable unless otherwise directed.

### **PROCEDURE:**

The VP LTC or designate will:

- Refer to the IPAC Lead and PHU for activation of the outbreak response
- Report and provide status updates to residents, families, staff, and CEO/President
- Initiate and lead Outbreak Management Team (OMT) response as required
- Manage staffing and management team resources accordingly
- Coordinate the management of exposed and symptomatic team members as per policy and procedure
- Ensure outbreak/pandemic response initiated and executed as per policy and procedure
- Ascertain community connections and partnerships as part of plan execution and coordinated response
- Govern business continuity, daily evaluation of risk and response actions, initiation of staffing contingency plans
- Ensure implementation of any provincial or organizational directives as required

The Infection Prevention & Control Lead or designate will:

- Assemble the Outbreak Management Team response as per policy
- Track, report, and manage case counts in collaboration with PHU
- Ensure IPAC auditing throughout outbreak/pandemic as required
- Provide pertinent IPAC training and direction to residents, families, and staff
- Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.
- Oversee and execute cohorting plans for staff and residents referencing respective IPAC policies for Cohorting Staff & Residents & Cohorting Guidelines During an Outbreak

The Director of Care or designate will:

- Coordinate resident care and services for symptomatic and asymptomatic residents
- Ensure Medical Director is updated and involved
- Support staffing contingency plans and altered care and services plans as required

## **BUSINESS CONTINUITY: STAFF SHORTAGES & CONTINGENCY PLANNING**

In order to address staffing shortages, in addition to preparing and implementing business continuity contingency plans, the location's leadership team will:

- Work closely with all departments to understand hiring needs and ramp up hiring as required
- Work with all departments to implement cohorting as required
- Accelerate onboarding processes while maintaining quality of experience
- Actively manage return to work
- Prevent work refusals through education, training, and enablement of team members

The VP LTC or designate will:

- Develop/review business continuity/staffing contingency plan to:
  - Identify minimum staffing needs for each home area/neighbourhood/floor
  - Prioritize critical and essential services based on resident population needs
  - Identify backup for each shift and role and ensure training provided
- Create contingency plan for leadership in the event that several critical roles can no longer attend work due to illness or other reasons and critical leadership gaps exist.
  - Identify team members who could potentially take on a leadership role.
  - This may also require discussions on available staffing support with HR and other institutions.
- Ensure staffing contingency planning in place for lower staffing levels in the event of an evacuation as part of Code Green Evacuation Plan i.e. Incident Management Team assignments and role training inclusive of night/weekend/holiday teams.
- Recruit and train for as many vacancies as possible and hire to fill gaps across all areas as established in business continuity/staffing contingency plan. Prioritize RN, RPN, PSW and re-introduce the RCA position.
- Monitor government directives that impact team members, compensation, schedules, etc., as well as any other programs that offer team member support (e.g. emergency childcare). Communicate as appropriate.
- Review staffing schedules, availability of alternate staff, and emergency contact numbers for team members.
- Provide guidelines for team member cohorting and train department leads.
- Limit PT and casual resources to one home area/floor as much as possible.
- Work with Department managers/schedulers to:
  - Increase staffing to support additional requirements/surge capacity
  - Create contingency plans
  - Implement team member cohorting
  - Determine who should work from home
  - Ensure schedule is in compliance with current provincial orders/organizational requirements (e.g. no team members work in more than one location)
  - Improve team member engagement and morale
- Work with department leads to identify backup schedulers (as required/where centralized scheduling not in place).
- Redeploy team members who work in non-essential/suspended services (e.g. community programs for PPE sourcing).

- Align with union representatives (where applicable) on pandemic/emergency needs and procedures, for example, to review compensation from hourly to salaried pay for the pandemic/emergency response period, discuss standard PPE provided, etc.
- Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
- Identify all available options to meet staffing needs, including:
  - Look at team member history (e.g. HCAs/PSWs who were housekeepers) and how to leverage cross-skilling
  - Cross-training/universal roles (e.g. housekeeping and tray delivery)
  - Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants)
  - Volunteers
  - Health Workforce Matching Portal
  - Agency contracts
  - Health Unit support
  - Local healthcare facilities (e.g. hospital)
  - Emergency services (e.g. army)
- Review plans to offer team member hotel accommodation, transportation subsidy, grocery delivery, etc. Ensure initiated and communicated as indicated.
- Consider adding scheduling staff to support outbreak needs.
- Discuss with health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
- Place enhanced focus on team member engagement and morale as difficult situations arise (e.g. death of resident, team member).
- If using emergency staffing (e.g. army, hospital staff), discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.
- Implement Return to Work protocols.

The VP LTC or designate will:

- Collect information from team members, contractors, and volunteers about:
  - Availability
  - Skills (including cross training)
  - Likely or actual exposure to disease at home (as applicable)
  - Health conditions that may affect their availability to provide services
- Implement initiatives to increase team member engagement and empowerment and prevent high absenteeism in the event of an outbreak including:
  - Recognize team members' hard work often
  - Check in with team members
  - Organize engagement activities (e.g. sidewalk chalk messages, team video, etc.)
  - Ensure team members are aware of EAP and other resources available for their wellness
  - Mitigate team member fears by communicating protection measures taken/to follow
- Discuss with team members ahead of time to understand whether they plan on attending work in anticipation of rapidly changing situations i.e. outbreak, weather that limits travel, etc.
- Track additional employment locations of team members and monitor those locations for outbreaks (as applicable).

The Human Resources Department will:

- ❑ Support the location's leadership team as required to address staffing shortages and plan for contingencies.
- ❑ Support conversion of as much casual and part-time team members as possible to full-time to facilitate cohorting and increase capacity.

## **BUSINESS CONTINUITY: FOOD & FLUID PROVISION**

During an emergency/crisis event, food services and dining may be impacted, requiring the location to consider the minimum preparedness needed to maintain essential services. This plan addresses considerations for operational/departmental specific needs for the provision of food & fluid continuity.

In the preparation for essential food service delivery needed in the event of a reduction in power, water, natural disaster, fire, flood, and/or insufficient resources, the location will have considered:

### **Emergency Plan that Includes:**

- Up to date names, phone numbers, and email addresses for disaster-support organizations and for all team members for fan out lists
- Food and water for three to seven days
- Disposable dishes and utensils for three to seven days
- A Contact Plan defining who will make decisions about food services and dining created by the Food and Environmental Services Manager or Designate in collaboration with the VP LTC and designated Incident Manager
- An up-to-date listing of residents' names, room numbers, nutritional risk, and daily food needs
- Staffing Plan
- Generator power supply
- Emergency supply list (see below)

### **Suggested Three-Day Emergency Menu Supplies:**

- Prepared assorted juices (nine meals)
- Bread, crackers, jelly (four meals and snacks)
- Graham crackers, cookies (two meals and snacks)
- Canned fruit/pudding (six meals)
- Canned chicken, tuna, salmon (two meals)
- Canned pork and beans (one meal)
- Canned pickled beets or vegetable salad (two meals)
- Puréed meats, vegetables, fruits (nine meals)
- Canned meals for individual diets at the community (i.e. gluten free, vegetarian, allergies)

### **Special Products (as applicable for location and resident needs):**

- Tube-feeding supplies (three to seven days)
- Special supplements i.e. lactose-free, renal, allergy products, thickeners, etc.

### **Items Required for Emergency Plan Include:**

- A hand grinder for consistency modified food (required if no electricity)
- A manual can opener
- Disposable plates, cups and plastic ware
- Garbage bags
- Scissors

### **Other Items to Consider:**

- Lanterns
- Flashlights
- Headlamps
- Battery-powered radio
- Extra batteries
- Alcohol pads
- Hand sanitizer
- Food-safe disinfecting wipes
- Backup calibrated thermometers
- Matches/lighters
- Lunch bags
- Water containers
- Hand mixer
- Markers
- Tape
- Labels

**Loss of Water:**

- Use backup water supply
- Coordinate for water replenishment as required
- Adjust menu to foods and fluids that do not require water for preparation
- Communicate loss of water and possible changes to menu to residents, families, and team members through verbal and written means
- Use disposable dishes and utensils
- Re-evaluate daily and adjust as needed

**Loss of Power:**

- Identify generator powered appliances and equipment; adjust as needed
- Keep fridge/freezer doors closed as much as possible
- Use up stock as soon as possible
- Consider use of portable coolers, storage of food outside (only if temperature is less than 4°C and regularly monitor)
- If problem is long-term, connect with another location for storage possibilities
- Review menus and adjust to prepared menu items as appropriate
- Implement 3-sink method of washing dishes as required
- Use disposable dishes and utensils
- Communicate loss of power and impact to residents, families, and team members

**Loss of Kitchen or Reduced Production (Fire, Flood, Staffing Loss, or Other):**

- Short-term food service strategy: Ordering in from local restaurants, community services; use of propane BBQ, etc.
- Long-term food service strategy: Identify backup kitchen service to prepare menu/snacks
- Determine transportation to the location that maintains temperatures from preparation to service
- Implement disposable dishes and utensils

- Collaborate with VP LTC /Incident Manager for ongoing planning
- Communication of food and dining plans when initiated, upon changes, etc. to residents, families, and team members

**Relocation of Residents (Evacuation):**

- Menus (printed and/or electronic)
- Resident lists with food preferences, nutritional risk, and needs
- Team member contact lists and schedules
- Transport 3 days' emergency food supply and emergency supplies
- If unable to transport, borrow emergency food supply and emergency supplies from hospital to evacuation site
- Ascertain ordering in food and fluids from restaurants, community services, etc.
- Assign staffing accordingly
- Food and Environmental Services Manager or Designate to re-evaluate daily, identify risks, and report to VP LTC /Incident Manager or designate
- Food and Environmental Services Manager or Designate to communicate with VP LTC /Incident Manager daily the food service plan

**Shelter in Place (Code Orange, External Disaster Impacting Food Delivery, Operations of Kitchen, etc.):**

- Implement 3-day emergency menu plan
- Daily evaluation and planning for ongoing meals/snacks
- Reporting to Support Services Office
- Communication to residents, families, and team members

## **EMERGENCY RECOVERY**

Recovery strategies will be put in place to ensure a smooth return to normal operations post-Emergency. The Vice President LTC or designate is responsible for the official declaration of an Emergency ending at the location in consultation with the CEO or designate.

The VP LTC or designate will:

- Ensure an Emergency Recovery plan is in place as part of overall emergency response, including contact information (as required) for:
  - Insurance
  - Local contractors and disaster cleanup specialists who can be available on short notice
- Ensure any expense tracking and investigation/evidence gathering that may be required for insurance and/or other investigation purposes is implemented as soon as practicable (after life safety has been ensured) both during and post-incident. NOTE: Required incident reporting must be completed as soon as possible post-incident along with any photos, video preservation, witness accounts, etc. while details are fresh.
- Ensure the plan includes a detailed communication strategy post-emergency to follow up with and debrief residents, substitute-decision makers (where they exist), team members, volunteers, and students.
- Ensure the plan outlines how the location will support residents, team members, and others who may have been impacted by the emergency and are experiencing distress.
- Consider recovery in all aspects of emergency planning, education, training, and exercises.
- Consider recovery when developing standard operating procedures and integrate into the location's Incident Management framework, including strategies for both physical plant and counseling assistance for team members/residents as required.
- Involve the Joint Health & Safety Committee/Occupational Health Committee in development of emergency recovery strategies.
- Evaluate and update (as required) the location's Emergency Management Plan within 30 days of an emergency being declared over, after each instance that an emergency plan is activated.

Each emergency code/procedure has a Recovery & Debrief Checklist and Action Template