



HENLEY HOUSE LONG TERM CARE

EMERGENCY MANAGEMENT PLAN

December 2023



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An emergency management plan is an active document that is continuously updated based on new information, lessons learned from regular drills, individual community hazard assessments, actual emergencies that have occurred, environmental factors that are evolving, changes to legislation, and policy changes that meet best practice guidelines.

There are Five Stages of an Emergency Management Plan:

1. **Prevention** in which the community meets to review the hazards, risks, vulnerabilities, threats, potential severity, likely consequences, and overall impact on the long-term care community. There is a hierarchy of prevention controls that are to be reviewed and taken into consideration:
 - a) **Elimination**- Is it possible to eliminate the hazard to avoid an emergency
 - b) **Substitution**: Consider replacing a work process, tool, or material for a less hazardous one. Changing workflow should account for the time to implement that change in process to become a routine.
 - c) **Engineering Controls**: Implement manufacturing controls to mitigate the hazard, such as guards around certain types of equipment (i.e., mixers, equipment guards).
 - d) **Administrative Controls**: Such as onboarding training, drills that are focused to the employees' daily work, and job routines that are accessible to review at any time.
 - e) **PPE**: calculate PPE requirements, using the burn rate calculations to determine if PPE supplies are adequate, ensure the communities have enough PPE within them to maintain normal operations if PPE is required for several days to allow for delays in shipping etc.
2. **Preparedness** – educating staff members, residents and families on what to do in case of an emergency is a vital step in the process. Running drills and table top exercises, having backup systems in place for charting and ordering of supplies, and ensuring the resources are readily available in the event they are needed.
3. **Response**- First ensure those requiring medical attention are cared for. Then use the plans, procedures, and resources with your staff to minimize the impact the emergency will have on the community.
4. **Recovery**- Once the emergency is under control, begin the clean-up if required and return to as normal of a process as possible, working towards returning to previous processes. This stage can take days to weeks depending on the emergency that was the initiator.
5. **Mitigation**- During this phase the emergency planning committee will review the emergency event as a whole. Determine how the emergency occurred, and assess how it was handled, these lessons learned will be crucial in the reviewing and updating of the community emergency plan.

(Reference: The Five Stages of an Emergency Management Plan (hsseworld.com))

Hazard Identification and Risk Assessment



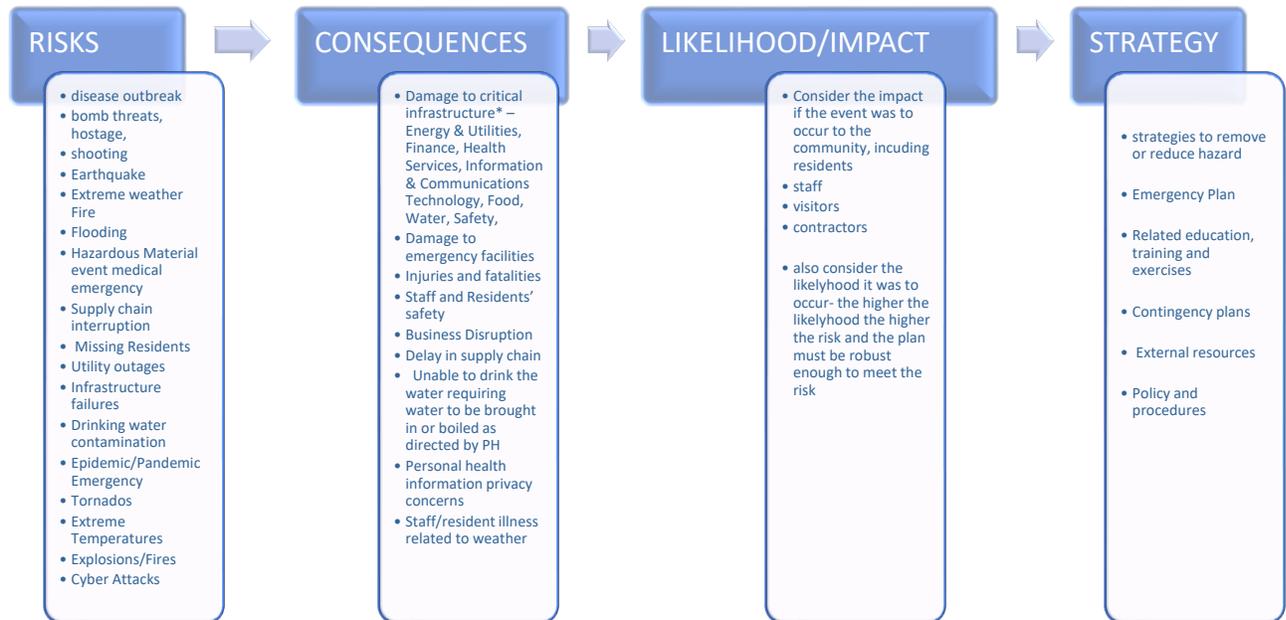
As part of the Emergency Plan each Community conducts a Hazard Identification and Risk Assessment (HIRA). The objective of the HIRA is to identify and assess any real or potential risk to the community. HIRA helps to become proactive rather than just reactive. To manage risk, hazards must first be identified, and then the risks should be evaluated and determined to be tolerable or not.

The Three main risk questions that are utilized using the HIRA are:

Hazard/Risk – What can go wrong?

Consequences – How bad could it be?

Likelihood – How often might it happen?





Each community should also review the neighborhood around the community for likely risks. Rivers, Bodies of water, chemical plants, train stations etc., Know the risks associated with these and implement a plan in the event those incidents occur.

Hazard Identification (refer to worksheet as a starting point)

- ✓ Identify General Hazards – General Hazards Checklist
- ✓ Use the “General Hazards List”
- ✓ Research Past Occurrences
- ✓ Utilize maps, archives
- ✓ Use tax rolls, zoning info, federal environmental registry
- ✓ Conduct interviews
- ✓ Take a tour – drive around facility – e.g., plants, propane facilities, railroad

As part of our preparedness plan the community has developed both a maintenance program and inspection program to ensure that we are preventing or heightening any risk to the community.

Maintenance Program

- ✓ Maintain fire safety equipment as required according to Preventative Maintenance program and/or notify Executive Director of any problems.
- ✓ Check residents' appliances annually to ensure that they are CSA or ULC approved.
- ✓ Flammable liquids will not be stored in the building unless they are stored:
 - In the approved safety cans
 - In an approved storage cabinet.
- ✓ Combustible liquids will not be stored in the building unless they are stored:
 - In the approved safety cans
 - In an approved storage cabinet.
- ✓ Non-combustible garbage containers with non-combustible covers should be used in all service areas (excludes waste baskets used in resident rooms).
- ✓ Preventative maintenance program is in place and being completed.
- ✓ Sump pump is inspected and cleaned as required. Grease traps are cleaned as required.
- ✓ All fire exits must be kept free of ice, snow and other obstructions.
- ✓ No gasoline powered equipment should be stored inside the building unless stored in a room with a minimum fire resistance rating of 1-1/2 hours if sprinkled and 2 hours if unsprinkled.
- ✓ Heating units are cleaned and maintained and are part of the preventative maintenance.
- ✓ Post NO PARKING signs by main entrance and emergency exits and ensure that they remain unobstructed.
- ✓ Report all incidents of fire to administration.
- ✓ Ensure emergency supplies in disaster box are maintained and updated.
- ✓ Ensure any breaks in fire or smoke barriers (i.e., walls) are repaired with the appropriate material to maintain the integrity of the separation. For example, if an electrician must run a new conduit through a wall, the hole must be replastered to provide a proper seal around the conduit or caulked with an approved fire proof sealer.



Maintenance Inspection Programs

Daily Inspection:

- ✓ Exit doors clear;
- ✓ Walks and steps clear;
- ✓ Hallways clear;
- ✓ Fire equipment clear (extinguishers/blankets).

Monthly Inspections:

- ✓ Voice communication system;
- ✓ Stand-by batteries;
- ✓ Hose cabinets;
- ✓ All portable fire extinguishers;
- ✓ Kitchen range hood extinguisher;
- ✓ Control and annunciator panels;
- ✓ Sprinkler system;
- ✓ Emergency lighting;
- ✓ Exit lighting;
- ✓ Fire blankets;
- ✓ Flammable liquid storage;
- ✓ Fire/smoke doors;
- ✓ Unoccupied storage rooms;
- ✓ Trash collection rooms;
- ✓ Maintenance shop and mechanical/electrical room;
- ✓ Laundry dryers.

Annual review of the Fire Safety plan and Emergency Management Plan and documentation completed.

PREPAREDNESS

Preparedness activities include the following: Planning, organizing, training, ensuring the equipment is available, exercising the plan, evaluating how the plan worked and what could have gone better, and taking actions to ensure effective management of emergency situations.

Mandatory Training for all staff, volunteers and students within the community. Those include emergency plan and codes; this is completed on orientation and annually. Emergency codes and exercises are to include the Residents and families and is to be done on admission and annually at the care conference.



Testing of the plan is done routinely in the community. Testing of the codes is listed below:

Code Red: Fire Emergency	Mandatory on orientation and annually with drills: One drill per shift/month Fire Department to observe one drill annually
Code Green: Precautionary Evacuation	Vertical Evacuation: On orientation and annually
Code Green Stat:	Horizontal Evacuation- once every 3 years.
Code Blue: Medical Emergency	On orientation and annually
Code Yellow: Missing Resident	On orientation and annually
Code White : Violent/Agressive Behaviour	On orientation and annually
Code Orange : Internal/External Disaster	On orientation and annually
Code Black: Bomb Threat/Suspicious Object	On orientation and annually
Code Purple: Intruder/Hostage Taking	On orientation and annually
Code Brown: Hazardous Spill	On orientation and annually
Code Grey : External Air Exclusion	On orientation and annually
Code Silver: Person with weapon	On orientation and annually

The Executive Director and the Management team will ensure that exercises are completed to ensure that staff are aware of their responsibilities when the emergency plans are initiated.

All of the exercises/drills will be recorded and the records readily available to review.

The community will ensure that there is an emergency On-Call list that contains all the staff employed at the community and their contact details, department worked and emergency contacts in case of injury.

The Community will ensure that family and Power of Attorney information is kept current and up to date and that there is a process during the emergency of who shall make the calls to the families.

The community will have an emergency box that is easily located and that staff are aware of where this located and what is included in the box. The emergency box shall have the following within it:

- ✓ Orange vest (Triage Nurse)



- ✓ Clipboards (for evacuation log, triage areas)
- ✓ Evacuation log sheets
- ✓ Fire zone maps
- ✓ Coloured caps (TN and triage areas)
- ✓ Safety construction cones (for triage areas ID)
- ✓ flashlights
- ✓ Resident face sheets that are on lanyards to be placed on resident during evacuation (must be kept current)
- ✓ walkie talkies
- ✓ first aid kit
- ✓ call out lists (for managers and staff) that are current
- ✓ and any other items deemed necessary as suggested by the emergency planning committee
- ✓ lifts, stairwell lifts for removal of residents that cannot walk downstairs
- ✓ list of transportation services that have been contracted to assist
- ✓ evacuation checklist
- ✓ portable radio (if available)
- ✓ PPE readily available

RESPONSE

Emergency management is a priority. Each community has a committee to review risks and threats and builds their internal plans based on those risks. If an incident occurs that cannot be managed by the internal team that includes the Executive Director, managers and staff the Executive Director or delegate will initiate external emergency procedures.

Incidents that require external emergency personnel will result in some or all of the following to be notified using the 911 system: Paramedics, Police, Fire personnel.

Other available resources to be notified in the event of a larger incident requiring external partners to assist:

Home and Community Care on Call Director

Triad Emergency Response Team

The Executive Director will ensure that their community has up to date emergency procedures and codes.

Code Black after consultation with the police will only be mentioned briefly, the step by step will not be listed in order to ensure that our plans are effective. Code Silver will not be posted online due to the nature of the code.

The Community keeps an up-to-date list of all staff for emergencies and has created a fan out list to assist the call out procedure during an emergency incident.

RECOVERY AND MITIGATION

Recovery from an incident is dependent on the nature of the incident but it may consist of the following:

- ✓ Contacting local Emergency Personnel to advise on the issue, and assistance as

- required.
- ✓ Implementing plans to maintain operations to ensure the continuity of those operations.
- ✓ Ensuring that the community has enough supplies and equipment and that the suppliers have been notified of current needs and changes as they occur.
- ✓ Based on Shelter Agreements, Transportation Agreements and other agreements made for emergencies has been established to ensure the continuity of care provision in case the Home cannot be re-occupied or will be temporarily unavailable for services.
- ✓ Conducting a thorough damage assessment of the Home following the disaster/incident
- ✓ Considering plans for supporting staff, crisis counseling and care packages.
- ✓ Identifying restoration companies that can assist with the cleanup of the Home and include their 24-hour contact information in the communications directory.

ANALYSIS AND QUALITY IMPROVEMENT INITIATION

After the incident, the Executive Director and the Emergency Planning Committee will meet to discuss what went well and what could have been done differently.

- ✓ The team will evaluate the incident and look for preventative/mitigating factors that could have prevented the incident. An action plan will be developed for mitigation.
- ✓ The Action plan that is created will be shared with Resident and Family Council as well as staff members.
- ✓ Areas for improvement will be noted and quality processes will be implemented as a continuous quality improvement plan.

The objectives of this Emergency Plan are to:

- ✓ Provide a detailed structure for the management of personnel, equipment and resources during an emergency that will reduce injuries, protect the community and maintain business.
- ✓ Outline the roles and responsibilities of staff members to prepare for, respond to and recover from emergencies.
- ✓ Establish a clear line of authority during an emergency and clearly define roles for management staff
- ✓ Lessen the effects of an emergency by keeping a standard of readiness, awareness and preparedness
- ✓ To ensure to the best of their ability the welfare of Residents, staff members and all others individuals within the community, in the event of an emergency.

Development & Updating of the Emergency Plan

Consultation when developing the plan is required with every annual review, and after the utilization of the plan following an emergency, the plan is to be reviewed and revised with input from the following:

- ✓ Emergency service providers in the area review and approve the plans as well as offer input into their development.
- ✓ Community agencies, health service providers, partner facilities, etc.



- ✓ Staff members
- ✓ Residents' Council
- ✓ Family Council

Primacare Living Solutions utilizes the OHA Emergency colour code list.

Code Red:	Fire Emergency
Code Green:	Precautionary Evacuation
Code Green Stat:	Crisis Evacuation
Code Blue:	Medical Emergency
Code Yellow:	Missing Resident
Code White :	Violent/Aggressive Behaviour
Code Orange :	Internal/External Disaster
Code Black:	Bomb Threat/Suspicious Object
Code Purple:	Intruder/Hostage Taking
Code Brown:	Hazardous Spill
Code Grey:	Infrastructure Loss or Failure
Code Grey:	External Air Exclusion
Code Silver:	Person with weapon

As part of our due diligence to keep our communities safe, and to eliminate potential disasters the following are reviewed by the Executive Director and the management team on an ongoing basis:

1. Fire Safety Plan- updated annually and approved by the fire chief
2. Emergency Management Review and Planning.
3. Pandemic planning and outbreak management.
4. Required training on hire and annually completed or more often as required on emergency plans
5. Joint Health and Safety Committee – meetings, inspections and minutes up to date and posted as required
6. Security of the community– required secure doors are in place and locked or ability to be locked, kiosk log working, mag locks, alarms are working, elevator access is controlled to areas where residents cannot go, window openings meet the regulations in how far they can be opened.
7. Fire pulls are in good condition and functional.
8. Nurse call system maintained and operational, emergency power system maintained and operational with preventative maintenance logs
9. Electrical and Mechanical Rooms secure and free of combustibles
10. Chemicals stored in a locked area and MSDS Sheets are readily available
11. Safety Equipment, PPE available and when in use they are properly used by staff
12. Sprinkler valves monitored and are functioning
13. Hot Weather Policy in place, Rooms are being monitored as per regulations.
14. Lock-out / Tag-out Process in place for equipment that is not functioning.
15. Contractor Agreements up to date
16. Shelter agreements in place in case of the need for evacuation



Roles and Responsibilities

1. Executive Director

ROLES AND RESPONSIBILITIES

Executive Director

1. Ensure that annual training and emergency exercises including preparedness training for staff of the Emergency Management Plan and Emergency Code Procedures are completed as required.

- ✓ Maintain records of emergency training, exercises, maintenance of supplies and equipment. Ensure that all staff attend a fire drill once every quarter at a minimum or if unable to attend the live drill that training is provided quarterly.

2. Resumes the role of Incident Commander for the Community:

NOTE: Incident Commander (Charge RN or most senior manager in the home) has complete authority; may be relieved by Executive Director/designate upon their arrival to the home per Incident Management Structure (IMS).

- ✓ Assess the magnitude and type of threat, and the type of code procedure to be followed.
 - ✓ Notify the Ministry of Health or delegate the notification to the next in charge.
 - ✓ Declare activation of the plan in response to an emergency incident if available if unavailable the plan is to have who would become the Incident Commander clearly outlined as above.
 - ✓ Initiate the Fan Out procedure if required to be utilized
 - ✓ Contact corporate office for all incidents that require activation of the emergency plan.
 - ✓ Contact Community Partners as per the protocols of that code.
 - ✓ Ensure that the community is following the proper code procedure.
 - ✓ Set priorities for the incident response teams and the overall incident action plan.
 - ✓ At the All Clear, record how the plan worked, note areas that need revisions and update the plan and ensure that staff, family and resident council have reviewed the changes, submit to appropriate outside partner for review and approval if changes were made.
 - ✓ Chair a debrief of the incident to include, staff, residents, families, volunteers and community partners.
 - ✓ works with the Emergency planning committee to review the incident and review strengths and weaknesses experienced and update plans with lessons learned.
 - ✓ Organize areas of safety and evacuation areas of the community that are clearly defined.
3. Maintain an accurate emergency contact of all staff
 4. Establish shelter agreements with other communities and essential vendors/suppliers for when there is an emergency.
 5. Ensure that external emergency services have been collaborated with during the annual review of the plan.

All Staff

- ✓ Participate in the training of the Emergency Plan and the Required code protocols during orientation and annually.



- ✓ Participate in monthly emergency drills within the community.
- ✓ Inform their managers of changes in contact information including emergency contacts.
- ✓ Follow the directions given by the Incident Commander during the emergency and following the incident.
- ✓ Immediately Report to their supervisor any known hazardous situation.
- ✓ Communicate at the end of the all clear any issues or concerns that they witnessed during the incident and how effective the plan worked in the emergency.
- ✓ Participate in formal debriefing after each drill or real incident.
- ✓ Dietary Manager to maintain a sufficient supply of food and water in case of emergency.
- ✓ Dietary: Develop contingency plans to support the emergency stockpile of food and water.

Maintenance

- ✓ Participate, review and assist in the development of the Communities Emergency Plans and procedures.
- ✓ Lead the team in the emergency code drills as applicable for their expertise.
- ✓ Participate or lead the hazard site assessment to identify and mitigate physical hazards.
- ✓ Provide and maintain community specific information in the emergency plan, such as the location of utility controls and procedures for managing in an emergency.
- ✓ Assist the Incident Commander as required.
- ✓ Ensure all entrances are clear of vehicles to allow for emergency services personnel/vehicles.
- ✓ Be available to assist fire and all emergency services providers.

Corporate Office

- ✓ Various functions such as Hazard/Disaster Management, and will provide support and guidance to Executive Directors while dealing with an emergency.
- ✓ Annual review, approval, and distribution of this Emergency Management Plan, its appendixes and supporting materials.

External Stakeholders

Community Partners will consult with the community to ensure that the appropriate emergency plans and implementation procedures are developed and meet all requirement under the acts.



General Guidelines for Boil Water Advisory

The community is to follow Public Health guidance during a period of boil water advisory

Boil water advisories usually include this advice: Use bottled or boiled water for drinking, and to prepare and cook food. If bottled water is not available, bring water to a full rolling boil for 1 minute (at elevations above 6,500 feet, boil for 3 minutes). After boiling, allow the water to cool before use. Boil tap water even if it is filtered (for example, by a home water filter or a pitcher that filters water).

- ✓ Post signs or copies of the water system's health advisory throughout your community.
- ✓ Develop and implement a plan to notify and educate employees about emergency procedures.
- ✓ All employees with diarrheal illness should be regulated by standard rules of exclusion from work.
- ✓ Water should not be delivered to residents through medical equipment with water line connections to the public water system. Turn off the water supply to such equipment. This restriction does not apply if the water source is isolated from the municipal water system (e.g., a separate water reservoir or other water treatment device cleared for use by the Food and Drug Administration).
- ✓ Taps on resident rooms should be turned off with notification that the water should not be ingested
- ✓ Use only bottled water or boiled water that has cooled to treat skin wounds.
- ✓ Use bottled water or boiled water that has cooled for daily care, brushing teeth, soaking dentures
- ✓ There is a risk from exposure to contaminated water when showering, bathing, or using soaking tubs. Residents' baths will be temporarily on hold until a timeframe of return to normal is projected.
- ✓ Residents will be supplied disposable wet cloths for bathing and washing. Pre-boiled water may also be used for bathing. Follow directions of the Local Public Health in consultation with the Infection and Prevention control officer of the community.

Water use for food and drink

- ✓ Residents, families, staff, and visitors should only drink bottled water
- ✓ Discontinue service of food and beverage equipment with water line connections (e.g., post-mix beverage machines, spray misters, auto-fill coffee/tea makers, instant hot water heaters, ice machines, etc.).
- ✓ Discard ice made prior to the boil water advisory issuance and discontinue making ice.
- ✓ Use commercially-manufactured ice.
- ✓ Discard drinks made using water prior to the boil water advisory issuance.
- ✓ Prepare drinks using bottled water
- ✓ Discard any foods made with water (e.g., ready-to-eat food) or rinsed with water (e.g., fruits and vegetables) prior to the boil water advisory issuance.
- ✓ Prepare/cook food using bottled water and/or restrict the menu to items that do not require water



Cooking and food preparation equipment/utensils/tableware

- ✓ Use disposable plates, cups, and utensils, if possible. If not, sanitize equipment/utensils/tableware using the dishwashing machines that have a dry cycle or a final rinse that exceeds 113°F for 20 minutes or 122°F for 5 minutes or 162°F for 1 minute.
- ✓ Discontinue operations when inventories of clean equipment/utensils/tableware are exhausted.
- ✓ Shut off appliances that use tap water, such as ice machines, drinking fountains, produce misters, bottled
- ✓ water refill machines, soft drink fountains connected to the water supply, and water dipper wells.
- ✓ use an alcohol-based hand-sanitizer and let hands air dry

Cleaning during a boil water advisory

- ✓ Contact surfaces such as door knobs, handles, railings, vanities, etc. and non-contact surfaces such as walls, floors, and ceilings can be cleaned and disinfected using normal routine practices.
- ✓ When cleaning floors and water is to be used, use of boiled water is advised. Water from taps is not be used due to the potential contamination.

Laundry during a boil water advisory

- ✓ Contact local public health for instructions in laundry care during a boil water advisory. Generally, it is safe to do laundry

After a Boil Water Advisory

- ✓ Make sure equipment with water line connections are flushed, cleaned, and sanitized according to the manufacturer's instructions.
- ✓ Flush pipes and faucets. Run cold water faucets continuously for at least 5 minutes.
- ✓ Flush drinking fountains. Run water continuously for at least 5 minutes.
- ✓ Run water softeners through a regeneration cycle.
- ✓ Drain and refill hot water heaters set below 113°F.
- ✓ Change all point-of-entry and point-of-use water filters, including those associated with equipment that uses water.
- ✓ Resume usual bathing practices and care for patients with breaks in the skin.

The community will follow the guidance of the local Public Health Unit during a boil water emergency. Families will be kept up to date using the One call system.

References: Guidelines for Healthcare Facilities



CODE GREEN – EVACUATION PLAN

PURPOSE

To provide a written plan for actions to be taken and proper procedures to be followed in an emergency necessitating evacuation of the building and address the following variables:

- the location (partial/ entire home, city wide, province wide)
- duration (hours, days weeks)
- severity (number & type of service affected) of the disaster.

These factors will determine how quickly the home must be evacuated and to what location residents must be relocated to.

The objective of the plan is to ensure the safety and welfare of residents, staff, and visitors. Where evacuation is required, the objective is to remove all or part of the resident population as quickly and safely as possible from an area in the home or completely away from the building. Saving lives, is our main goal the building and records are 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. A little more time can be taken to evacuate residents (e.g., extreme weather, loss of essential service such as water, hydro). There is lead time before the threat becomes imminent.

TYPES OF EVACUATION

1. **Partial:** necessary where smoke or fire damage can be contained or weather conditions have caused partial damage to the building.
2. **Total:** necessary where smoke, fire damage cannot be contained or an explosion or external disaster requires that residents be moved to another location.

At the discretion of the Incident Commander, or at the request of the Fire Department at the time of the disaster, it will be decided whether a partial or total evacuation is necessary. If in doubt, the home is to be totally evacuated.

EVACUATION PROGRESSION

1. **Site:** evacuation from the room of origin of an emergency (e.g., during a fire)
2. **Horizontal:** evacuation beyond corridor fire doors and / or to an adjacent service wing
3. **Vertical:** evacuation to a lower floor
4. **Premises:** evacuation of the entire home



LINE OF AUTHORITY DURING EVACUATION PROCEDURES

Internal Authority

1. Incident Commander (Charge RN or most senior manager in the home) has complete authority: may be relieved by Executive Director/designate upon their arrival to the home per Incident Management Structure (IMS).
2. Nurse of the resident home area (RHA)

External Support Services Authority

Fire Department responsible for:

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

Ambulance Officer responsible for:

- triage
- primary medical aid
- communications with health agencies & other ambulance services
- transportation

Police Department responsible for:

- traffic control
- building and property security
- communication between incident and police station

The Incident Commander works closely with all support services staff to know the circumstances of the total situation.

NOTE:

1. All instructions of the Fire Department must be followed upon their arrival.
2. Once outside, the Ambulance Officer will assess the type of suitable transportation for each resident and is in charge of transportation.

Off-site Evacuation location: See Toolbox Resource Section H for relocation site details

STAGES OF EVACUATION

Stage #1

- remove residents from room of origin (close door and tag procedure)
- take resident to holding area beyond the Fire doors

Stage #2

- remove residents from rooms beside and across the hall from room of origin
- take resident to holding area beyond the Fire doors



Stage #3

- remove all residents from the immediate fire area search and evacuate all rooms
- following the fire plan procedure (e.g., close door and tag procedure).
- take resident to holding area beyond the Fire doors

Stage #4

- a staff member (assigned by Nurse) shall identify the resident and place an identification lanyard on the resident before he/she is evacuated (these are kept in nursing stations on each floor)
- make sure each resident is adequately clothed

Stage #5

- external evacuation ordered: move residents from the building to the parking lot

Stage #6

- transport residents not requiring medical care (as determined by Ambulance Officer) to pre-designated relocation site(s).

ORDER OF EVACUATION

1. Ambulatory Residents: many residents can be removed with assistance by one or two staff
Cautions:
 - confused & ambulatory - may get in the way or wander back into the fire area
 - slow ambulatory - may hinder others, may need to remove in wheelchair
2. Residents who use wheelchairs: easier to remove than bedridden, may require one staff member to assist
3. Bedridden Residents: use demonstrated lifts and carries, may require two staff members
4. Uncooperative Residents: remain until last, otherwise valuable time lost and may sacrifice others. Ensure that their door is closed and identify the resident name & location to Charge Nurse and Fire Department.

CONTINUITY OF RESIDENT CARE

In order to ensure that the care needs of residents are met throughout an emergency evacuation and relocation, the following procedures will be in place.

1. Resident Identification: an identification lanyard will be placed on each resident. The identification information must include: name, level of transfer/ mobility, allergies and CPR designation
2. Evacuation Log: should 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: Evacuation Resident Log



3. Resident Chart: The Operations Officer (usually the DOC) will delegate someone to contact Medical Pharmacies to print off the resident EMAR reports and have them sent to the evacuation sites. They may also be accessed by the DOC or Nurse Consultant off site if necessary.
4. Most of the actual chart can be retrieved on Point Click Care out of the home. This can be completed off site.
5. Medications: The pharmacy is to be contacted and provide same day service to replace all medication in a seven-day package. The pharmacy will provide all medications at the relocation site as needed.
6. Physician on call: The doctor on call will decide:
 - whether a site physician should be called
 - whether a coroner should be on site

TRIAGE: DESIGNATED TREATMENT ZONES

First Priority (RED)

- Immediate medical attention required
- Individual is critical and their condition is deteriorating
- Transportation to hospital via ambulance is required
- Supervised by Registered staff wearing Red Cap
- Identifying coloured sticker placed on individual's evacuation lanyard and individual taken to that designated area
- Evacuation log completed

Second Priority (YELLOW)

- Prompt medical attention required
- Individual is in serious but stable condition
- Individual can sustain a wait of approximately 30 min to 2 hours without hospital intervention provided stabilization occurs on site
- Supervised by registered staff wearing Yellow Cap
- Identifying coloured sticker placed on individual's evacuation lanyard and individual taken to that designated area
- Evacuation log completed

Third Priority (GREEN)

- Individual transportation to hospital can be delayed
- Individual is ambulatory (walking wounded)
- Supervised by Registered staff wearing Green Cap
- Identifying coloured sticker placed on individual's evacuation lanyard and individual taken to that designated area
- Evacuation log completed

Fourth Priority (WHITE)

- Individual not injured, only require transportation to designated safe area
- Supervised by Non-registered staff wearing a white cap
- Identifying coloured sticker placed on individual's evacuation lanyard and individual taken to that designated area
- Evacuation log completed

Fifth Priority (BLACK)

- Individual with no vital signs and has been pronounced deceased by RN
- No staff required to supervise; individual covered with blanket
- Evacuation log completed

Objectives of Triage Practices

1. To ensure that there is a process in place for an orderly, rapid assessment of all residents to determine the need for medical treatment and appropriate placement in the event of an emergency/ disaster.
2. To provide a mechanism of rating residents for priority treatment and transportation in the event of an emergency/disaster.
3. That all Registered Nurses and Registered Practical Nurses are responsible and accountable for understanding and demonstrating ongoing competence in the triage procedure and process.

Triage Procedures (duties of Triage Nurse)

1. The assessment for triage tagging is performed by the registered staff assigned as Triage Nurse
2. The Triage Nurse will proceed to gather triage supplies and will take them to the triage area
3. To clearly identify her/him, the Triage Nurse will wear the designated cap and vest.
4. The Triage Nurse will direct staff to set up the 5 designated areas.
5. Each resident is assessed and assigned to a coloured zone according to their injuries. A coloured sticker is placed on the individual's emergency label and taken to that area for treatment.
6. The Triage Nurse does NOT provide treatment except in the following circumstances:
 - individual is bleeding profusely and will surely die unless immediate treatment is given.
 - individual's airway is severely compromised.

DUTIES OF THE INCIDENT COMMANDER

In a fire or other emergency situation, the Charge Nurse is the Incident Commander (IC). The IC has the authority to put the evacuation plan into effect.

1. Assess the magnitude and type of threat.
2. Put on the Orange Vest found in nursing stations on each floor so you are easily identified.
3. Ensure notification of Executive Director/DOC as soon as possible regarding decision to put evacuation plan into effect.
4. Assign a registered staff for Triage Nurse (TN). TN will retrieve the Triage Supply box.
5. Assign a registered staff for each triage zone (3- red, yellow, green)
6. Assign a staff member to triage the white zone for uninjured residents.
7. Assign staff to accompany residents to the relocation areas.
8. Assign a staff member as Operations Officer (usually DOC) who will be responsible for manpower assignments: ensuring staff are at relocation sites, initiating call-in procedure etc. (see duties of Operations Coordinator).
9. Assign a staff member as Runner - to be a communication link for updates. In the event of a total communication shutdown, the pre-designated external communication centre will be activated and the runner will provide ongoing relaying of messages. Reception has a hard-wired phone by the photocopier that does not require electricity to work.
10. Ensure walkie/talkies (WIT) for communication throughout the home set at channel #8 and given to: TN, front Desk, Runner and IC
11. Assign a staff member to be Liaison Officer (usually Director of Resident Programs) - (coordinate activities and communication with external emergency personnel (fire, ambulance, hospital etc.) (see Liaison Office duties)
12. Assign a staff member in each RHA to account for all residents in their RHA.

DUTIES OF THE REGISTERED PRACTICAL NURSE (RPN)

Upon receiving verification of evacuation, begin to instruct staff in the procedure. If immediate need is NOT in your home area, assign staff to go to the affected area as directed by the Incident Commander.

1. Remove residents from immediate danger (room of origin) to a safe zone.
2. Remove all other residents from the affected fire zone to a safe zone beyond the fire door.
3. Ensure staff uses the red evacuation tags on doors to indicate room is vacant and checked. Use the floor plan on the search clipboard.
4. Complete a head count of residents to ensure no residents have been missed.
5. If fire or emergency is in your home area, obtain resident emergency lanyards from nursing stations on each floor and assign a staff member to identify and tag each resident before leaving the home area
6. Assist staff in your home area with safe evacuation of residents (transfers) as directed by IC.
7. If your home area is NOT being evacuated, assign staff to monitor residents, secure your home area and go to triage area as assigned by IC.

DUTIES OF THE PERSONAL SUPPORT WORKER (PSW)/CARE SUPPORT

1. Clear corridors while reporting to your home area nursing station.
2. Verify announcement to evacuate. Will be over the desktop phone. Check with nurse.
3. If immediate need is NOT in your home area, secure and monitor residents or go to affected area to assist the evacuation as assigned by your home area Charge Nurse
4. If evacuation IS in your home area, check and mark evacuated rooms with red emergency tags. Ensure
5. ALL rooms (locked and unlocked) are checked and empty.
6. Move residents to a safe zone as directed by the IC.
7. Complete a head count of residents to ensure no residents have been missed, confirm using current resident list.
8. Report any resistive resident or resident needing assistance to your home area Charge Nurse.
9. Once all residents have been moved to a safe area, take direction from IC: may include
10. monitoring residents, assisting to load residents on buses, etc.

DUTIES OF OFFICE RECEPTION STAFF/MANAGERS

1. Communications Officer – Assigned by the Incident Commander from manager group to lead all communications to outside and coming into the home.
2. All managers and office staff report to the front desk (reception) and await directions/assignments of IC.

DUTIES OF THE COMMUNICATION OFFICER

Notify the following external contacts that the Evacuation Plan is in effect:

All necessary emergency services (fire, police, ambulance, local hospital)

- Medical Advisor
- MOHLTC
- Support Services
- Pharmacy
- Evacuation sites
- Ontario Health Region
- Residents' families

Assign reception staff to screen incoming phone calls, transfer media and resident's family member calls directly to herself/ himself. Media to be directed to the Media officer (from corporate services).

DUTIES OF THE LOGISTICS OFFICER

As required, assign staff to gather supplies:

- for triage as supply box items become depleted
- blankets, pillows etc. to assist in transport of residents and at relocation site food and water



As directed by Incident Commander or Emergency Services, initiate call to transportation service providers for buses etc.

DUTIES OF THE MAINTENANCE STAFF

1. Assist the Incident Commander as required.
2. Ensure all entrances are clear of vehicles to allow for emergency services personnel/vehicles.
3. Assist Triage Nurse to set up triage area, set out cones, identifying each coloured zone: RED, closest to entrance for ambulances to attend, YELLOW and GREEN, in the parking lot, WHITE, at the front of the building to wait for buses, cars to arrive, BLACK furthest zone away.
4. Be available to assist fire and all emergency services providers.
5. Ensure information on equipment, systems (HVAC, fire sprinklers, etc.), security doors, access to locked areas, supplies are available.
6. Assist with the evacuation of residents and with loading wheelchairs and equipment etc. into transport vehicles.
7. Communicate all pertinent information to the IC during the evacuation process.
8. Assist Executive Director/ IC/ DOC with final check of the building if applicable:
 - 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
9. Travel to relocation site(s) and assist as needed.
10. Keep a record of equipment, supplies etc. that were removed from the building.

DUTIES OF THE DIETARY STAFF

1. If you are in the servery, ensure all appliances are off and unplugged and secure the area.
2. Upon receiving notification of the emergency and the location, if it IS on your home area, report to the Charge Nurse on your home area. Assist as directed by the Charge Nurse.
3. If you are in the kitchen, turn off all equipment and ensure all hallways are clear, secure the area.
4. If the emergency is NOT in your home area or the kitchen report to the charge nurse of your home area or to reception if in the kitchen.
5. As assigned, by Incident Commander or the Charge Nurse in your home area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties
6. Travel to relocation site(s) and assist as needed.

DUTIES OF THE HOUSEKEEPING STAFF

1. Secure your department by shutting down all equipment, close windows and doors.
2. Ensure all rooms both locked and unlocked are clear and vacant.
3. If you are in affected area, place red emergency tags on doors to identify that the area is not to be re-entered.
4. Housekeeping staff, report to home area Nurse, follow her/his direction.
5. Laundry staff, report to Reception or after hours to first floor reception. As assigned, by Incident Commander or the Nurse in your home area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties
6. Travel to relocation site(s) and assist as needed.

DUTIES OF THE PROGRAM DEPARTMENT STAFF

1. If you are with a group of residents in the danger zone, begin moving residents to the closest safe zone as directed by the Incident manager
2. If you need assistance to move the residents ask Incident Commander to assign staff to assist you
3. If more than one Program staff is involved in resident activity, one person will remain with the residents while the other staff report to the Information Centre in their RHA and take direction from the Nurse
4. If volunteers are in the building assisting with program activities, they will assist program staff as directed by the Incident Commander.
5. The Incident Commander will ensure that program staff and volunteers are made aware of the evacuation procedure being followed and assist with moving residents.
6. As assigned, by Incident Commander or the Nurse in your home area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties
7. If evacuation of the building has been declared, once residents have been triaged, program staff go to WHITE zone and assist loading residents into transport vehicle
8. Travel to relocation site(s) and assist as needed.

CODE BLUE- MEDICAL EMERGENCY

POLICY:

To ensure a system is implemented to alert individuals in the facility of a medical emergency and to provide a systematic approach for responding to it.

PROCEDURE:

A medical emergency is defined as the sudden onset of an illness or injury serious enough to require immediate medical or skilled nursing intervention.

A sudden illness or injury can happen to anyone – resident, staff member, volunteer or visitor.

1. Upon discovering the emergency:

- a) Pull the nearest call bell and alert nearby staff by shouting CODE BLUE;
- b) Stay with the injured person
- c) If no response to the call bell or the call for help, use the overhead paging system announcing CODE BLUE, floor number, location of the emergency, then return to the injured person and begin assessment and/or resuscitation.

2. Upon receiving the page for “CODE BLUE”:

- a) The professional nursing staff of the units will respond immediately to the location and bring a blood pressure cuff and stethoscope will also be delivered to the emergency site.
- b) The unit Charge Nurse will go immediately to the area of CODE BLUE and direct the emergency scene until EMS personnel arrive.

3. The Charge Nurse on duty will direct the code and ensure appropriate emergency procedures are administered.

- a) The Charge Nurse directs the Emergency Medical System to be activated by calling 911 where appropriate. A staff member will be delegated to make the call, indicating the emergency giving the injured person's name, birth date, address of the facility, location of the emergency and follow the instructions of the dispatcher. The staff member is to request the name of the dispatcher before concluding the call.
- b) A staff member will be assigned to put the elevator on service and wait for EMS personnel on the main floor.

4. The registered nurse on the unit where the code is will:

- a) Complete the transfer and referral record and ambulance DNR validity form (for residents only) if time permits, obtain the injured person's Ontario Health Card and give complete report to EMS personnel prior to transfer to hospital.
- b) Contact the Executive Director, if not on the premises and inform him/her of the situation.
- c) Notify the resident's family or representative.
- d) Inform the attending Physician if unable to contact prior to transfer. If the incident occurred during the night, the attending physician will be notified on the following day shift by the day RN/RPN.
- e) Complete all required documentation.
- f) Ensure that all emergency equipment is replenished/cleaned following the emergency and returned to its storage location.



Visitor Medical Emergency (code blue)

PROCEDURE:

The staff member who discovers the injured person or responds to calls for assistance shall make an on-the-spot assessment and advise the Charge Nurse, or designate, to determine an appropriate course of action.

Factors that will affect this decision include:

- ✓ the condition of the person (severity of injuries)
- ✓ environment, accessibility and / or weather conditions
- ✓ equipment accessibility and portability
- ✓ potential risks to staff
- ✓ physician availability

It is the goal to get help to the person in a timely, logical, and effective manner.

The Charge Nurse, or designate:

- a) responds to scene, calls "911" and reports the incident including the location and injuries (if known)
- b) instructs a designated person to stay with the injured person to await help (if appropriate)
- c) calls the Executive Director, if outside office hours or unavailable, call the Manager On-Call (if not in the home), providing as much detail as possible (e.g., location, injuries if known, etc.)

If the person is reported to be in respiratory or cardiac arrest, the designated Charge Nurse shall inform the emergency response team (EMS) that it is a Code Blue situation.

As a follow-up to each incident, an informal assessment will be carried out to determine if the most appropriate action was taken and to discuss future improvements.

Documentation:

- a) Charge Nurse completes a detail account
- b) Executive Director completes a detailed report on the incident and required follow-up
- c) Leadership Services Office is notified immediately



Code Red- Fire

Procedure

A. If you discover a Fire/Smoke: Call out "CODE RED", and fire location; R.E.A.C.T:

- ✓ R: Remove Residents from immediate area.
- ✓ E: Ensure windows and doors are closed.
- ✓ A: Activate Alarm.
- ✓ C: Call the Fire Department.
- ✓ T: Try to extinguish fire (if possible).

B. If you hear the fire alarm:

- ✓ Listen carefully to where the fire is being called
- ✓ Check to see if the activation is on your home area by completing a room-to-room search (follow fire procedure if doors are closed before opening)
- ✓ Keep corridors clear
- ✓ The Charge Nurse will follow the communities fire plan and initiate a search and evacuation of residents either horizontally then will activate the vertical evacuation as required
- ✓ The Charge Nurse/Manager will remain the Incident Commander until the Fire Department arrive
- ✓ The Charge Nurse will assign staff to areas of the home and to doors to stairwells to prevent residents from exiting the stairwells.
- ✓ Elevators will not be used until directed by Fire department that they are safe to utilize.
- ✓ All residents, staff and visitors will be counted by the staff on that home area
- ✓ Visitor kiosk information will be reviewed to ensure that all persons are counted as present in the building.

The community has an approved Fire Safety Plan that was developed in accordance to all applicable regulations and approved by the fire department on an annual basis. The fire drills are completed monthly on all 3 shifts and an evacuation drill completed with the fire departments as per regulations.



Code Yellow

A Missing Resident Plan:

- ✓ Ensure a system is in place to readily identify and coordinate information regarding residents at risk for wandering.
- ✓ Include a search missing resident kit prepared to be given to police in the event an external search is required.
- ✓ Include education program to advise staff, volunteers, families of the issue of wandering residents and inform of actions to be taken in the event of a missing resident.

A Search Kit will be located at 1st Floor Nursing Station - Communication Centre and will contain:

- ✓ Flashlight and batteries (5)
- ✓ Notepads
- ✓ Post-it notes
- ✓ Pens, highlighters and markers
- ✓ Floor Plans indicating search areas
- ✓ Missing Person incident report procedure
- ✓ Maps and photos of grounds indicating search areas and highlighting areas of high probability for residents to wander.
- ✓ aerial photos or topographical maps

Staff Education:

- ✓ How to react when a resident is showing exit seeking tendencies
- ✓ How to react appropriately during a missing person incident by following a set procedure.
- ✓ How to conduct a Search for a missing resident
- ✓ How to respond to at risk residents through behavioral intervention
- ✓ How to document wandering incidents

The community will follow the missing resident search protocol -Policy #005020.00

PROCEDURE:

As soon as a resident is identified as missing the Charge Nurse will be notified.

The Charge Nurse or delegate will page "Code Yellow, (name of missing resident, unit and room number)

All Nursing Staff on each resident care floor will conduct a search of the unit in accordance with the following:

SEARCH PROCEDURES

Missing Person Incident Procedure – Code Yellow

1. If a full floor by floor search cannot be conducted simultaneously, begin search in vicinity of the point the resident was last seen. Assign the search team members to various locations and instruct all staff to report back within 10 minutes.
2. Post a staff member at each unlocked exit to ensure the resident does not exit while conducting the search.

3. Allocated staff should begin search at each end of the unit and search toward the middle of the hallway then continue onto the opposite end ensuring that **each room has been searched twice**. Stairwells will then be searched with the staff members entering the respective stairwells at the same time ensuring that the resident will not be missed. In each room look:

- On/under/beside beds
- In each bathroom
- Behind privacy curtains
- Closets
- Behind doors
- Shower stalls
- Bathtubs
- Scan room for any area that may hide a resident from view.

ALL areas are to be searched including areas that are usually kept locked. These include: Utility rooms, Linen closets, Stairwells, Elevators, Lift Rooms, Electrical Rooms.

All searchers should:

- work in pairs through the hallway to prevent the lost person moving into an already checked area.
- Search an assigned area noting the time that they searched the area on their floor plan.
- Remain silent except for essential conversation and listen for person.
- Listen for lost person who may be crying, singing, or quietly talking
- Be cognizant that the person may not respond to his/her name
- Look for clues (ie lost clothing)

4. The Charge Nurse/Delegate should assign additional available staff to search the outdoor perimeter of the facility, common areas, staff rooms, public washrooms, kitchens, laundry and other non-resident areas.

Searching Non-Resident Areas:

(These searchers will be equipped with an elevator key and master key)

- ✓ The elevators are to be brought down to the main floor and put on service with the doors open.
- ✓ Starting with front reception area, the delegate will search all offices and rooms in a systematic fashion.
- ✓ The manager will unlock all rooms and relock the doors again once the room search is completed.

While searching outside the facility

These searchers are to be provided with a cell phone.

Note cell phone number prior to staff leaving to perform external search

- ✓ Use the facility grounds map from the search kit that has been divided up into grids.
- ✓ Search each area of the grid thoroughly and systematically.
- ✓ Avoid multiple re-crossing on the grounds as this may contaminate a scent trace needed by police canine units.

On completion of each search area the unit supervisor or delegate will call the Charge Nurse to indicate:

- ✓ Search completed
- ✓ Resident found/not found.

IF THE RESIDENT IS NOT FOUND:

1. Charge Nurse will:

- ✓ Contact family
- ✓ **Call Police - 911**
- ✓ Contact Executive Director, Director of Care or designate
- ✓ Instruct staff to call in additional staff to assist with general operations
- ✓ Instruct staff on each floor to alternate sides of unit and search again. Each area will call the Charge Nurse to indicate Second Search Completed – Resident found/not found

2. The Executive Director, Director of Care or designate will immediately contact

- ✓ The President & Vice President of Primacare
- ✓ the Ministry of Long term Care .
- ✓ If resident is missing less than three hours and returned to the LTC Home with no injuries or adverse changes in condition ~ Ministry of Long Term care notification the next working day by voicemail or email
- ✓ If resident is missing less than 3 hours and returns with injuries or adverse changes in condition, **use emergency pager for MLTC**
- ✓ If resident is missing more than three hours, or if the resident returned to the LTC home with injuries or adverse changes in condition, **use emergency pager for MLTC**

3. The Charge Nurse will also:

- Make an immediate assessment of the potential risk the resident may be to self or others.
- Employees may, at the direction of the Charge Nurse, use their own vehicles to conduct a search along local streets, parks and other accessible areas.

2. The Charge Nurse is responsible to call and inform the Family/representative and attending physician.

When Contacting families:

Convey and reassure that safety and well being of the resident is our number one priority

Notify the family of:

- a) Resident is missing and we are continuing to follow our missing resident protocol to ensure this resident is found
- b) Time of emergency
- c) Current Status
- d) Mechanism of access to updated information

3. The Charge Nurse will be the Incident Commander. The Reception Desk (or if more appropriate the Nursing Station) will be the Control Centre (1st Floor Nursing Station) unless police or other authorities deem otherwise.

4. The Charge Nurse or designate will :

- a) Gather all available information re: missing resident
 - ✓ Resident photo, shoe tread and wandering profile information
 - ✓ Full description of clothing worn,
 - ✓ Time and place where the resident was last seen
 - ✓ Previous missing person incidents and where found

- ✓ Resident's history, ie) previous job history, friends in community, previous hangouts etc.

b) Gather Code Yellow kit and map

Provide police with as much information as possible. Where the resident was last seen. What the resident was wearing. Where the resident has gone if previous wandering has been an issue. Where the resident used to live.

5. The Charge Nurse will complete a Risk Assessment (Elopement) and document actions taken.
6. The Executive Director, or delegate, will complete the MOHLTC Unusual Occurance Report
7. Involvement of Media.

If the resident is not found in a timely manner (3 to 6 hours depending on risks) consideration should be given to involving the media and/or the general public in the search procedures.

- ✓ Police Search Team will when deemed necessary release information to the media to request public assistance
- ✓ Advise resident family of release name and information
- ✓ The Police have the primary responsibility for communication with the media during the search. The Executive Director or Leadership Services Office representative is responsible for corporate communication with the media as the need arises.
- ✓ All corporate media contact is referred to the Executive Director or Leadership Services Office representative.
- ✓ The Executive Director or Leadership Services Office representative provides a standardized press release as appropriate.

WHEN THE RESIDENT IS FOUND,

1. If the resident is found page "Code Yellow" ALL CLEAR
2. The Charge Nurse will notify the Executive Director, Director of Care, family/representative and attending physician.
3. The Executive Director or Director of Care or Charge Nurse will notify the:
 - ✓ Police (ASAP) by 911 or on scene officer
 - ✓ Ministry of Long term Care
 - ✓ Media (may be coordinated with Police)
4. An interdisciplinary assessment of the Resident's condition is to be completed and documented with follow-up as indicated. If required, the resident will be sent to hospital for a complete medical assessment.
5. Document incident in resident's chart. Revise the Resident Plan of Care identifying strategies to manage wandering/exit seeking.
6. Ensure complete documentation of all actions just prior to the search, during the search and immediately after the search including the following:
 - ✓ Time resident last seen and be whom;
 - ✓ Time resident discovered as missing;
 - ✓ Any unusual behaviour;
 - ✓ Search procedures and involvement;
 - ✓ Notification time of pertinent individuals.



Code Brown- Hazardous Chemical Spill

Procedure

A chemical spill requires determination of the following common considerations:

- ✓ Type of chemical spill (WHMIS);
- ✓ Volume of chemical;
- ✓ Type of danger associated with the specific chemical from MSDS sheets;
- ✓ Location of chemical spill;
- ✓ Risk to staff, residents, and property - "major" or "minor";
- ✓ Notification requirements for safety and environmental purposes; for example, fire department, government and municipal agencies, home Occupational Health & Safety Committee co-chairs, etc.

Add telephone numbers of any specific agency(s) required to the Emergency Contact List.

When there is any doubt about the type, extent, or nature of the risk associated with a spill, the person discovering the spill shall:

- ✓ **Pull the Fire Alarm or call 911;**
- ✓ **Page CODE BROWN – 3 times and location of the spill;**
- ✓ **Evacuate the immediate spill area.**

In the event of such a disaster, immediate reaction would be directed by the Fire Department, as they would be the best equipped to determine the type of chemical, and

- ✓ The rate at which it is spreading;
- ✓ The method to control it;
- ✓ The damage it poses to the Home;
- ✓ The appropriate action and where, if necessary, to re-locate if pre-planned areas of refuge are designated as unsafe.

If evacuation is required, follow established evacuation procedures – **CODE GREEN**. If it is the intent to remain in the building, certain preventative actions can be taken depending upon the properties of the chemical involved.

CLEAN UP

In many cases the clean-up may require the application of a neutralizing product that will absorb and neutralize the chemical to allow the product to be shoveled into bags for disposal at an appropriate hazardous material disposal site.

If appropriate, use the Spills Clean Up Kit purchased for the home. Follow the clean-up instructions of the MSDS material. A hazardous waste company may be required to deal with larger spill clean-up. The administrator will arrange this service.

When safe to do so, page Code Brown "ALL CLEAR" 3 times.



AFTER THE EMERGENCY IS OVER

Consideration should be given to calling a special meeting of the Occupational Health & Safety Committee to review the circumstances and response to the hazardous situation and to prepare a report and recommendations for consideration.

Complete remaining reporting requirements as per all emergency response situations.

Code Grey- Loss of Essential Services

The Code grey is used for numerous disruptions including the following: loss of essential services, such as Hydro, gas, heating system and water etc., Each community has a specific procedure to follow related to the emergency.

Contact the Executive Director, if outside of business hours or unavailable, contact the Manager On-Call

Procedures for rapid shutdown should be predetermined for:

- Life safety
- Loss control purposes
- Ensuring evacuations in a timely manner

The Critical Operations procedure is to be followed by employees who have been assigned to care for essential building operations including:

Operation	Responsibility
1. Laundry	Environmental Services Manager or Designate
2. Kitchen	Food Service Manager, or Designate
3. Resident Rooms	Director of Care; Assistant Director of Care; Nursing Staff
4. Gas/Water/Hydro	Environmental Services Manager, Maintenance or Designate
5. Mechanical	Environmental Services Manager, Maintenance or Designate

Persons involved in the Critical Operations listed above shall be notified of this responsibility in advance, identified and will be appropriately trained for the particular situation.

Charge Nurse will immediately:

- ✓ Notify the Executive Director, if outside of business hours or unavailable, contact the Manager On-Call
- ✓ Notify Maintenance Personnel to check the electrical system for obvious problems. Depending on disaster notify the manager responsible.
- ✓ If no internal problem is found, call the appropriate external provider (e.g., London Hydro); request immediate service and the anticipated time power will be disrupted
- ✓ Critical Incident must be filed with the MLTC as required
- ✓ Follow the directions of the Emergency responders and Incident Commander

The Executive Director will:

- ✓ If required rental of equipment is completed as required
- ✓ Maintains supplies in the community to ensure continuity of services and develops a plan to ensure that supplies are able to be brought in in a timely manner
- ✓ Takes the Incident Manager lead in cases where the emergency plan is activated
- ✓ Ensures shelter agreements are in place in the event that evacuation is required.



Code Orange

The purpose of the Code Orange policy and procedures is to coordinate a safe and effective response to an **external** disaster for example a plane or bus crash or natural disaster.

The community may be receiving residents from other communities depending on where and the effect of the disaster on the community itself.

If Accepting Residents from other communities:

- ✓ The Executive Director/designate will approve the receipt of Residents from another facility or the community following an external disaster. Refer to the community shelter agreement.
- ✓ On request, the receptionist/designate will communicate "Code Orange Alert" to advise employees of a potential influx of Residents. "Code Orange" or "Code Orange Confirmed" will be communicated to declare a confirmed influx of Residents.
- ✓ The reception plan will be implemented to handle the influx of Residents.

The Executive Director:

- ✓ Ensure the space required to house incoming residents is available and clean
- ✓ Supplies are readily available for care of the resident until the sending staff are available to resume care.
- ✓ Ensure that the resident is identified and that their allergies, and any critical information regarding their care is available on arrival.
- ✓ Follow the emergency protocols.

OUTBREAKS, PANDEMICS, EPIDEMICS (Pandemic Guide to be used)

This Outbreak Guide is intended to inform prevention, preparedness, and management of outbreak, pandemics and epidemics at our Long-Term Care communities. Information is organized both by key functions and phases of a pandemic. Functions include Incident Management Team Lead, Home Administration, Environmental Services, Dietary Services, Infection Prevention and Control, Resident Care, Supplies and Logistics, and Resident and Family Engagement / Communications. Function-specific guides outline required activities for Prevention & Preparedness, Outbreak Management, and Recovery & Monitoring.



Prevention & Preparedness: Measures to prevent infection and prepare for a potential outbreak

Outbreak: Measures to respond once at least one positive case is identified – note that measures introduced in Prevention & Preparedness will continue in Outbreak, unless otherwise specified

Recovery & Monitoring: Measures to ensure a gradual return to normal while working to prevent future outbreaks

Supporting Documents detail additional information to support implementation, including templates, tools and protocols developed.

The guide is supplemental to policies & procedures, direction from Public Health, and Directives released from the Ministry of Long-Term Care.

INCIDENT MANAGEMENT TEAM LEAD GUIDE

A. Prevention & Preparedness

Complete all activities below as a regular part of operations.

	Review local Incident Management Team system, structure & back ups	Policy and Procedures – Outbreak policies in IPAC manuals
	Meet Incident Management Team (IMT): Review IMT Structure, assess readiness across each function, share templates & tools, oversee required prevention & preparedness activities	Incident Management Team – Templates and Tools Refer to guides for each Incident Management Team Function

	In collaboration with IPAC Lead, review reporting requirements for outbreak; confirm process to obtain, validate & report data	Infection Prevention and Control – Case Metrics Template
	Educate all Incident Management Team leads on outbreak measures and procedures; conduct regular outbreak management drills with staff	Refer to guides for each Incident Management Team function
	Review emergency plans and confirm relevance for possible outbreak; update if needed, in collaboration with ED and VP	Emergency procedures -site specific

B. Outbreak Management

Ensure all activities in Part A are complete and implement the following upon declaration of an outbreak.

	Initiate & lead daily Incident Management Team calls	Incident Management Team - Meeting Template Incident Management Team - Minutes Template Infection Prevention and Control - Case Reporting Metrics
	Oversee required outbreak management measures & procedures	Refer to guides for each Incident Management Team function

C. Recovery & Monitoring Ensure all activities are completed in Part A and B and implement the following actions when outbreak declared over; return to 'Prevention & Preparedness'.

	Consult with VP regarding ongoing reporting requirements	
	Confirm with VP that daily Incident Management Team calls no longer needed; wind down Incident Management Team calls	
	Schedule review with Incident Management Team to review outbreak management and capture lessons learned. Ensure updates are made to any required documentation.	
	Ensure return to 'Prevention and Preparedness' measures for all teams	

Home Administration – Organizational Risk Assessment (ORA)

From the onset of a pandemic, as well as regularly throughout, a risk assessment of the care community should be performed. The risk assessment allows leadership to better understand the areas of risk in the care community, and to adequately plan and respond to them. An ORA is a



systematic approach to assessing the efficacy of control measures that are in place to mitigate the transmission of infections in the health care setting.

The ORA is central to any healthcare organization's preparation and planning to protect team members. Leaders have a responsibility to provide education and training to team members regarding the care community's ORA, including guidance around the use of PPE.

The Executive Director should own the ORA and engage the Joint Health & Safety and Infection Prevention & Control teams, as appropriate.

Resident and Family Engagement – Supporting Families

It is important to remember that a pandemic situation is an uncertain and emotional time for family and loved ones who are worried about their family members in the care community:

- It is important to keep them informed about the status of their loved ones and the care community as a whole
- In the absence of in-person communication between families and residents, explore other ways to keep families connected with their loved ones as both sides can benefit from it – ideas are included in the list below
- The community uses the system “one call” to communicate with families on a frequent basis

Care Packages:

Home care packages can be received, but must follow supplies disinfection protocols. Families can drop off essential supplies (i.e., clothing, eyeglasses) and homemade or pre-packaged food, provided these items are in packaging to support disinfection.

Process:

- Families to leave care package on table in vestibule, clearly marked with resident name and home area; families should not enter building
- Receptionist to don gown, gloves, mask, shield & pick up item
- Receptionist to disinfect item, and place in clean, white plastic bag
- Receptionist to doff gown, gloves and shield
- Receptionist to call home area to advise of package
- Delegate from home area to collect package from reception

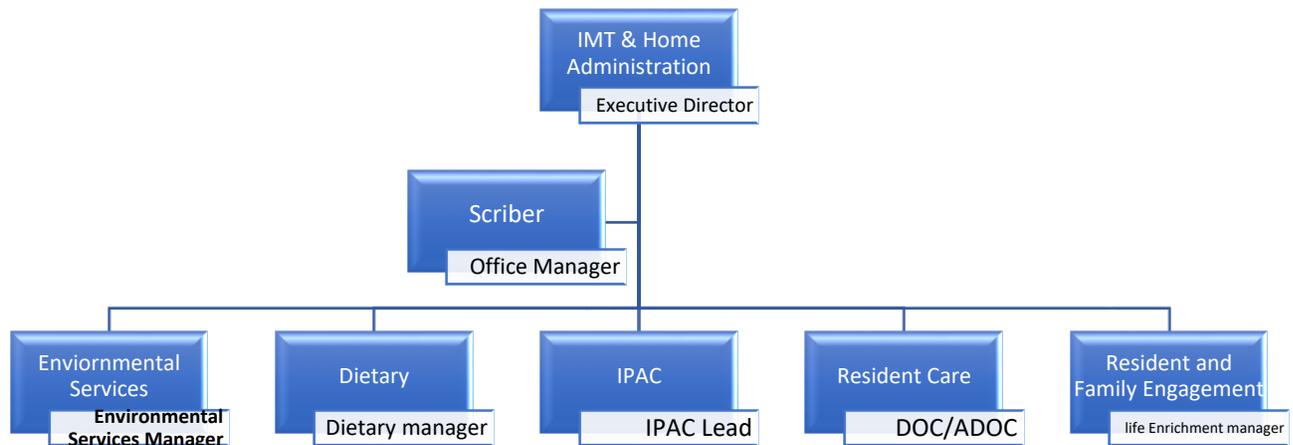
Note: ___ may decline items that do not meet disinfection protocols.

Additional ideas:

- Utilize tablets to set up virtual visits with family members
- Encourage families to share photos or videos regularly
- Capture photos of resident, with consent, to share electronically with family members
- Gather family contact information and preferred contact method preferences

The Community has a detailed pandemic/Covid 19 plan that will be utilized when required.

IMT Management Team Structure



Incident Management Team – Meeting Template

Required Membership: Refer to 'Incident Management Team – Structure'

Cadence: Daily, 10-11 AM

Agenda:

1. Overview of Outbreak Status including updates from PPH – IPAC lead or delegate
2. Personal Protective Equipment and Necessary Supplies- RFC – PPE or delegate
3. Impact to Resident Care- Cohorting, Isolation, etc.- DOC / ADOC
4. Impact to Staffing Levels/Needs- All Managers
5. Impact to Housekeeping- Environmental Services Manager
6. Impact to Dietary Services- Dietary Services Manager
7. Impact to Visitation and Absences'- All
8. Communications- Life Enrichment Manager

Refer to Incident Management Team – Minutes Template and Infection Prevention and Control – Case Reporting Metrics

Active Respiratory Screening

POLICY

It is the policy of Primacare Living to screen all residents admitted or re-admitted to the home, for Active Respiratory Illness (ARI). Staff, families, contractors and visitors will do self-screening during non-outbreak conditions.

ARI is defined differently during outbreak and non-outbreak conditions.

The purpose of screening is to help identify individuals with potential ARI who may pose a risk to residents and staff.

References:

MOHLTC. Provincial Infectious Diseases Advisory Committee (PIDAC): Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection In All Health Care Settings (March 2013). Public Health Ontario.

MOHLTC: A guide to the control of respiratory infection outbreaks in long-term care homes. Toronto, ON: Queen's Printer for Ontario; 2014.

Screening

All residents will be screened for ARI on admission and re-admission using the ARI Screening tool which is located in "Assessments" in PCC.

Appropriate signage should be posted at all entrances asking people not to enter if they have respiratory symptoms.

A sign-in book should be used to track who has been in the building and who they visited in case a health problem develops.

Communicate to families, volunteers, consulting staff etc. not to enter the LTC home if they are unwell.

Once a resident has been identified as having symptoms of ARI, initiate droplet/contact precautions.

Ongoing daily surveillance should be continued to monitor residents for signs of possible infection.

All staff and students who work in the home should self-screen prior to their scheduled shift for symptoms of ARI.

The Infection Control Practitioner should be notified of all employees/contract workers who stay home due to illness.

Reporting Communicable Diseases and Outbreaks

. POLICY

The local Public Health Unit, Medical Officer of Health, Ministry of Health and Long-Term Care shall be notified of any occurrence of the following:

- Infectious disease at the outbreak level
- Reportable diseases as per Health Promotions Act (see Linked document listing reportable diseases)
- Problems with drinking water supply (i.e., contamination)

Concerns will be reported immediately by telephone to the local Public Health Unit.

The infection control program shall include sanitation practices, surveillance and outbreak management protocols, facility policies and procedures, other legislated requirements, and education and consultation to support the policies and procedures.

Occurrences which pose an immediate risk to resident(s) and which involve intervention by an outside agency or agencies such as police, fire department, or medical officer of health:

The Ministry of Labour and/or the Ministry of Environment shall be notified for any occurrence involving staff, or that poses a risk to staff, as well as any occurrence involving the water and air supply.

Worker's Safety & Insurance Board will be notified if a staff contracted a communicable disease through the work environment during working hours.

The allotted time to notify Worker's Safety & Insurance Board is within 72 hours and Ministry of Labour is within 4 days.

2. REFERENCES

Ontario Regulation 559/91: Health Protection and Promotion Act
Privacy and the Personal Health Information Act (PPHIPA), 2004

3. PROCEDURE

The RN / RPN will:

1. Report concerns about a potential communicable disease / outbreak involving a resident(s) to the Infection Control Practitioner.
2. Immediately isolate the resident(s) to reduce the risk of infection transmission.

The Infection Control Practitioner will:

1. Assess the presenting signs and symptoms and consult with the Medical Director to verify if the criteria for communicable disease/ outbreaks are met.
3. Implement isolation practices for the resident(s) displaying the symptoms and identify the precautions staff must use when providing care or services if it has not been initiated yet.

4. Refer all reportable diseases to the provincial Medical Officer of Health and to the Public Health Unit.
5. Complete a written report and fax to the Public Health Unit.
6. Maintain daily communication with the Public Health Unit representatives, including completion and faxing of line-listing reports, to ensure accurate sharing of disease progression / resolution information (including new cases, resolved cases and any deaths that can be associated to the disease), testing results and any other factors contributing to effective management of the disease.
7. Notify the Public Health Unit liaison officer and the Medical Director for the Residence and the MOHLTC if it is an outbreak.
 - Name(s) and date of birth of resident(s)
 - Signs and symptoms presented, including dates first observed
 - Precautions that have been implemented.
 - Any swabs or samples that have been taken and require pick up for analysis.
8. Notify department managers and organize a meeting to identify roles and responsibilities by department for managing the disease.
9. Complete a Critical Incident report.
10. Maintain communication with the above representatives to ensure accurate sharing of disease progression / resolution information (including new cases, resolved cases and any deaths that can be associated to the disease), testing results and any other factors contributing to effective management of the disease.
11. Update and submit revised CIS Report when outbreak is resolved.
12. Maintain the confidentiality of a resident's health record at all times.
13. Maintain a current listing of all Reportable Diseases.
14. Notify MOL if staff members are symptomatic.



Reporting Active Respiratory Illness

POLICY:

Active respiratory illness meeting case definition of an outbreak will be reported to local Public Health Unit.

PROCEDURE:

If a new resident (within 72 hours of move in) has been assessed as having a febrile respiratory illness, the Infection Control Practitioner/designate will:

- Contact the health care residence from which the resident was discharged, and the local Public Health Unit, notifying them of their findings. Consent is not required for this notification.

All staff reporting off work due to FRI will:

- Notify their manager, which will notify the infection control practitioner.

When a cluster of staff is identified with FRI, the Charge Nurse will:

Inform the Infection Control Practitioner who will initiate appropriate actions

REFERENCES:

Ontario Regulation 559/91: Health Protection and Promotion Act

Privacy and the Personal Health Information Act (PPHIPA), 2004

Provincial Infectious Diseases Advisory Committee (PIDAC) Ontario Agency for Health Protection and Promotion Annex B. Prevention of Transmission of Acute Respiratory Infection (Revised: March 2013).



Loss of Water

POLICY:

To ensure the Home is prepared to deal with an incident of loss of water in a manner that minimizes disruption.

PROCEDURE:

In the event of total loss of water:

- ✓ Notify the Executive Director, if outside of business hours or unavailable, contact the Manager On-Call
- ✓ Maintenance Personnel will check the water system for obvious problems. If not available call the contracted plumber to assist.
- ✓ If there are no internal problems, contact the Local Public Utilities to determine expected duration of shutdown
- ✓ Record the start time of the water outage (Critical Incident must be filed with the MLTC for disruptions lasting longer than 6 hours)

If the supply is to be restored quickly, no further action is required.

If there is a planned disruption for service reasons:

- ✓ the water company will notify the Home in advance
- ✓ all departments will be notified, have time to plan for the event
- ✓ direction to fill tubs, sinks, pitchers, etc. with water for use during the shutdown will be given

If the water supply is not expected to be restored within a reasonable time frame, the Executive Director, or delegate, will:

Reassign laundry staff to other duties

- ✓ Direct dietary staff to use disposable plates, glasses
- ✓ Direct dietary staff to use water kept in the refrigerator for cooking purposes; hold water at meal time
- ✓ Direct nursing staff to modify work schedule to conserve water
- ✓ Direct staff and residents to minimize the flushing of toilets
- ✓ Milk and fruit juices are to be used to meet the needs of residents
- ✓ Laundry / dishwashing operations shall be discontinued
- ✓ Regular bathing shall be discontinued
- ✓ Purchase bottled water from a grocery store as required
- ✓ Provide disposable disinfectant surface wipes for housekeeping duties.

Disposable hand wipes and waterless hand cleaner will be obtained by the Director of Care for personal care.

In the event that water supply is not to be restored for an extended period of time:

- ✓ Initiate contact with an emergency water source to provide water until the disruption has ended



- ✓ The Executive Director, in collaboration with Corporate Office, will provide additional direction and resources

DEPARTMENT SPECIFIC PROCEDURES FOR LOSS OF WATER

IF POSSIBLE, FILL ALL CONTAINERS AND SINKS WITH WATER.

FOOD SERVICE

- ✓ Follow emergency menu using disposable dishes
- ✓ Use water in refrigerator for cooking
- ✓ Do not drain steam table(s)
- ✓ Puree entrees will be heated on the stove
- ✓ Canned juices to be used instead of concentrates
- ✓ Coffee and tea will not be served

LAUNDRY

- ✓ Suspend duties and reassign to other duties
- ✓ Contract service could be contacted, ensure that the community has a contingency amount of linen available.

HOUSEKEEPING

- ✓ Suspend duties and reassign to other duties
- ✓ Use disposable disinfectant surface wipes for required housekeeping of surfaces.



Loss of Natural Gas

POLICY:

To ensure the Home is prepared to deal with an incident of loss of natural gas in a manner that minimizes disruption to the Residents.

Loss of Natural Gas Supply may result in failure of home systems as follows:

- ✓ Loss of heat;
- ✓ Loss of use of laundry equipment;
- ✓ Loss of use of kitchen equipment;
- ✓ Loss of emergency power supply generator (if not diesel);
- ✓ Loss of domestic hot water.

PROCEDURE:

In the event of loss of gas:

- ✓ Notify the Executive Director, if outside of business hours or unavailable, contact the Manager On-Call
- ✓ Notify Maintenance Personnel to check the fuel line system for obvious problems
- ✓ If an internal issue, contact the Home's natural gas supplier (e.g., Union Gas) to attend to the premises and correct the problem
- ✓ If no obvious problems are found, contact the Home's natural gas supplier (e.g., Union Gas) to determine expected duration of shutdown
- ✓ Manually shut down gas fired appliances and pilot lights until supply is restored
- ✓ Once supply restored, Maintenance Personnel to follow manufacturer steps to relight all pilot lights on all gas fired appliances

If the supply is to be restored quickly, no further action is required.

In the event that natural gas supply is not expected to be restored for 24 hours or more:

- ✓ Suspend operation of laundry and dishwashing services to conserve hot water for resident's use
- ✓ See **CODE ORANGE - Interruption of Dietary Services** (Emergency Preparedness Manual)

In the event that gas supply is not to be restored for an extended period of time:

- ✓ The Executive Director, in collaboration with Corporate Office, will provide additional direction and resources

DEPARTMENT SPECIFIC PROCEDURES FOR LOSS OF HYDRO

FOOD SERVICE

- ✓ Follow emergency menu using disposable dishes
- ✓ Use barbeques outside as an additional source for cooking

LAUNDRY

- ✓ Suspend duties and assign staff to other areas
- ✓ Use disposable products
- ✓ Use contingency linen supply;
- ✓ Implement external laundry services.



HOUSEKEEPING

- ✓ Maintain duties as much as possible
- ✓ Use disposable disinfectant surface wipes for required housekeeping of surfaces.

NURSING

- ✓ Ensure additional alcohol-based hand sanitizer is available for hand hygiene;
- ✓ Provide disposable wipes for personal care of residents.

Insert Home Specific Information if required:

Home specific impact of loss of natural gas supply, listing equipment or systems that will not operate without natural gas supply and identify contingency arrangements.



Flood Contingency

POLICY:

To ensure the Home is prepared to deal with an incident of flooding in a manner that minimizes disruption.

PROCEDURE:

In the event of a flood:

- ✓ Relocate Residents to a place of safety
- ✓ Contact the Executive Director; if unavailable or outside of business hours, contact the Manager On-Call
- ✓ Contact the Vice President

In the incidence of a flood:

- ✓ Determine the cause of the flood
- ✓ If internal plumbing, contact the maintenance personnel
- ✓ If caused by city water supply, contact Hydro Utility company immediately
- ✓ If caused by weather and/or natural disaster, obtain flood reports from local TV or radio stations
- ✓ Watch water levels
- ✓ Move all things that might be damaged

If an evacuation is necessary:

- **Initiate the CODE GREEN – Evacuation (Emergency Preparedness Manual)**

Tornado (watch and warning)

POLICY:

It is the policy that there will be an emergency plan in place providing direction to staff in the event of a Tornado Watch or Warning.

Tornado Watch is designated by the Department of the Environment when a combination of weather conditions which may include Thunder Storms exist that are conducive to the creation of a tornado.

Tornado Warning as issued by the Department of the Environment means that conditions are favorable for tornado activity and funnel clouds have been observed or have touched down in the area.

Resources for Weather Notification:

- ✓ Weather Radio- located at Command Centre.
- ✓ Website: environment.gc.ca
- ✓ www.ontario.ca/emo -You can sign up for emergency alerts for actual or potential emergencies. Alerts will be delivered by: E-mail, SMS message, RSS feed, Twitter.

PROCEDURE:

Tornado Watch

1. Weather radio is located in each Home at the Command Centre and is to be tuned to weather station. Radio should have capability of battery operation in the event the electricity goes off. Batteries are to be changed annually at beginning of the year.
2. Charge Nurse of Command Centre to notify other Nurses etc. in building of Tornado Watch by using the Walkie Talkie. Charge Nurses to keep in close contact via this method of communication. Communicate situation to members of your team and other workers in the Home.
3. Locate all residents and ask them to come indoors if anyone is outside.
4. Check outdoors and indoors for any objects with might become missiles if blown about in a high wind, and put in a safe place.
5. Ensure that equipment, emergency bags, flash lights, batteries blankets etc. are readily available.
6. Remove any unnecessary equipment, furniture, boxes, etc. from traffic areas. Clear hallways in the event of a Tornado Warning.
7. Begin to close curtains to prevent against flying glass.
8. If you feel a serious storm is near, take the ambulatory residents and settle them in chairs. They will no doubt feel safer here and will be glad to be together. **DO NOT ALARM THE RESIDENTS.**
9. Residents who are bedfast can be moved away from the windows.
10. Have plenty of blankets ready. If a severe storm strikes, the residents can be quickly covered with these to avoid injury by flying glass or splinters.



Tornado Warning

Charge Nurse of command center to notify staff and residents immediately using overhead page and walkie talkie. State: *Tornado Warning in effect x 3*

Residents should be moved into the hallway. Position with backs against the inside wall and do not sit in front of doorways/windows. If necessary, a resident can be moved into the hallway in their bed. Ambulatory residents who are able can sit on the floor.

Staff should then ensure curtains are closed and equipment is secure and away from resident area.

If time allows provide each resident with a blanket for warmth and head and body protection.

The One Call notification system may be activated after the storm by the Charge Nurse at their discretion, if the situation including the immediacy or severeness of the storm, would warrant.

Evacuation procedure activation would also be an option if the local fire/police departments would deem this necessary.

Inform key Primacare personnel including the Executive Director.

Follow up required such as notification of Ministry of Long-Term Care, etc. will be the decision of the Executive Director or alternate in Charge of the Home in the absence of the Executive Director.

CODE PURPLE

Hostage Taking/Intruder

POLICY:

When a hostage situation occurs, staff should follow the necessary steps as outlined below.

PROCEDURE:

The staff member who observes the event taking place should proceed as follows:

- ✓ Do not try to intervene;
- ✓ give guidance, observe situation and be prepared to report information (ie. number of hostages, number of residents, etc.)
- ✓ use common sense and good judgement;
- ✓ notify Charge Nurse.

Hostage taking management - general rules:

clear and contain area;

- ✓ notify police immediately - 911;
- ✓ talk calmly to hostage taker;
- ✓ stall for time - NEVER say NO;
- ✓ summon staff who may know hostage taker;
- ✓ If the intruder or hostage taker requests narcotics give the person whatever they request.
- ✓ DO NOT give food and drink that have been altered to hostage taker;
- ✓ if possible, evacuate all residents from area, if not possible, residents should remain in their room, closing their doors;
- ✓ notify Executive Director.

Guidelines for hostages:

- ✓ try to remain calm and relaxed;
- ✓ avoid aggressive behaviour, stance or body language;
- ✓ remain alert for opportunities for rapport with hostage taker and for escape;
- ✓ avoid food and drink offered by the hostage taker;
- ✓ stay clear of windows and doors.

CODE WHITE: Violent Situation Protocol

POLICY:

To ensure a plan is in place to attain immediate assistance in a situation related to violent/aggressive behaviours in staff, resident, family or visitors.

Code White is used to signal that assistance is required due to another person behaving in a potentially dangerous manner towards himself or others. There can be a potential that this behaviour may escalate causing further risk and harm to others.

The staff responding to a Code White will do so in a non-violent manner; least restraint approaches will only be implemented after all other options have been tried. Should staff feel that the situation is beyond their ability to intervene effectively or the behaviour involves a person other than a resident, 911 will be called.

Strategies to Prevent Code White

Resident Behaviours to Identify or Flag potential for violence

- Past history of violence
- Medical conditions i.e., brain injury
- Lifestyle/personal history

Code White practice for specific resident including an environmental assessment for potential violent situation e.g., what to do if in dining room etc. (see (a) for copy of Environmental Assessment Form)

Dress/grooming: Ensuring that appropriate precautions are in place e.g. hair tied back, no rings, necklaces etc. This is for staff safety.

PROCEDURE:

Call out "**CODE WHITE**". Unit Staff to respond immediately to area of concern.

The person confronted with the situation should:

1. Stay Calm
2. Call for help from co-workers – Code White. Using the overhead paging system, page "CODE WHITE", Care Area and location (ie. Unit _____, Room 220)
3. Take measures to protect your own safety and the safety of those around you (eg have residents leave room, position yourself close to the door, never turn your back to the aggressor) Remove Residents/Visitors and Staff from immediate area, establishing a safe location.

IF AGGRESSIVE RESIDENT - Return to resident, ensure environment is safe. Implement interventions to de-escalate the Responsive Behaviour and manage the situation.

- ✓ Establish and maintain eye contact
- ✓ Talk in a slow reassuring voice, try to keep the resident engaged in conversation
- ✓ Offer a snack or drink (avoid hot items)
- ✓ Do not patronize or speak down to the aggressor
- ✓ ask simple questions



- ✓ offer to get a seat for them or call family for them

Do not promise anything in response to demands. Acknowledge requests but say you have to check with supervisor. (claim lack of authority)

4. Do not obstruct perpetrator's passage in any way.

Second staff member on Scene:

1. Isolate dangerous individual if safe to do so.
2. Monitor traffic and direct people away from area in incident
3. Determine if necessary to call police and if so make the call now. Call 911.
4. Delegate a person to meet police and give a briefing of the situation.

6. The Charge Nurse will assign tasks to staff who respond. Tasks include:

- Removing other residents in the area;
- Removing objects that could be used as weapons from the area;
- Removing visitors from the area;
- Establishing a safe perimeter;
- Reviewing the resident chart for orders or family/representative to contact;
- Contacting the physician/NP, and/or contacting the family/representative;
- Contacting the police (call 911) if non resident involved.

Once situation is assessed then:

Appropriate Interventions for Code White Responders:

A. Distance from Resident/Positioning of First Responder

- ✓ Leg length plus a step or a lunge away.
- ✓ Step to the side if resident responds physically (versus backwards as this could end up with staff being cornered).
- ✓ Stand at a 45 degree angle. Palms should be in front of thighs facing out (to evidence nothing in hands). Avoid hands positioned behind back.
- ✓ Avoid leaning forward (shows aggression).
- ✓ Avoid leaning back (portrays fear).

If resident is in wheelchair:

- ✓ Get to their level: not crouched as puts balance off
- ✓ Kneel on one knee
- ✓ Position to the side or
- ✓ Pull up a chair to the side with one leg positioned in front for quick movement if needed.
- ✓ Position hand on lap with palms out.

Other:

- ✓ For any position consider hands in front of chest in a steeple position (non-threatening but makes you ready to defend yourself if needed).
- ✓ Make eye contact but avoid staring
- ✓ Calm tone of voice: Make statements like: "Can I help you right now"

B. General Guidelines for defusing Hostility:

- ✓ Defuse yourself first
- ✓ Be aware of your body language, distant from resident, environment



- ✓ Begin to defuse early and be practice
- ✓ Deal with residents feelings first
- ✓ Look at what you can say yes to: e.g. "you can't go outside now but you can 1. 2. 3. (always give 3 other options so they can choose).
- ✓ Be assertive, not manipulative
- ✓ Be effective versus being right

C. WHEN HELP ARRIVES

There should always be a lead negotiator (usually the person who is already there)

Only one person talks at a time

Responders

- X Resident
- X 1st Responder (*facing sideways with back to exit*)
- x 3rd & 4th Responder –(stand quietly-identify yourself quietly)

Responders to identify to the present responder:

#2nd and 3rd Responder : I am here if you need me (to 1st responder). This communicates to 1st responder but they don't have to turn or loose focus on the resident. They can "tap" 1st responder at any time if the 1st responder is not being effective to let them know they will take their place.

Other Responders : Their main role is crowd control and safety..

Look out for other resident's safety

Look for any available weapons and remove

Meet the police if they have been called to apprise them of the current situation.

Debriefing:

This is a crucial step in the process.

It should take place immediately following the incident, prior to staff leaving for their shift.

Discussion should take place on:

- what went right
- What went wrong
- Recommendations and plans for further interventions for resident

Completion of the Internal Incident Report form should take place.

The Code White Debriefing form should also be completed by the lead and forwarded to the Executive Director.

It is important to provide the responders with support and appreciation.

Offer time away to take a break.

Phone call to responders should take place the next day by Manager.

Decide on further supports necessary e.g. EAP counselling, group debriefing etc.

Notification

If incident occurred outside of regular office hours the On-Call Manager should be notified as soon as



CODE BLACK (minimal policy posted due to the nature of the code)

POLICY:

Code Black is used to alert all employees within the facility that a bomb threat or potential unknown substance/package has been received.

The bomb threat procedures will be initiated immediately to ensure the safety and security of all residents, visitors, employees and volunteers.

It is emphasized that although the majority of bomb threats turn out to be hoaxes, all must be treated as though an actual threat exists. Necessary steps required to safeguard life and property will be taken in all cases.

PROCEDURE:

Remain Calm – Do Not Panic

If a telephone or direct verbal bomb threat is received:

- ✓ Contact Executive Director, if outside of business hours or unavailable, contact the Manager On-Call, who will give further instructions to call 911

If a written bomb threat is received:

- ✓ Read carefully while handling as little as possible to preserve evidence
- ✓ Do not discard anything (i.e., envelope); save the evidence for the police
- ✓ SEE BOMB THREAT BY MAIL INFORMATION SHEET – CODE BLACK

When Threat is received:

- ✓ Immediately advise the Executive Director, DOC or Charge Nurse.
- ✓ The Executive Director or designate will call 911 and notify police immediately.

The communities have well defined code black policies and procedures for reason of safety after consultation with the police the exact steps will not be posted online to ensure the safety of our residents, staff, families and anyone within the community.

Emergency Preparedness Contingency Plan Policy

To ensure emergency plans are not developed in isolation and to ensure co-ordination of emergency plans within the city or township where the home is located, the home's emergency plans will be developed in consultation with local emergency service providers and utilities.

Procedure

The following plans have been developed by the city or township to address emergency situations:

Flood Plan

The Flood Plan is maintained by the Environmental Services Department of each municipality or township and provides for the coordinated employment of emergency services during a flood threat or flood emergency.

1. Contact the municipality/township and record the following information:

In Case of External Flood Threat contact:

- Environmental Services;
- After Hours Emergency Operations;
- After Hours Emergency Sewers;
- After Hours Emergency Water.

Emergency Procedures for Major Utilities Service Disruption

The Utility company maintains an emergency plan covering action necessary to restore service during major electrical or water supply disruption within the city or township.

1. Contact the Hydro/Water Utility and record the following contact information:

- After Hours Emergency Water;
- After Hours Emergency Hydro.

Electric Load Shedding Plan

An emergency plan covering action necessary during a major reduction in the supply of electric power to the area is maintained by the Hydro utility.

1. Contact the Hydro Utility and record the following contact information:

- After Hours Emergency Hydro.

Fuel Supply Contingency Plan

A Fuel Supply Contingency Plan is maintained by the Municipal Energy Steering Committee which is coordinated by the City/Township Engineer. This contingency plan is designed to be implemented by the City/Township in the event a shortage develops in the supply of refined petroleum fuel demand in concert with Provincial and Federal Government action.

Spill Contingency Plan

Coordinated plans and/or operating instructions outlining responsibilities for minimizing the hazards to Municipal/Township Services and to the public in the event of a spill of hazardous material are maintained by the Fire Department and the Environment Services Department. The Hydro utility also maintains a spills contingency plan for responding to PCB and /or transformer oil spills.

1. Contact the Municipality/Township and record the following contact information:

- Environmental Services – Environmental spills.