

# Emergency Response Plan

Section	Description	Review/Revision Date
<b>A</b>	<p><u>EMERGENCY PREPAREDNESS OVERVIEW</u></p> <ul style="list-style-type: none"> <li>• Emergency Preparedness Policy</li> <li>• Fan out call list</li> <li>• Emergency Codes</li> <li>• Emergency Telephone</li> <li>• Emergency Communication Protocol</li> <li>• Media Relations</li> </ul>	January 2023
<b>B</b>	<p><u>CODE RED – FIRE EVACUATION</u></p> <ul style="list-style-type: none"> <li>• Fire Plan</li> </ul>	January 2023
<b>C</b>	<p><u>CODE GREEN – EVACUATION</u></p> <ul style="list-style-type: none"> <li>• Evacuation procedure</li> <li>• Evacuation checklist- control officer</li> <li>• Returning Residents Following Evacuation</li> </ul>	January 2023
<b>D</b>	<p><u>CODE BLUE – MEDICAL EMERGENCY</u></p> <ul style="list-style-type: none"> <li>• Medical Emergencies</li> <li>• Visitor Medical Emergency</li> </ul>	January 2023
<b>E</b>	<p><u>CODE YELLOW – MISSING RESIDENT</u></p> <ul style="list-style-type: none"> <li>• Missing Resident Plan</li> </ul>	January 2023
<b>F</b>	<p><u>CODE WHITE – VIOLENT &amp; AGGRESSIVE BEHAVIOUR</u></p> <ul style="list-style-type: none"> <li>• Violent Situation Protocol</li> </ul>	January 2023
<b>G</b>	<p><u>CODE BLACK – BOMB THREAT</u></p> <ul style="list-style-type: none"> <li>• Bomb Threat Policy</li> <li>• Bomb Threat Procedure Checklist</li> <li>• Bomb Threat Telephone Checklist</li> <li>• Description of Articles Questionnaire</li> <li>• Bomb Threat by Mail</li> </ul>	January 2023
<b>H</b>	<p><u>CODE ORANGE – DISASTER CONTINGENCY PLANS</u></p> <ul style="list-style-type: none"> <li>• Loss of Hydro</li> <li>• Loss of Water</li> </ul>	January 2023

# Emergency Response Plan

	<ul style="list-style-type: none"> <li>• Loss of Natural Gas</li> <li>• Interruption of Dietary Services</li> <li>• Disruption of Laundry Service</li> <li>• Loss of Communication</li> <li>• Withdrawal of Service No Staff Available</li> <li>• Failure of Internal Air Quality</li> <li>• Flood Contingency</li> <li>• Snow and Ice Storm</li> <li>• Tornado (Watch &amp; Warning)</li> </ul>	
I	<u>CODE BROWN – INTERNAL CHEMICAL SPILL</u> <ul style="list-style-type: none"> <li>• Chemical Spill</li> </ul>	January 2023
J	<u>CODE GRAY – EXTERNAL AIR CONTAMINATION</u> <ul style="list-style-type: none"> <li>• External Air Exclusion</li> </ul>	January 2023
K	<u>CODE PURPLE – HOSTAGE &amp; INTRUDER</u> <ul style="list-style-type: none"> <li>• Code Purple Intruder Hostage Taking</li> </ul>	January 2023
L	<u>CODE SILVER – ACTIVE SHOOTER</u> <ul style="list-style-type: none"> <li>• Active Shooter</li> </ul>	January 2023
M	<u>SAFETY POLICIES</u> <ul style="list-style-type: none"> <li>• Hold and Secure – Lockdown</li> <li>• Boil Water Advisory</li> <li>• Elevator Entrapment</li> <li>• Outbreaks of Communicable disease or Public Health Significance</li> <li>• Epidemics &amp; Pandemics</li> </ul>	January 2023
N	<u>EMERGENCY PREPAREDNESS TRAINING</u> <ul style="list-style-type: none"> <li>• Disaster Plan Review</li> <li>• Fire Safety Review</li> </ul>	January 2023

## Emergency Preparedness Overview

Shalom Village recognizes the benefits of being prepared in the event of an emergency. To this end Shalom Village has developed a comprehensive emergency plan to ensure staff has the necessary skills and equipment to effectively manage emergency situations.

Shalom Village Emergency Preparedness Program will ensure that:

- Plans for coping with emergencies generic to long-term care facilities are developed and implemented
- Staff at all levels are educated to the emergency preparedness plans
- Plans are tested and practiced by staff to establish the efficacy of protocols and provide familiarity with disaster operations
- All plans are reviewed and updated as required and at minimum every three years

### PROCEDURE:

To this end, an Emergency Preparedness Manual has been developed to provide procedures in the event of the following emergencies:

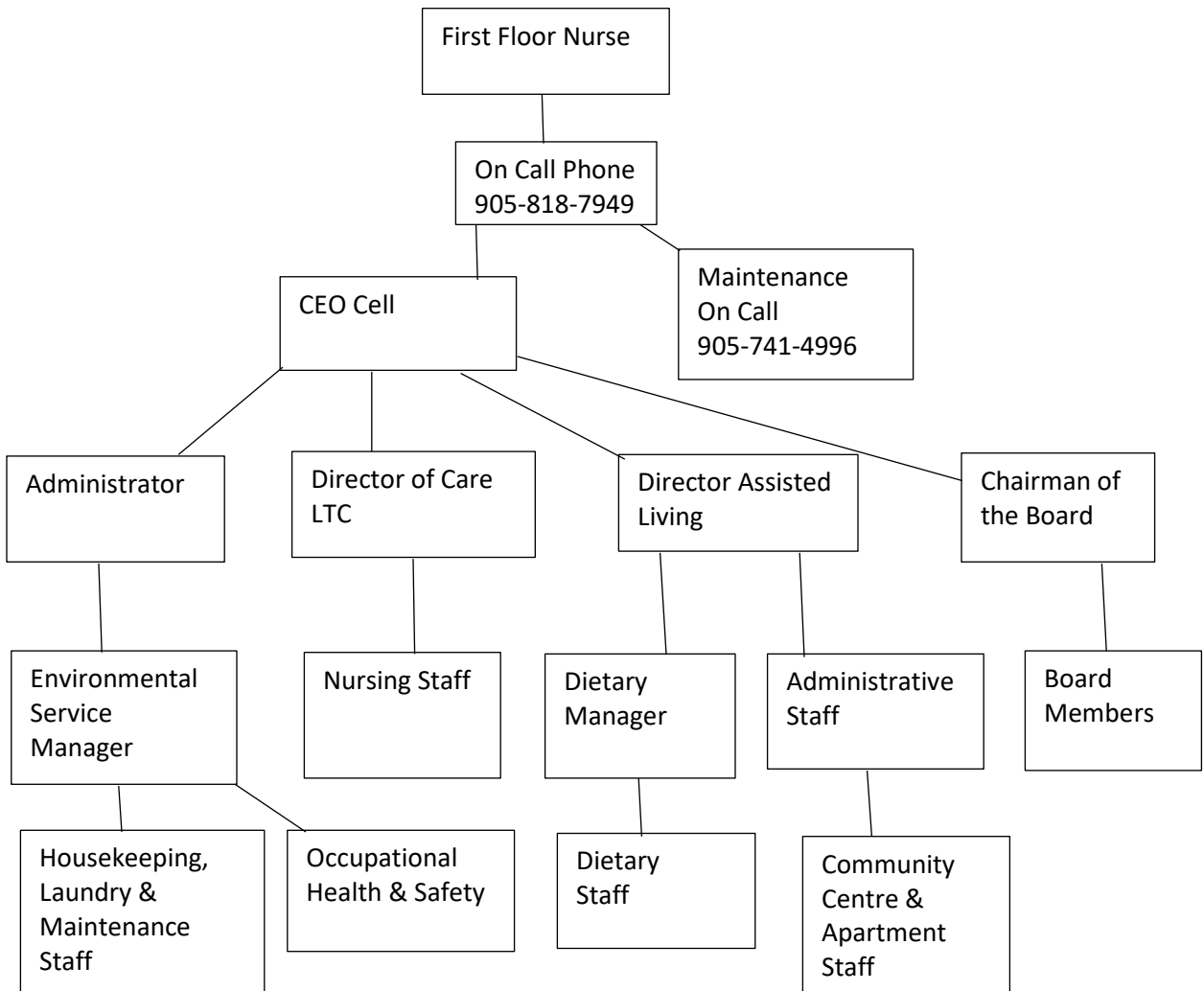
Fire Emergency - Code Red  
Evacuation - Code Green  
Medical Emergency - Code Blue  
Missing Resident - Code Yellow  
Violent/Aggressive Behaviour - Code White  
Bomb Threat - Code Black  
Disaster Contingency Plans – Code Orange  
Intruder - Code Purple  
Chemical Spill – Code Brown  
External Air Contamination – Code Grey  
Active Shooter – Code Silver

The Emergency Preparedness Program also includes:

A list of emergency contacts

Fan-out Call List

## Fan Out Call List Structure



## Emergency Colour Codes

Code	Meaning of Code	Who can activate this code?	What number do I call?	What do I need to do during this code?
<b>CODE RED</b>	<b>Fire Related Emergency</b>	Anyone discovering fire or smoke	9-911	R-remove from danger E-ensure door is closed A-activate alarm C-Call 911 T-Try to extinguish if safe *Night shift has specific protocol to follow.
<b>CODE GREEN</b>	<b>Evacuation</b>	First Floor Nurse; Fire Department; Police	1. 9-911 2. On call	<ul style="list-style-type: none"> <li>• Team up in pairs</li> <li>• Follow instructions</li> <li>• Provide assistance as directed</li> </ul>
<b>CODE BLUE</b>	<b>Medical Emergency</b>	Anyone who finds a person seriously injured	9-911 at Nurse's discretion	<ul style="list-style-type: none"> <li>• Check for unresponsiveness</li> <li>• Page for help</li> </ul>
<b>CODE YELLOW</b>	<b>Missing Resident</b>	Coach; First Floor Nurse	1. Floor Nurse 2. End of Stage 2 Call: On call; 9-911	<ul style="list-style-type: none"> <li>• Search immediate work area</li> <li>• Search facility</li> <li>• Initiate outdoor search</li> <li>• Assist as directed by Response Personnel</li> </ul>
<b>CODE WHITE</b>	<b>Violence/ Behavioural Situation</b>	Anyone who is threatened	1. Personnel in immediate area 2. Page ALL 3. Coach 4. Maintenance 5. On call	<b>Responders:</b> -Personnel in immediate area -Coaches -AT HOME leaders -Maintenance Personnel -Club Personnel
<b>CODE BLACK</b>	<b>Bomb Threat</b>	Anyone who receives a bomb threat or finds a suspicious package	9-911; On call	<ul style="list-style-type: none"> <li>• Alert others</li> <li>• Record info on Bomb threat checklist</li> <li>• Conduct visual search</li> <li>• Report any suspicious packages</li> </ul>

## Emergency Response Plan

<b>CODE ORANGE</b>	<b>External Disaster</b>	Executive Coach; On call; designate will activate administrative fan out list	On call; Executive Coach	<ul style="list-style-type: none"> <li>Refer to plan in emergency response manual</li> </ul>
<b>CODE BROWN</b>	<b>In –Facility Hazardous Spill</b>	Anyone who encounters a spill or hazardous material	Coaches; Maintenance; Environmental Services	<ul style="list-style-type: none"> <li>Stop all work in area</li> <li>Contain spill</li> <li>Remove unnecessary personnel</li> </ul>
<b>CODE GREY</b>	<b>Infrastructure Loss (ex. Loss of power) or Failure External Air Exclusion</b>	Coaches; Maintenance; Protection Services	Coaches, On Call or designate initiates	<ul style="list-style-type: none"> <li>Stay indoors</li> <li>Close all windows and doors</li> <li>Check that air beds, O2 are in red plugs</li> <li>Check Mag lock doors</li> <li>Listen for possible Code Green Evacuation</li> </ul>
<b>CODE PURPLE</b>	<b>Hostage Taking</b>	Anyone discovering the incident	<ol style="list-style-type: none"> <li>Coach</li> <li>Page code</li> <li>9-911</li> <li>On call</li> </ol>	<ul style="list-style-type: none"> <li>Notify Police</li> <li>Cordon off the area</li> <li>Do not enter area of hostage taking</li> <li>Refer to plan in emergency manual</li> </ul>
<b>CODE SILVER</b>	<b>Active Shooter</b>	Anyone discovering the incident	<ol style="list-style-type: none"> <li>Page code</li> <li>9-911</li> </ol>	<ul style="list-style-type: none"> <li>Seek cover</li> <li>Warn/assist others of situation if able</li> <li>Turn off lights, Lock and barricade doors</li> <li>Hide and Stay quiet</li> </ul>

# Emergency Response Plan

## Introduction

The information contained here is a brief summary of all Emergency Codes and the expected response from Shalom Village staff. Report unusual situations, suspicious persons or codes affecting life safety and any needs for immediate assistance as per the response protocols. When assembling at the meeting areas listen and follow the directions of the person in charge. Avoid elevator and phone use unless urgent or part of code response.

### **Code Red – Fire**

**On discovery of FIRE OR VISIBLE SMOKE... R-E-A-C-T: Remove** persons from room; **Ensure** doors/windows shut; **Activate** nearest fire pull station; **Call** 911 and report code. **Try to contain/extinguish** if able and safe to do so. If unable, close and place wet material under door. If safe to do so, evacuate area, ensuring all rooms in area are empty. If time permits, place tape across room door frames and entrance door at knee level when last person leaves. Gather in external assembly area, re-check attendance, report any missing persons and await further direction.

**On discovery of SMELL of SMOKE** call and report smell of smoke, but not a fire and search the area. Do not activate fire alarm unless directed otherwise.

**On notification i.e. FIRE/SMOKE ALARMS** follow your area developed protocols for a Code Red then go to fire panel meeting area.

**Note:** If unable to safely exit building, take refuge in a safe room. Close and place wet material under doors. Seal vents/air ducts. Keep low to floor as smoke rises. Call for help or call 911 via external phone line and advise them of your location in building. Listen for instruction from authorities.

### **Code Green- Evacuation**

**On notification of this code:** As per protocol follow direction of nurse in charge. evacuate all occupants from danger area(s). Close doors and turn off unnecessary equipment. On reaching external assembly area, re-check attendance and await further direction.

### **Code Blue- Medical Emergency**

**On discovery of a code blue situation** where a person requires immediate medical attention, initiate basic life support if trained. Call or ask someone to call and page code. Remain at scene until Nurse/EMS arrives and follow their instructions. On notification of code, follow Area In Charge Person's instructions as assistance may be needed.

### **Code Yellow- Missing Resident**

**On discovery of code yellow, Stage 1- Local floor area search,** Inform the staff and coach of that area.

**Stage 2- Building Search,** Inform the team by sending an email then page to check email. Search whole building and outside of building areas.

**Stage 3- Neighbourhood search,** inform the police, On call, etc., do second building search and get maps to search surrounding areas.

### **Code White**

**On discovery of a violent situation** unable to be de-escalated and threat of injury/harm exists, press room alarm if available or call/ask staff to call and report code. Call 9-911. **On notification of this code,** home area staff, maintenance, Fitness staff to respond immediately. Follow lead negotiator's instructions. Unnecessary staff avoid the location of the code.

\*Night shift has a specific protocol to follow.

### **Code Black**

**On discovery of a Suspicious Package, Object or Mail:** Avoid handling or put down carefully. Avoid use of radio or cell phone. Leave scene undisturbed (If powdery contents dispersed, drape with plastic/garbage bag). Seal off area from others. Move to a safe location. Wash hands thoroughly with

waterless hand wash solution. Identify and contain persons exposed within 2M/6ft radius of opened package if biological agent suspected. Call and report code and follow Security direction.

**On receiving a Telephone Bomb Threat:** Stay calm, courteous and listen. Encourage caller to talk and repeat information. Record caller # if able. Ask... Where is it located? What does it look like? When will it explode? Why was it put there? Who is responsible for it? Where is caller calling from? Identify caller: Gender, Age, Voice/Accent, Diction, Manner, Background Noise, Voice Familiarity, Caller familiarity with area. Log date, time, duration of call and extension where call received. Call and report code and follow Security direction.

**On announcement/notification of Code Black:** complete visual search and sweep of your area for suspicious objects. Do not search and sweep if area is unfamiliar. Call and report negative or positive findings. Evacuate building only if directed and gather in designated external assembly area at safe distance from building.

### Code Orange

**On discovery or notification of this code,** continue normal duties but remain on alert for instructions from your coach.

### Code Brown

**On discovery of a hazardous material spill** that cannot be contained or safely cleaned by available resources, ensure spill area access is restricted before leaving the scene. First Floor Nurse Call and report code and call maintenance on call. **On notification of this code,** follow Area In Charge Person's instructions.

### Code Grey

**On discovery** of unexpected loss of power, water, heating, ventilation, cooling or medical gases, implement area specific contingency plans if applicable. First Floor Nurse call and report code and call maintenance on call. **On discovery** of a smell of noxious fumes or contaminated air entering your area or building, implement actions to control entry e.g. place wet cloth under leaking doors/windows and seal vents if accessible. First Floor Nurse call and report code and call maintenance on call.

**On notification of this code,** follow Area In Charge Person's instructions.

### Code Purple

**If hostage situation observed:** Do not disturb area or approach hostage-takers. Avoid unnecessary risks. Go and remain in safe area until notified that situation is resolved. Call and report code.

**If taken hostage:** Remain calm, courteous and cooperate. Observe and gather information. Speak when spoken to. Attempt escape only if certain. Avoid doors and windows.

**On witnessing or escaping hostage situation:** Get away and alert others. Call and report code. Give details: Hostage-takers (# and description); Weapons (# and type); Hostages (# and description); Location of occurrence; Threats or demands; Tel. locations and ext. #s in area. If mobile, ID vehicle type and direction. Remain in place and encourage others to do same. Clear hallways of persons. Close all doors. Remain on alert until notified that the situation is resolved or directed otherwise.

**On notification of this code,** avoid the code area. Go to safe location and remain in place until notified of all clear

### Code Silver

**On discovery or notification** of a person threatening with or discharging a firearm, seek cover and warn/assist others of situation if able. Call 911 via external phone line. If not safe to speak, leave line open and allow 911 operator to listen. Escape/evacuate area if able, keeping hands free, visible, raised and following any police instruction. If unable to escape, find a secure shelter and lock or barricade door. Turn off lights and any source of noise. Hide behind large items. Wait for Police or Security to arrive, identify themselves, provide verification and direction or listen for an "all clear" announcement.



## Emergency Telephone

Shalom Village home will have backup telephone units, along with an emergency default line.

### PROCEDURE:

- The emergency default phone line is 905-528-5377
  - All nurses and maintenance personnel carry companion phones working off a cellular signal and can be used in emergency
  - In extenuating circumstances personal cellphones may be accessed.
  
- The On Call Coach cell phone number is 905-741-4996

## Emergency Communication Protocol

In case of emergency involving the police, fire department, the serious injury or death of a resident, or any other matter of a serious nature the following steps are to be taken:

- 1) Contact the CEO and the On Call person immediately.
- 2) If the CEO cannot be contacted, it is the responsibility of the First Floor Nurse to contact the Administrator of LTC
- 3) If the above cannot be reached it is the responsibility of the First Floor Nurse to contact the CEO

Other Types of Situations where Coaches should be contacted:

- Natural Disaster (flooding, significant storm)
- Prolonged Utility Failure (including IT)
- Hospitalization of a Resident (serious injury, potentially life threatening)
- Serious Injury of Staff while on duty
- Missing Resident
- Infectious Disease Outbreak
- Violent Crime, Major Vandalism
- Bomb Threat
- Hazardous Material Spill
- Sexual Assault
- Suicide Attempt
- Serious Responsive Behaviour
- Major Fight/Disturbance
- Generator Failure

## Media Relations

The CEO, or designate, is responsible for speaking with the media. No other staff is to address the media without expressed authority.

## CODE RED – FIRE EVACUATION

### ORIENTATION OF NEW STAFF

**Policy:** All members of staff will receive orientation and ongoing training in Emergency and Fire Safety Procedures as specified in the Emergency and Fire Manual.

#### **Mandatory Information delivered on Orientation:**

1. Emergency, fire, and evacuation procedures as outlined in this manual.
2. Location of Fire Panel meeting areas.

#### Designated Fire Panel Meeting Areas:

- a. SVO LTC – 1st floor fire panel in nursing home (outside Weisz House)
- b. SVO Apartments – Fire Panel at front doors outside CEO's office
- c. SVToo LTC – 1st floor fire panel outside Executive coach's office in between LTC front doors

\*\*\* If fire situation is in one of the fire panel meeting areas, the team moves to the next closest fire panel meeting area, staying within the building of fire origin if possible. (SVO LTC moves to SVO apartments; SVToo moves to outside Bistro in SVToo basement; SVO apartments moves to SVO LTC)

3. Location of Posted Fire Exits.
4. Location and use of Fire Extinguishers and location of Fire Hoses.
5. Location and use of telephones, cellular phones, and pagers
6. Location of Smoke Barrier Doors (doors which close automatically when alarm sounds to prevent the spread of smoke)
7. Location of Fire Doors (metal-clad doors, some with small wire mesh window located in stairwells) and potential fire zones to prevent the spread of smoke and fire. Fire Doors must be closed at all times.

## **SUPERVISORY STAFF OR DELEGATE EMERGENCY PROCEDURES**

In the event of a fire, sound judgment is necessary in deciding which action is appropriate in a given situation. The safety of residents must always be the primary motive for any action.

The supervisory staff or delegate is responsible for the following actions in the event of a fire:

### **IF YOU DETECT A FIRE:**

#### **REACT**

**R**emove all residents and visitors from the immediate danger

**W**hen Removing Residents:

1. Evacuate resident in room of immediate danger (fire origin)
2. Next evacuate residents on either sides of room of fire origin
3. Then evacuate any residents directly across the hall from the origin of the fire
4. If further evacuation is needed then it is a CODE GREEN (Evacuation – and stage 2 alarm) and we evacuate residents based on the colour codes:
  - a. (1<sup>st</sup>) GREEN – None to minimal ambulatory assistance
  - b. (2<sup>nd</sup>) YELLOW – Moderate ambulatory assistance
  - c. (3<sup>rd</sup>) RED – Full ambulatory assistance
  - d. (4<sup>th</sup>) – any residents who were uncooperative to evacuate (but not in immediate danger).

**E**nsure the door is closed to contain the fire

**A**ctivate the nearest Fire Alarm Pull Station

**C**all Fire Department 9-1-1. Proceed to the nearest telephone and dial 9, to get an outside line, then dial 9-1-1 and report the fire.

STATE: This is Shalom Village, 70 Macklin St. North,

- Building: Levy or Gould
- We have a fire at \_\_\_\_\_ (state location of fire).

**T**ry and extinguish the fire if you feel capable and there is no threat to your safety.

If the fire is of a small nature and can be controlled with a portable extinguisher in the vicinity then do so with EXTREME CAUTION. If the fire cannot be controlled close the door to affected area to prevent the further spread of the fire.

**REMAIN CALM**

### WHEN A FIRE ALARM SOUNDS – FIRST STAGE ALARM (CODE RED)

**Policy:** When a fire alarm sounds, all staff need to visually check their immediate area for signs of fire. If signs of fire are present or resident room light indicators are red then REACT.

- First Stage:**
1. Look around for signs of a fire. Visually check areas in the unit.  
A red light illuminated over a room door indicates that the detector in that room has been activated and therefore REACT.
  2. If no signs of fire are present in your immediate area and you are providing direct care/programming with residents, stay with the residents and keep them calm and ready to evacuate the area if necessary. Reassure residents. The Team Leader ensures all residents are accounted for. Ensure that all corridors and exits have clear access. Store all carts and equipment.
  3. If no fire is apparent and you are not providing direct care/programming with residents, turn off equipment and proceed to the nearest fire panel meeting area. To avoid walking into a fire situation, feel doors before proceeding through to see if they are hot and if available and safe to do so, go outside to get around to the fire panel designated meeting area instead of walking through the buildings. Do NOT use the elevators.
  4. When you get to the Fire Panel designated Meeting area ask “Who is in charge and how can I help”? If no one is determined to be “in charge” you assume being “in charge” until the second floor nurse arrives to help you.

### WHAT TO DO IF YOU ARE “IN CHARGE” OF THE STAFF RESPONDERS

- a. Check the fire panel to know where the fire is located
- b. Make a page or delegate a team member to page: “Code RED and location of fire”
- c. Repeat “Code RED and location of fire” page 30 seconds after the first page
- d. Stay in a visible area and communicate with your team members in a loud clear voice.
- e. Have all team member responders get in pairs and work together
- f. Delegate team member responders:
  - i. send a pair to watch for and meet the fire department outside

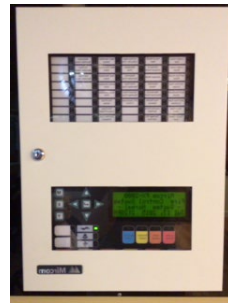
## Emergency Response Plan

- and ensure no one other than staff and fire officials enter the building
- ii. send pairs to monitor any unlocked exits/doorways to ensure safety of residents
- iii. send a pair of team member responders to the location of fire and tell them report back to you
- iv. observe and close any doors that do not close properly
- v. send pairs to be with agitated residents if there are enough staff left and the fire situation is under control

5. The First Floor Nurse will check the nearest enunciator panel for the origin of the alarm. The First Floor Nurse or delegate will then announce the area of the fire over the P.A. system using “CODE RED...adding the fire zone”.



*Fire Panel in SVO  
(Located SVO 1<sup>st</sup> Floor near  
Weisz House Doors & at 2<sup>nd</sup>  
Floor Nursing Station)*



*Fire Panel in SVO  
(Apartments at front  
entrance & 3<sup>rd</sup> floor))*



*Fire Panel in SVTOO  
(Located SVTOO Main entrance, each  
nursing station and 3<sup>rd</sup> Floor across  
from elevator)*

7. Telephones are not be used during a fire alarm except to make emergency calls. The reception desk is designated as alarm central. All emergency calls will be directed to the reception desk. A Team Leader who is not assigned to the area of the fire will remain at the switchboard in the absence of the reception staff. If a non-emergency call comes through during a fire alarm, the party will be told to call again in one hour. Remain calm so as not to panic the caller.

8. The First Floor Nurse will take charge in all fires. If the fire is in the apartments, the First Floor Nurse will get a partner and proceed up to the apartments to take charge there.

9.If either enunciator panel indicates the fire is in Shalom Village Original, the First Floor Nurse will proceed to either Sherman Apartments or Levy Long Term Care via an exterior route.

10. It is important to note that all magnets and keypads on all doors are deactivated during an alarm. The Team Leader will designate a staff person to monitor all exit doors and stairwells to ensure safety of our residents until the alarm is reset.

11. The Alarm is only to be reset once the Hamilton Fire Department has determined the area is all clear.

- a. In SVO LTC, the reset panel is attached to the LTC Fire Panel and in SVO Apartments, the reset panel is attached to the Apartment fire panel.
- b. In SVTOO, the reset panel is attached to the Main Fire Panel in the SVTOO Main Entrance, with instructions.

### WHEN A FIRE ALARM SOUNDS – INSTRUCTIONS (CODE RED)

1. ALERT SIGNAL SOUNDING – **First Stage**, intermittent horns sounding

#### LISTEN FOR INSTRUCTIONS AS PROVIDED OVER THE INTERCOM SYSTEM

- **NURSING HOME (LTC) – FIRE IN YOUR AREA** – Sound the fire alarm by manually pulling the Manual Pull Station. Call the Hamilton Fire Department by dialing 9-1-1 at a safe location. Move the residents horizontally from the unsafe area to a safe area on your floor or directly outside. Use the safest and most convenient method of moving the residents. Ensure all fire doors are closed.
- **APARTMENTS – FIRE IN YOUR AREA** – Sound the fire alarm by manually pulling the Manual Pull Station. Call the Hamilton Fire Department by dialing 9-1-1 at a safe location. Residents are to go out onto their balcony. Staff gather in the lobby for further instructions. If residents are in an activity, move behind fire door with an alternate escape route where staff will remain with them. Ensure all fire doors are closed.
- **FIRE NOT IN YOUR AREA** – Keep the residents and/or visitors calm. Be prepared for evacuation. Ensure all fire doors are closed. Check all areas and rooms. Close windows and doors. If designated to do so, proceed to fire area to assist with the evacuation. Respond as per your job role (as per attachment).

## STAFF RESPONSIBILITY – TEAM LEAD NURSE

### **First Floor Nurse’s Responsibility during a Fire Alarm**

1. Secure medication cart in medication room, ensure you have fire key/screw driver
2. Proceed to enunciator panel to determine the location of the alarm
3. First Floor Nurse will page (or delegate someone to) “Code Red,...followed by the identified area”
4. Call or delegate someone to call 9-1-1 and state “This is Shalom Village, 70 Macklin St. North. We have a fire... and state the location indicated on the annunciator panel.
5. First Floor Nurse will take 1 staff member with them to the alarm location. Upon assessing the affected area, will assess the situation. The team member may be directed to return to the first floor to advise waiting staff of the situation they may have found.
6. The First Floor Nurse will determine the need for additional staff. He/She will initiate evacuation procedures if required, even before the Fire Department arrives. (ie Put pull station to Evacuation mode and evacuate residents)
7. The First Floor Nurse, in consultation with the Fire Department will authorize the “Code Red: All-Clear”, will reset the alarm system and complete documentation.
8. The First Floor Nurse is to remain at the area of fire to await the Fire Department and discuss the situation with the fire fighters. If Fans are needed they are to designate someone to go and get them (see below for locations)
9. The alarm system must never be silenced or reset without the approval of the fire department.
10. In the case of a presumed false alarm, the system can only be reset after a thorough check of the building by the fire department to determine if, in fact, it is a false alarm.

### **Second Floor Nurse Responsibility during a Fire Alarm**

1. Lock medication cart
2. Proceed to enunciator panel to determine the location of the alarm.
3. If the area of alarm is on your floor, proceed to the location to assess the situation, the First Floor Nurse will take over upon their arrival. If required to Evacuate, stay and assist, if not required to Evacuate proceed to #4
4. If the area of alarm is NOT on your floor, delegate to the PSW’s to have a staff person at each exit door and the elevator and proceed to the first floor fire panel/lobby (meeting area in LTC ) or Apartment Lobby in SVO (meeting place if fire is in SVO APT).
5. Take command with whoever is in charge
6. Page “Code Red” call again or designate it
7. Ensure that staff have been delegated to all exit doors and to residents/floors that may need extra assistance
8. Delegate staff members to meet the Fire truck, ensuring that they have the location of the fire alarm.
9. Have staff team up in partners while awaiting further instructions



## **Emergency Response Plan**

10. Send 2 staff to area of fire to gather info on situation and what nurse requires and have one RETURN and tell you situation
  - a. Send teams to cover exits
  - b. Send teams to assist residents
11. Maintain calmness of staff and residents while waiting further instructions from First Floor Nurse.
12. Delegate someone when available to notify the on-call person (if after hours).
13. If Evacuation bells are activated by the first floor nurse, send 4 pairs (8 staff) to the fire to assist in Evacuation and one staff to get information from First Floor Nurse as to what other staff/help she needs
14. Return to floor once the “Code Red - All-Clear” page has been announced.

### **Changes to Procedures for Night Shifts**

1. The Night Nurse follows all procedures for First Floor Nurse as above.
2. Nurse from non-alarming LTC area will follow procedures for Second Floor Nurse.

### **If Agency Nurse is working on floor**

1. Nurses MUST always be aware if there is an agency nurse on INCLUDING NIGHTS if agency is in the other building
2. If Agency Nurse is on for days or Evenings, the nurse in the building the agency staff is in will act as the First floor nurse NO MATTER what floor they're working on (ie Agency on first floor then second floor nurse will get fire keys off agency nurse and assume responsibilities of first floor nurse in going to the fire and First floor nurse from OTHER building will come over and assume responsibility of Second floor nurse.)
3. If Agency is on nights – Our Shalom Nurse will assume the responsibility of the First floor Nurse No Matter what building the fire is in and designate a PSW to be in Charge and complete responsibilities of second floor nurse

**IF THE FIRE IS IN THE OTHER BUILDING, THE FIRST FLOOR NURSE OF OTHER BUILDING MUST RESPOND TO THE MEETING AREA**

### STAFF RESPONSIBILITY - Fire Safety for The Night Shift

#### **If fire is in SVO Nursing Home**

When alarm is heard check your immediate area for any emergency red lights. If no lights are red then proceed to the fire (annunciator) panel to find out where the fire location is. From there:

- *RN* will check the annunciator panel and page “Code RED and location of fire” then with the *PSW float* will proceed to the area of the fire to assess the situation, REACT, assist with moving any residents, attending to injuries, etc. while waiting for the fire department to arrive.
- *PSW float* goes to 1<sup>st</sup> floor Nursing Station to check the annunciator panel and meet *RN* and go with her to the fire area and assists.
- *PSW 1<sup>st</sup> floor* will check the annunciator panel then stay on the first floor and reassure residents, take a head count, close doors, etc. If the fire is on first floor then *PSW 1<sup>st</sup> floor* would assist in removing residents.
- *PSW 2<sup>nd</sup> floor* will check the annunciator panel then go cover the second floor and reassure residents, take a head count, close doors, etc. If fire is on second floor then *PSW 2<sup>nd</sup> floor* would assist in removing residents.
- *Apartment PSW* will go to SVO and check the annunciator panel and find out where the fire is. Then they will go to location of fire to see if they need evacuation help. If they don’t need help then they will go wait for the fire department and take them to the area of the fire and assist with reassuring residents.
- *SVToo* – the *RN* and *PSW float* will go over to SVO meeting area, check the annunciator panel and go to fire. If they are evacuating the *RN* will stay with evacuated residents and use the check list from the emergency binder or report sheet to keep track of which residents have been evacuated and tell the team which residents still need to be evacuated. The *SVToo RN* will get *Apartment PSW* to receive and take the fire department to where the fire is in the building.

## Fire Safety for The Night Shift (continued)

### **If fire is in SVO basement**

When alarm is heard check your immediate area for any emergency red lights. If no lights are red then proceed to the fire (annunciator) panel to find out where the fire location is. From there:

- *RN* will check annunciator panel and page “Code RED and location of fire” then with the *PSW float* will proceed to the area of the fire to assess the situation, REACT, assist with moving any residents, attending to injuries, etc. while waiting for the fire department to arrive.
- *PSW float* goes to 1<sup>st</sup> floor Nursing Station to check the annunciator panel and to meet *RN* and go with her to the fire and assist
- *PSW 1<sup>st</sup> floor* will check the annunciator panel then cover the first floor and reassure residents, take a head count, close doors, etc.
- *PSW 2<sup>nd</sup> floor* will check the annunciator panel and then go cover the second floor and reassure residents, take a head count, close doors, etc.
- *Apartment PSW* will go to SVO and check the annunciator panel, find out where the fire is. Then they will go to location of fire to see if they need evacuation help. If they don't need help then they will go wait for fire department and take them to the area of the fire and assist with reassuring residents.
- *SVToo* – the *RN* and *PSW float* will go over to SVO meeting area, check the annunciator panel and go to fire. If they are evacuating the *RN* will stay with evacuated residents and use the check list from the emergency binder or report sheet to keep track of which residents have been evacuated and tell the team which residents still need to be evacuated. The *SVToo RN* will get *Apartment PSW* to receive and take the fire department to where the fire is in the building.

## Fire Safety for The Night Shift (continued)

### **If fire is in the SVO Apartments**

When alarm is heard check your immediate area for any emergency red lights. If no lights are red then proceed to the fire (annunciator) panel to find out where the fire location is. From there:

- *RN* will check annunciator panel and page “Code RED and location of fire” then will direct the *PSW float* to wait for fire truck. Then *RN* will proceed to the area of the fire to assess the situation, REACT, assist with moving any residents, attending to injuries, etc. while waiting for the fire department to arrive.
- *Apartment PSW* will check the annunciator panel then proceed to the area of the fire to assess the situation, REACT, assist with moving any residents, attending to injuries, etc. while waiting for the *RN* and fire department to arrive.
- *PSW float* goes to 1<sup>st</sup> floor Nursing Station to check the annunciator panel and meet *RN* who will tell her where fire is and direct her to go wait for fire department then take them to the area of the fire and assist with reassuring and/or removing residents.
- *PSW 1<sup>st</sup> floor* will check annunciator panel then go cover the first floor and reassure residents, take a head count, close doors, etc.
- *PSW 2<sup>nd</sup> floor* will check annunciator panel then go cover the second floor and reassure residents, take a head count, close doors, etc.
- *SVToo* – the *RN* and *PSW float* will go over to SVO meeting area, check the annunciator panel and go to fire. If they are evacuating the *RN* will stay with evacuated residents and use the check list from the emergency binder or report sheet to keep track of which residents have been evacuated and tell the team which residents still need to be evacuated. The *SVToo RN* will get a *PSW* to receive and take the fire department to where the fire is in the building.

## Fire Safety for The Night Shift (continued)

### **If Fire is in SVToo Nursing Home**

When alarm is heard check your immediate area for any emergency red lights. If no lights are red then proceed to the fire (annunciator) panel to find out where the fire location is. From there:

- *RN* will check the annunciator panel and page “Code RED and location of fire” then with the *PSW float* will proceed to the area of the fire to assess the situation, REACT, assist with moving any residents, attending to injuries, etc. while waiting for the fire department to arrive.
- *PSW float* goes to 1<sup>st</sup> floor annunciator panel (outside Executive Coach LTC’s office) to meet *RN* and go with her to the fire area and assists.
- *PSW 1<sup>st</sup> floor* will check the annunciator panel then stay on first floor and reassure residents, take a head count, close doors, etc. If fire is on first floor than *PSW 1<sup>st</sup> floor* would assist in removing residents.
- *PSW 2<sup>nd</sup> floor* will check the annunciator panel then cover the second floor and reassure residents, take a head count, close doors, etc. If fire is on second floor then *PSW 2<sup>nd</sup> floor* would assist in removing residents.
- *Apartment PSW* will check the annunciator panel and find out where the fire is. Then they will go to location of fire to see if they need evacuation help. If they don’t need help then they will go wait for the fire department and take them to the area of the fire and assist with reassuring residents.
- *SVO RN* will stay with evacuated residents and use the check list from the emergency binder or report sheet to keep track of which residents have been evacuated and tell the team which residents still need to be evacuated. The *SVO RN* will get *Apartment PSW* to receive and take the fire department to where the fire is in the building.

### **Fire Safety for The Night Shift (continued)**

#### **If fire is in SVToo basement**

When alarm is heard check your immediate area for any emergency red lights. If no lights are red then proceed to the fire (annunciator) panel to find out where the fire location is. From there:

- *RN* will check annunciator panel and page “Code RED and location of fire” then with the *PSW float* will proceed to the area of the fire to assess the situation, REACT, assist with moving any residents, attending to injuries, etc. while waiting for the fire department to arrive.
- *PSW float* goes to 1<sup>st</sup> floor annunciator panel (outside Executive Coach LTC’s office) to meet *RN* and go with her to the fire and assists
- *PSW 1<sup>st</sup> floor* will check the annunciator panel then cover the first floor and reassure residents, take a head count, close doors, etc.
- *PSW 2<sup>nd</sup> floor* will check the annunciator panel then cover the second floor and reassure residents, take a head count, close doors, etc.
- *Apartment PSW* will check the annunciator panel then will go wait for fire department to take them to the area of the fire and assist with reassuring and/or removing residents.
- *SVO RN* will stay with evacuated residents and use the check list from the emergency binder or report sheet to keep track of which residents have been evacuated and tell the team which residents still need to be evacuated.

## Fire Safety for The Night Shift (continued)

### **If fire is in the SVToo Apartments**

When alarm is heard check your immediate area for any emergency red lights. If no lights are red then proceed to the fire (annunciator) panel to find out where the fire location is. From there:

- *RN* will check annunciator panel and page “Code RED and location of fire” then will direct the *PSW float* to wait for fire truck. Then *RN* will proceed to the area of the fire to assess the situation, REACT, assist with moving any residents, attending to injuries, etc. while waiting for the fire department to arrive.
- *Apartment PSW* will check the annunciator panel then proceed to the area of the fire to assess the situation, REACT, assist with moving any residents, attending to injuries, etc. while waiting for the *RN* and fire department to arrive.
- *PSW float* goes to 1<sup>st</sup> floor Nursing Station to check the annunciator panel (outside Executive Coach LTC’s office) and meet *RN* who will tell her where fire is and direct her to go wait for fire department then take them to the area of the fire and assist with reassuring and/or removing residents.
- *PSW 1<sup>st</sup> floor* will check annunciator panel then cover the first floor and reassure residents, take a head count, close doors, etc.
- *PSW 2<sup>nd</sup> floor* will check annunciator panel cover the second floor and reassure residents, take a head count, close doors, etc.
- *SVO RN* will stay with evacuated residents and use the check list from the emergency binder or report sheet to keep track of which residents have been evacuated and tell the team which residents still need to be evacuated. The *SVO RN* will get a *PSW* to receive and take the fire department to where the fire is in the building.

## CODE GREEN – EVACUATION

The building will be evacuated when an unsafe condition exists that threatens the safety and well-being of the residents including:

1. uncontrollable fires
2. loss of heat during freezing temperatures
3. a bomb threat
4. a dangerous condition of the environment (i.e. gas leak, flood, etc.)

## DECISION TO EVACUATE

The decision to evacuate the building will be made by the CEO or delegate. In their absence, the Team Lead Nurse after careful assessment of the situation and in consultation with the senior staff present and the Hamilton Fire Department.

### **In the event of an evacuation, the following steps will be taken:**

1. The First Floor Nurse will activate the 2<sup>nd</sup> stage of the Fire Alarm system by inserting the Pull Station key, found with the First Floor Team Leader and their key ring, into a pull station and turning.
2. Staff will be alerted by 2<sup>nd</sup> stage alarm that this means evacuation and an announcement over the P.A system stating “CODE GREEN...and location needing to be evacuated).
3. Person “In Charge” at the fire panel meeting area will dispatch multiple pairs of staff responders to the evacuation location(s) to evacuate residents.
4. The First Floor Nurse will direct which resident/house is to be evacuated first.
5. The AT HOME Leaders will be responsible for removing the Resident’s Health Record rack in the evacuation.
6. The AT HOME Leaders on first floor will use the Staff Schedule to ensure all staff are accounted for during the evacuation. The schedule will be given to a staff member who is assigned to the exit so they can check off when staff leave/arrive.
7. A staff member is assigned to take a roll call of staff and residents at the exit as residents are evacuated and place their name bracelet on as they leave. An up-to-date resident list is in the Emergency Binder at the nursing station. The First Floor nurse is to be kept informed as each House is evacuated. This person will also direct emergency staff when they arrive.
8. Residents who are in immediate danger are evacuated first. Ambulatory residents, because they require fewer staff to evacuate will be evacuated first, wheelchair residents second, and bed ridden residents last. In the event of a fire, elevators are not to be used unless instructed by the Fire Department.
9. Color codes on resident door frames indicate the type of assistance they need.



### When Removing Residents:

1. Evacuate resident in room of immediate danger (fire origin)
2. Next evacuate residents on either sides of room of fire origin
3. Then evacuate any residents directly across the hall from origin of fire
4. If further evacuation is needed it is a CODE GREEN (Evacuation – and stage 2 alarm) and we evacuate residents based on the colour codes:
  - a. (1<sup>st</sup>) GREEN – None to minimal ambulatory assistance
  - b. (2<sup>nd</sup>) YELLOW – Moderate ambulatory assistance
  - c. (3<sup>rd</sup>) RED – Full ambulatory assistance
  - d. (4<sup>th</sup>) – any residents who were uncooperative to evacuate (but not in immediate danger).
  
10. Always evacuate to the nearest safe exit, working from the danger zone. Exit on the stairways on the right hand side. Return up the stairs on the right hand side.
11. All personnel should work in evacuation teams of two or four to prevent injury
12. Because of the smoke hazard, remember to keep the fire doors closed as much as possible.
13. If there is any question of responsibility in removing someone, remember there is always a chance of recovering from an injury/fracture, but never from asphyxiation. In case of fire, don't be surprised to find the residents on the floor. The natural tendency is to get out of bed, if they can. If the resident is supposed to be in the room and you cannot see or feel him, look under the bed or in the closet or bathroom.
14. Once you have evacuated resident(s) from their room(s), close the door and magnetize the red fire tag on the door to the door frame to indicate that the room is vacant. Should anyone re-enter that room the fire tag will come off the door frame and cover up the "vacant" sign telling you there could be someone in that room.
15. Following the evacuation of an area, the First Floor Nurse or delegate will ensure all residents/staff are accounted for on the roster sheet.
16. The Team Leader of each area will ensure that every resident and member of his/her staff have left the area by making a visual check of all evacuees and canvassing of workers. Residents will be verified against the resident list.
17. On reaching the ground level for a vertical evacuation, residents will be escorted to the arena parking lot to await transport. Staff members will ensure each resident's name is checked off the roll call list as they leave the building.
18. Fire trucks and emergency vehicles will park at the front of the building and have access through the main entrance.
19. The First Floor Nurse will delegate a staff member to coordinate the Evacuation Centre. This person will take the Emergency Binder from the nursing station to the evacuation area. Emergency ID Tags kept in the binder will be pinned to each resident in the evacuation area. Including resident's list of current medication.
20. The Nurse will assign staff to accompany residents to the Reception Centres or hospitals, as required. The nurse will keep a record of where staff and residents, who leave the Evacuation area, go.
21. A staff member will be assigned to notify families.

22. Community Centre team, Dietary team, and Maintenance Staff will list the members of staff known to be in that area and ensure, through a visual check or canvassing of workers, that all staff are accounted for and will give this information to the person in charge.
23. Any missing residents or staff members will be reported to the Fire Department with the last known location.
24. The First Floor Nurse will check with the visitor and volunteer sign in books to ensure that all visitors and volunteers have left the area.
25. The First Floor Nurse or Delegate will ensure the following services/agencies are contacted in the event of an evacuation: Transport: The Hamilton Street Railway is notified and requested to send the required number of buses. Call MilliMobile Drivers as necessary; Ambulance Emergency: The Ambulance services are notified by dialing 911 and requesting the required number of ambulances; Reception Centres: The Reception Centres are notified as required.

### **GAS LINE BREAK**

Danger from an escape of natural gas into Shalom Village exists in the presence of a 4-14% concentration.

Warning would probably be from a strong odour.

Note: Should be presence of gas become apparent, no electrical switches are to be touched by any person. This will prevent an electrically ignited explosion. The switchboard can be operated until instructed not to do so. There must be NO SMOKING and NO OPEN FIRES.

1. Call ON CALL who will contact the Maintenance On-Call if a gas leak is expected
2. If unavailable, notify Enbridge Gas (1-866-763-5427)
3. Call Fire Department – 911.
4. Initiate the Fan Out System and Evacuation Procedure if necessary.

### **POWER FAILURE**

If a power failure occurs, the Emergency Generator will automatically come on within 60 seconds. All emergency fire detection systems will operate when the generator is working.

A call should be placed to Hamilton Hydro (1-833-253-2872) to establish the cause of the power failure. Call the ON CALL.

In the event of a power failure, the following will occur:

1. Fire Barrier Doors (including resident room doors) will close automatically.
2. Door Locks will be deactivated when power is off – ensure staff are stationed at stairwell and exits to ensure safety of our residents.
3. The emergency lighting system will be activated automatically in the corridors to provide light when the generator is activated (3-5 seconds after power failure). Assist residents to their rooms as necessary and reassure them.
4. The telephone system will be operational. Most coaches have a cell phone they will carry with them and on-call will have access to these phone numbers
5. Elevators will work but must be used for emergency only as they will quickly deplete the generator.
6. The generators will run the boilers for heat.
7. Disposable incontinence products and no rinse hand and body soap are available in the emergency store room if laundry service is unavailable.
8. In SVTOO Apartments, the electrical outlets in resident suites do not work when on generator power. There are orange outlets and lights in the hallways outside resident rooms that run power off the generator. It is important to switch cables to these orange outlets for items such as oxygen and low air loss surfaces.

### **ELEVATOR USE DURING A POWER FAILURE IN SVTOO**

During a power failure, only 1 elevator works and it does NOT service the 3<sup>rd</sup> or 4<sup>th</sup> floors. Please follow this procedure in order to have them service those floors:

When the power is ON the nursing home elevators are locked out from going to the 3<sup>rd</sup> and 4<sup>th</sup> floors. When the power is off only the nursing home elevators have power via the generator. Consequently, the nursing teams must turn the lockout *off* to enable apartment residents to use the elevator to access the 3<sup>rd</sup> and 4<sup>th</sup> floors.

### **USE OF OXYGEN**

Where the use of oxygen has been ordered:

1. All flammable solvents, cleaning fluids, ether, matches, lighters, candles and other like materials shall be removed from the room where the oxygen is to be used.
2. Signs bearing the printed words “DANGER – NO SMOKING – OXYGEN IN USE” shall be placed in the room and at the entrance to the room where the oxygen is being used.
3. Oil or grease shall not be used at any time on oxygen equipment.
4. The oxygen equipment shall be securely anchored
5. All oxygen equipment together with accessories including the “DANGER – NO SMOKING – OXYGEN IN USE” signs shall be stored in a readily accessible place so as to be available for immediate use when required.

When the fire alarm sounds, the resident using oxygen shall be evacuated as a priority.

## Emergency Response Plan

### EVACUATION CHECKLIST – FIRST FLOOR NURSE TO BE COMPLETED BY FIRST FLOOR NURSE

Date: \_\_\_\_\_

#### TOTAL EVACUATION REQUIRED –

Control Officer in conjunction with Authorities (Policy/Fire) determine evacuation is necessary

Action	Time Complete - Notes
Notify the CEO	
Notify On-call	
Notify Ministry of Health	
Page CODE “Total Evacuation” – indicate to use primary Exits only (if sufficient time) or use Primary and Secondary Exits	
Obtain Red Evacuation Bag containing Triage Kit First Aid Kit	
Delegate staff member to complete evacuation log. (This member will also initiate communication with family once log is complete)	Who:
Designate Registered Staff member as Triage – In-Charge (2 of 2 exits) ♦ Give triage kit & First Aid kit and face sheets from Red Evacuation Bag  ♦ Evacuation Checklist – Triage Officer  Ensure all necessary supplies and emergency kits are delivered to the triage area	
Designate 2 additional staff to assume in charge role of 2 triage areas (one can be non-nursing staff)	
CEO or Designate will begin call procedure to call in Emergency staff.	
Ask any other available staff to assist with evacuation of residents and monitoring triage area.	
Contact emergency transportation company.(see Emergency Communication List) Let them know we have an emergency and require emergency transportation for potentially ___ residents.	Name of person contacted:  Tel:  Time Contacted:
<b>Contact – 1<sup>st</sup> Place of Refuge</b> Indicate requirement to use facility as a temporary refuge as per previous arrangement.	

<p><b>Contact:</b> Request additional transportation.</p>	
<p>Gather the following to be evacuated:</p> <ul style="list-style-type: none"> <li>◆ Emergency Preparedness manual</li> <li>◆ Sign out books with Leave of Absence forms to identify residents who are away</li> <li>◆ Need to Know Binder</li> <li>◆ Medication Cart</li> <li>◆ Report Books/Unit Planners</li> <li>◆ Portable Phone</li> <li>◆ Walkie-Talkies</li> </ul> <p>If time permits collect: Active Medical Records, Treatment Cart/Book Linens/towels/blankets Lifts, wheelchairs etc.</p>	
<p>Establish Liaison with Administration of receiving facilities:</p>	
<p>Assign additional personnel to inform families of situation and handle telephone inquiries</p>	
<p>Make a list of and assign staff to evacuate necessary equipment as appropriate</p>	

## Emergency Response Plan

Restrict building to all unauthorized personnel	
Notify advisory physician and attending physicians of the situation	
IF APPROPRIATE: Make final check of empty building to ensure that all appropriate equipment is turned off, heat is low or off, windows and doors closed and locked.	
Ensure all evacuated areas are sealed off, appropriately secured and barricaded as necessary.	
Notify Police of evacuated building	
Post signs on door indicating contact information.	

First Floor Nurse Signature:

Date:

*Copy to CEO*

## Returning Residents Following Evacuation

The long term care home must be inspected and approved for resident re-occupancy by appropriate individuals and/or authorities.

### PROCEDURE:

The CEO or delegate will:

Notify Ministry of Health and Long Term Care, Public Health Unit and LHIN about return.

Check all operational equipment and air the building out.

Arrange for a meal or snack for returning residents.

Contact staff regarding scheduling for re-admission.

Notify families and schedule a time and date for readmission of residents who have been with families.

Gather up all lists of residents and equipment to be returned. Update continually.

Notify advisory and attending physicians of return date and time.

Organize re-admission assessments and schedule for each resident.

Designate a central control area for returning residents, staff and equipment.

Instruct maintenance personnel to manage traffic flow of returning residents.

Double check and identify residents as they disembark from the various means of transportation.

Ensure that residents and equipment are returned to appropriate areas.

Investigate missing items immediately.

Establish routine as soon as possible.

## CODE BLUE – MEDICAL EMERGENCY

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. An blood pressure cuff and stethoscope will also be delivered to the emergency site.
- b. The unit Nurse will go immediately to the area of CODE BLUE and direct the emergency scene until EMS personnel arrive.

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

- a. The 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 CEO, 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.

If this is a resident emergency: Refer to resident incident reporting for documentation and follow up.

If this is a visitor emergency: Refer to Medical Emergency Response, Administration Manual

If this is a staff emergency:

Refer to Work Related Injury or Illness, OHS Manual

Refer to Critical Injury Report, OHS Manual

- f. Ensure that all emergency equipment is replenished/cleaned following the emergency and returned to its storage location.

### **Visitor Medical Emergency**

This policy/procedure will act as a guide for staff response when anyone has collapsed or has been injured while on Shalom Village property (whether it be within the facility or outside on the grounds). This policy does not cover residents who collapse while on the LTC Centre site.

### **PROCEDURE:**

All calls for assistance when anyone has collapsed or has been injured while on Shalom Village property (whether it be within the facility or outside on the grounds) will be responded to by designated staff members. Staff who respond shall make an on-the-spot assessment to determine an appropriate course of action. Factors that will affect this decision include:

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

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

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.

## CODE YELLOW – MISSING RESIDENT

It is the policy of Shalom Village to ensure appropriate information is readily available for searchers and that all staff will know what to do in the event a resident is missing.

### A Missing Resident Plan:

- ◆ A living plan for each resident is developed in connection with their family/substitute decision maker.
- ◆ The living plan will address risks identified for that resident and the plan of care to be implemented as discussed with their families.
- ◆ The staff in each home area will make hourly visual checks of residents to ensure that everyone who should be present is present.
- ◆ All exit doors in Long Term Care (LTC) are alarmed and require an access code.
- ◆ Apartment residents are asked to inform staff if they are leaving the building for the day or longer. Residents who are leaving/returning LTC with a family member or friends, must notify the Nurse and must sign out and in at the reception desk. In Goldie's Place, all residents are supervised and checked hourly.
- ◆ A resident profile binder is kept at the First Floor Nursing station for residents in LTC. For supportive housing the resident binder is kept in the office of the Supportive Housing Health & Wellness Coach. For Goldie's Place a participant binder is kept in the programs office.

### Missing Resident Search Guidelines:

#### STAGE 1: Local Floor Area Search

1. Immediately upon discovering that a resident is missing, look around the immediate area and inform the staff of that area that the resident is missing.
2. Inform the Coach of the area
3. Check with reception to see if resident has been signed out.
4. Search the Floor
5. Check if the resident has gone to Goldie's Adult Day Program. Also check Bubbi Bessie's café, the hair dresser, and any recreation programming.
6. Call family to see if they took the resident out and did not sign them out.

#### STAGE 2: Building Search

1. Inform the person in charge (On Call, CEO, Coaches)
  - ◆ Person in charge will call the care team together and:
    - Obtain the Resident's Emergency information and picture located in the Emergency Binder
    - Get building room maps
    - Use your best judgement
2. Send out communications to staff that a resident is missing and to look around building areas.
3. Page "Code Yellow; Stage 2; check your email"

4. Determine when the resident was last seen, where and what they were wearing and any other pertinent facts. Ask other residents/family members if they have seen the resident and how long ago.
5. Have staff members do room to room searches (including all resident washrooms, staff washrooms, dining rooms, utility rooms, laundry room, spas, balconies, synagogue, nursing station, lobby, gardens) in each house using a building map. The staff member will be given a master key by the person in charge to do the checks and will report back as soon as they have finished and signed off each room they have checked.

### **During the Search:**

- ◆ Remain silent (except for essential conversation) and listen for the missing person
  - ◆ Do not call the person's name (people with dementia rarely respond to calls of searchers)
  - ◆ Collect reports back from the staff every 10 minutes
  - ◆ Retrieve information kept on file to be used in the event of an emergency search (ie. Wandering person's profile, and person's personal profile)
  - ◆ Get the necessary information ready for police as well as aerial maps and facility floor plans
6. Notify staff on each floor of LTC, apartments and basement and have them do the same check as above and report back as soon as they have finished. NOTE: Assign staff to check the perimeter of the outsides of the buildings, including the enclosed gardens, local arena and school. Give grid maps that detail the area to be searched, including the original apartments, elevator lobby, and ensure that the roof doors are locked.
  7. Assign a staff member to do a room to room search of the basement, using the map supplied. Assign staff to move methodically room to room quietly and sign off when each room is checked and report back as soon as they have finished. Check all Locked rooms as well.
  8. Assign a staff member to search the parking lot and the sides of the building and report back as soon as their search is completed.

### **STAGE 3: Neighbourhood Search**

- If the resident is not found in the search of the buildings and the immediate area surrounding them, then make the announcement "CODE YELLOW: Stage 3; check your email" throughout the building.
- Person in charge will call the care team together and:
  - Access the emergency Binder
  - Get Maps of the neighbourhood
  - Obtain the Resident's Emergency information and picture located in the Emergency Binder
  - Use your best judgement
- The person in charge will contact:
  - ◆ On Call who will implement the fan out of emergency calls and inform the CEO or delegate list
  - ◆ The police
  - ◆ The resident's next of kin
  - ◆ HSR and Taxi companies and inquire if a resident got on the bus in front of the building
  - ◆ Phone local hospitals
  - ◆ If relevant, use \*69 on the resident's phone, check calendar and notes for any appointments, question anyone who may have knowledge of the resident

## Emergency Response Plan

- Do a second building search, assigning staff to search areas they had not searched in the initial search.
- Use a map of the area and send teams out to do a search of the local area. Have each person report back to the person in charge as soon as they have searched the area assigned. Depending on the number of volunteers available, assign areas for searching in a widening circle away from the building.
- **MEDIA: THE CEO WILL BE THE ONLY PERSON TO SPEAK TO MEDIA PERSONNEL.**
- The CEO or delegate will contact the Ministry of Health and the Chairman of the Board, if necessary.

### **After the Person is found:**

1. Check the person for injury, take vital signs, etc.
2. Notify all persons concerned in the incident (CEO, Coaches, Next of kin, etc.)
3. Document the person's wandering incident
4. Complete critical incident report
5. Debrief staff
6. The incident log will be reviewed by Coaches and follow up action as is necessary will be implemented by the CEO. The Board of Directors will be notified at the next meeting of the Board following the incident that required the police being notified.

### **A Search Kit will be located at 1<sup>st</sup> 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

## CODE WHITE – VIOLENT & AGGRESSIVE BEHAVIOUR

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 every time immediate response is needed to manage violent/aggressive behaviours, or when you can't handle or help is needed and they aren't successful.

### 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) Remove Residents/Visitors and Staff from immediate area, establishing a safe location.  
**IF AGGRESSIVE RESIDENT** - Return to resident, ensure environment is safe. Implement interventions noted in the Responsive Behaviour Protocol to manage the situation. Refer to Responsive Behaviour Policy.
4. Do not promise anything in response to demands. Acknowledge requests but say you have to check with supervisor. (claim lack of authority)
5. 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.

Designated First response staff to respond to the Code White announcement (Home specific plan).

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 proactive

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** 1<sup>st</sup> Responder (facing sideways with back to exit)

**X**

**x** 3<sup>rd</sup> & 4<sup>th</sup> Responder —(stand quietly-identify yourself quietly)

Responders to identify to the present responder:

#2<sup>nd</sup> and 3<sup>rd</sup> Responder : I am here if you need me (to 1<sup>st</sup> responder). This communicates to 1<sup>st</sup> responder but they don’t have to turn or loose focus on the resident. They can “tap” 1<sup>st</sup> responder at any time if the 1<sup>st</sup> 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 aprise 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 Code White form should take place.

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 possible. The expectation is that they will provide support/assistance with next steps, debriefing etc.

## Staff Specific:

- a) If able to diffuse violent behaviors, employee will be sent home immediately pending outcome of investigation. Contact EAP for employee consultation.
- b) If unable to diffuse violent behaviours, call 911 for emergency response and follow the direction of police. Notify, the CEO. Employee will not return to work pending the outcome of investigation.

Refer to Health and Safety Manual – Workplace Violence Prevention Policy and Program.

## Family/Visitor Specific:

- a) Attempt to diffuse the situation by responding in calm voice.  
Request assistance from Supervisor/Manager  
If able to diffuse violent behaviours, report all proceeding to the Supervisor/Manager and if warranted the supervisor/manager will report incident to Police. Management and Staff will cooperate with the Police and continue with the procedures that are appropriate to the situation.
- b) If unable to diffuse violent behaviours, call 911 for emergency response and follow direction of the police. Notify, CEO.

## CODE BLACK – BOMB THREAT

Code Black is used to alert all employees within the facility that a bomb threat 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 even though the great majority of bomb threats turn out to be hoaxes, all must be treated as though an actual threat exists. The 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:**

- ◆ attempt to prolong the conversation and extract as much information as possible from the caller, (location of bomb, time limit and reason for the threat) SEE BOMB THREAT TELEPHONE CHECKLIST.
- ◆ Pay particular attention to the distinguishing characteristics of the caller's voice, (accent, sex, age, impediment) Listen for background noise, (traffic, music etc.)
- ◆ Record details of the call on the CODE BLACK: BOMB THREAT TELEPHONE CHECKLIST located at the 1<sup>st</sup> Floor Nurses Station, on each unit and in each department.
- ◆ Contact the CEO 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 (ie. Envelope). Save the evidence for the police.

SEE BOMB THREAT BY MAIL INFORMATION SHEET – CODE BLACK FILE located at the 1<sup>st</sup> Floor Nurses Station, on each unit and in each department.

#### **When a Threat is received:**

1. Page CODE BLACK (include department/unit if known)  
Repeat CODE BLACK 3 times.
2. Immediately advise the CEO/designate or ATHOME Leader.
3. The CEO/designate or ATHOME Leader will call 911 and notify police immediately.

#### **Other details to provide:**

Pertinent details given from Bomb Threat Checklist (ie Time of Bomb to explode, Location of Bomb)



4. ATHOME Leader designate a staff member to meet the police and guide them to the affected area.
5. Proceed with horizontal evacuation of the affected area in accordance with the procedures outlined in Code Green – Horizontal evacuation.
6. The decision for further evacuation will be made by the police or fire Department in consultation with the CEO.

### **Search Guidelines**

The CEO/designate ie member of ELT will assume the charge role Monday to Friday 9-5 and the ATHOME Leader after hours and the RN on nightshift to call the oncall administrator.

The Control Center will be the 1<sup>st</sup> Floor Nurses Station unless otherwise designated by the Control Officer.

### **STAGE 1 – PRIOR TO ARRIVAL OF POLICE**

#### **Affected Area**

On hearing CODE BLACK employees in the facility or the specifically targeted department/unit will search the immediate area/vicinity for anything unusual, out of place or anything suspicious.

The elevators are to be brought down to the main floor and put on service with the doors open.

#### **If bomb placement area is unknown:**

1. Assign the search team members to areas they are familiar with (work regularly) and instruct all staff to report back to the Control Centre within 10 minutes. Distribute Floor plans located in the Emergency Binder at the First Floor Nursing Stations and Reception Area.
2. Allocated staff should begin at each end of the unit and each search one side of the hallway ensuring that **each room has been searched** and then proceed into the stairwell. Make common high traffic areas a priority. Remember to look for packages and other objects that appear to be out of place.

In each room look:

- On/under/beside beds
- In each bathroom
- Behind privacy curtains
- Closets
- Behind doors
- Shower stalls
- Bathtubs
- Under bedside tables and furniture
- Garbage Cans
- Scan the room for other areas where articles may be hidden

**All resident and common access doors are left open**

**ALL** areas are to be searched.

These include: Utility rooms, Linen closets, Stairwells, Elevators, Lift Rooms, Electrical Rooms. Areas that are usually kept locked can be searched after all other areas where access is more readily available.

All searchers should:

- Search an assigned area systematically, noting the time that they searched the area on their floor plan.
3. The ATHOME Leader/Delegate will assign 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 (after common areas and residents rooms have been searched)**

- Starting with the basement – Service 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**

- 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, paying particular attention to areas that may be used as a holding area during an evacuation.
- Avoid multiple re-crossing on the grounds as this may contaminate a scent trace needed by police.

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

- Search completed

### **If a suspicious article is found:**

IMMEDIATELY NOTIFY THE CEO/DESIGNATE OF THE LOCATION AND DESCRIPTION OF THE OBJECT. (see Object Description Questionnaire) DO NOT TOUCH THE OBJECT. EVACUATE ALL PEOPLE FROM THE IMMEDIATE AREA. (Code Green – Horizontal Evacuation)

### **STAGE 2 – POLICE IN ATTENDANCE**

The police will co-ordinate additional searches of the area/facility utilizing staff in each department who are most familiar with that part of the building. Each area will continue to be searched in a systematic fashion, moving progressively room by room until each area is complete.

### **STAGE 3 – OBJECT NOT FOUND**

If an unusual object is not located, police and fire department will determine the need to evacuate the building in which case the CODE GREEN STAT and /or total evacuation procedure will be initiated.

## CODE ORANGE – DISASTER CONTINGENCY PLANS

### Loss of Hydro

When the power goes off unexpectedly, the person-in-charge will immediately:

- notify the Maintenance Personnel to check the electrical system for obvious problems
- notify oncall coach is after hours
- if no internal problem is found, Check Alectra Utilities website to see probable length of outage.

In the event of total loss of power, contact the Hydro Utility Office to determine the anticipated duration of the power loss.

If the power is expected to be restored in a couple of hours, no further action will be required.

If the power is not expected to be restored within a reasonable time frame, the CEO, or their delegate, will:

### Laundry

- reassign laundry staff to other duties

### Dietary

- The kitchen is equipped with gas cooking range that can be used to provide meals or hot fluids during electrical power outages.
- Paper products will be used for snacks and meals
- Use barbeques if not enough room to cook on stove
- Monitor and record fridge/freeze temps, keep doors closed
- Fridges in SVO dining rooms are on backup generators
- Fridges in SVToo dining rooms are not on backup generators so keep doors shut as much as possible

### Communication

Network phone systems have been connected to the backup generator but other options can be utilized:

- A cell phone
- Companion phones

### Apartments

- SVO apartment elevator is not on generator – signs need to be placed at elevator on each floor directing apartment residents to use SVO LTC elevator
- Maintenance to switch SVO LTC elevator to go to all floors
- SVToo has 2 elevators on generator (#2 and #3)
- Apartment PSW to do rounds to tell all apartment residents about power failure and estimated time and elevator usage

## Maglocks

- May be released in a power surge, have maintenance check if can reset
- If still off ensure staff are doing rounds to monitor all doors and place chair in front to deter residents

## Call bells

- If call bells go down call maintenance to reset program
- If still down call Cimtels or Edwards to come and assess

## Resident Care

- Nurse to ensure all oxygen concentrators are plugged into a red generator plug
- May need to bring any resident from apartments with oxygen to LTC to use generator as there is no generator power in apartments

## HOUSEKEEPING

- Minimize cleaning of floors etc. Do only toilets, sinks etc
- Reassign to other areas
- Ensure that Infection Control Nurse or designate is consulted to review cleaning procedure for residents with high risk infections. (ie. C-Diff, VRE, MRSA etc.).

If the weather is cold, the CEO, or her delegate, will also direct staff:

- to ensure that all windows and exterior doors are closed; Keep vacant room doors closed to minimize loss of heat.
- to obtain extra blankets from storage as required.
- to record the interior temperature of the home hourly and report any finding below 10EC. If gas supplies are still available, supply residents with hot beverages as needed.

## Emergency Generators:

This home is equipped with a diesel backup generator. This generator will operate for approximately 72 hours if the tank is full.

As soon as loss of hydro is experienced ensure an adequate supply of diesel fuel is on hand

Conserve water as when loss of hydro is experienced for an extended period of time water supply may be affected.

When electricity is restored ensure that the mag locks are reset and all emergency systems are tested.

In the event that hydro is not expected to be restored for an extended period of time and internal temperatures fall below 10 degrees Celsius, evacuation of the home may be necessary. Refer to CODE GREEN – Evacuation

### Loss of Water

In the event of total loss of water the Maintenance Personnel will check the water system for obvious problems. Contact the Local Public Utilities in order to determine expected duration of shutdown.

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

Normally, water is unlikely to remain off for more than two hours. If there is a planned disruption for service reasons, etc. the water company will notify the home in advance. All departments will then be notified and have time to plan for the event.

In the event that the water supply will not be available for several hours, the CEO or delegate will:

- direct staff to fill tubs, sinks, pitchers, etc. with water for use during the shutdown.

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

- reassign laundry staff to other duties;
- direct dietary staff to use disposable plates, glasses.
- direct dietary staff to use water that is kept in the refrigerator at all times for cooking purposes and to hold water at meal time;
- direct nursing to modify their work schedule to conserve water;
- direct staff and residents to minimize the flushing of toilets during the duration of the water stoppage;

Milk and fruit juices are to be used to meet the needs of residents.

Laundry and dishwashing operations and regular bathing shall be discontinued for the duration of the shortage. Disposable hand wipes and waterless hand cleaner will be obtained by the ATHOME Leader for personal care.

In the event that water supplies will not return to normal for an extended period of time, initiate contact with an emergency water source.

In the event that water supply is not to be restored to normal indefinitely, the CEO or their delegate will initiate Total Evacuation – CODE GREEN.

## Loss of Natural Gas

In the event of a loss of gas, the CEO, or their delegate, will:

- notify the Maintenance Personnel to check the fuel line system for obvious problems.
- if no obvious problems are found, the home natural gas supplier (eg. Enbridge Gas) will be contacted in order to determine expected duration of shutdown. If it's an internal issue in the home the natural gas supplier will be requested to attend the premises and correct the problem.

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 in order to conserve hot water for resident's use.
- See **Code Orange - Interruption of Dietary Services** – Emergency Preparedness Manual for emergency feeding of residents.

In the event that gas supply is not to be restored for an extended period of time, the CEO or her delegate may initiate **Total Evacuation – Code Green**

## Interruption of Dietary Services

The Dietary Manager will instruct the dietary staff:

- to use the serveries or dining rooms for the preparation of cold foods and the organization of meal delivery;
- the gas stoves will continue to function. The generator will provide power for the site but the blenders will not work in the kitchens;
- to use the barbeque as required;
- To use the included emergency menus.

If an evacuation is necessary, dietary staff will:

- assist with the evacuation of residents. Refer to CODE GREEN - EVACUATION,
- take the Manual of Clinical Dietetics, Dietary Care Manual and residents profile sheets with them if possible.

If the Dietary lists are not available, the Dietary Manager or the ATHOME Leader will ensure that textures and special diets are maintained by printing the diet lists from Point Click Care.

In the event of non-delivery of food supplies, the Dietary Manager or their delegate will:

- Access supplies from current inventory – current inventory allows for meal planning for 3-7 days in case of emergency.

- Purchase supplies and/or food offsite if/when needed

In the event that the Kitchen is out of order due to disaster, the menu would be adjusted using shelf stable items, and if needed, offsite purchases would be made.

### **Emergency Menus**

The site has no water, no gas, and no electricity.

Please refer to the Emergency Menus on site.

In compliance with the Nursing Homes Act, a minimum of three days supply of food is stocked in the nursing home. Perishable foods are ordered one week in advance and staples are on hand to cover any hazard.

### **Disruption of Laundry Service**

In the event of laundry service failure, all essential laundry shall be sent to Canadian Linen Supply or similar company for offsite commercial laundry services.

When clean laundry returns it will be distributed as required.

### **Loss of Communication**

In the event of loss of regular telephone services, utilize a cell phone and dial 310 – BELL to notify them of the disruption of service and request immediate emergency repairs.

If out because of HYDRO:

Use cellular phone.

In the event that all telephone and service in the immediate vicinity of the facility is disrupted, a staff member is to be delegated to drive to a pay phone located outside the area of disruption in order to contact Bell repair.

The same procedure is to be followed to obtain ambulance service or medical services, during the period of emergency.

## **Withdrawal of Service – No Staff Available**

Employees already in the building will remain on duty in an emergency situation until relieved or other instructions are received.

The AT HOME Leader will call in all Managers, and the CEO, if not already in the building. Managers will remain on duty during the course of the emergency or until other instructions are received.

The CEO or designate will notify the Ministry of Health and Long-term Care of the problem.

The Administrator of LTC notifies the registered staff to maintain their schedules and asks for extra help as needed. Nursing agencies are notified and staffing patterns are established.

Each Manager will contact off duty staff and arrange for them to get to work if at all possible. This may entail arranging car pools or other transportation to get the staff to the building.

Director of Programs and Services will notify volunteers and request assistance particularly with feeding times.

The Dietary Manager will assume the role of the cook, with volunteer services for other duties. Human Resources Development Canada - Employment Centre or an employment agency will be contacted for workers in the kitchen, laundry and housekeeping departments.

The CFO will notify families of the situation and requested to have one member present to attend to the resident or take the resident home.

Emergency procedures for dietary services will be initiated.

Relatives, agency personnel and volunteers are to be called if the situation warrants.

If the situation warrants, residents shall be discharged to their own families where possible. The CEO with their delegate shall determine when the situation warrants this.



## Flood Contingency

Relocate residents to a place of safety.

Determine cause of flood.

If internal plumbing problem, contact maintenance personnel.

If caused by city water supply, contact Alectra Utilities immediately.

If caused by weather and/or natural disaster, obtain flood reports from local T.V. or radio stations and prepare for evacuation.

Watch where water levels are at all times and have all residents on the main floor.

Place all things that might be damaged out of the way.

## Explosion

If there is an explosion which affected the structure of the building, the police (emergency 911) should be notified immediately.

The CEO and ATHOME Leader will be notified immediately.

Enbridge Gas should be notified immediately. If possible, shut off the main gas valve to the building.

If resident or staff are injured, the ATHOME Leader is responsible to administer first aid and ensure they are transported to an appropriate treatment facility.

If the building suffers structural damage and it's safety is in question, the residents should be evacuated immediately. Refer to CODE GREEN

## Failure of Internal Air Quality

In the event there is a loss of acceptable internal air quality, the following steps must take place.

### PROCEDURE:

The person-in-charge will:

- contact the CEO and maintenance personnel;
- turn off the air make-up unit and exhaust fans;

- instruct staff to open all doors and windows;
- if it is a gas leak, move residents outdoors, call Union Gas.

prepare staff and residents for potential evacuation of the premises. Refer to Code Green

### **Snow and Ice Storm**

In the event of an ice or snow storm, which could interfere with the normal services of the building, the following procedures will be in effect.

#### **PROCEDURE:**

ATHOME Leader will assess staffing. If staff are unable to get to work, some staff will probably be unable to leave. Call staff together and determine how many will be required to cover the next shift or two, until relief can be obtained.

Delegate, or have staff volunteer, to work next shift. Have remaining staff rest to cover following shifts, if necessary.

Check dietary department to see if their staffing is adequate for upcoming meal preparation and service. Assess food supplies - if situation lasts longer than one day, it may be necessary to ration foods.

Provide food and rest areas as available for staff remaining in building. Use residential area, activity room, etc.

Ensure that all exits and entrances remain clear of ice and snow for emergency passage.

If power is off due to ice storm, conserve heat and energy as able. Refer to Code Orange, Loss of Hydro.

All baths and bed making, etc., will be kept to a minimum depending on staffing.

Attempt to arrange for supplies to be brought in by snowmobile or large tractor, if possible.

Notify families of situation and reassure residents if need be.

## Tornado (Watch & Warning)

**Tornado Watch** is designated by Environment Canada 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 Environment Canada 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:

1. Website: [www.weather.gc.ca/canada](http://www.weather.gc.ca/canada)
2. [www.ontario.ca/emo](http://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. ATHOME Leader to notify other Nurses etc. in building of Tornado Watch by using the paging system. ATHOME Leader to keep in close contact via this method of communication. Communicate situation to members of your team and other workers in Shalom Village.
2. Locate all residents and ask them to come indoors if anyone is outside.
3. Check outdoors and indoors for any objects with might become missiles if blown about in a high wind, and put in a safe place.
4. Ensure that equipment, emergency bags, flash lights, batteries blankets etc. are readily available.
5. Remove any unnecessary equipment, furniture, boxes, etc. from traffic areas. Clear hallways in the event of a Tornado Warning.
6. Begin to close curtains to prevent against flying glass.
7. 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.
8. Residents who are bedfast can be moved away from the windows.
9. 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**

ATHOME Leader to notify staff and residents immediately using overhead page. 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 personnel will be notified after the storm the ATHOME Leader 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.

Follow up required such as notification of Ministry of Health, etc. will be the decision of the CEO or her delegate.

## CODE BROWN – INTERNAL CHEMICAL SPILL

Chemical accidents that could possibly occur:

Chemical spill

Gas or toxic fumes

Nuclear accident.

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 Nursing Home
- the appropriate action and where, if necessary, to re-locate.

### PROCEDURE:

If you are the centre that discovers the chemical spill:

- call the Fire Department at 911 immediately
- contact the Ministry of the Environment Spills Action Centre emergency number 416-325-3000 or 1-800-268-6060 (toll-free). Also request the air quality be monitored.
- contact the local Public Health Unit and report the problem.

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

Some possible reactions might include:

- If it is a gas that is airborne, seal all doors and windows.
- Shut off all ventilation systems.
- Prohibit use of food and water until it has been tested.

If there is a potential for explosion.

- NO SMOKING
- Shut off all open flames in kitchen, laundry, boiler room, etc.

If it is at all feasible, locate oxygen and oxygen masks for those affected by a gas.

Other steps may be required depending upon the chemical involved.

Final step would be to review the disaster checklist.

## **CODE GRAY – EXTERNAL AIR CONTAMINATION**

Notify the CEO, or delegate and Director of Environmental Services immediately upon being informed of the situation.

Page “Code Gray – External Air Exclusion” three times.

Employees in each department must immediately securely close all windows to the outside.

All doors to the outside must be closed. Entering and exiting the building will be minimized and confined to the doors in the reception area. Allow the first set of doors to close before the second set opens to reduce air exchange. NOTE: DO NOT DEACTIVATE FIRE EMERGENCY EXITS.

Turn off all air conditioners and air conditioning systems.

Shut down bathroom/toilet fans.

Shut down stove fume hoods, dishwasher fans, dryer fans etc.

Notify maintenance and direct that the air circulation and exhaust fans that draw air from or exhaust air to the outside are shut down.

Refer to Maintenance Manual for location.

## CODE PURPLE – HOSTAGE & INTRUDER

The Code Purple alert will be used to initiate an appropriate effective response to hostage taking or the presence of unauthorized persons in the home.

### PROCEDURE:

All employees and volunteers in the home, shall be identified by means of name tag or identification badge.

The reception and/or nursing staff will ensure that all visitors have identified themselves upon entry and ensure they sign-in to the sign-in book.

Anyone unfamiliar or found loitering in the home, will be approached by staff in a non-confrontational and professional manner.

Ascertain whom they are visiting and whether they require any assistance.

Once the nature of the visit has been determined, advise the visitor that it is the policy of Shalom Village that all visiting persons register at the reception desk. If they have not registered at reception, ask them to return to reception to register. If the person demonstrates an unwillingness to cooperate advise them that the home will call the police upon refusal to comply.

Two staff members will accompany the person(s) to reception.

If an unauthorized individual:

- a) is not recognized and
- b) refuses to follow direction, or
- c) becomes argumentative, or
- d) has no purpose for being in the home, or
- e) looks suspicious

Advise the nearest Supervisor or management staff member so they can initiate CODE PURPLE. If the ATHOME Leader or coaches are not readily available, initiate the CODE PURPLE yourself. Document full description of the Individual. SEE DESCRIPTION QUESTIONNAIRE – EMERGENCY PREPAREDNESS MANUAL – CODE PURPLE

### CODE PURPLE:

Announce in a clear, calm tone of voice CODE PURPLE (name the affected unit/area), IE. CODE PURPLE, 1<sup>st</sup> Floor, lounge. Repeat phrase twice.

Immediately, the ATHOME Leader shall request assistance from an available supervisor to meet on the designated unit.

The ATHOME Leader will call 911 and request police assistance.

## **Emergency Response Plan**

Maintenance staff shall respond to the unit (if on Duty). All registered staff shall be notified of the description of the unauthorized visitor.

The ATHOME Leader shall meet the police upon their arrival and provide assistance as required.



## CODE SILVER – ACTIVE SHOOTER

A Code Silver communicates and coordinates the appropriate response to an active shooter situation within Shalom Village. The main objectives of activating Code Silver are:

1. To minimize risk and preserve the safety of residents, visitors, employees, professional staff, learners, volunteers, contractors and all persons who have a relationship with Shalom Village
2. To activate immediate response from Hamilton Police Services
3. To communicate and activate a standard organizational response to an incident in which a person is discharging a firearm.

In the event that you hear gunshots, people yelling and running everywhere, or you encounter a person threatening with or actively discharging a firearm you should:

1. Page Code Silver and location when safe to do so.
2. Call 911 and provide 911 operator with as much information as possible. If unable to page code silver, ask 911 operator to alert Shalom Village. If not safe to speak, leave line open & allow 911 operator to listen.
3. Leave everything behind & if safe, evacuate to the nearest exit. Get as far away from the building & make sure you can't see it.
4. If you can't evacuate, Seek cover and warn others of the situation.
5. Escape/evacuate area if able, keeping hands free, visible, raised & following any police instruction. If unable to escape area safely find a secure shelter, lock & barricade the door. Turn off lights & any source of noise. Hide behind large items.
6. Wait for police or security to arrive, identify themselves and provide verification.

## SAFETY POLICIES

### Hold and Security - Lockdown

- It is the policy of Shalom Village to have a lockdown in situations that constitutes life-threatening events and where evacuation of Shalom Village could lead to a tragedy.
- Two levels of lockdown will be used to initiate the most appropriate and effective response to keep residents, staff, and others safe in the event of a serious threat and/or violent incident.
- The two levels of lockdown are:
  - 1) Secure and Hold
  - 2) Lockdown
- Specific actions taken by Shalom Village staff will depend on the specifics of the situation. Any action taken will depend on several factors, including the level of threat and the advice/directive of emergency personnel.

### Two Levels of Lockdown and Definitions

**Secure and Hold:** means that all movement in and out of the building is restricted, however movement within the building is not restricted. The external danger near the building poses no immediate threat to the residents, staff, and others unless they leave the buildings.

**Lockdown:** refers to the most serious response to a threat to residents, staff, and others inside the building, on building property, or on property in immediate proximity to the building. The danger poses an immediate and serious threat to everyone in the building or on the property. The lockdown minimizes visibility and shelters/isolates residents, staff, and others in the safest possible location within Shalom Village given the specifics of the situation.

## Boil Water Advisory

A boil water advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms and that drinking the tap water can make residents, team members, and visitors sick.

Boiling tap water destroys pathogens and makes the water safe to drink and use.

To make the water safe, bring to a rapid rolling boil for at least one minute. Boil only as much water in the pot as one can comfortably lift without spilling. Ensure water is cooled appropriately before using or direct handling to prevent scalds.

### PROCEDURE:

1. In the event of a boil water advisory, Shalom Village will use boiled water, bottled water, or water from another safe public supply not affected by the advisory and will follow procedures as indicated for personal hygiene, cleaning and sanitizing, and preparing food, including ensuring handwashing is followed by use of alcohol-based hand rub.
2. Shalom Village will contact the Public Health Unit that issued the boil water advisory for more information as needed.
3. Do not use tap water to drink, prepare foods, make juice, make ice, wash fruits or vegetables, brush teeth, or give to pets or animals in pet therapy programs.
4. The CEO or designate will ensure that all team members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
5. The CEO or designate will ensure alternate water sources are provided to residents, staff, and visitors that is safe for drinking. The Infection Prevention & Control Manager or designate will post signage at the entrance to the Home and at all faucets, including the kitchen area, washrooms, and hand sinks, as a reminder that a boil water advisory is in effect and that the water is not safe to drink.
6. The Infections Prevention & Control Manager or designate will post signage advising team members, residents, and visitors to apply alcohol-based hand sanitizer after normal handwashing procedures with warm tap water and paper towels.
7. Use boiled water that has been cooled to room temperature or sterile water to wash broken skin and wounds and for other resident care activities (note: commercial bottled water is not sterile).

8. Consider using sterile bottled, boiled, or otherwise disinfected drinking water for severely compromised residents. Discuss with physician/NP any special precautions that may be needed for residents with weakened immune systems.
9. The Food Services Manager or designate will discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays. Direct team to prepare boiled water as needed:
  - a. bring water to a rolling boil for at least one minute.
  - b. use an electric kettle if possible.
  - c. only boil as much water as you can safely lift without spilling.
  - d. if boiling water on the stove, place the pot on the back burner.
  - e. take all precautions as needed to avoid burns.
10. The Food Services Manager/Supervisor will direct staff when preparing food during a boil water advisory to:
  - a) DO NOT use the water for drinking, making juices or ice, washing fruits or vegetables, or preparing ready-to-eat foods.
  - b) Discard ice and beverages that may have been prepared with the affected water supply.
  - c) Discontinue making ice; use ice from a commercial ice supplier made with safe water.
  - d) Disconnect any food preparation equipment connected to the water supply.

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

11. Water that has been boiled for one full minute, can be boiled the night before, cooled overnight, and stored in a covered disinfected container. Always ensure water is cooled appropriately before use or direct handling to prevent scalds.
12. Commercially bottled water (consult with Infection Prevention & Control Manager or designate to confirm the brand used has not been affected by the Boil Water Advisory)

### **WHEN THE BOIL WATER ADVISORY HAS ENDED**

The Environmental Manager or designate will direct the team to:

- a. Flush all water-using fixtures and faucets by running them for five minutes (if your service connection is long or complex, consider flushing for a longer period of time). Begin on the top floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for five minutes, proceed to the next floor below; continue the procedure until all fixtures and faucets on all floors are flushed.

## Emergency Response Plan

- b. Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations.
- c. Replace the filters on any water filtration devices and flush the fixture according to the manufacturer's directions.

The CEO or designate will:

- a. Communicate to all team members, residents, and visitors that the Boil Water Advisory has ended and have signage taken down.
- b. Conduct a debrief with the leadership team to review procedures and make any adjustments to practices/Emergency Management Plan as needed.

## **Elevator Entrapment Procedure**

The elevators at Shalom Village are covered by maintenance contracts with Otis Elevator (1-800-233-6847).

In the event of an elevator entrapment the following procedure is to be followed:

1. All elevators are equipped with emergency phones. These phones call the Otis Emergency Line when used.

The safety of trapped passengers is of paramount importance.

Shalom Village staff may be notified of a stalled elevator by emergency alarm bell, by cell phone or by calling for help. In addition to the emergency phone, emergency instructions may also be posted in the elevator car and included as part of orientation for all building occupants and tenants.

The emergency instructions emphasize that the trapped passengers do not attempt to evacuate or exit themselves by climbing out, jumping or prying open the door or escaping through the ceiling. This can lead to additional emergencies and possible injuries.

Some people fear getting trapped in an elevator and may have a panic attack requiring medical attention. There may also be other potential medical emergencies, such as a pregnancy or a cardiac emergency.

For these and a variety of other reasons, establishing and maintaining direct communication with trapped passengers is an important part of rescue operations. The communication should be maintained to reassure the trapped passengers until the rescue operations are complete.

If any medical or other emergency situations are present, notify the appropriate emergency responders promptly with necessary details.

### **Communication**

The building or facilities management team is responsible for managing the elevator entrapment rescue procedures. This team should be in direct contact with the trapped elevator passengers through the elevator intercom or phone system. If you are part of this team, let the trapped passengers know that they are safe and that steps are being taken to rescue them. Tell them to refrain from smoking and to stand clear of the doors. Ask them if the lights are on in the elevator and how many people are in the elevator car. Find out if there are any ill or injured passengers as well.

### **Assessment**

The facilities management team should immediately notify the elevator manufacturer when entrapment occurs. If the company does not have trained personnel in the area, the team should call the local fire department. Once the rescuers arrive, an assessment of the elevator occurs. This assessment typically includes determining where the elevator is situated (in relation to the landing levels), as well as why the

elevator stalled. For example, some elevators entrap people because the power went off throughout the entire building.

## **Passenger and Witness Procedures**

If you are trapped in an elevator, remember to stay calm. Passengers should never attempt to pry open the elevator doors or attempt to use the overhead hatch. Most elevators have emergency buttons and phones that enable you to call the building management team. Simply press the emergency call button and follow the given instructions. Wait patiently until help arrives.

If you are outside the elevator shaft and witness a person or group trapped in the elevator, alert the building facilities team. If you are not sure who to contact, call 911. Try to talk to the people trapped inside the elevator by yelling through the elevator door. Tell them that you've taken steps to alert the proper authorities and remind them to stay calm. If you can, stay outside the elevator until the rescuers arrive.

## **Elevator entrapment instructions if you are in the elevator:**

1. Remain calm
2. Push the emergency call button
3. Give the elevator number (inside the cab) and building address to the staff when requested on the intercom. Elevator personnel and emergency will be notified and respond in a timely fashion to rectify the problem.
4. Shalom Village staff will try to remain on the line with you for the duration of the entrapment
5. Notify staff if you have any medical concerns or if you start feeling uncomfortable

## Outbreaks of Communicable Disease or Public Health Significance

Outbreaks will be monitored and managed through the coordinated effort of an Outbreak Management Team that will meet daily during the outbreak.

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. There shall be a process to facilitate early communication of an outbreak, within the facility and to external agencies.

Membership will include:

- Infection Control Practitioner
- Medical Advisor (ad hoc or via email/phone)
- CEO
- Department Coaches
- Public Health Representative (ad hoc or via email/phone)

The Infection Control Practitioner will:

1. Act as Chair and ensure that the outbreak investigation checklist is completed and minutes of each meeting are recorded including follow-up to identified actions.
2. Ensure that meetings take place daily until the outbreak is declared over.
3. Identify and address any training needs for staff related to the outbreak.

Department Coaches will:

1. Participate in daily outbreak team meetings.
2. Follow through with assigned tasks and responsibilities.
3. Communicate outcomes to staff.

The Executive Coach for Resident Care will:

1. Communicate with residents and families as necessary.

### **PUBLIC HEALTH DEPARTMENT:**

1. Legislative authority to declare and resolve an outbreak
2. Communication with Medical Officer of Health
3. Assist in epidemiological investigation of outbreaks
4. Monitor specimen analysis and recommend transmission-based protocols.
5. Inspect areas and observe practices and processes
6. Follow up contacts in the community as necessary

### **OUTBREAK MANAGEMENT TEAM:**

1. Completion the Outbreak Management Checklist. Coordination and monitoring of all actions taken.
2. Implementation of outbreak control measures:
  - Signage
  - Sufficient supplies of PPE



## Emergency Response Plan

- Sufficient supplies of appropriate cleaning / disinfectant solutions.
  - Establish the definition of the symptomatic case and route of transmission.
  - Confirm number of cases (both residents and staff), including dates of onset.
  - Evaluate laboratory reports if available.
  - Ensure ongoing surveillance and control.
  - Ensure that recommendations from Public Health Unit are implemented.
  - Allocate specific tasks to groups or individuals.
  - Designate one person to be responsible for coordination of actions based on decisions taken and ensure actions are carried out.
  - Identify what communication will be delivered to residents and families and how.

### **CEO:**

1. Act as the liaison for the media.
2. Provision of information to staff, residents, and families on a regular basis.

### **INFECTION CONTROL PRACTITIONER:**

1. Review common signs and symptoms of suspect cases to establish case definition.
2. Liaise with Public Health Department and communicate declaration of outbreak to management team
3. Advise all employees as to the type of outbreak and the transmission-based precautions in effect.
4. Receive regular updates from staffing clerk and department managers re: staff absenteeism related to outbreak.
5. Monitor that signs and symptoms for residents and staff are properly recorded online listing and review at least daily.
6. Review implementation of infection control measures, revise if necessary and ensure communication to all staff.
7. Monitor that signage is in place.
8. Coordinate review of infection control procedures for all staff
9. Assemble and chair the Outbreak Management Team
10. Initiate cohort staffing if appropriate.
11. Advise other health care providers of outbreak as needed.
12. Recommend restriction of visitation (on consultation with Public Health Unit).
13. Restrict admissions and resident leaves of absence in collaboration with Public Health Unit and executive Coach of Resident Care
14. Monitor the completion of any required reports: Critical Incident, Long Term Care Closure / Tracking form.

### **NURSING:**

1. Implement appropriate transmission-based protocols.
2. Review resident health status and transmission-based protocols with staff each shift.

## Emergency Response Plan

3. Reinforce need for frequent handwashing.
4. Obtain required equipment and PPE as required.
5. Collect specimens to identify causative organisms and report results promptly.
6. Complete line-listing report accurately and fully and communicate new cases promptly.
7. Inform residents and families of transmission-based precautions in effect and ensure that they are followed.
8. Notify attending physician and pharmacy of outbreak.
9. Notify any outside facility to which an affected resident is transferred of outbreak status and transmission-based precautions.

### **DIETARY:**

1. Communicate the outbreak status and transmission-based protocols are communicated to all staff.
2. Reinforce need for frequent handwashing. Review infection control procedures.
3. Monitor that guidelines for Suspected Foodborne Illness are followed if outbreak is suspected as food borne.
4. Manage adequate supplies for food delivery and cleaning / disinfection.

### **ENVIRONMENTAL:**

1. Communicate outbreak status and transmission-based protocols to all staff.
2. Reinforce need for frequent handwashing. Review infection control procedures.
3. Manage adequate supplies for cleaning and disinfection.

### **PROGRAMS:**

1. Communicate outbreak status and transmission-based protocols to all staff.
2. Reinforce need for frequent handwashing. Review infection control procedures.
3. Discuss impact on program delivery and ensure that adjustments to calendar are made and communicated.

### **ADMINISTRATIVE OFFICES:**

1. Communicate outbreak status and transmission-based protocols to all staff.
2. Monitor that signage in place, that visitors to home sign into logbook and that visitor restrictions are communicated. Report any violations of protocol to Infection Control Practitioner.
3. Handle all general inquiries ensuring that approved information is communicated consistently.
4. Refer any media inquiries to CEO
5. Assist in coordination and delivery of any communication to staff and families.

## Outbreak Control Measures

### Personal Protection

1. Hand Washing- Reinforce; Ensure waterless hand gel available. Post signs. – hand washing with soap and water is the preferred method during enteric outbreak
2. Masking-While cleaning vomit or diarrhea; patient care, specimen collection.
3. Gloving-for direct resident care, specimen collection.
4. Gowning-while cleaning or if clothing likely to be contaminated.

### Residents

1. Restrict to room until signs/symptoms resolved for 48 hours.
2. Restrict residents to unit.
3. Particular attention should be paid to ensuring residents hands are washed frequently.
4. Admissions/Re-admission; not until outbreak is over or consults with Health Unit.
5. Transfers to other facilities-not to any LTCF
6. Transfer to Hospital-advise hospital and transport of outbreak status

### Staff

1. Exclusion of ill staff until signs/symptoms resolved x 48 hours.
2. Working at other facilities-wait at least 48 hours without signs/symptoms before working at another facility.
3. Cohort staff as much as possible. If possible have one staff care for ill residents.
4. Remind staff of the importance of good hand hygiene between residents, after going to the bathroom and before preparing, serving or eating food.
5. Provide ongoing staff in-service education on the specifics of the outbreak.
6. Reinforce proper cleaning for bedpans and commodes.
7. No bare-hand contact with ready to eat foods

### Visitors

1. Families to be informed of outbreak at home (One-Call System).
2. Notifications to visitors-Do not visit if ill or do not wish to become ill.
3. Visiting Conditions-reinforce hand washing/ visit only 1 resident.
4. Educate visitors on contact and droplet precautions if required.
5. Ensure signage is posted.

### Volunteers/Contract Workers

1. Discussion with Health Unit-usually curtails volunteer visitors during outbreak.

### Laundry

2. Handle linen as little as possible and avoid agitation.
3. Put soiled linen into appropriate bags.
4. Linen soiled with blood or body fluids should be put into a waterproof laundry bag.

### Environmental Controls

1. Enhanced environmental cleaning of washrooms, handrails, elevator buttons, pull cords, door knobs, push plates.
2. Sanitizer-Use appropriate product as per procedure. Disinfection of above surfaces should be done at least twice per day. Bleach is the disinfectant during an outbreak
3. Ensure availability of hand washing supplies.
4. Ensure adequate cleaning and disinfection of tubs, washrooms, wheelchairs, commodes and other shared equipment after resident use.

Note: In the event that Norwalk or rotaviruses are detected, infected persons may continue to excrete viruses after resolution of symptoms. Isolation continues 48 hours after last episode of diarrhea.

Shalom Village follows the recommendations of Public Health during an outbreak.

# Emergency Response Plan

## Outbreak Checklist

Action	Yes	Initials
<b>Initial Detection/Steps</b>		
Put Control measures in place.		
Record and report information regarding cases: - Complete monthly surveillance tool -Record in resident progress notes under "Infection Note"		
ICP or designate will: -Assess residents -Determine if # of cases meet case definition -Notify Public Health		
Obtain swabs/specimens if applicable		
<b>Declared Outbreak</b>		
Public Health declare outbreak: -Date of declaration _____ -Type of outbreak declared _____		
<b>Notification &amp; Communication</b>		
Notify all coaches and departments via email		
Registered Staff to initiate: -Transition Diet protocols if applicable		
Notify residents of outbreak-		
Notify families, staff, volunteers, contract workers, of outbreak and control measures e.g. visiting, (1:1, Bubbie Bessies, Vicki's, OT, PT, NRC		
Post signage at entrances		
Notify MOHLTC-after hours pager/CIS report		
Notify pharmacy		
Notify CCAC		
Notify hospitals if transferring residents		
Notify MOL if any staff symptomatic (reference Occupational Illness policy and form – 002060.00(a) Report of Occupational Illness Form).		
Review any upcoming resident outside appointment and follow up to notify of outbreak status with decision to continue appointment or reschedule		
Department Coaches to discuss rescheduling of time with contract workers as required		
<b>Establishment of Outbreak Management Team</b>		
ICP or designate to serve as Chair person		
Health Unit contact to liaise with Team/ICP		
Department Heads to become part of the team-ensure appropriate services included.		
ICP to keep log of meetings and minutes during outbreak		
<b>Investigation</b>		
Floor plans and dining room seating plans reviewed and highlighted for identified cases to determine possible trends/communication sources		
Update infection progress notes including extent and duration os symptoms.		
Medical review of conditions		
Public Health to investigate particularly if gastrointestinal in origin -include kitchen/dining		

May include laundry, disposal and physical layout		
<b>Control Program</b>		
Recommend extra resources and staff to manage outbreak		
Appropriate control measures: -Cohort staffing -Reassign staff break areas -Reassign staff assignments as required -Isolation -Hand hygiene program escalated for residents, staff and visitors		
Additional Cleaning Routines for outbreak initiated		
Re-evaluate group programs/consult with Health Unit on appropriateness		
Review and rearrange community interactions		
Ensure additional PPE supplies ordered/on-site		
<b>Evaluation</b>		
Debriefing to take place-what went right and wrong and changes recommended (lessons learned)		
<b>At Conclusion of Outbreak</b>		
Notify residents that outbreak is over-		
Obtain letter from Public Health and CCAC for occupancy reporting		

## Pandemic

Pandemic outbreaks will be monitored and managed through the coordinated effort of a Pandemic Outbreak Management Team that will meet daily during the course of the outbreak.

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.

There shall be a process to facilitate early communication of an outbreak, within the facility and to external agencies.

### PROCEDURE

Membership will include:

- Infection Control Practitioner
- Medical Advisor (ad hoc or via email/phone)
- CEO, Executive Coaches Resident Care, Executive Coach Supportive Housing
- Department Coaches, Maintenance Supervisor, Manager Human resources, Life Transitions Coach
- Public Health Representative (ad hoc or via email/phone)
- Director of Communications and Strategic Projects

The Infection Control Practitioner will:

1. Act as Chair and ensure that the pandemic outbreak investigation checklist is completed and minutes of each meeting are recorded including follow-up to identified actions.
2. Ensure that meetings take place daily until the outbreak is declared over.
3. Identify and address any training needs for staff related to the outbreak.

Department Coaches/Maintenance Supervisor/Manager Human Resources/Life Transitions Coach will:

1. Participate in daily outbreak team meetings.
2. Follow through with assigned tasks and responsibilities.
3. Communicate outcomes to staff.

The Executive Coach for Resident Care will:

1. Communicate with residents and families as necessary.

Director of Communications and Strategic Projects will:

1. Manage all communications internally with residents, their families, staff and volunteers
2. Manage all communications externally in consultation with the CEO

Life Transitions Coach will:

1. Responsible for notification of POA/Families of residents in affected units

Manager Human Resources will:

1. Assist with maintaining staff line listing
2. Cohort staff as much as possible to maintain safe resident care
3. Monitor staff vaccination status and antiviral needs
4. Implement staff contingency plan if needed

Pandemic Outbreak Management Team Meeting:

1. Review line listing for residents and staff, include discussion if needed re: contingency staff plan
2. Develop a working case definition
3. Determine if cases on line listing meet the definition
4. Review infection control measures, assess supply needs – PPE
5. Discuss posting of appropriate signs and their placement
6. For influenza outbreaks, discuss antiviral medication and staff exclusion, cohorting of staff
7. Review collection of specimens: Respiratory 3 swabs of most ill
8. Health unit will utilize Outbreak Notification Form
9. Plan for daily communication between the home and the health unit

When an outbreak of the pandemic strain is suspected or confirmed in the home, the long term care home will take the following steps:

- Notify the local Medical Officer of Health or designate
- Implement infection prevention and control measures
- Notify appropriate individuals
- Hold an initial meeting of the Pandemic Outbreak Management Team
- Monitor the outbreak and continue ongoing surveillance
- Implement control measures for residents
- Implement control and support measures for staff and volunteers
- Implement control measures for visitors
- Distribute antivirals if available (Oseltamivir)
- Distribute vaccine if available
- Review the outbreak



## EMERGENCY PREPAREDNESS TRAINING

### Disaster Planning Review

Education on emergency codes will be provided upon orientation and annually thereafter. Staff will have an opportunity to apply learned knowledge through regular testing of components of the emergency plan.

#### **PROCEDURE:**

All emergency codes will be tested and evaluated annually.

- Code Red – is to be tested once a month on all three shifts;
- Code Green – a total mock evacuation is to be completed annually;
- All other codes will be tested annually.

The Fire Department in accordance with the Fire Marshall's office will attend an evacuation of a house in Shalom Village annually.

### Fire Safety Review

All staff at orientation and annually thereafter, will review the fire protocols for Shalom Village.

Fire Drills will be conducted monthly on all shifts.

Staff will be receiving annual training in the proper use of the following fire equipment and techniques:

- Fire Medsleds
- Fire Extinguisher
- Stop, Drop and Roll
- Evacuation Lifts and Carries