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INTRODUCTION

An emergency is any sudden, generally unexpected situation or set of circumstances demanding immediate action.

A responsible employee will take whatever steps he/she reasonably can, first to prevent an emergency from ever happening in the first place, and secondly to prepare himself/herself as best as he/she can to cope with emergencies that cannot be prevented

All of us have the responsibility for the care and custody of our residents, as well as for the safety of employees and visitors while in Parkview Nursing Centre.

It is for these reasons that we have adopted this Emergency Plan, which outlines the actions required of employees to protect life and property in case of fire or other emergencies. It is important that all employees become thoroughly familiar with the part they must play in this plan.

All staff members must be aware that in accepting employment at the Parkview Nursing Centre, they also accept the responsibility to be knowledgeable, skilled and available in the event of a disaster.

It is the individual responsibility to protect oneself from liability by recorded participation in fire drills and in-service.

It is our goal with constant vigilance continual update, safety maintenance and awareness to avoid disaster and be prepared for an emergency.

EMERGENCY PLAN

Purpose

The purpose of this disaster plan is to provide a plan of action to be taken in any emergency, which may affect this facility and its residents.

Goals

1. To ensure the continuous well being of all residents and staff.
2. To provide continuous health care in the event of a major change in the physical plant or service.
3. To ensure the smooth transportation of the residents, materials and records out of the facility into another location if necessary.
4. To minimize the effects of trauma and shock to the residents and staff.
5. To ensure a co-ordinate effort with all services inside and outside the facility.
6. To eliminate as much as possible the possibility of surprise and panic in an emergency.

In the event of any emergency occurring, the Charge Nurse on duty shall be designated as the Incident Commander and s hall be responsible for conducting appropriate responses to the situation until other responding officials (i.e. fire department, emergency services, etc.) relieve them.

BUSINESS CONTINUITY FOR ADMINISTRATIVE FUNCTIONS

Parkview's Nursing Centre's Disaster Plan outlines plans and procedures to provide for the continuity of resident care during unplanned disruptions, which may arise from natural, accidental, or engineered occurrences.

Our emergency manual outlines the detailed steps and procedure that will be followed to ensure that our residents and staff continue operations in a safe and practical manner. The disaster manual outlines the critical functions that should be continued in each scenario.

In the event of disasters affecting our operations, the program will support the following objectives:

- Continuation of critical business functions that guarantee resident safety and critical service provision.
- A timely, organized and highly efficient return to full operations of all remaining business functions.

Alternative Locations:

All critical business administrative functions can be carried out at alternate sites that will address the minimum requirements to continue the business operations of the home. All Business functions such as payroll, billing, payables, etc can be processed out of an alternate site. Assured Care Management and Metcap Management offices are located in Toronto and can provide space to continue the business functions of the home. In addition; homes in the management umbrella follow similar processes and can be called upon to assist in admin functions when required. This can be done by staff at other homes or management company staff.

Alternate staff at these locations have been trained to complete billing, payroll and payables in absence of the ability to do so at the home.

The home has redundant backup systems to ensure that resident care can be provided at the home as a result of total shut down of the network/internet at the facility. Resident care plans are printed and maintained at the home. In addition, the resident's medication profiles are backed up hourly in pdf format and can be printed in an emergency situation. (including power loss). The back up redundant computer is on the generator and does not rely on internet to print out the medication profiles. This enables the registered staff to continue to dispense medications and document appropriately.

The home can produce backup flow sheets to ensure care provision is documented.

In addition; the home has an emergency menu to ensure residents are provided healthy nutrition for a one week period.

Preparedness: In the event of a disaster, every reasonable attempt will be made to restore and maintain normal service levels.

UNIFORM EMERGENCY CODES

We have adopted Uniform Emergency Codes in our facility to be used in any emergency. The following is a list of Emergency Codes that will be paged in any emergency to notify staff regarding the type of emergency they are dealing with:

FIRE EMERGENCY	Code Red	
CARDIAC ARREST	Code Blue	
EXTERNAL DISASTER	Code Orange	
EVACUATION	Code Brown	
MISSING RESIDENT	Code Yellow	
BOMB THREAT	Code Black	
VIOLENT PERSON	Code White	
MALFUNCTIONING FIRE ALARM SYSTEM OR ALTERNATE FIRE MONITORING	Code Pink	
ALL CLEAR	Code Green	

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ACTIVATION OF EMERGENCY PLANS AND RESUMPTION OF NORMAL PRACTICES

1. Following the activation of the emergency plans contained herein; the home will complete an assessment of the implementation and prepare a debriefing to be distributed to all stakeholders following stabilization of the emergency.

2. The Charge Personnel shall be responsible for following up with Residents and any Substitute Decision Markers (as applicable) to keep them informed as per each emergency policy and as appropriate.

3. The Administrator/Designate shall be responsible for following up with staff and volunteers upon resumption of normal activities to provide them information on the activation of the emergency plan and improvements that can be made.

4. The Administrator/Designate will be responsible for directly the resumption of normal operations in the home following the emergency.

5. The activation of the emergency plan will also be reviewing at the next scheduled Quality Committee Meeting as part of the Risk/Safety analysis.

6. Residents requiring support following the emergency will be assessed and appropriate plan of care will be implemented to help support them.

PARKVIEW NURSING CENTRE FIRE PLAN RESPONSIBILITIES

This plan is a unique document prepared specifically for Parkview Nursing Centre. All of the procedures in the plan provide staff with the guidance necessary to ensure the safe evacuation of residents and visitors from the building.

The implementation of this fire plan will ensure the optimum use of all life safety features installed within the building. The plan reflects the various functions within the building and the resources available to residents. The plan identifies the essential components to ensure an orderly and safe emergency evacuation of all residents and staff under emergency conditions.

OWNERS / ADMINISTRATORS RESPONSIBILITIES

The facility owner is responsible for the following:

- Ensuring the fire safety plan is developed, and approved and fully implemented. Ensure that the fire safety plan is maintained and updated.
- Establishing and posting the fire emergency procedures on each floor
- Appointing, organizing and training supervisory staff to carry out fire safety duties and emergency procedures. Ensuring alternate staff are trained and designated to act as supervisor in the event the appointed supervisor is unavailable or incapacitated.
- Ensure that all staff is trained in the use of existing fire protection equipment and actions to take when responding to a fire.
- Ensuring fire drills involving all staff are held at least monthly.
- Scheduling and co-coordinating regular fire drills
- Ensuring that fire hazards throughout the building are identified and eliminated or controlled
- Providing alternate measures for fire safety during the temporary shut down of fire protection equipment
- Keeping records of all tests and corrective measures of the above for a period of two years after they are made. This record will be made available to the Chief Fire Official when requested.
- Keeping records of all training, fire safety education, and fire drills are delivered to residents and staff.

NURSING MANAGER / SUPERVISOR RESPONSIBILITIES IN FIRE SAFETY

- Identify and establish a plan for residents who require assistance to evacuate due to physical or mental disabilities
- Ensure all hallways and stairwells are kept unobstructed of storage, debris and equipment
- Ensure stairwell doors and doors in other fire separations are kept closed except where approved hold-open devices are provided. Do not allow anyone to interfere with the self-closing device on any door.

FOOD SERVICE SUPERVISORS RESPONSIBILITY IN FIRE SAFETY

- Ensure that cooking equipment and appliances are maintained in good working order.
- Ensure all grease filters in hoods and duct systems are maintained and tested in accordance with Part 6 of Fire code.

LAUNDRY / HOUSEKEEPING SUPERVISOR RESPONSIBILITY

- Ensure that commercial laundry equipment is maintained in good working order
- Ensure that all duct systems and dryer drums are cleaned of lint and combustible residue regularly.
- Ensure that there is no lint accumulation in the laundry room
- Ensure that flammable or combustible liquid saturated rags are only cleaned off-site
- Ensure that laundry chemicals are safely stored
- Ensure that laundry staff know how to shut down the drying equipment safely in order to prevent foam rubber products from spontaneously heating.

HOUSEKEEPING SUPERVISORS RESPONSIBILITY IN FIRE SAFETY

- Ensure that commercial housekeeping equipment is maintained in good working order
- Ensure that cleaning chemicals and materials are safely stored

MAINTENANCE RESPONSIBILITY IN FIRE SAFETY

- Ensure that all fire protection equipment and building features such as fire separation, emergency lighting, fire alarm systems, sprinkler systems, standpipe systems, fire extinguishers, fixed extinguishers, fixed extinguishing systems and voice communication systems are checked, tested, and inspected and maintained in accordance with Parts 2, 6, and 7 of the Fire Code and all applicable standards
- Ensure that magnetic locking devices, if installed on exit and access to exit doors, release upon activation of the fire alarm and adjacent manual pull stations.
- Maintain permanent records of all fire equipment inspections, tests and maintenance as set out in Subsection 1.1.2 of the Fire Code.
- Access roadways, fire routes, hydrants and pumper connections are accessible to the fire department and are clear of all obstructions.

RESPONSIBILITIES FOR SUPERVISORY STAFF:

- They are aware of their responsibilities upon discovery of a fire, or upon hearing the fire alarm.
- Stairway doors are kept in the closed and latched position at all times
- Doors that separate floors into fire safety zones are kept closed and latched at all times, unless designed to close automatically upon activation of the fire alarm
- Self-closing devices attached to doors are not disengaged or rendered inoperable
- Doors on hold-open devices in fire separations close automatically upon activation of the fire alarm.
- Stairways, landings, hallways, passageways and exits are kept clear of any storage or other obstructions
- Combustible waste and debris accumulations are restricted to designated storage areas within the building
- Understand what each type of fire alarm signal means and how to initiate the fire alarm from anywhere in the facility. This also included activation of the second stage evacuation signal of the fire alarm.

RESPONSIBILITIES FOR ALL STAFF

- They are aware of their responsibilities upon discovery of a fire, or upon hearing the fire alarm
- Stairway doors are kept in the closed and latched position at all times
- Doors that separate floors into fire safety zones are kept closed and latched at all times, unless designed to close automatically upon activation for the fire alarm
- Self-closing devices attached to doors are not disengaged or rendered inoperable
- Doors on hold-open devices in fire separations close automatically upon activation of the fire alarm
- Stairways, landings, hallways, passageways and exits are kept unobstructed of any storage or other items
- Combustible waste and debris accumulations are restricted to designated storage areas within the building
- Understand what each type of fire alarm signal means and how to initiate the fire alarm from anywhere in the facility. This also included activation of the second stage evacuation signal of the fire alarm.

BUILDING DESCRIPTION

Address: 545 King St. W
Hamilton, Ontario

Major Intersecting Street:
King & Margaret

Fire Service Access:
Access to the building is from Margaret Street

Fire Department Access
Fire Department Access allows fire fighters and their equipment to gain access to the building. Vehicles parked in a fire route, excessive vegetation, snow and other forms of obstructions to access routs, fire hydrants and fire department connections are not permitted by the Fire Code.

Maintaining Fire Department Access is an ongoing matter.

Floor Identification:

Ground floor (See Floor Plan) :
Contains dining room, food service servery , receiving and loading areas, lounges, lobby, laundry facilities, washrooms, electrical rooms, staff lounge, business office with fire keys and alarms.

Second Floor (See Floor Plan):
Contains resident's rooms, dining rooms, lounges, lobby, nurse's station, med rooms, housekeeping room, storage and linen rooms.

Third Floor (See Floor Plan):
Contains resident's rooms, dining room, lounges, lobby, nurse's Station, med rooms, housekeeping room, storage and linen rooms.

Fourth Floor (See Floor Plan):
Contains resident's rooms, dining room, lounges, lobby, nurse;' Station, med rooms, housekeeping room, storage and linen rooms.

EXITS

Exit Stairwells

The building has 2 exit stairwells. The **#1 stairwell** exits south of the building, the **#2 stairwell** exits at the West of the building.

The stairwells provide access to all levels for the building.

Exit Doors

Exit doors are located at the front entrance, at ground level at each stairwell facing south, and west of the building, as well as the receiving and loading door.

Magnetic door locks (Mag Locks)

All exit doors and stairwell doors are equipped with magnetic locking mechanisms. The magnetic lock will disengage when the fire alarm is activated or there is a power failure. The manual magnetic lock release is located next to the fire alarm control panel in the business office. It must be reset after the alarm goes off.

Door Hold Opens

Located in the centre of ground, 2nd, 3rd,and 4th floors, is one set of fire doors held open with a magnetic door hold open device. The door hold open will disengage when the fire alarm is activated or in the event of a power failure.

Compartmentation

Upon activation of the fire separation doors will automatically close. There are two fire Compartmentation doors on each level of the building separating the South and North ends of the building providing a physical smoke barrier within the corridors

Roof Access (Not an Exit)

Roof access is only possible through the Houskeeping Room on the 4th Floor hatch.

SPRINKLERS, EXTINGUISHERS, HYDRANTS EMERGENCY GAS SHUT OFF

Sprinklers
Fully Sprinklered

Portable Extinguishers
Portable 5lb ABC rated multipurpose fire extinguishers are located in the corridors and service rooms.

Siamese Connections
Siamese connections are located outside of the building at the main entrance.

Fire Hydrants
A municipal fire hydrant is located on King St.

Natural Gas Emergency Shutoff
The main gas shutoff valve is located outside the building at the main entrance.

FUEL BURNING APPLIANCES

The following areas contain fuel burning appliances in the building:

- Main floor mechanical room (gas fire boilers)
- Outside generator (diesel fuelled emergency generator)
- Main floor kitchen (gas fired stoves)
- Laundry room (gas dryers)

TELEPHONE VOICE PAGING SYSTEM (NOT PART OF FIRE ALARM SYSTEM)

A public address system has been installed throughout all floor areas of the building, including the stairways. The system allows the building management to broadcast important information or special instructions in the event of emergency. Handsets for communication via the telephone system by emergency personnel are located on each floor.

EMERGENCY ANNUNCIATOR (PART OF THE FIRE ALARM SYSTEM)

During a fire alarm, the telephone voice paging system will not engage. While the fire alarm system is activated, the building as an emergency annunciator system. It is located in the main lobby front entrance vestibule. It is activated by depressing the button on the microphone. Announcements made through this equipment will be made through all areas of the building while the fire alarm is engaged.

EMERGENCY POWER (GENERATOR)

The building is equipped with a standby diesel generator located outside. The generator services the following areas:

- Designated lighting in the corridors and stairwells
- Exit signs
- Fire alarm systems
- Elevators (1 only)
- Emergency electrical plugs located in the corridors and are painted red.
- External door locks
- Fridge/freezer in kitchen

ELEVATORS

There are two elevators located in the building. One elevator is located in the centre of the building and one elevator located on the West side of the building. Both elevators provides access to all floors.

Main Elevator Instructions:

The main elevator located by reception does have a fire-fighters feature and key is located with fire box keys.

1. The "Emergency Recall" switch on the outside of the elevator on the main floor is turned to on at all times.
2. When the fire alarm system activates; the main elevator will automatically return to the main floor.
3. The elevator shall remain on the main floor while the alarm activates. The elevator can only be used with the use of the service key located on the fire box keys.
4. The elevator is not to be used at any time during activation of the fire alarm system without instruction from the fire department. Only the fire department can authorize the use of the elevator when the fire alarm system has been activated.
5. Upon instruction from the fire department only; to use the elevator; the key from the fire box keys is used to make the elevator operational.
6. Insert the key into the switch on the inside of the elevator and turn it to on. Once the switch is turned on; push and hold the floor button that you wish to go to. The elevator will then go to the floor assigned.
7. Once the fire alarm system is off; and the all clear has been given; reset the elevator by turning the switch on the outside of the elevator to the off position and return to the on position.

The main elevator has a communications system. To utilize the communications system:

1. Push the alarm button in the elevator
2. Pick up the emergency phone in the elevator, this will ring to the front fire panel
3. The person receiving the call at the fire panel should pick up the phone and press the button that has lite up and this will facilitate communication.

West Elevator Instructions:

During a fire alarm the west elevator is to be shut down. To be assigned to staff to do by the charge nurse. Using the west elevator key; turn the elevator to off service until the all clear has been given.

FIRE PROTECTION SYSTEM

Brief descriptions of a number of Fire Protection measures follow:

Fire Alarm Systems

The purpose of a Fire Alarm System is to alert all the occupants of the building that an emergency of fire exists so that such occupants may put into practice the measures required by the Fire Safety Plan.

The Facility shall endeavour to ensure that the fire alarm system is maintained in full operating conditions at all times.

The building is equipped with a multiple zone, two stage Monitored Fire Alarm System.

The fire alarm system receives its emergency power from its own battery backup.

Pull stations, smoke detectors, heat detectors and sprinkler flow switches are located throughout the building and when activated will sound the first stage fire alarm system.

Upon hearing the signal the Hamilton Fire Services must be called by the Charge Nurse at 911.

Signal devices are located in each room, corridors and common rooms.

There are heat detectors in each resident's room. When activated they will have an audible buzzer.

Each floor is a zoned West and South end.

Fire Alarm Control Panel
The fire alarm control panel is located in the business office.

Alarm indicator panels are located in the front vestibule at the main entrance of the building and at each nursing station on each floor.

Emergency Annunciator Panel
The emergency annunciator panel is located in the main entrance lobby vestibule .

Activation of the 1st stage (Alert signal) fire alarm will also:

- Activate stairwell ventilation system
- Release door hold opens on all levels
- Release all magnetic door locks
- Send a signal to the alarm monitoring company that the fire alarm has been activated
- Call central elevator to main floor.

Second Stage Alarm (evacuation signal)

The second stage alarm must be manually activated. The 2nd stage alarm can be initiated throughout the building by controls at the F.A.C..P. and at each pull station by the use of a key carried by all supervisory personnel.

Special Kitchen Extinguishing System

Located above the range hood is a wet chemical extinguishing system. It provides coverage to the following kitchen equipment:

- grill
- oven
- stove top

There are heat links located in the range hood. If released by heat the following will occur:

- Extinguishing agent is released
- Gas supply is turned off
- Electricity to the equipment is turned off
- Building fire alarm system is activated

Manual operation of the kitchen extinguishing system is possible by:

- A quick release pull down handle is located to one side of the range hood. When activated the automatic sequence described above occurs.

Kitchen gas shut off valve

- There is a manual gas shut off valve located to one side of the range hood.

Portable Extinguishers

Portable extinguishers are intended as a first aid measure to cope with fires of limited size. The basic type of fires is class A, B, C. Portable extinguishers are rated for the corresponding classes of fire. Our facility has water extinguishers in all areas. Chemical ABC extinguishers are found in the basement, laundry mechanical rooms, kitchen and each nursing station.

Standpipe and Hose Systems

A stand pipe system is an arrangement of piping, valves and hose outlets installed in a building or structure in such a manner that water can be discharged through a hose and nozzle for extinguishment of fire. The system is connected to a water supply, which permits an adequate supply of water to the hose outlets.

Automatic Sprinkler Systems

The wet sprinkler systems is located in the machine room on main floor.
The dry sprinkler system is located in the kitchen.

Water supply

Water for fire-fighting is obtained from a municipal water supply.

INSTRUCTIONS FOR RESETTING FIRE ALARM SYSTEMS

IMPORTANT NOTE
YOU CANNOT RESET OR SILENCE THE FIRE ALARM SYSTEM UNTIL GIVEN AUTHORIZATION FROM THE HAMILTON FIRE SERVICES.

1. RESETTING ALARM INITIATORS:

Pull Station
Use the long thin pin on the fire keys to reset the pulled activation station.

Smoke Detector
The activated smoke detector can be identified by its red light (on and not blinking). The smoke detector will generally reset itself after the smoke clears if it is not damaged. If damaged, you may reset the panel by using "signal silence" button on the fire alarm panel. Arragements must be made with the service firm to replace the damaged smoke detector as soon as possible.

Heat Detector
The activated heat detector cannot be reset if the center disc has melted off (use "signal silence" button on the alarm panel and make arrangements with the service firm to replace detector.)

2. RESETTING FIRE ALARM PANEL

Silence Signal Alarm
This feature should be used after the detection component is reset. If the detection component cannot be reset depressing this "Silence Signals" button will silence the alarm. The Fire alarm system will reset, bypassing the affected circuit. It is imperative that a service firm be called and that alternate monitoring arrangements be followed until the trouble is repaired

Full Reset
Reset the activated detection component, and then depress "Reset" button on the fire alarm panel. Push and hold the reset button for three seconds.

Trouble Indicator
Depress the "silence trouble signal" button silence the trouble tone. Call for service.

RESETTING MAGNETIC LOCK SYSTEM

The magnetic lock system reset system is located in the business office next to the fire alarm control panel. To reset, the key must be turned to the left and then back to the right. Once reset the red light will turn off and the green light will come on.

RESETTING CENTRAL ELEVATOR RECALL

After a fire alarm, the central elevator must be reset using the elevator key on the fire keys. Insert the key into the emergency recall panel to the right of the elevator. Turn the key to the right, all the way around to the left and the bottom, then return the key position back to the top.

RESETTING THE TELEPHONE VOICE PAGING SYSTEM

To restore the use of the telephone paging system, press the red button on the wall below the intercom shelf in the director of care's office.

RESETTING DOOR ALARMS

After a fire alarm, the west and south door alarms in the stairwell must be reset. using the door alarm keys on the fire keys,. Insert key #3 in the south door alarm, key #4 in the west door alarm, turn key to the left and then return to position.

Once all of the sytems have been reset, you must page "ALL CLEAR" three times over the voice paging system.

MAINTENANCE PROCEDURES FOR FIRE PROTECTION SYSTEM

CHECK, INSPECT, TEST REQUIREMENTS OF THE FIRE CODE.
Included below is a list of the portions of the fire code, which require that checks, inspections and/or tests be made of equipment and facilities from time to time.

Fire prevention officers from Fire Department may check to ensure that the necessary check, inspections and /or tests are being done, when conducting their inspections.

DEFINITIONS FOR KEY WORDS ARE AS FOLLOWS:

CHECK- Means visual observation, to ensure the device or system is in the place and is not obviously damaged or obstructed

INSPECT- Means physical examination, to determine that the device or system will apparently perform in accordance with its intended operation of function.

TEST- Means operations of device of system to ensure that it will perform in accordance with its intended operation of function.

It is stated in the fire code that records of all the test and corrective measures are required to be retained for a period of two years after they are made.

REF#	REQ.	ITEM	RESPONSIBILITY
DAILY			
2.5.1.1	Check	To ensure streets, yards and private roadways provided for fire dept. access are kept clear	Environmental Services
2.7.3.1	Check	Exit lights	Registered Nurse
	Check	Fire Box Keys	Registered Nurse
6.3.1.1	Check	Fire alarm ac power and trouble light	Registered Nurse
6.3.2.2	Check	Mechanical room during freezing weather	Environmental Services
WEEKLY			
2.6.1.4	Check	Hoods, filters and ducts subject to accumulation of combustible	Environmental Services

		deposits	
6.5.3.1	Check	That sprinkler control valves are open and properly supervised	Environmental Services
6.6.1.2	Inspect	Valves controlling fire protection water supply	Environmental Services
MONTHLY			
2.2.3.4	Inspect	All doors in fire separations	Environmental Services
2.7.3.3[1]	Check	Pilot lights on emergency equipment	Environmental Services
2.7.3.3[2]	Inspect	Emergency lighting unit equipment	Environmental Services
2.7.3.3[3](A)	Test	All emergency lighting unit equipment for operation upon failure of primary power	Environmental Services
6.2.7.2	Inspect	All portable fire extinguishers	Environmental Services
6.3.2.1	Inspect	Fire alarm batteries	Environmental Services
6.3.2.1	Test	Fire alarm system	Environmental Services Registered Nurse
6.5.5.2	Test	The sprinkler system using the alarm test connection	Environmental Services
	Test/Inspect	Emergency generator set operated at 30% of rated load for 60minutes as per CSA-C282-M89	Environmental Services
Every Six Months			
2.6.1.13& 6.8.1.1	Inspect	Kitchen exhaust hood and fire extinguisher per NFPA 96& 17A	Contractor
6.5.5.7[3]	Test	Gate valve supervisory switches, and other supervisory devices	Contractor
6.7.1.1	Test	And clean crankcase breathers, governors and linkages on emergency generators	Contractor
Annually			
2.2.3.7	Inspect	Fire dampers	Contractor
2.6.1.5	Inspect	Chimneys, flues and flue pipes and clean as necessary	Contractor
2.6.1.8	Inspect	Disconnect switch for mechanical air	Contractor

		conditioning and ventilation systems	
2.7.3.3[3][b] 2.7.3.3[4]	Test	Unit equipment for design duration emergency lighting	Contractor
2.8.3.2[1]	Test	Fire drill/Annual participation by all employees	Administrator
6.2.7.1	inspect	All portable fire extinguishers	Contractor
6.3.2.1	Test	Fire alarm system by qualified personnel acceptable to the Chief Fire Official [as per CAN/ULC S536 M97]	Contractor
6.4.1.3[2] 6.5.4.4(2)	Inspect	All fire dept. connections [Siamese] for wear, rust, or obstructions	Contractor
6..4.2.5	Inspect	Remove and re-rack standpipe hose and replace worn gaskets	Contractor
6.5.3.2	Check	Exposed sprinkler system pipe hangers	Contractor
6.5.3.5	Check	All sprinkler heads	Contractor
6.5.5.3	Inspect	Test water flow on we sprinkler system using most remote test connection	Contractor
6.5.5.5	Test	Sprinkler supply using main drain valve	Contractor
6.6.3.5	Test	Contractor	Contractor
6.6.5.7	Test	Inspect and flow test all fire hydrants	Contractor
6.7.1.1	Inspect	And service emergency generator and engine set	Contractor
6.7.1.5 [1]	Inspect	Diesel generator and replenish fuel	Operator
	Inspect	Nurse call system interconnection with the smoke detector in each resident’s room	
Every Two Years			
6.7.1.1	Inspect	And torque heads and valve	Contractor

		adjustments for emergency generator engines	
Every Three Years			
6.7.1.1	Inspect	And service injector nozzles and valve adjustments on diesel emergency power engines	Contractor
Every Five Years			
6.7.1.1	Test	Insulation of emergency power generator windings	Contractor
Every Six Years			
6.2.7.1	Test	Replace the extinguishing agent in dry chemical fire extinguishers	Contractor
Every Twelve Years			
6.2.7.1	Test	Hydrostatically test dry chemical fire extinguishers	Contractor
As Required			
	Check	Doors in fire separations to ensure they are closed	Supervisor Environmental services
	Check	Corridors and ensure they are maintained free of obstructions after use Hydrostatically test stand pipe systems that have been modified or extruded Exit lights to ensure they are illuminated clear and legible	Supervisor Environmental Services Contractor Contractor Supervisor Environmental Services

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SECTION: 5.0 Fire Emergency Procedures	**APPROVED BY: Owner/Administrator & Hamilton Emergency Services–Chief Fire Official**	
DATE OF ORIGIN: 05/02	REVIEWED DATE(S): ~~03/18;03/19;03/20;03/21; 03/22	DATE LAST REVISED: 07/22

GENERAL EMERGENCY PROCEDURES FOR ALL STAFF

Upon the discovery of a fire emergency, refer to the acronym **"REACT**" to assist all staff in following the correct emergency procedures. The sequence of steps in the acronym will vary depending upon the circumstances of the fire and the abilities of the responding individuals.

A. IF YOU DISCOVER A FIRE

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

B. ON HEARING THE ALERT STAGE 1 FIRE SIGNAL

1. Return to your unit or proceed to the fire as assigned.
2. Close all doors and windows if possible.
3. Ensure all exits and corridors are unobstructed.
4. Reassure residents and visitors.
5. Turn on lights.
6. Await further instructions.

C. EACH EMPLOYEE MUST KNOW

1. The procedures shown in sections above.
2. Specific instructions for his or her department.
3. The location and operation of the following in his or her work area:

    a) Fire Alarm Pull Stations
    b) Hose Cabinets
    c) Extinguishers
    d) Fire Exits

D. REMEMBER

1. Do **NOT** shout **"FIRE"**
2. Do **NOT** use elevators
3. Do **NOT** use telephone unless necessary

*** Fire Extinguishment, control or confinement.**

In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or the smoke presents a hazard to the operation, then the door to the area should be closed to confine and contain the fire. Leave the fire area, ensure the fire department has been notified and wait for the Fire Department.

If you hear an evacuation signal:

- Relocate all residents who are in danger.
- Co-ordinate the assembly and relocation of all other residents.
- Await further instructions if floor area is in no immediate danger.

DEPARTMENTAL SPECIFIC INSTRUCTIONS

EMERGENCY PROCEDURES FOR ADMINISTRATOR

1. Upon hearing the alert signal, determine the location of the cause of the alarm.
2. Ensure that the fire department has been called.
3. If it is deemed necessary, initiate the evacuation signal.
4. Coordinate the evacuation, assembly and relocation of all residents to safe area of the building if required.
5. Meet the fire department and ensure that they have access to the building and are provided with a set of master keys.
6. Direct the fire department to the fire alarm panel and central control system and assist them with the operation of these systems.
7. Co-ordinate the transportation of all residents and their personal and medical records to other facilities, if needed.
8. Once the emergency is over take the necessary actions to return the building emergency systems to full service as soon as possible.

EMERGENCY PROCEDURES FOR NURSING SUPERVISOR

- Undertake Administrators responsibilities if they are not on-site.
- Supervise and direct the evacuation, assembly and relocation of residents and visitors if required.
- Assign staff member to ensure that both elevators are recalled to the main floor and place them in emergency service.
- Ensure that staff are monitoring exit doors at south and west end of the building on the main floor.
- Inform arriving fire department of any resident, visitors, or staff who require assistance or rescue.
- Ensure that all fire doors are closed.

Sequence of Evacuation

The goal must be to evacuate all endangered occupants from the fire area and confine the fire as quickly as possible.

- Evacuate residents horizontally to the adjacent fire zones.
- If vertical evacuation is requires, use the exit stairs and leave the floor.
- Evacuate the room of the fire origin first, if possible.
- Close all doors in the fire compartment. Occupants requiring assistance to evacuate should be reassured and told to remain in their rooms with the door closed. They will be evacuated as soon as possible.
- Evacuate the rooms on either side of the room of fire origin and the room directly across the hall. As each room is evacuated during the primary search, identify that the room has been evacuated by flipping up the silver fire flag to expose the red side and close door to show red.
    - Note: during any evacuation a resident may reenter a room that has been identified as empty. If the fire flag has fallen down exposing the silver side this is an indication that the room must be rechecked for occupancy. To prevent the possibility of someone being left behind in a fire area a second check to ensure all fire flags on room doors are closed, should be carried out, if possible.
- Evacuate ambulatory residents next. They should be moved in a group whenever possible.
- Visitors and other occupants capable of evacuating should be instructed to leave the fire area on their own or with some assistance.
- Visitors may provide assistance if given suitable instructions.
- Persons in wheelchairs should be moved out next.
- Other non-ambulatory resident should then be evacuated because of the time and resources necessary to move them.
- If necessary, evacuate resident who are critically ill or on any life support. If they are not in any immediate danger, they should be left in their room with the door closed. The Fire Department must be informed of their location. Procedures for moving critically ill residents must be established well in advance of any emergency.

Once in the adjacent fire zone or outside:

- Ensure employees and residents are assembling at the designated meeting area.
- Report on the status of the ward to the Incident Commander.

EMERGENCY PROCEDURES FOR MAINTENANCE

- Ensure fire routes are clear and unobstructed.
- If possible, ensure that all emergency systems (sprinkler system, pressurization fans, etc.) are operating properly.
- Meet arriving fire department and upon request, provide fire department with key ring and list for all areas and rooms in the building.
- Upon request, provide a floor plan that shows the locations of exits and all fire protection equipment.
- Upon request, direct the fire department to the location of the fire alarm and voice communication system, sprinkler system control valves, and natural gas shut off valves and hydro disconnect.
- At the direction of the fire department, initiate any smoke control systems, emergency power systems and the firefighters elevator.
- Be available to assist the fire department.

EMERGENCY PROCEDURES FOR FOOD SERVICES SUPERVISOR

- Assist anyone in immediate danger to evacuate the kitchen area.
- Manually activate the automatic extinguishing system, if required.
- Shut off the electrical and gas equipment, cooking equipment, coffee, etc, in a safe manner.
- Close door to the kitchen to confine the smoke and fire.
- Activate the fire alarm system.
- Notify Charge Nurse or fire department of fire condition.
- Assist in the assembly and relocation of residents and visitors.

BUSINESS OFFICE, WARD CLERK AND RECEPTION

If fire is in your area:

1. Follow general fire procedures if fire is in your area.

When you hear the alert stage 1 fire signal

1. Report to front door main entrance and:

a) Answer the telephone, terminating non-emergency telephone calls, e.g. "Sorry, we are in an emergency, please call back".

b) Do not allow visitors to enter the building.

c) Automatically unlock the main entrance and direct the Fire Department to the fire location.

d) Inform any staff at the outside break area and lunch room to return to their floor.

2. Inform the Administrator and Director of Care of the emergency, if they are outside the building.

HOUSEKEEPING/LAUNDRY/MAINTENANCE

Housekeeping

If the fire is in your area:

i) Follow General Fire Procedures "If you Discover a Fire"

When you hear the alert stage 1 fire signal and fire is in another area:

i) Put away equipment and ensure all hallways are clear.
II) Report to nursing station for directions. Remain in assigned area until directed elsewhere.
iii) Assist as required.

Laundry

If the fire is in your area:

i) Follow General Fire Procedures "If you Discover a Fire"

When you hear the alert stage 1 fire signal and fire is in another area:

i) Turn off all laundry equipment in a safe manner
ii) Turn off all air circulation equipment.

iii) Leave the department and close all doors. Ensure that laundry chute is closed
iv) Proceed to fire area and assist as required.

Maintenance

If the fire is in your area:

i) Follow General Fire Procedures "If you Discover a Fire"

When you hear the alert stage 1 fire signal and fire is in another area:

i) Obtain fire extinguisher and report to fire area.
ii) Assist as required.

RECREATION AND LEISURE STAFF

If the fire is in your area:

i) Follow General Fire Procedures "If you Discover a Fire"

When you hear the alert stage 1 fire signal and fire is in another area:

i) If you are involved with a program and in a safe location, close the door and supervise the residents.

ii) If not with residents, proceed to the fire area with fire extinguisher.

iii) Assist as required.

DIETARY

If the fire is in your area:
(Cook assumes Leadership position in absence of Food Services Supervisor)

i) Pull nearest Fire Alarm or delegate this task.

ii) Ensure doors and windows are closed.

iii) Turn off all equipment - stoves, fans, dishwasher, etc.

iv) Assign one aide to remain with you in the kitchen to use second fire extinguisher.

v) Remainder of staff proceeds to Business Office.

vii) DO NOT place yourself in danger; if fire cannot be easily contained, evacuate the area.

When you hear the alert stage 1 fire signal
(Employees in Department)

i) Turn off all cooking equipment

ii) Turn off all air circulating equipment.

iii) Close all doors and leave the department. Assigned staff to bring fire blanket and extinguisher to the location of the fire via alt stairwell.

iv) Proceed to area and await further instructions.

NURSING

1. Charge Nurse on Day, Evening, and Night Supervisor

If the fire is on your unit:

i) Go directly to the annunciator panel at the front door or the nurse's station and determine area of fire.

ii) Call the Fire Department via outside line using 911 number and state the following:

"This is the Parkview Nursing Centre at 545 King Street West, Hamilton, Ontario, L8P 1C1. Our fire alarm has gone off and the panel indicates (state area fire located)"

iii) Recall both central elevators to the main floor.

iv) Unlock the front door if necessary and await fire department to direct them to the fire area.

v) If possible, have a staff member remain at Nurses' Station to direct staff, volunteers.

vii) In anticipaton of a possible evacuation; prepare to evacuate residents and their records including disaster tags, and MARs/TARs books from fire zone if possible to do so safely.

viii) If "Alarm" is false or when situation is under control, announce "Code Green- All Clear" three (3) times, once approved by the Fire Department Officials.

Registered Staff on Second ,Third and Fourth Floors all Shifts

i) Determine exact location of fire.

ii) Designate responsible person to be in charge of your unit.

iii) Proceed to location of fire and assist as required until fire department arrives.

iv) Direct rescue of residents if necessary (Follow evacuation procedures).

v) Remove resident disaster tags and MAR books from fire zone if possible.

vi) Contact Administrator or Director of Care as soon as possible.

ALL OTHER NURSING STAFF

If the Fire is in your area:

i) Follow General Fire Procedures "If you Discover a Fire"

When you hear the alert stage 1 fire signal:

Determine exact location of fire.

i) Report to your unit.

ii) Follow instructions of Charge Nurse/Fire Marshal. (Follow evacuation procedures)

DOCTORS/VISITORS/VOLUNTEERS, ETC.

When you hear the alert signal:

i) Remain with the residents.
ii) Keep the door of the room closed.
iii) Follow instructions of staff.
iv) If you have not yet entered the building when the fire alarm sounds, remain outside.

FIRE MARSHAL

When present at the fire scene, the Registered Nurse on Shift is the designated Incident Manager until relieved by the Fire Department.

FIRE PROCEDURES FOR RESIDENTS (OCCUPANTS)

Upon discovery of fire;

1. Remain calm.
2. Leave fire area immediately.
3. Close all doors behind you.
4. Activate fire alarm system via the nearest pull station.
5. Call the fire department from a safe location – Dial 911
6. Leave building via nearest exit.

Upon hearing the stage 1 fire signal

1. Stand by and prepare to leave the building if instructed **to do so.**

Upon hearing the stage 2 fire signal

1. Move to area where staff are directing residents beyond fire doors.
2. Leave building via the nearest exit.

When evacuating an area; if you encounter smoke; use an alternate exit.

PARKVIEW NURSING CENTRE		
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SECTION: 6 Fire Drills	**APPROVED BY: Owner/Administrator & Hamilton Emergency Services–Chief Fire Official**	
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FIRE DRILLS AND EVACUATION EXERCISES

FIRE DRILLS

1. The Facility shall conduct at least one fire drill per month up to three drills per month at different times and locations to ensure all staff practice Fire Safety Procedures. The facility will complete at least one drill per month as per Fire Code. They will be coordinated to ensure all shifts are covered and all staff attends. Fire drills will be carried out by the RN on duty on each of the three shifts.

2. The area to be tested will not be announced in advance. However, the Fire Marshal informs the Supervisor, Reception and Maintenance of the time and location prior to drill.

3. All employees in the facility are to participate in the drill. Individuals should respond as though it were a real fire.

4. At the end of the drill, the RN will reset the fire alarm system and completes the "All clear" announcement over the P.A. system.

5. A report on the drill is then completed including the names of staff members on duty during the drill. The report is submitted to the Administrator.

EVACUATION EXERCISES

During the fire drills, an evacuation exercise is to be conducted at least once a year upon fire department direction. Records will be maintained on the dates, findings and recommendations of these exercises on the fire drill report.

FIRE DRILL MASTER ATTENDANCE RECORD

A list of all staff members on duty during the drill will be kept with the report of the fire drill.

Records will be kept of all staff participating in fire drills to ensure that all staff have participated in at least one fire drill per year.

All records of fire drill attendance will be maintained in the home for a period of two years.

PARKVIEW NURSING CENTRE
FIRE DRILL RECORD – EVALUATION

DATE:_____ Time:_____ Shift: D ☐ A ☐ N ☐

Location of simulated fire:_____

Alarm sounded: Automatically ☐ Pull station ☐ Pulled by:_____

Who discovered the fire?_____ Time to locate fire:_____

Fire department notified Before drill ☐ After drill ☐
Alarm system company notified Before drill ☐ After drill ☐

Did staff respond promptly? Yes ☐ No ☐ Did anyone panic? Yes ☐ No ☐

All room doors closed? Yes ☐ No ☐ Fire flags used properly? Yes ☐ No ☐

Did all fire doors close? Yes ☐ No ☐ Extinguishers brought to scene? Yes ☐ No ☐

Front elevator to main automatically? Yes ☐ No ☐ West elevator off service? Yes ☐ No ☐

Laundry/kitchen equipment turned off? Yes ☐ No ☐ Ventilation system on? Yes ☐ No ☐

Explain deficiencies:_____
_____
_____
_____

Was evacuation carried out? Horizontal Stage 1: ☐ (Only surrounding fire location)
Horizontal Stage 2: ☐ (To safe area beyond fire door)
Vertical ☐ (Removal from floor)
Total ☐ (Complete facility evacuation)

Did annunciator work properly? Yes ☐ No ☐ Did all staff hear P.A? Yes ☐ No ☐

Were cards and MARs brought down? 2nd flr Yes ☐ No ☐
3rd flr Yes ☐ No ☐
4th flor Yes ☐ No ☐

OTHER OBSERVATIONS/AREAS FOR IMPROVEMENT:_____
_____
_____
_____
_____

Person conducting drill _____ Admin:_____

MOH/Fire inspector:_____ Date:_____

PLEASE HAVE ALL STAFF SIGN THE ATTENDANCE LOG ON REVERSE

ALTERNATE MEASURES FOR MONITORING BUILDING (CODE PINK)

IF FIRE ALARM SYSTEM BECOMES INOPERABLE for any reason, the following **"Alternate Fire Plan"** will be put into effect.

1. The Receptionist or Supervisor will announce "Code Pink, Code Pink, Code Pink. Please patrol your area." over the public address system every 30 minutes. A RECORD SHOULD BE KEPT OF THESE ANNOUNCEMENTS.
2. Notify residents and staff that you are in a "Code Pink" situation by announcing instructions for alternate provisions or actions to be taken in case of an emergency.
3. The Supervisor must notify the Fire Alarm Monitoring Service to notify them that the alarm is inoperable.
4. The senior person on duty in each department will ensure that all areas in his/her department are patrolled every 30 minutes, so that if a fire starts, it will be quickly detected. Keep records of your fire rounds.
5. The Administrator (or senior charge person in her absence) shall ensure that all areas of the premises are patrolled every 30 minutes until the alarm system is operable.
6. If any areas protected by a sprinkler system are non-operational, (sprinklers only) call the Fire Department at 905-546-3333 to inform them that the sprinkler in that area is non operational.

IF FIRE IS DETECTED (while the fire system is not functioning)

1. The person finding the fire must follow "General Fire Procedures" see "If you Discover a Fire".
2. Senior staff on the scene **MUST** page location so there is immediate assistance. **REMEMBER THERE ARE NO BELLS**.
3. The most senior person on duty in the area where the fire is detected must call the Fire Department at 911 (or direct someone else to make the call).
4. When the "All Clear" is sounded, the following announcement is to be made: "We are now announcing the ALL CLEAR, Code Pink is still in effect."

WHEN THE FIRE SYSTEM RETURNS TO NORMAL

1. Receptionist or Supervisor announces "Code Pink is no longer in effect". (Announce three (3) times.)

2. Notify Ministry of Health by completing a critical incident S.107 (3) 2 that system was malfunctioning.

3. Notify the Fire Monitoring Company ADT that the system has been restored.

4. If it was the sprinkler system affected; notify the Fire Department when it has been restored.

5. Forward Code Pink logs to the Administrator to be kept on file.

_Code Pink

Record of Announcements – "CODE PINK, CODE PINK, CODE PINK, PLEASE PATROL YOUR AREA"

Date:____

Code Pink commenced at:________________________________

Reason for code pink:________________________________

Code Pink cancelled at:________________________________

Time	Signature: Announcement Made	Time	Signature: Announcement Made

Code Pink
Record of Floor Review

Date:____

Location of Building:____

Time	Signature: Area ok	Time	Signature: Area ok

SMOKING POLICY

OBJECTIVE OF POLICY

To ensure the safety of both staff and residents with regards to the dangers related to smoking.

POLICY COVERAGE

Precautionary and preventative safety measures having application to smoking by residents, staff and visitors.

DESIGNATED SMOKING AREAS

There are no designated smoking areas within the facility.

1. Residents
   a) Outside in designated patio.

2. Staff and Visitors

   a) No smoking on the property. Rear area by laneway or sidewalk at corner.

REGULATIONS

1. No smoking is permitted within the building or within current legislated distances of the entrances.

2. Residents may not have cigarettes and ignition devices (matches, lighters etc.) in their possession. Residents who are permitted to smoke will leave their cigarettes and lighters with the front desk which will be locked up when not observed. Residents who do smoke will have to obtain their cigarettes and lighter from the front desk personal or charge nurse on duty.

3. Only residents who are able to smoke independently outside the building will be allowed to smoke. Those residents who smoke must be able to do so safely on their own outside the

building. In all cases, a smoking cessation program will be recommended for any resident who smokes.

4. Smoking assessments shall be completed on all smoking residents upon admission, quarterly and with any significant change.

ONGOING STAFF RESPONSIBILITIES

1. All Staff

a) To be aware of, and enforce, the facility's smoking policy.

b) To smoke only in the areas designated for staff smoking.

2. Director of Care, Charge Nurse

To instruct incoming residents and their families about the smoking policy during the pre-admission interview and again at the time of admission. To inform the LHIN of our current smoking policy, to ensure that residents are appropriately placed within the facility.

All residents who are unable to manage their smoking independently will be refused admission to the facility, on the basis that we do not have the necessary accommodations and staff to meet their current needs.

ENFORCEMENT OF SMOKING POLICY

POLICY
All contraventions of the smoking policies will be handled in the following manner.

PROCEDURE
Resident

1. Immediate extinguishments of smoking material.
2. Explanation of policies and verbal warning.
3. Removal of smoking materials i.e. cigarettes, matches, etc.
4. A letter to be issued to the next-of-kin notifying them of the incident
5. Completion of an incident report if warranted.
6. If repeated offender, the resident may be prohibited from smoking if possible.
7. If resident does not comply and the incident recurs, management will be forced to provide a written notice “Final Warning” to resident.

Staff

1. Follow – steps 1, 2, 3 listed above.
2. Report the contravention to the supervisor of the shift.
3. Document on the employee’s file the nature of the contravention.
4. If the incident recurs management will take further disciplinary action.

Visitors

1. Ask the visitor to comply with the policy, and to cease smoking.
2. If he/she refuses to comply, ask the visitor to leave the premises.
3. Report all incidents to the Administrator.

EVACUATION PROCEDURE – CODE BROWN

PURPOSE

The purpose of evacuation is to remove residents from an unsafe area to a safe area.

OBJECTIVES

The objectives of the Evacuation Plan are:

1. To ensure the well being of all residents and staff.
2. To provide continuous health care in the event of a major change in the physical plant or an interruption in a vital service.
3. To ensure the smooth transportation of residents, materials and records to a safe area within or out of the facility.
4. To minimize the effects of trauma and shock to the residents and staff.
5. To ensure a co-ordinated effort with all services inside and outside the facility.
6. To eliminate as much as possible the possibility of surprise and panic in an emergency.

REASONS FOR EVACUATION

1. An immediate life-threatening emergency within the facility.

EVACUATION CO-ORDINATOR

The Evacuation Co-ordinator has overall responsibility for the implementation and direction of the Evacuation process.

The Administrator, Director of Care, any Supervisor, or Registered Nurse, may assume the role of Evacuation Co-ordinator.

CONTROL CENTRE

The Control Centre for all emergencies will be the Reception area in front lobby.

ORDER OF EVACUATION

1. Residents in IMMEDIATE DANGER
2. Residents who are AMBULATORY
3. Residents in a WHEELCHAIR
4. Residents who are BEDRIDDEN
5. Residents who are UNCOOPERATIVE

STAGES OF EVACUATION

There are four types of emergency evacuation procedures that can be conducted within a health care facility.

1. Immediate Evacuation: This evacuation consists of the room in which the code red originated, the rooms on either side, and the room directly across.'

2. A Horizontal Extended Evacuation is a complete evacuation of all people in the Fire Area beyond designated fire Barrier Doors to a previously designated safe area on the same floor.

3. A Vertical Extended Evacuation is a complete evacuation of all people on the fire floor in a vertically downward direction. Descent should be made from the non-fire side of the building (beyond the fire barriers), or out of the building via the end exit farthest from the fire. Code Green-Stat should take place at the

discretion of the Fire Department in consultation with an administrative representative.

4. Total Evacuation of all persons in the home is necessary, the Evacuation Alarm will be sounded. The decision to totally evacuate all persons in the home will be made by the Fire Department in consultation with the administration representative in the Fire Control Room.

NOTE: The alert stage of the two-stage alarm system is operational when evacuation stages 1,2,3, are being conducted.

Horizontal Evacuation - Stage 1

Residents in immediate danger are evacuated away from a fire.

Action

1. Remove residents or staff from immediate area.

2. Close room doors.

3. Ensure that door marker is engaged.

Horizontal Evacuation - Stage 2

When a threat to residents' safety persists (fire, smoke or other), the residents are evacuated to a safe area on the same floor beyond a fire separation door.

Action

1. The evacuation should be started by the Evacuation Co-ordinator.

2. Remove residents in the fire area to a safe zone on the same floor beyond the fire separation door.

3. Search each room for residents in the affected fire zone, including bathrooms, closets, under beds, shower rooms, and public washrooms.

4. Close all doors as you proceed.

5. Ensure that door marker is engaged.

6. Do not allow any resident to return to an evacuated area.

Note: If floors immediately above or below the fire area are threatened horizontal evacuation of these floors should be initiated as well.

VERTICAL EVACUATION

If an emergency situation persists and threatens the safety of residents on the second floor, the Evacuation Co-ordinator will order a vertical evacuation of that floor.

Action

1. Staff will assist ambulatory residents down available stairwells. Be certain that confused residents are supervised on first floor.

2. If given permission by Senior Fire Official, elevator may be used for wheelchair residents.

3. Be certain all residents are moved to Main Lobby for supervision (or other designated area as required).

4. Make final check of floor if possible.

5. Remove records if possible.

TOTAL EVACUATION

If, as a result of fire or other disaster, all residents on all wings are affected, total evacuation will be necessary. The authority to initiate total evacuation will be the Evacuation Co-ordinator or Senior Fire Official on the scene.

Action

1. Residents will be moved to the Lobby Entrance, Main Dining Room or to another area if designated by Evacuation Co-ordinator.

2. Keep to the right of hallways when moving residents.

3. DO NOT allow any resident to return to an evacuated area.

4. If fire or other hazardous situation prevents residents from reaching designated area inside the building, leave building through nearest exit and move to eastside of parking lot.

5. Evacuation Co-ordinator will assign two staff member to identify, list and count each resident leaving the facility. Residents will be assembled in the lobby, parking lot or will be placed directly into waiting vehicles for transport to either:

   a) Acute Care Hospitals for acute medical treatment if required

   b) Strathcona Public School

      10 Lamoreauz Street
      Hamilton, Ontario
      L8R 1V1
      905-527-2470

      After Hours
      a. 905-527-5092 ext 2598

   c) If it becomes necessary to arrange accommodation for an extended period of time; accommodations can be made as per the current Emergency Shelter Agreements with other Long Term Care facilities in Hamilton.

      To arrange this, refer to the current agreement list in the red duotang in the Emergency Binder.

6. Each group of residents transported to another location will be accompanied by a staff member designated by the Evacuation Co-ordinator.

DIRECT CARE STAFF - RESPONSIBILITIES (RN, RPN, HCA, AND PSW)

1. Ensures that residents in their area are appropriately dressed and covered. Obtain extra blankets, jackets, etc. from linen storage room.

2. Ensures that residents are safely removed from the facility.

3. Ensures that residents are properly identified (Arm band, name tag).

4. Ensures that any person transporting resident to receiving facility is apprised of his/her medical situation.

5. Ensures destination of residents is recorded so that records etc. can be transported later.

6. Accompanies residents to receiving facility, if requested.

7. Ensures that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive necessary medications and are requested to leave a forwarding address.

RESIDENTS' RECORDS

1. AFTER the residents have been evacuated from the affected wings, the Charge Nurse will assign staff to remove MAR books, Residents' Medical Charts from the floor.

2. Charge Nurse must ensure that all drug carts, drug cupboards, and medication rooms are locked before leaving the floor.

3. Note: AT NO TIME should staff remain in a hazardous environment after the residents have been evacuated. The records, although important, can be left behind if staff feel they cannot remove them without risking their own lives.

EQUIPMENT AND NECESSITIES TO BE CONSIDERED FOR EVACUATION

1. Medications (Charts, etc.)
2. Resident Care Plans
3. Resident Medical Charts
4. Staff phone number lists.
5. Family contact number lists.
6. Adequate blankets and bedding.
7. Residents appliances as necessary (shavers, etc.)
8. Residents personal clothing and grooming aides.

DUTIES OF EVACUATION CO-ORDINATOR

Assuming an evacuation is in progress, the Evacuation Co-ordinator will attend to the following: (Delegate to other staff as required).

1. Announce over the overhead paging system:
   "**Code Brown"** repeat three times
2. Assign a staff member to call in all off duty staff. Follow call-in procedure for all staff, and call in additional personnel as required to assist with evacuation or to go to receiving centres to care for arriving residents (including physicians).

3. Confirm that transportation arrangements made with community authorities have been initiated.

4. Assign residents to other facilities as per plan as required.

5. Notify receiving centres of emergency and the numbers of residents being referred.

6. Ensure that all residents are appropriately identified with armbands or nametags.

7. Ensure a list of all residents being evacuated is made prior to residents leaving the building and as they board vehicles (to ensure an accurate head count).

8. Ensure residents being evacuated are properly clothed or covered for the weather.

9. Assign personnel as appropriate to inform families of situation by phone.

10. Ensure sufficient medical documentation accompanies residents (if possible).

11. Ensure that all residents and staff are accounted for. (Fire Department to double-check all evacuated areas).

12. Assign personnel as appropriate to inform families of situation by phone.

13. Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive necessary medication, and sign responsibility sheet.

14. Make a list by department of the necessary equipment to be evacuated (e.g. drug carts, extra blankets, bed linen, personal clothing, nursing supplies from store room).

15. Restrict admissions to facility to authorized personnel only.

16. Refer members of the press to Administrator or MetCap Living representative.

17. Notify Ministry of Health, and MetCap Living Head Office.

BUILDING LEFT UNATTENDED – THE EVACUATION CO-ORDINATOR OR LOCAL OFFICIALS MUST:

1. Make final check of empty building to ensure all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.

2. Ensure that all evacuated areas are sealed off, appropriately secured and barricaded as necessary to prevent vandalism.

3. Notify police that building is empty and unattended.

4. Post signs on door indicating new location, who to contact and telephone number.

GENERAL PRINCIPLES

DO NOT evacuate across the path of a fire or through dense smoke.

DO NOT use the elevator for evacuation unless authorized to do so by the Evacuation Co-coordinator/Fire Department.

DO NOT panic. Move quickly but safely. Tell residents what you are doing and reassure them.

DO NOT Shout.

DO NOT allow a resident to return to an area, which has been evacuated.

DO keep exits and hallways clear of equipment to facilitate movement of traffic (e.g. clear empty wheelchairs away from head of stairs, move cleaning carts into a room, etc.)

COMMUNICATIONS

1. Relatives

The Evacuation Co-administrator/Administrator will be responsible for establishing a system whereby the relatives of residents are advised of the whereabouts of their family member as soon as possible.

2. Media

Only the Administrator has the authority to communicate with members of the media. Staff must direct all enquiries to these persons.

The Administrator will designate one employee to answer calls from concerned relatives or friends. All other calls must be directed to the Administrator.

EVACUATION TRANSPORT PROCEDURE

When an order to evacuate is given, the Ambulance Dispatch Centre would be notified.

Upon notification of evacuation order, Ambulance Dispatch Centre would act as follows:

1. Commit two ambulances to our home. One vehicle would then become disaster command supplying direct radio communications with surrounding local hospital and if necessary

Hospitals. The disaster command vehicle would inform ambulance dispatch of the numbers of residents to be transported and their status, i.e. wheelchair, stretcher, ambulatory.

2. In the event of a community disaster and the above transportation is not available, we would utilize the following modes of transportation.

   a) personal cars
   b) volunteer's cars and vans.

3. For those who cannot be moved by car, we would wait for ambulances to be clear.

4. The city will supply their transit buses within 15 minutes of request during the day and 30 minutes through the night.

RECORD OF RESIDENTS TRANSFERRED

ROOM #	RESIDENT'S NAME	TRANSFERRED TO

PUBLIC RELATIONS LIAISON AND COMMUNICATION

Under no circumstances will staff release any information to the press without the direct approval of the Administrator.

The Administrator or Director of Care or Office Manager will keep a log of events.

A Public Information Centre will be established at a location as directed by the Administrator.

This information Centre will provide the following:

1. Factual information to officials involved in the emergency operations
2. News release to the news media.
3. Information on the location and state of health of the residents to the concerned individuals.
4. Information to the news media and concerned individuals must have prior approval of the Administrator prior to release.

Localized

Volunteers will be designated as a phone committee to notify resident's families of circumstances of the emergency and when possible the radio stations will also be utilized.

All reports of casualties or injuries will be reported to administrative staff that in turn will notify next of kin.

EMERGENCY SUPPLIES

Kitchen	10 Lt milk 2 boxes of tea 4 milk jugs 2 cases of cookies 1 case of instant coffee 1 box of disposable teaspoons 1 box of disposable cups Individual sugar for Reg & Diabetic Diet List Supplement list Tube feeding items
Nursing	Band aids Tape (2 packs - one for holding area - immediately) Roller bandage for transport to receiving area Alcohol Scissors (one to stay in holding area) Gauze squares (one to be kept in Med room) Staff time sheets Sheets (1st floor) Care Plans Charts Medication carts or bins
Housekeeping	3 bed pans 3 urinals 3 emesis basins 3 hand basins 3 large pads 3 pencils 1 doctor's progress notes staff time sheets

EMERGENCY EQUIPMENT

1. Equipment

   a) Wheelchairs
   c) Commodes
   e) Blankets

2. a) Keep equipment in designated areas
   b) Work in pairs
   c) Keep corridors and stairwells free of obstruction
   d) Delegate staff to bring equipment to emergency area
   e) Use the stairs - NEVER the elevator

TRAINING AND EDUCATION

This Home ensures that the following measures are incorporated in the Fire Safety Plan:

- Establishment of emergency procedures to be followed at the time of an emergency
- Appointment and organization of designated supervisory staff to carry out fire safety duties
- Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety
- Holding of fire drills
- Control of fire hazards in the building
- Maintenance of building facilities provided for safety of the occupants
- Provisions of alternate measures for safety of occupants during shut down of fire protection equipment
- Assuring the checks, inspections and tests, as required by the fire code, are completed on schedule and that records are retained
- Notification of the chief fire official regarding changes in the fire safety plan
- Be in complete charge of the approved fire safety plan and the specific responsibilities of the personnel
- Designate and train sufficient assistants to act in this position
- Educate and train all building personnel and occupants in the use of the existing fire safety equipment, and in the actions to be taken under the approved fire safety plan
- Survey the building to determine the number of exits available form each floor or area

- Prepare and post on each floor or area, a schematic and emergency procedure for use by the occupants of each exit, primary and secondary, in the case of an evacuation

- Ensure that the schematic diagrams show type, location and operation of all building fire emergency systems, e.g. location of fire alarm control panel, fire hose cabinets, water control valves, is maintained.

TRAINING OF SUPERVISORY STAFF

1. The Administrator is responsible for instructions to the Management Staff on all aspects of the Fire Safety and Evacuation Plans.

2. The initial instruction of the Shift Supervisors will be the responsibility of the Director of Care.

3. Subsequent instructions and assurance of knowledge and skill of the Supervisor will be the responsibility of the Director of Care.

4. The Department Manager is responsible for training all new employees within five working days of starting employment. All new staff must read and understand the Emergency Manual.

STAFF EDUCATION

1. To maintain a high level of employee awareness, the Home's will conduct periodic in-service sessions on Fire Safety and Emergency procedures.

2. To assure knowledge and skill in fire safety procedures, department Managers are responsible for reviewing the manual with existing employees at least yearly.

3. All staff members are to read and be familiar with pertinent sections of the manual.

4. All employees are to be taught the various resident carries for evacuation purposes. These are to be practised routinely annually in drills held by the Home's Fire Marshall.

5. In the event of a fire, judgement may be necessary in deciding which action is appropriate in a given situation. The selection made should always be the one, which achieves the greatest protection for the occupants.

SUPERVISOR RESPONSIBILITIES

1. Ensure that all employees are familiar with General Fire Procedures.

2. Ensure that all employees are knowledgeable about basic fire hazards in their work area and maintain their areas in such a manner as to be free of hazards.

EMPLOYEE RESPONSIBILITIES

1. Be familiar with the contents of the emergency manual.

2. Know the location of fire alarm pull stations; fire fighting equipment and exits in his/her work areas.

3. Adhere to the fire safety policies of the home.

4. Report to the Supervisor any accumulation of combustible waste material inside or outside the building.

5. Report to the Supervisor any defective mechanical, gas or electrical equipment or other fire hazard.

6. Ensure that gas and electrical appliances in the department are turned off during unsupervised hours.

7. Participate in fire drills and fire safety training.

FIRE PRECAUTIONS

Staff Responsibility

1. It is the personal responsibility of all staff to prevent fires and to report conditions, which constitute a fire hazard. All staff must be familiar with fire orders and fire regulations.

Cigarettes, Matches & Flames

2. All staff must take meticulous care that all flames, matches, cigarettes etc. are extinguished with care. Before using an open flame for any purpose, employees should carefully consider their surroundings, as a hospital uses and stores highly flammable materials.

3. Obey all "No Smoking" signs.

4. Smoking in patient rooms is not permitted.

Flammable Materials

6. Supply on hand of flammable materials and volatile liquids must be kept to an absolute minimum.

7. When not in use, flammable materials should be stored in a safe place (e.g. metal cabinet or cupboard) away from any source of heat.

8. Flammable waste materials, such as paper, shavings etc. are not to be left on the floor of any building, but must be placed in covered waste cans which are emptied daily.

9. All wipe rags, cloth, steel wool or other materials for wiping or cleaning oily or waxy substances, must be placed in metal containers with a metal lid and removed from work areas at the end of each day to the proper disposal area.

10. Keep any source of heat a safe, distance away from cardboard boxes or wooden desks), never place flammable material (i.e. cardboard, clothes etc.) on top of hot plates, never cover lights with flammable materials (i.e., towels over bed lamps or desk lamps)

PHILOSOPHY

Management and Staff are responsible for providing a safe environment for our residents, staff, volunteers and visitors.

Goal

To protect the lives of the residents, staff, volunteers and visitors by having a control and search procedure in place if a BOMB THREAT is received.

Objectives

Staff is aware of the control and search procedure.

Action to be taken if a suspicious object is found.

Evaluation Procedure.

CODE BLACK – BOMB THREAT

CONTROL PROCEDURE - THREAT RECEIVED

Bomb threats usually fall into two categories; those, which threaten the entire building, or one particular area. The procedure for dealing with both is basically the same. However, the number of people involved will vary depending on the area affected.

Bomb threats are normally transmitted by phone and the person receiving the call should obtain precise information such as:

1. The time the call was received and on what number.
2. The exact words of the person making the call, including location of bomb and any time factor involved.
3. Male or female voice and approximate age.
4. The accent of the caller.
5. Does the person sound intoxicated?
6. Are there any background noises, i.e. traffic, music, etc.
7. Is the voice familiar? Who?
8. Time suspect hung up?

The person receiving the phone call should also be prepared to ask the caller certain questions if the information has not been volunteered:

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What does it look like?
4. What kind of bomb is it?

5. Why did you place the bomb?

The caller may very well not answer any of the questions, but the answer to any question will be helpful.

The staff member who has received this call must:

1. Alert the Administrator or person in charge.

2. Contact Police at 911

3. Notify staff by calling **"Code Black"** over the intercom three (3) times.

IF A SUSPICIOUS PACKAGE OR OBJECT IS FOUND, "DO NOT TOUCH IT"

Should a suspicious object or package be found, the finder should make no attempt whatsoever to move or handle it. He will immediately contact the main control centre, giving the following information:

1. Where the object is.

2. Why it is suspect.

3. A description of the object.

4. Details about who placed it there, if possible.

The control centre will immediately notify the Region Police Force at 911 relaying to them the foregoing information.

While awaiting the arrival of the Explosives Disposal unit of the Region Police Force, the control centre should:

1. Make sure that no person goes near or attempts to move the object.

2. Endeavour to establish ownership of the suspicious object. There have been instances where legitimate property has been left behind in error by innocent persons prior to the Bomb Threat being received.

3. Establish the most direct route to the object.

4. Detail someone familiar with the building and the area where the object is, to meet the Explosives Disposal Unit of the Region Police Force personnel on their arrival.

5. Continue your search procedure until all areas have reported to the control centre; there may be more than one device.

REMEMBER - DO NOT TOUCH OR MOVE THE OBJECT!

The person receiving the call will:

1. Try to keep caller on the line as long as possible.

2. Attract the attention of another staff by jotting a note.

This person would immediately call police - 911, that a threat has been received and relay all pertinent information to the operating taking the call.

Notify the Charge Nurse that a **BOMB THREAT** has been received and she will initiate search procedure immediately.

A control centre will be set-up at our Business Office where all information can be centralized. Charge Nurse will notify staff on the floors that a **BOMB THREAT** has been received and what area they should search. Staff to report immediately back to the control centre after search has been completed or something suspicious has been discovered. **DO NOT TOUCH OBJECT**.

All areas inside and outside of Home will be searched. Special attention should be given to areas that the general public have easy access to, e.g. lobby, washrooms, stairways, halls, delivery area, garbage containers, etc.

CODE BLACK
SEARCH PROCEDURES FOR MANAGEMENT

- The incident commander will be the Charge Nurse on duty, he/she has been appointed to co-ordinate all activities related to a bomb threat.
- Any and all bomb threats received by Management will be reported immediately to the Incident Commander.
- The Incident Commander is responsible to notify:
    - Police Department – 911
    - All Department Heads
- If the Police call with information relating to a bomb threat, they shall be directed to the Incident Commander or Alternative. On receiving such information from the Police, Management and Building Staff will follow directions given by the Police.
- In the absence of any instruction from the police the Incident Commander or Alternative will make the decision of whether or not to evacuate based on the information received.
- Reception and Security shall be notified that no one other than home staff and emergency personnel is to be allowed into the building until further notice.
- While the information is being evaluated, staff should be instructed to begin searching the exits for suspicious objects in anticipation that an evacuation may be necessary.
- If it is decided that an evacuation is necessary, it should not be initiated until management determined that the evacuation route has been searched and confirmed to be safe.
- When the Incident Commander or Alternate determines that an evacuation or partial evacuation is necessary the Department Heads and Medical Staff shall be instructed to initiate evacuation procedures by announcements over the voice communication (public address) system, stating:
    - "Attention all staff, Code Black", this announcement to be repeated three times.

CODE BLACK
EMERGENCY PROCEDURE FOR RECEPTION/WARD CLERK

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing *69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Provide voice communication message as instructed by the Incident Coordinator or Alternate or the Police.

If instructed to do so, activate procedures to summon off-site staff to the facility, (emergency call in lists).

Assist with the evacuation, assembly and relocation of residents, including arranging for alternate accommodations and transportation.

CODE BLACK
EMERGENCY PROCEDURES FOR NURSING SUPERVISOR

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing *69 on the telephone.
- Notify your supervisor and Nursing Staff of the threat.

CODE BLACK
EMERGENCY PROCEDURES FOR NURSING STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing *69 on the telephone.

Notify your supervisor and provide him/her with the complete Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Prepare residents for potential evacuation.
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed otherwise by the Incident Commander.

- Upon evacuating the building, go immediately to your designated meeting area.

CODE BLACK
EMERGENCY PROCEDURES FOR ENVIRONMENTAL SERVICES SUPERVISOR

In the event that the Environmental Supervisor is not available the Housekeeping Staff will assume this role.

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing *69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Secure all entrances to the building to prevent entry by everyone except staff and emergency personnel.
- Quickly, but thoroughly check all exits for the presence of any bag, box, parcel or letter that cannot be accounted for. If the bomb threat indicated where the bomb is located start searching the exits from this area first.
- Assist Nursing Staff in searching any areas that residents will be evacuated to before residents are moved into that area.
- Search any areas as required by the Incident Coordinator.
- Assist with the4 evacuation of residents as required by the Incident Commander.

CODE BLACK
EMERGENCY PROCEDURES FOR FOOD SERVICE SUPERVISOR AND STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing *69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

CODE BLACK
EMERGENCY PROCEDURES FOR LAUNDRY STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing *69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

CODE BLACK
EMERGENCY PROCEDURES FOR HOUSEKEEPING AND MAINTENANCE STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing *69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.
- Have floor plans and plans of the HVAC systems available for search personnel, the police, and/or the fire department is necessary.
- Upon request, provide search personnel, the police, and/or the fire department with the master keys for all areas and rooms in the building.

CODE BLACK EVACUATION PROCEDURE - CHARGE NURSE

Should a suspicious object be found, then, and only then, should a quiet and systematic evacuation from the area be conducted, in consultation with the Police Department.

Use our Evacuation Procedure

AVOID PANIC

Never tell anyone that there is a bomb in the building. Give a reason, such as the sprinkler system is liable to malfunction, or there is a water leak on the floor above, etc.

UNDER NO CIRCUMSTANCES SHOULD ELEVATORS BE USED

A power failure may leave persons trapped. Special provision may have to be made for the transportation of infirmed or handicapped persons.

The essential task of personnel detailed to assist in evacuation procedures of certain areas, would be to direct people to quietly leave the premises, using tact, power of suggestion and, above all, avoiding panic.

Once evacuation of an area is completed, the control centre should be notified.

REMEMBER - NEVER DISTURB SUSPICIOUS PACKAGES

Let the Explosives Disposal Unit personnel check it. It is better to be a little embarrassed and be around to tell about it...

CONCLUSION

Taking into consideration past events in our city, and other parts of the country, it would be advisable to consider each threat seriously.

A well-prepared and rehearsed plan of our particular concern, will ensure a speedy, thorough search, etc., and will ensure a minimum disruption. At the same time, panic and possible tragedy will be avoided

Tight security and housekeeping controls could possible avoid many problems.

PREVENTION IS THE SOLUTION!

THREATENING CALL INFORMATION RECORD

Employee name:	Floor or unit:	
Telephone line call received on: ( ) Ext.	Time call received:	Time call ended:
Exact words of caller (continue on back of form):		
Background noise of Call: Aircraft Bar sound Children crying Machinery Music Traffic Trains Voices Other (indicate)		
Questions to ask:		
Type of threat (What is it?)	What time will it go off?	
Description of threat (What does it look like?)		
Reason for phoning you (Why did you call me?)		
Reason for planting item (Why did you plant the bomb?)		
Name of Caller (Who are you?)	Gender of Caller	

Approximate Age of Caller	Accent of Caller
State of Caller Calm Cool Crying Drugged Emotional Excited Immature Intoxicated Irrational	
Manner of Speech of Caller Defective Fast Frightened Lisping Obscene Polite Slow Stuttering Vulgar	
Was Callers Voice Familiar? Yes No	Name and Identity of Caller

POST PROCEDURE ANALYSIS

Following a bomb threat, the Administrator will conduct a post procedure analysis.

Staff will be interviewed to determine what problems are encountered and what procedures worked well. Contact for this purpose should also include police, fire, ambulance, personnel, etc. to ensure the maximum information is achieved to benefit the future education of the home.

A Post Incident Review Form should be completed to ensure a record is maintained for this type of occurrence.

POST-INCIDENT REVIEW FORM

Did receiver of bomb threat receive all pertinent data from the caller?
Was CODE BLACK called over the intercom three times?
Did staff react in a calm and professional manner?
Were all individuals contacted as laid out in the procedures?
Did key personnel arrive?
Were searches completed? Kitchen _____ 1st floor_____ 2nd _____ 3rd _____ Basement _____ Office Areas _____ Attic _____
Was the suspected bomb located?
Describe the evacuation that took place?
Duration of emergency?
Comments:
Personnel involved in search:
Completed by: Date:

PARKVIEW NURSING CENTRE		
MANUAL: FIRE & EMERGENCY	**PAGE NO.** 1	
SECTION: 12 Elevator Malfunctions	**APPROVED BY: Owner/Administrator &**	
DATE OF ORIGIN: 05/02	REVIEWED DATE(S): ~~03/18;03/19;03/20;03/21; 03/22	DATE LAST REVISED: 07/22

EMERGENCY PROCEDURES FOR MANAGEMENT/CHARGE PERSON WITHIN THE FACILITY

Elevators are a very reliable means of transportation. The regulations governing elevator maintenance and installation require that a number of safety features be provided for every elevator. Occasionally an elevator may malfunction. The safety systems will normally stop the elevator and not allow it to move without the intervention of an elevator technician.

When notified of an elevator malfunction:

- Notify the elevator service company of the elevator malfunction and determine their estimated response time. Be sure to notify them if an individual is trapped in the elevator.
- Determine where the elevator is stopped
- Station a person at the floor
- Caution elevator occupants not to panic. Reassure the elevator occupants that help is on the way and when it will arrive
- Ensure that the elevator occupants do not try to force the doors open
- Do not attempt to evacuate elevator occupants
- If the occupant is calm and ok, wait for the elevator company to arrive to free them.
- If any occupant is in distress, call the Fire Department at 911 for assistance.
- Ensure that the elevator is taken out of service until the necessary repairs are made

EMERGENCY PROCEDURES FOR ALL STAFF

If you become aware that someone is trapped in an elevator:

- Notify the supervisor of the situation and location of the elevator
- Reassure the occupants and tell them that help has been called
- Follow the directions of the facility management staff

If you are in an elevator that malfunctions:

- Press the door open button to determine if the door with open
- If you are trapped, press the elevator alarm to get someone’s attention
- Remain calm
- Do not attempt to force the elevator doors open
- Do not attempt to evacuate
- If someone is in distress notify the facility management staff
- Wait for the elevator service company to respond and remove you from the elevator

PARKVIEW NURSING CENTRE		
MANUAL: FIRE & EMERGENCY	**PAGE NO** 1	
SECTION: 13 Power and Water Loss	**APPROVED BY: Owner/Administrator**	
DATE OF ORIGIN: 05/02	REVIEWED DATE(S): ~~03/18;03/19;03/20;03/21; 03/22	DATE LAST REVIEWED/REVISED: 07/22

MAJOR POWER FAILURE

Electrical power failure often results from uncontrolled events such as a severe storm conditions, earthquakes, and floods.

EMERGENCY PROCEDURES FOR MANAGEMENT/CHARGE PERSONNEL ON SITE WHEN POWER LOSS OCCURS

- Advise staff, residents and visitors of the situation through the voice communication system.
- Fire system will maintain functionality. Ensure it is operable.
- Assign maintenance staff to ensure that generators are operating.
- Assign maintenance staff to ensure that the fuel supply is monitored and arrange for delivery before fuel supply is depleted.
- Contact local hydro utility to inform them of the situation.
- If the power failure is likely to be long term, make arrangements for alternate accommodations for residents.

EMERGENCY PROCEDURES FOR NURSING SUPERVISOR

- Ensure that all electronic medical equipment is provided with power through the emergency power systems (RED plugs).
- Print backup eMARs from backup eMAR pdf files on backup computer.
- Reset door mag locks to ensure they are operable and working on generator.
- Ensure that front elevator, fridge/freezer and HVAC system are all operable and running on generator.
- Ensure emergency lighting in hallways and stairwells are running and operating on battery backup and generator.
- Ensure flashlights, headlights are available for use during the night if the outage is prolonged or occurs at night.
- Backup emergency phone is located in Business Manager’s office should power affect internal phone system.
- Ensure call bell system is operable. Notify maintenance if not functioning and arrange for regular rounds to ensure all residents are well.

EMERGENCY PROCEDURES FOR MAINTENANCE

- Ensure that the generators are operating properly and inspections are up to date.

EMERGENCY PROCEDURES FOR DIETARY STAFF

- Ensure fridge/freezer are operating on generator. Notify maintenance if not.
- Assess upcoming menu to ensure that all items can be prepared with operating stove and fridge/freezer.
- Assess for additional staff should the power outage be extended and limiting use of elevator for meals to be served on the units.

EMERGENCY PROCEDURES FOR ALL STAFF

In the event of a power failure:

- notify supervisor
- shut off all nonessential electrical equipment to avoid power surges and to reduce electrical ignition sources when power returns
- Specify the location where the power failure occurred and details of the power failure

TOTAL WATER LOSS (SEE BOIL WATER ADVISORY SECTION 20 FOR FURTHER DETAILS)

1. Notify Maintenance personnel for direction.
2. Contact the Executive Director.
3. Notify your emergency plumber.
4. Notify the Public Utilities Commission in your area.
5. Switch to disposable items for meal service to minimize water requirements for meal service.
6. Prepare residents for evacuation should water loss be expected for an extended period.
7. Utilize bottle water for residents.
8. Contact a water service to obtain water to the building.

BIOLOGICAL AND CHEMICAL THREATS

CHARACTERISTICS OF A CHEMICAL AGENT

- Generally in liquid form and often aerosolized (fine mist).
- Has a unique odor and color. Common odors for chemical agents include bitter almond, peach kernels, fresh mown hay, mustard, onion, garlic, geraniums, or green grass.
- Most result in immediate symptoms or are delayed for a few hours at most.
- Inhalation is the most likely route of attacking your body.
- Many likely agents are heavier than air and tend to stay close to the ground.
- Some will break down fairly rapidly when exposed to sun, diluted with water, or dissipated in high winds.

CHARACTERISTICS OF BIOLOGICAL AGENT

- Generally in liquid or powder form.
- No odor or color.
- Symptoms may be delayed for days.
- Inhalation most likely and effective attack route.
- Attack routes may also be through food/water contamination or skin absorption.
- Many likely agents are heavier than air and tend to stay close to the ground.
- Most will break down fairly rapidly when exposed to sun, diluted with water, or dissipated in high winds.

WARNING SIGNS THAT A BIOLOGICAL/CHEMICAL ATTACK HAS OCCURRED

- Droplets of oily film on surfaces.
- Unusual dead or dying animals in the area.
- Unusual liquid sprays or vapors.
- Unexplained odors.
- Unusual or unauthorized spraying in the area.
- Multiple victims displaying symptoms of nausea, difficulty breathing, convulsions, disorientation, or patterns of illness inconsistent with natural causes.
- Low-lying clods or fog unrelated to weather, clouds of dust, suspended or colored particles.

- People dressed unusually (long sleeved shirts or overcoats in summertime) or wearing breathing apparatus particularly where large numbers of people ten to congregate, such as subways or stadiums.

EMERGENCY PROCEDURES FOR MANAGEMENT

- Any management personnel that have reason to believe that a biological/chemical attack may have occurred shall immediately ensure that all persons are relocated to an area away from the release. Direct staff using the voice communications (public address) systems. Although evacuation to the outside is preferable, in many cases this is not a practical solution.
- Initially staff and residents should be relocated to an adjacent fire compartment. Measures for shelter in place should be taken (see below).
- If this is not possible or if there is the potential that the biological/chemical agent can spread to the adjacent compartment, occupants shall be moved upwards to an interior room on a higher floor (since many agents are heavier than air). Measure for shelter in place should be taken.

Note: persons without proper training and equipment shall not attempt to rescue victims who have been overcome by the biological/chemical agent. They will only become another victim.

- When everyone has been evacuated the area shall be sealed off as much as possible by closing doors and shutting down the HVAC equipment.
- The Incident Commander or Alternate shall be notified immediately of the incident.
- The Incident Commander shall immediately phone (!! And inform them of the nature of the incident. They must state that they think a biological/chemical attack has occurred.
- The Incident Commander shall coordinate evacuation procedures.
- Staff responsible for building security shall be notified. No one other than emergency personnel or health care facility staff is to be allowed into the building until further notice.
- Record the names of everyone in the area who may have been in contact with the agent. The list shall be given to the Incident Commander to ensure everyone receives appropriate follow up treatment.
- Quarantine those who may have been in contact with the agent, so as not to affect residents or staff remaining in the building.
- Ensure that anyone who has been in contact with the agent washes it off with soap and water immediately.

Shelter In Place Procedures

If it is not possible or advisable to evacuate the building the following procedures shall be implemented:

- Move occupants upward to an interior room on a higher floor since many agents are heavier than air or to an adjacent fire compartment if movement to a higher floor is not practical.
- Seal off the affected area.
- Seal the building or room so contaminants cannot enter.
- Close windows and doors. Check the inventory of openings to ensure that no openings have been overlooked.
- Seal gaps under doorways, windows, and other building openings. This can be accomplished with sheets, towels, and tape.
- Turn off heating, air conditioning and ventilation systems.
- Monitor radio or television stations for further updates and remain in the shelter until authorities indicate it is safe to come out.

EMERGENCY PROCEDURE FOR ALL STAFF

If your immediate area has been contaminated by a biological/chemical release, all staff shall take the following actions:

- Protect your breathing airways (distance yourself from contamination source, cover your mouth and nose with handkerchief, clothing or linen, etc).
- Evacuate as many residents from the contaminated area as possible if this can be one with out becoming a victim yourself. Note: Persons without proper training and equipment shall not attempt to rescue victims who have been overcome by the biological/chemical agent. You will only become a victim yourself.
- Although evacuation to the outside is preferable, in many cases this is not a practical option.
    - Initially, staff and residents should be relocated to an adjacent fire compartment. Measures for shelter in place should be taken.
    - If this is not possible or if there is the potential that the biological/chemical agent can spread to the adjacent compartment, occupants shall be moved upwards to an interior room on a high floor (since many agents are heavier than air). Measures for shelter in place should be taken.
- When everyone possible has been evacuated, the area shall be sealed off by closing doors and shutting down HVAC equipment.
- Warn others in the immediate area of the danger and prevent anyone from entering the area.
- Notify supervisory personnel immediately. If they are not available, notify the Incident Commander or Alternate.
- If splashed with an agent, immediately wash it off using warm soapy water. Do not use bleach.
- Inform responding emergency personnel that you may have been in contact with the biological/chemical agent.

If you have been notified that there has been a biological/chemical release elsewhere in your building, all staff shall take the following actions:

- Seal off your area by closing doors and shutting down HVAC equipment.
- Prepare residents for potential evacuation.
- Follow instructions from your Incident Commander. You may be instructed to either initiate evacuation procedures or shelter in place.

SUSPICIOUS PACKAGES

Bombs and biological/chemical/radiological agents have been known to be delivered to intended targets through the mail system. These weapons may be delivered in the form of a package, regular envelope, or even a hollowed out book. Identifying these packages and dealing with them appropriately before they reach their intended destination is crucial to the safety of the building and its occupants. Characteristics of suspicious packages/letters may include one or more of the following indicators:

- Excessive or inadequate or missing postage
- Handwritten or poorly typed addresses
- Incorrect titles or no name
- Misspelling of common words
- Oily stains, discoloration or odor
- No return address
- Excessive weight
- Lopsided or uneven envelope
- Protruding wires or aluminum foil
- Excessive security material such as masking tape, string, etc.
- Visual distractions
- Ticking sound
- Restrictive markings such as “Personal”, “Confidential”, or “To be opened by.”
- Postmarks city/province/state does not match the return address
- Unprofessional wrapping
- Threatening markings on exterior of package
- Inappropriate air mail or special delivery stickers

Upon discovery of a suspicious package, follow the emergency procedures.

EMERGENCY PROCEDURES FOR MANAGEMENT

Upon receiving a report of a suspicious package in the building:

- Obtain the following information from the discoverer:
  - → Object location
  - → Object description
  - → Any other useful information

- Notify your emergency response team of the potential emergency.
- Attempt to establish ownership of the object
- Report the incident to the police (911)
- If necessary, initiate evacuation procedures.

EMERGENCY PROCEDURES FOR ALL STAFF

Upon discover of a suspicious package:

- Do not shake or bump it
- Do not open, smell or examine, touch or taste
- Treat it as suspect.
- If you suspect that the package/device is a bomb:
  → Do not cover it
  → Open doors and windows to minimize blast effects
- If you suspect that the package/device is contaminated with a chemical or biological agent:
  → Gently place in clear plastic bag, if available or cover with other material.
  → Close the door
  → Minimize physical contact with other people
  → Wash your hands with soap and water
  → Remove contaminated clothing and place in a sealed container (plastic bag) to be forwarded to emergency responders. Shower (with soap and warm water) as soon as possible
  → List all people who may have been in contact or close proximity to the suspicious package/device and provide this list to appropriate authorities
  → If necessary, seek medical assistance as soon as possible.

- Clear the immediate area where the package was discovered
- Notify Supervisory staff and provide the following information
  → Object location
  → Object description
  → Any other useful information

* Report incident to the police (911)

PARKVIEW NURSING CENTRE		
MANUAL: FIRE & EMERGENCY	**PAGE NO.** 1	
SECTION: 16.0 Carbon Monoxide	**APPROVED BY: Owner/Administrator & Hamilton Emergency Services–Chief Fire Official**	
DATE OF ORIGIN: 05/02	REVIEWED DATE(S): ~~03/18;03/19;03/20;03/21; 03/22	DATE LAST REVISED: 07/22

CARBON MONOXIDE

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

- stale, stuffy air
- occupants have symptoms of CO exposure
- the pilot light on gas-fired equipment keeps going out
- a sharp odor or the smell of natural gas occurs when equipment turns of
- the burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue.
- Chalky, white powder forms on a chimney or exhaust vent pipe or soot builds up around the exhaust vent.
- Excessive moisture on walls or windows in areas where natural gas equipment is on
- CO detectors alarm

Symptoms of Carbon Monoxide Exposure

Exposure to CO can cause flu-like symptoms without a fever, including:

- Headache
- Nausea
- Dizziness
- Drowsiness or fatigue
- Burning eyes
- Confusion
- Loss of coordination

Where occupant experiences these symptoms inside a building, but fell better when they go outdoors or away from the building, CO may be the cause.

EMERGENCY PROCEDURES FOR MANAGEMENT

If there is a possibility that occupants have or could be exposed to CO you shall:

- Inform the Incident Coordinator (Charge Nurse) or alternate
- Relocate all occupants from the affected area immediately
- Call the fire department using 911
- Provide medical attention for those that need help. Pay particular attention to anyone with a respiratory ailment (asthma).

EMERGENCY PROCEDURES FOR ALL STAFF

- Inform your supervisor if you or any of the residents experience symptoms
- If possible, open windows to ventilate the area
- Relocate to another area of the building following the evacuation procedures for a fire emergency

CARBON MONOXIDE MONITORING

Carbon Monoxide sensors are located in various locations around the home. The Environmental Supervisor is responsible to monitor these sensors on a daily basis and report to the Administrator any findings.

EXTERNAL DISASTER –CODE ORANGE

In the event of an external disaster within the community, the facility may be required to respond by evacuating, or receiving and providing temporary shelter to those in the immediate area.

External disaster may include:

- Transportation Accident
- Subway or Train Derailment
- Chemical Spill
- Emergencies due to Exteme Weather or Severe Weather
- Bomb / Explosion
- Biological or Chemical Threat
- Armed Intrusion or Hostage Taking Situation
- Radiological accident
- Natural Gas Leak
- Earth Quake

The Emergency Services Manual outlines all procedures to be taken by staff in the event of a threat from any of the above emergencies.

SECURITY

The police will handle the immediate emergency areas and once the emergency and evacuation procedures are completed, security will become the responsibility of the facility.

The maintenance supervisor will be responsible for arranging 24-hour coverage of the facility.

TRAFFIC CONTROL

One person will be assigned to direct traffic until the police arrive (Maintenance personnel where possible). The person assigned will be responsible for ensuring that the main entrance is kept free from vehicles to allow access for emergency staff to the in house command and communication station.

RECIPROCATE AGREEMENTS

In the event that this home is not required to evacuate and the community requires temporary shelter, we would be able to provide the following:

First Aide
Temporary Shelter
Food
Communication Centre
Holding Area

The Activation rooms, lounges, and community space in the main floor could be set up with cots (obtained from Red Cross) for sleeping arrangements.

All available spaces with the facility shall be utilized for any essential services as required or directed by the Administrator to accommodate immediate community needs.

EMERGENCIES RELATED TO NATURAL DISASTER

EARTHQUAKE

Though seismic activity in Ontario is generally well below what is experienced in other parts of the country, historically earthquakes of a magnitude in excess of 5 have been experienced. As such, consideration should be given in preparation for such an event.

EMERGENCY PROCEDURES FOR MANAGEMENT

- Warn occupants to expect the fire alarms and sprinklers to go off during an earthquake
- Instruct occupants that it is very dangerous to leave a building during earthquake because objects can fall on occupants. Instruct occupants to seek shelter within the building
- Once the shaking has stopped, the Incident Commander (Charge Nurse) or designate, will make the decision as to the requirement to evacuate the building. If evacuation is determined to be necessary, residents should be evacuated from the affected area. DO NOT USE THE ELEVATOR. If evacuating to the outside, ensure the residents are moved away from the building, preventing injury from falling debris. Warn occupants of fallen power lines and other hazards.
- If necessary, arrange transport of resident to alternate health care facilities
- If there is significant structural damage ensure that staff confirm that there are no trapped residents in the building. If necessary, call the fire department for rescue assistance.
- Put out small fires quickly if this can be done without endangering personnel
- Clean up flammable liquid spills immediately
- Expect aftershocks
- The Incident Commander or designate will make the decision as to when reentry to the building will occur. Before authorizing reentry, he/she will need to determine (from advice received from the experts) whether the building is safe to occupy.

EMERGENCY PROCEDURES FOR ALL STAFF

- stay calm and do not run outdoors
- Take shelter under tables, beds, desks, or other objects that will offer protection against flying glass and debris or step under a

doorway/corridor/interior room (away from the outer walls). Keep at least 15 feet away from windows to avoid flying glass. Keep away from overhead light fixtures. Protect your face and head with your arms.

- Stay under cover until the shaking stops. Be prepared for aftershocks.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Coordinator. Watch for falling debris, or electrical wires upon leaving the building
- If a fire occurs, sound the alarm
- Proceed to a safe area away from the danger of being struck by falling glass, bricks, electrical wires or other hazardous objects
- Follow instructions from supervisory and emergency personnel

SEVERE STORMS

EMERGENCY PROCEDURES FOR MANAGEMENT

Severe weather conditions such as tornadoes, hurricanes, hail, blizzards, ice storms and heavy rain are monitored by Environment Canada 24 hours a day 7 days a week. If a severe weather storm is on the horizon, the weather service issues watches, advisories, and warnings through the media, thus allowing time for preparation to safe guard against property damage, person injuries and loss of life.

Upon receiving information from weather forecasters that a severe weather condition is imminent the Incident Commander (Charge Nurse) or designate, will make the decisions to:

- close the building to non-essential personnel
- provide safe accommodations for the building occupants

If the building is affected by a severe weather condition:

- identify persons with injuries and provide medical assistance
- check exit stairwells to ensure they are safe and available to use in the event of a building evacuation
- the Incident Commander or designate will make the decision as to the requirement to evacuate the building. Evacuation may be required if the building is determined to be unsafe or there is danger to the occupants due to a severe weather damage
- if necessary, arrange for the transportation of residents to alternate health care facilities

EMERGENCY PROCEDURES FOR ALL STAFF

If a severe weather condition occurs, those in the building will

- stay calm and do not run outdoors
- move residents to the corridor or to an inside room (away from outer walls of the building). Keep at least 15 feet away from windows to avoid flying glass. Keep away from overhead light fixtures.
- Take shelter under tables, beds, desks, or other objects that will offer protection against flying glass and debris. Protect face and head with arms.
- Stay under cover until the severe weather condition has subsided
- Identify persons with injuries and provide medical assistance as appropriate.

FLOODS

Facility management should assess the threat of flooding to their building based on whether there is a history of such similar events.

EMERGENCY PROCEDURES FOR MANAGEMENT

During a flood:

- if necessary, arrange to have residents relocate to a safe part of the building or another facility
- If necessary, arrange for maintenance staff to open lower level doors to equalize water pressure on the building's foundation and walls
- Ensure that occupants do not use open flames, as there may be escaping gases from ruptured mains

After a flood:

- Ensure building is structurally safe. Inspect for buckled walls or floors, holes in the floor, broken glass and other potentially dangerous debris
- Arrange to have drinking water tested after a flood. Particularly in areas where drinking water is obtained from wells.

EMERGENCY PROCEDURES FOR STAFF

In the event of a flood:

- Shut off all electrical power in the affected area
- Be prepared to assist with the relocation of resident to a safer part of the building when advised to do so.

ROOF COLLAPSE

Buildings may experience roof collapse due to environmental conditions such as high winds, severe storm, and in particular snow load. A cubic food of snow can weigh from 7 pounds new and dry snow up to 30 pounds for old, compacted snow. Drifting snow may put excessive load on an area where it piles up.

EMERGENCY PROCEDURE FOR MANAGEMENT

To mitigate the risk of roof collapse:

- Have roof assessed by professional engineer to determine whether snow load is significant or there are any visible signs of structural distress (twisting, bending or cracking)
- Implement a safe snow removal procedure that will not result in producing an uneven or concentrated loading on the roof.

EMERGENCY PROCEDURE FOR MAINTENANCE SUPERVISOR

- if possible, shut off all services to the affected area

EMERGENCY PROCEDURE FOR ALL STAFF

In the event of roof collapse:

- Immediately evacuate the affected part of the building to outside following the evacuation procedure for fire emergencies.

HAZARDOUS MATERIALS ACCIDENT

EMERGENCY PROCEDURES FOR MANAGEMENT

- Any spill or leak of chemical must be treated as being a potential hazardous material incident until the chemical can be identified.
- Immediately evacuate all persons from the danger area(s).
- Determine the name of the spilled or leaking chemical or material from the label on the container or from the shipping manifest or invoice.

Note: If the type of spilled/leaked substance cannot be determined, then it must be assumed to be the most dangerous substance used/stored in the building

- If anyone is, or appears to be injured or ill as a result of the spill
  → Call 911. Ensure that emergency responders are informed of the name of the chemical or material involved.
  → Provide any medical treatment specified on the Material Safety Data Sheets (MSDS). These can be found on the 1st floor, employee's entrance or Nursing Stations on the floors.

- Determine if the chemical or material is one of the following:
  → Explosive material
  → Flammable gas
  → Poisonous gas
  → Corrosive gas
  → Flammable or combustible liquid
  → Flammable solid
  → Oxidizer
  → Poisonous or infectious substance
  → Reactive material
  → Corrosive material

If necessary, consult the MSDS's located in the binder on the first floor, employee's entrance or Nursing Stations on the floors to determine the characteristics of the material.

- If the chemical or material is not one of the above, you do not have a hazardous material incident and the material can be cleaned up using normal housekeeping procedures.
- If the chemical or material is one of the above, you are dealing with a hazardous material and the following procedures must be followed

Establish:

- health hazard
- fire hazard
- hazard to the environment
- procedure for containing the spill/leak
- procedure for disposing of the spilled chemical/ material

- The Incident Coordinator or Alternate will notify the Fire Department at 911 if, in their opinion in-house personnel cannot safely deal with the hazard.
- Determine the need to evacuate the building or part of the building from the information in the MSDS
- If it is determined that an evacuation or partial evacuation is necessary, instruct the response team members to initiate the evacuation procedures for fire emergencies.
- If the material is flammable, eliminate ignition sources.
- Prevent all non-emergency persons from entering the spill area.
- Ensure that he appropriate staff cleans up the spill
- If the personal protective equipment specified in the MSDS is available and if you are sure of the procedures to follow, proceed to clean up the spill.

If personal protective equipment specified in the MSDS is not available or if you are not sure of the procedures to follow, you must contact the hazardous waste removal contractor immediately and arrange for them to clean up the spill

- Immediately after all safety matters have addressed, if any substance has entered, or believed to have entered, a drain or water course, the Incident Coordinator shall notify the following
  - → The Ministry of the Environment
  - → The Local Spills Coordinator
  - → The Local Public Works Department, and
- All spills no matter how small, are to be documented. A record shall be kept of
  - → The name of the spilled material
  - → The quantity involved
  - → The names of person involved in the spill and clean up
  - → The names of anyone requiring medical attention

→ Any outside agencies or contractors that were involved
→ How the spill material was disposed of

EMERGENCY PROCEDURES FOR MAINTENANCE SUPERVISOR

Depending on the nature of the substance involved in the spill, it may be appropriate to have maintenance staff responsible for containing and cleaning up the spill.

Contain and clean up the spill by:

- Stopping any ongoing leak
- Protecting drains in the immediate area by covering them with rubber sewer drain covers, or surrounding them with spill socks.
- Scraping up the bulk of the of the material and putting it in an appropriate container
- Soaking up the remainder of the material using an absorbent substance (sawdust, oilsorb, absorbent pads). This material must be compatible with the spilled material
- Placing the waste material in an appropriate container
- Following disposal instructions as established with the hazardous waste removal contractor
- Cleaning the spill/leak area with an appropriate cleaning solution
- Contacting the hazardous waste removal contractor to have the waste removed

EMERGENCY PROCEDURE FOR ALL STAFF

- Any spill or leak of chemical or other material must be related as being potential hazardous material incident until the material can be identified.
- Immediately evacuate all persons from the danger area(s).
- If anyone is or appears to be injured or ill as a result of the spill:
  → Call 911. Ensure that emergency responders are informed of the name of the chemical or material involved.
  → Provide any medical treatment specified in the MSDS.
- Notify your supervisor. The supervisor will advise the Incident Coordinator (Charge Nurse) or alternate of the situation.
- Eliminate ignition sources.
- Prevent all non-emergency persons from entering the spill area
- Follow the instructions of the Supervisor and the Incident Coordinator.

BOIL WATER ADVISORY

The Medical Officer of Health will issue a boil water advisory when the water is unsafe for drinking.

This can be based on:

- Results of bacteriological testing OR
- An occurrence of illness in the community that has been linked to consumption of the water OR
- Other information indicating that the water is unsafe to drink OR
- As a precaution if there is a loss of pressure in the water system serving the home.

RESPONSIBILITIES OF THE CHARGE PERSONNEL UPON NOTIFICATION OF THE BOIL WATER ADVISORY:

- Notify the Administrator, DOC and IPAC lead of the advisory.
- Secure a supply of potable (drinkable) water by:
  - Obtaining the emergency water supply from the supply room.
  - Boil water. Water should be brought to a rolling boil and boiled for a minimum of 1 minute, allowed to cool and then stored in a covered sanitized container.
  - Use commercially bottled water. Send staff to local grocery store to purchase 10– 5 gallon jugs and 20 cases of small bottles for immediate use.
  - Obtain store of bottled water kept in storage area.
- Shut off drinking water fountains/dispensers.
- Disconnect all equipment directly plumbed to water systems including ice makers; juice machines, coffee machines and housekeeping chemical dispensers for dilution.
- Post signs at all faucets and sinks that water is undrinkable and that there is a boil water advisory in effect.

RESPONSIBILITIES OF ADMINISTRATOR/ DOC

- Ensure preliminary action has been undertaken by the charge personnel in the home.

- Source addtional potable drinking water from outside of area of the boil advisory.
- Ensure 72 hour supply of drinking/cooking water is kept as emergency supply in emergency storage.

FOOD PREPARATION AND COOKING

- Discard any ready and prepared food that was prepared with potentially unsafe water prior to the issuance of the advisory. (Coffee, juice, jello, ice tec.) If you are unsure of any food to discard, consult with Public Health inspector.
- Restrict menu to items that require little or no additional water, and little preparation.
- Use safe potable water sources as above for all food preparation activities.
- Only use safe potable water to wash and prepare fruits and vegetables and as any ingredient in a ready to eat food product.
- Dishes and cutlery may be washed in the commercial dishwasher provided that temperatures are maintained above 82 C (180 F) for the final rinse. Low temperature dishwashers that use chemical sanitizers cannot be used for dishes/cutlery.
- Safe potable water (as described above) is to be used to clean and sanitize equipment and utensils.
- Disposable utensils should be used for meal service if dishwasher cannot be used.

HOUSEKEEPING

- Only safe potable water can be used to mix with chemical cleaners and disinfectants for use in environmental cleaning.
- Obtain fully diluted chemicals from suppliers and refrain from using concentrate machines for chemicals. Ensure that any dilution dispensers are unhooked from water supply to ensure that unsafe water is not used.

HAND HYGIENE

- Use hand sanitizer to clean hands when hands are not visibly soiled.
- When hands are visibly soiled, use only safe heated potable water (as described above) from an insulated container with a spigot to wash

hands. After washing your hands with the warm potable water, dry them with paper towels and then use hand sanitizer afterwards.

- Post hand washing directions as above at all sinks advising not to use the sink to wash hands but to use above method.

RESIDENT CARE

- Resident hand hygiene before and after meals should be done as above.
- Teeth brushing and denture care should be completed with potable water.
- Unless otherwise specified by Public Health, bathing may continue as per regular practices as long as residents do not consume the water and their skin is fully intact. Follow up with Public Health to confirm when the boil water advisory is issued. After bathing the resident, practice hand hygiene as above.
- For any medical procedures requiring water, use safe potable water as above.
- For any residents who may not be able to follow the boil water advisory signs in their room, shut the water off to the sinks in their bathrooms.

LAUNDRY

- Routine laundry practices are followed for laundering linens and clothing.
- Laundry staff to follow hand hygiene practices as above.

NATURAL GAS LEAK

EMERGENCY PROCEDURES FOR MANAGEMENT

Building management should retain a list or drawings that identify the location of all gas shut off valves, not just the main shut off valve.

If management believes that a nature gas leak has occurred they shall:

- Inform the Incident Coordinator (Charge Nurse) or alternate
- Instruct building maintenance to immediately shut off the gas at the main valve and any secondary valves if necessary
- Relocate staff, residents from the affected area or the building following the fire emergency procedures.
- Instruct occupants to not smoke or use any electrical devise, including cell phones
- Call 911 from a phone located well away from the source of the leak
- Call the gas company from a phone located well away from the source of the leak

EMERGENCY PROCEDURES FOR ALL STAFF

- If you smell natural gas, inform your supervisor
- Relocate to a safer area
- Wait for instructions to evacuate the building
- Do not light matches or lighters
- Do not turn on or turn off electrical power.

RADIOLOGICAL ACCIDENTS

The following procedures address radiological accidents that originate offsite. A radiological accident is an event that involves the release of potentially dangerous radioactive materials into the environment. This release will usually be in the form of a particle cloud or vapor plume and could affect the health and safety of anyone its path. In Ontario, Emergency Measures Ontario is the provincial authority to direct a response during nuclear emergencies.

Following a radiological accident, authorities will monitor any release of radiation and determine when the threat has passed.

EMERGENCY PROCEDURES FOR MANAGEMENT

If management becomes aware that a radiological accident may have occurred they shall:

- Inform the Incident Commander (Charge Nurse) or alternate.
- Tune to local radio or TV station for information and direction from Provincial or community authorities.
- Alert building occupants that an evacuation may be necessary.
- Ensure that windows, doors and other opening to the exterior are closed.
- Ensure that air condition, vents, fans and heating equipment are turned off.

If advised by Provincial authorities to evacuate the building, management should:

- organize a calm environment
- ensure the building is secure
- arrange transportation for those who must be transported to alternate health care facilities

If advised by Provincial authorities to remain in the building, management should:

- Notify the building occupants of the hazard and reasons to shelter in place
- Seal building so contaminants cannot enter.
  - → Ensuring that all windows and doors are closed
  - → Sealing gaps under doorways, windows, and other building opening
  - →Ensuring that all heating, air conditioning and ventilation systems are turned off

- Monitor radio, or television stations for further updates and remain in shelter until authorities indicate it is safe to come out

EMERGENCY PROCEDURES FOR ALL STAFF

- If building staff becomes aware that a radiological accident may have occurred they shall immediately inform their supervisor. If they are not available notify the Incident Coordinator (Charge Nurse) or alternate.
- Remain in the building unless specifically instructed to evacuate
- Close windows, doors, and other openings to the exterior in your area.
- Turn of air conditioning, vents, fans, and heating equipment
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Coordinator.

PARKVIEW NURSING CENTRE		
MANUAL: FIRE & EMERGENCY	**PAGE NO.** 1	
SECTION: 23.0 Physical Threats Due to Protests and Demonstrations	**APPROVED BY: Owner/Administrator**	
DATE OF ORIGIN: 05/02	REVIEWED DATE(S): ~~03/18;03/19;03/20;03/21; 03/22	DATE LAST REVISED: 07/22

PHYSICAL THREATS

PROTEST – DEMONSTRATION – DISTURBANCES

Information about a protest or demonstration is usually received in advanced.

On receipt of information relating to a planned protest or demonstration to be held around the building perimeter or on the grounds or parking areas connected to the building the following procedures shall be implemented:

- Notify the police using the business number (note: if the protest is already taking place or violence appears imminent, call 911)
- Ensure that personnel responsible for security lock all doors except receiving door, which will be used by the staff entrance during protest; this will prevent entry to the building (nothing should be done that will inhibit evacuation from the building).
- Inform the reception/ward clerk that no visitors to be allowed into the building unless escorted by an employee.
- Remove employees and residents away from the ground floor windows if there is a possibility that the windows could be broken

EMERGENCY PROCEDURES FOR ALL STAFF RE: PROTESTS OR DEMONSTRATIONS

- If you learn that a demonstration may occur around the building perimeter or on the grounds, or parking areas connected to the building notify supervisory personnel. If they are not available notify the Incident Coordinator (Charge Nurse) or Alternate.
- If a demonstration is taking place when you arrive at the building, enter the building through the receiving entrance if possible. If you are prevented from entering the building, go to a safe location and call your Supervisor.
- **At no time do anything that will place you in confrontation with the demonstrators.**
- If you are in the building when a demonstration occurs outside. Remain in the building. Move residents away from the ground floor windows to avoid being hurt by glass if the window is broken.
- If you see any demonstrators or strangers in the building notify the staff responsible for security immediately. Do not attempt to remove them yourselves.
- Follow the instrctions of your Supervisor or Security

ARMED INTRUSION OR HOSTAGE TAKING SITUATION

EMERGENCY PROCEDURES FOR MANAGEMENT

Any management person who becomes aware of an intrusion by an armed person, a violent act (shooting, stabbing, or physical assault) or hostage taking incident shall take the following actions:

- Immediately evacuate as many people as possible from the area
- Cordon off the area or otherwise prevent people from entering the area
- Call 911. Tell them if people have already been injured, how many intruders there are and what weapons they have.
- Advise the Incident Coordinator (Charge Nurse) or Alternate and the staff responsible for security of the situation.
- Ensure that any victims receive medical treatment, if this can be provided without putting anyone in danger.

The police will take command of the situation when they arrive. Management will provide the police with any information they require, including floor plans of the area in question.

If the police determine that an evacuation of the building is required, occupants will utilize the exit rout described in the Fire Safety Plan without the activation of the Fire Alarm signal. Use the Voice Communication (public address) System or by Police Officers visiting each area and verbally advising occupants to evacuate.

EMERGENCY PROCEDURES FOR ALL STAFF

If an armed person invades your area, or if a violent act (shooting, stabbing or physical assault) or a hostage taking incident occurs in your area, all occupants shall take the following actions:

- Evacuate as many residents from the area as possible if this can be done without becoming hostage or a victim yourself.
- Warn others in the immediate area of the danger and prevent anyone from entering the area.
- If you are unable to leave the area, barricade yourself in the most secure room available. Keep calm and do nothing that will attract the intruder's attention.
- Call 911. Tell them how many intruders there are and what weapons they have.
- Advise the Incident Coordinator (Charge Nurse) or alternate of the situation.
- Provide medical treatment to any victims if this can be done without putting yourself in danger.
- Follow the instructions of the police or staff responsible for security or your supervisor.

PARKVIEW NURSING CENTRE		
MANUAL: FIRE & EMERGENCY		**PAGE NO.** 1
SECTION: 25 Violent Outbursts		**APPROVED BY: Owner/Administrator**
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IDENTIFICATION OF AND RESPONDING TO VIOLENT OUTBURSTS

1. In alignment with the home's workplace and violence policies and responsive behavior management program, staff should be informed when there is an anticipated risk from violence in the workplace. Residents who are at risk of violent, aggressive or responsible behaviours will be identified in their careplan as such.

2. The careplan will also identify possible interventions that staff MUST follow in order to reduce the risk of violence by the resident. All staff must be aware of the careplan of the residents they care for. This is the staff's responsibility to review.

3. This risk of violence will also display on the resident's Kardex in pointofcare for staff to review and be informed.

4. All staff must follow the residents' plan of care.

5. Staff are expected to follow the home's policies and procedures regarding Responsive Behaviours and Workplace Violence to reduce the risk of violence during their work responsibilities.

6. When providing care to a resident with a risk of violence, all staff must work with a partner. No staff shall enter a room or provide care to a resident with a stated risk of violence alone.

7. When an individual is displaying violent behaviours or risk of violence, staff should ensure that residents and other staff in immediate danger are looked after as much as possible. Staff can attempt to diffuse the situation if it is safe to do so.

8. When an individual is displaying violent behaviours, staff should initiate the emergency nurse call signal as close to them as possible.

9. Other staff are expected to respond to the nurse call signal as quickly as possible to offer assistance.

10. Remove residents in immediate danger and attempt to isolate the person causing the situation. Staff should not place themselves in danger, but rather remove those are risk of danger.

11. If the staff cannot diffuse the situation and require additional charge personnel to assist; one staff will be assigned to call the charge RN on their phone which they carry with them at all times.

12. If the RN cannot be reached directly through their extension; the staff will then page "RN stat–(location) Code White over the PA system. When this is paged the charge RN shall immediately report to the location directly to assess the situation.

13. Once the RN is at the location; the RN shall assess the situation, direct staff to ensure that other residents and staff are as safe as possible.

14. If the RN is unable to contain the situation and/or diffuse the situation and requires further staff to assist; the RN shall then page "Code White ALL staff to (location). All staff will then report to the area to assist.

15. Once staff hear Code White ALL staff; all staff will respond to the area to assist.

MEDICAL EMERGENCY CARE

An emergency is defined as a serious situation that arises suddenly and threatens the life or welfare of the resident.

Emergency nursing is the nursing care provided to prevent imminent, severe damage, death, or to avert serious injury. Nursing strategies are listed for some of the emergencies that could possibly occur at the facility. All Nursing Staff are responsible to be aware of treatment required during and emergency and responding appropriately.

PRIORITY ASSESSMENT

The Nurse is required to do a priority assessment of the resident's condition to ensure that appropriate treatment is given. Following a physical assessment of the resident, the registered staff will complete a progress note to summarize the assessment.

Airway
- presence of respiration
- presence of foreign body in the mouth or airway

Breathing
- respiration rate, depth and character
- use of accessory muscles for breathing
- tracheal deviation

Circulation
- presence of carotid pulse
- pulse rate, strength, rhythm
- presence of hemorrhage
- skin color, temperature, moisture

Level of Consciousness
- response to voice, touch or painful stimuli
- pupillary response
- unconscious

HEAD INJURY

DEFINITION

Head injuries are any blow to the head and can range from a minor blow to the head to a massive skull fracture. A skull fracture can be very dangerous, fragments of bone can pierce brain tissue and cause damage to the tissue. Concussion can occur from any head blow, even if it is a minor blow.

PROCEDURE

The Charge Nurse will notify the resident's family of all head injuries and falls, the day of the incident, or if the injury occurs during the night, notification may occur the following morning if there is no serious injury.

All staff is to notify the Charge Nurse immediately of all falls and incidents, prior to moving the resident, so the nurse may complete an assessment.

Documentation will include; completion of the incident report in the Risk Management documentation of poinclickcare, incident progress notes in the client record of poinclickcare, completion of critical incident when required and the head injury routine form.

Head injury routine to be followed and record on the head injury routine form and in poinclickcare:

- assess vital signs, including:
- pulse,
- respiration,
- temperature
- blood pressure,
- LOC,
- motor and sensory response, and
- pupil reaction according to the following schedule
- all vital signs will be assessed according to the following schedule:
  a. every 15 mins for the first hour
  b. every ½ hour for the next 2 hours
  c. every 1 hours for 4 hours
  d. every 4 hours for the next 16 hours
  e. every 8 hours for the next 72 hours

All vital signs are recorded on the Head Injury Routine Record.

Follow up should occur following any drastic change in the vital signs. Consideration for transfer to acute care or notifying the attending physician immediately, as appropriate.

Assessment of the resident's condition to be recorded in the interdisciplinary progress notes by the nurse on duty for each shift for the next 72 hours (3 days).

Obtain accurate account of the incident from the staff and the resident if possible, try to determine the cause of the injury.

Ensure that the resident care plan indicates a potential for falls, and update the care plan to indicate that the resident did fall and sustained a head injury. Evaluate the plan of care on an ongoing basis to ensure that the nursing interventions are successful in preventing further falls, if not adjust the plan of care accordingly.

FRACTURES, STRAINS, SPRAINS OR DISLOCATIONS

A fracture is a break in continuity of the bone. Although fractures are not classified as life threatening they do require medical evaluation and immobilization as soon as possible.

A sprain is an injury to a joint from a stretched or torn ligament.
A strain is an injury to a muscle that causes stretching and tearing.
A dislocation occurs when joints are out of alignment.

All of the above are a result of injury to the muscloskeletal system and manifest with the following symptoms:

- pain
- swelling
- inflammation
- restricted movement of the affected limb
- discoloration

Hip fracture is one of the most common and the most serious in our resident population. Recovery rates from surgical repair of hip fractures and the resultant complication of the surgery and anesthetic, is very low. It is imperative that every effort be made to prevent falls that result in hip fractures.

To assess for a fracture of the hip:

- lay resident, if possible flat on their back
- ask them to point or touch the area that hurts, observe for resident grasping femur or higher towards hip or pelvic region
- attempt very gently to move the leg, watch for residents response, if painful hip fracture is likely
- measure both legs, if unequal in length, hip fracture is likely
- ask the resident to move both limbs, if unable or painful, hip fracture is likely (rotation-inward or outward).
- ask resident to simultaneously push both of their feet onto your hands and measure the strength of their movement, if painful or unequal hip fracture is likely

If you suspect hip fracture, notify the physician and transport the resident to the hospital for medical assessment and surgical intervention.

Notify the family members immediately and inform them of the transfer so they can arrange to

meet the resident at the hospital.
If you suspect fracture to any bone, or joint dislocation, notify the physician immediately for assessment and medical intervention.

Complete a transfer record to go with the resident to the hospital including functional level and all medications, with a full description of the injury, the resident's complaints and resultant deficits.

Document in the progress notes and update the resident care plan, including and decrease in functional ability to perform ADL's or CCL's and any accompanying behaviors associated with the injury including the nursing interventions implemented with the times and frequencies.

CHEST PAIN

The most common complaint of victims of cardiac emergencies is chest pain, they may also complain of pounding in their chest, shortness of breath, and pain or tingling in arm shoulder or jaw.

ACTION

1. Assist the resident to sit or lie down as soon as possible, do not ask them to walk a long distance to do this, as this will put an added stress on their heart.
2. Loosen any tight clothing.
3. Obtain vital signs and assess the pain.
4. Check the MAR sheets for an order for Nitroglycerin, if available give nitro as ordered.
5. Contact the physician immediately for medical assessment and treatment. Contact an ambulance if necessary.
6. Stay with the resident, this is a very frightening experience and they will need reassurance.
7. Check the residents chart for Advanced Health Care Directives, prepare to do CPR if necessary until the ambulance arrives.
8. Complete a transfer record and prepare to transport the resident to the emergency department of the hospital.
9. Notify family member of events and the pending transport to the emergency department.
10. Document assessment and actions in the progress notes.

RESPIRATORY EMERGENCIES

Respiratory emergencies may include:

- Congestive heart failure and resultant shortness of breath
- Asthma attacks
- Emphysema

Action

- Position the resident to aid in breathing, upright, leaning over a bedside table, onto a pillow
- Loosen any tight clothing
- Open a window or turn on a fan
- Give oxygen if ordered
- Contact physician with assessment and request for medical assistance
- Call ambulance
- Give any medication as ordered by the physician
- Review residents chart for Advance Health Care Directive, prepare to do rescue breathing if necessary
- Complete the transfer record
- Contact family with information about the event and the pending transport to the hospital
- A staff member should stay with the resident until the ambulance arrives, this is a very frightening experience for the resident and they will require reassurance and support
- Document in the progress notes the events, your assessment and actions

DIABETIC EMERGENCIES
REFER TO DIABETIC CARE PROGRAM FOR HYPO AND HYPERGLYCEMIC REACTIONS

SEIZURES

Seizures may occur with any resident at any time. Seizures may result from:

- Medication
- Cerebral vascular accident
- Low blood levels of anticonvulsant medication
- Head injury
- Fever
- Head injury
- Hyperventilation
- Changes in sleep pattern
- Alcohol
- Emotional stress

Actions include:

- Protect the resident from injury and/or fall
- Do not restrain the residents limbs
- Protect the head to prevent trauma
- Notify the physician for medical assessment and treatment
- Notify the family
- Document the event and the follow up
- Ensure that the resident care plan indicates seizure activity as a potential for injury

CEREBRAL VASCULAR ACCIDENTS (CVA)

Cerebral vascular accidents occur when there blood flow to the brain is interrupted and damage occurs.

Symptoms can include, but are not limited to:

- Loss of motor power
- Loss of sensation
- Slurred speech
- Loss of consciousness
- Mental impairment
- Swallowing deficits
- Seizures

Actions should include:

- Ensure the residents safety and prevent falls
- Reassure the resident as this is very frightening
- Position with head raised to relieve pressure on brain tissue
- Ensure airway is cleared and respirations adequate
- Consult physician for medical advice and treatment
- Notify the family
- Document assessment and actions

ACUTE ABDOMINAL DISTRESS

Acute abdominal distress can be caused by many different conditions. Symptoms include:

- Pain
- Tenderness
- Rapid and shallow breathing
- Tendency to lie in a guarded position
- Nausea and vomiting
- Abdomen is rigid and distended
- Possible absence or over abundant bowel sounds

Residents with acute abdominal distress require medical assessment and treatment.

Action:

- Assess the resident including pain assessment, and vital signs
- Abdominal assessment, both palpation and auscultation
- Review the BM chart to see the residents bowel pattern
- Contact physician with assessment and arrange a medical assessment
- Document assessment in the progress notes
- Notify the family
- Hold all food and fluid intake, as required

CHOKING

Choking occurs as a result of a blocked airway, or aspiration of food or fluids. In emergencies airway obstruction is critical. Establishing an open airway is the firs step in emergency care. The nurse must provide an adequate airway for the resident. Often, this is all that is required to reestablish breathing in a non-breathing resident.

Airways can be obstructed in many ways, including:

- Head position can cause the tongue to fall back and block the airway
- Trauma can cause broken teeth, blood, vomit, mucus, foreign body to obstruct the airway
- Food can block an airway
- Objects and foreign bodies can cause obstruction

Airways can be partially or completely blocked. With a partial obstruction the nurse should allow the resident time to dislodge the obstruction on his or her own. With a complete airway obstruction the nurse must perform a Heimlich maneuver immediately.

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MANUAL: **RESIDENT SERVICES**		**PAGE NO.** 13
SECTION: 26 Medical Emergency Care		**APPROVED BY:** Administrator
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HEIMLICH MANEUVER

PURPOSE

To clear a completely obstructed airway.

PROCEDURE

1. Assess resident for ineffective airway clearance related to obstruction, aspiration of a foreign body and ineffective breathing pattern.
2. Position self behind the resident.
3. Wrap arms around the resident, waist level.
4. Make a fist with one hand and place your thumb side against the victim's abdomen, between the umbilicus and xiphoid process.
5. Grasp your fist with the other hand.
6. Press into the victims abdomen with quick upward thrusts
7. Repeat thrusts until either the foreign body is expelled or the victim becomes unconscious.
8. When victim becomes unconscious, position on back
9. Call for help.
10. Look into victim's mouth for foreign body, and perform finger sweep by inserting forefinger into the mouth in a hooking motion and sweeping finger towards you, in an attempt to remove foreign body.
11. Attempt to ventilate.
12. If unable to ventilate perform abdominal thrusts
13. Repeat finger sweep.
14. Repeat ventilation, abdominal thrust, and finger sweep until foreign body is expelled.
15. Refer the victim for medical assessment and document all actions.

BURNS

Heat, electricity or chemicals can cause Burns. They are classified according to the depth and extent of the body surface that is injured. This classification determines the severity of the burn and its potential for complications. The deeper and more severe the burn, the more complications for the resident.

If a burn occurs:

- Cool the burn immediately
- Soak in cool (not cold) water
- Apply cold compress for as long as it takes to decrease the pain
- Avoid grease, butter, salt water, or topical ointments
- Cover wound with a sterile dressing
- Document your assessment in the progress notes
- Consult with the physician for medical advise
- Notify the family

The key is preventing the burn from occurring, monitor the environment on a daily basis and eliminate any articles or procedures that could cause burns. Preventative measures that are undertaken daily include:

- Measuring hot water temperatures every shift
- Checking temperature of bath water before resident enters tub
- Removing all smoking material from residents
- Supervising all smoking
- Checking all electrical cords and appliances for safety
- Unplugging or turning the power off to resident stoves when not supervised.

OPEN WOUNDS

Open wound treatment is dependant upon, the depth and severity of the wound.

Action:

- Control bleeding
- Assess for foreign bodies
- Clean wound
- Assess ability to approximate the edges of the wound, if unable refer for medical consult and suturing
- Cover wound with dressing, as required
- Notify the physician
- Notify the family
- Document assessment, cause of the wound, and treatment provided

POISONING

Poisons can be ingested, absorbed, injected and inhaled.

Ingested poisons can include:
- Medication
- Household cleaners
- Chemicals
- Alcohol

It is imperative to contact the Poison Control Center for advice.

Inhaled poisons come from:
- Industrial gases
- Chemicals
- Carbon monoxide

It is imperative to remove the resident from the area as quickly as possible, and monitored.

Injectable poisons can include:
- Snake bites
- Insect bites

Assess the severity of the reaction. Remove or scrape away any stingers or absorption will continue. Apply cold packs to the area and elevate if possible.

Absorbed poisons can come from:
- Poisonous plants coming in contact with the skin

Prevent by monitoring plants in the resident areas. If reaction does occur wash the area off immediately, apply a cold compress and monitor.

POISON CONTROL CENTER

Toll free number: 1-800-268-9017 operational 24 hours/day X7days/week

Information required when calling:

- Name of resident
- Age
- Sex
- Weight
- Ingredients ingested, inhaled, or contacted
- Percentage of ingredient ingested
- Time of ingestion, inhalation, or contact
- Dosage of any medication ingested

Do not induce vomiting or give the resident anything to eat or drink until you have contacted Poison Control Center for advice.

If an abrasive has splashed in the eyes, rinse immediately with lukewarm water for fifteen minutes.

If a resident has swallowed a battery there is a possibility that it could decompose and damage the GI tract. Observe the stool for four to six days and if it has not passed suggest that an x-ray be taken.

Always notify the physician of the event that occurred.

CARDIOPULMONARY RESUSCITATION

OBJECTIVE

To ventilate the patient until adequate circulation to the brain is re-established.

PROCEDURE

1. Where indicated by residents wishes and/or clinical judgement cardiopulmonary resuscitation should begin within 4 minutes after the following symptoms occur:
   a. No pulse
   b. No respirations
   c. No heartbeat

2. Call 911 or direct another staff member to call 911.

3. Place in supine position on a firm surface with head tilted backward and mandible pulled forward.

4. Begin external chest compressions. 30 chest compressions. (100 to 120 compressions per minute)

5. Commence artificial ventilation. Use an Ambu bag if present, assuring a seal over the nose and mouth of the Resident/Person. In absence of an Ambu bag, begin mouth to mouth, or mouth to nose breathing making sure that the chest expands. When the chest rises, stop inflation, turn your face to the side and allow the patient to exhale passively. When his exhalation is finished, give the next deep inflation. Give two breaths following each set of 30 chest compressions.

6. Repeat step 4 and 5.

7. When carotid and femoral pulses become palpable. Stop CPR. Otherwise continue CPR until emergency services arrives.

8. If cardiac arrest recurs ventilation must be re-started.

9. If patient responded to initial emergency treatment, transfer to a hospital will be arranged, if indicated by resident's wishes.

10. Chart in resident's progress notes events leading to CPR< during CPR and after CPR. Notify POA, DOC, Coroner (if required), MOHLTC if indicated and inform MD as appropriate.

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MANUAL: RESIDENT SERVICES	**PAGE NO.** 19	
SECTION: 26 Medical Emergency Care	**APPROVED BY:** Administrator	
DATE OF ORIGIN: 07/01	REVIEWED DATE(S): ~~03/18;03/19;03/20;03/21; 03/22	DATE LAST REVISED: 07/22

CARDIOPULMONARY RESUSCITATION IN COVID POSITIVE RESIDENT

OBJECTIVE

To ventilate the patient until adequate circulation to the brain is re-established.

PROCEDURE

1. Where indicated by residents wishes and/or clinical judgement cardiopulmonary resuscitation should begin within 4 minutes after the following symptoms occur:
   No pulse
   No respirations
   No heartbeat

11. Call 911 or direct another person to call 911.

12. Place in supine position on a firm surface with head tilted backward and mandible pulled forward.

13. Begin external chest compressions. 30 chest compressions. (100 to 120 chest compressions per minute).

14. Do not initiate emergency breathing or ventilation manipulation. Lightly cover resident's mouth and nose with a cloth during chest compressions to decrease droplet spread.

15. Continue chest compressions only.

16. When carotid and femoral pulses become palpable. Stop CPR. Otherwise continue CPR until emergency services arrives.

17. If cardiac arrest recurs resuscitation must be re-started.

18. If patient responded to initial emergency treatment, transfer to a hospital will be arranged, if indicated by resident's wishes.

19. Chart in resident's progress notes events leading to CPR< during CPR and after CPR. Notify POA, DOC, Coroner (if required), MOHLTC if indicated and inform MD as appropriate.

ANAPHYLACTIC REACTION

ANAPHYLACTIC REACTION

Severe and sometimes fatal systemic hypersensitivity reaction to a sensitizing substance e.g. Drug, venom, foods or chemicals.

SIGNS AND SYMPTOMS

Sudden constriction of bronchiolar muscles, edma of the pharynx and larynx, and severe wheezing and shortness of breath. The resident may also become severely hypotensive, requiring emergency resuscitation measures.

POLICY

Epinephrine: To provide rapid relief of anaphylactic reactions.

PROCEDURE

1. When anaphylactic reaction is noted draw up 1ml of Epinephrine 1:1000 and administer IM or SC ASAP (do not give IM in buttocks)
2. Monitor vital signs
3. Call physician for further direction
4. May administer Epinephrine in 10-15 minute intervals according to doctor's orders

NOTE: In the event that you cannot contact the doctor and/or the resident's condition continues to deteriorate, call 911.

PARKVIEW NURSING CENTRE		
MANUAL: RESIDENT SERVICES	**PAGE NO.** 1	
SECTION: 27 MISSING RESIDENT	**APPROVED BY:** Administrator	
DATE OF ORIGIN: 07/01	REVIEWED DATE(S): See policy review forms at front of Resident Services Manual	DATE LAST REVISED: 07/22

CONTINGENCY PLAN FOR MISSING RESIDENT

Staff are to inform the Charge Nurse immediately if they are unable to locate any resident.

Charge Nurse commences the search:

- Obtain picture of resident from PCC and obtain up to date physical description of the resident from staff on resident's unit. Obtain a Wandering Resident Search Audit and commence completing the audit. Note the time at the start of the search.

- Charge Nurse will announce "Code Yellow, Stage One, Residents Name and normal location of the missing resident"

STAGE ONE SEARCH:

Each staff is assigned to a specific zone to check for the missing resident.

- Zone One: includes all resident bedrooms, closets, under beds and inside bathrooms, on the resident's ward

- Zone Two: including all dining rooms, lounges, bath and shower rooms, community washrooms and all other common areas on the resident's ward

- Zone Three: all locked areas including clean and dirty utility rooms, medication and treatment rooms on the resident's ward

Once staff have checked their assigned area, report back to the nursing station with results of the search. Move to Stage Two if Stage One search is not successful in locating the resident.

STAGE TWO SEARCH

Charge Nurse will announce "Code Yellow, Stage Two, with the resident's name."

Charge Nurse to notify the Director of Resident Services, or the staff member in charge of the building, the most senior staff member in the building will be designated as the Search Coordinator.

Designated individual will check security cameras to determine the resident's last known whereabouts and whether or not they were seen exiting the facility.

Search Coordinator will assign staff to search all Zones as follows:

- Zone One: one staff will search the resident's immediate home area and room.
- Zone Two: Staff will commence an immediate search of their unit including all residents' bedrooms, bathrooms, closets, dining rooms, tub and shower rooms, service areas, and common resident areas.
- Zone Three: All administration office, reception and staff areas.
- Zone Four: the service areas including, kitchen, hairdresser's salon, laundry, and maintenance areas.

Once staff have completed the extensive search of their assigned areas, report back to the nursing station with the results of the search. If resident found report the location that the resident was found. If resident has not been found, or was observed to have left the building using the cameras move to Stage Three.

STAGE THREE SEARCH

The search coordinator will announce, "Code Yellow, Stage Three, and state the residents name."

Staff will be assigned to search the following areas:

- Zone One: outside each exit door, and walk around the building
- Zone Two: walk one block north, one block south, one block east, and one block west of the building and along the back of the property along the alley

If staff are unable to locate a resident within 20 to 30 mins from start of search (stage 1) contact the police immediately.

Once staff have completed the extensive search of their assigned area, report back to the nursing station with the results of the search. If the resident is found, report the location that the resident was found and complete risk management report. If resident has not been found, move to the next stage:

STAGE FOUR SEARCH

Search Coordinator to send one or two staff in their cars to drive a 2 to 3 block perimeter of the building searching for the resident, if possible. Print out picture of resident and gather any information that the police will need in their search including all areas searched, last time the resident was seen, and a description of clothing the resident was last seen wearing.

Search coordinator to contact the following people:

- Police to assist in the search
- Director of Resident Services
- Administrator
- Residents family members

The local emergency personnel will then take over the search responsibilities, and notify Home staff of the results and any specific help they need in the search.

The Director of Care/Delegate is responsible for notifying the After Hours (if applicable) or submitting the appropriate Critical Incident (if applicable).

Once the resident has been located:

- Ensure the resident is safe and unharmed. Complete a head to toe assessment in PCC.
- Contact the Attending Physician to address any concerns regarding the resident's health.
- Notify the family of the resident's status.
- Notify the Administrator and Director of Care
- Complete the Risk Management Report in PCc.
- **The Administrator, Director of Care or designate shall be responsible for reporting the incident as follows;**

1. If the resident is Missing less than 3 hours and has no injuries contact the MOH by at least the next day via a Critical Incident Report

2. If missing less than 3 hours but has sustained an injury contact the MOH immediately

using the after hours pager if necessary and initiate a Critical Incident Report

3. If the resident is missing greater than 3 hours (regardless or injury) contact the MOH immediately using the after hours pager if necessary and initiate a Critical Incident Report.

- Complete a Ministry of Health Critical Incident Reporting Form, and incidental documentation in the resident's progress notes.
- The Director of Nursing will ensure completion of the Critical Incident Reporting Form and submission to the Ministry of Health office.
- The Charge RN will review the residents care plan to ensure that Potential for Exit Seeking is documented and there are relevant interventions to address the issue. Review all safety features that are in place to address the resident's safety.

MISSING RESIDENT SEARCH AUDIT

DATE:_____ **RESIDENT:**_____

Clothing resident last seen wearing: _____

_____

Place and time resident last seen:_____

STAGE ONE:

TIME:_____ SEARCH COORDINATOR:_____

ZONE RESPONSIBLE STAFF

Zone One: _____

Zone Two: _____

Zone Three: _____

STAGE TWO:

TIME:_____ ADMINISTRATION NOTIFIED: YES / NO

ZONE RESPONSIBLE STAFF

Zone One: _____

Zone Two: _____

Zone Three: _____

Zone Four: _____

STAGE THREE:

TIME:_____

ZONE	RESPONSIBLE STAFF
Zone One:	_____
Zone Two:	_____
Zone Three:	_____

STAGE FOUR

TIME:_____ POLICE NOTIFIED: YES / NO

Name of police officer:_____

Notified by whom:_____

Family notified: Name_____

Administration notified:_____

ONCE RESIDENT LOCATED

	Met / Unmet	**N/A**
Ensure resident is safe		
Contact Physician to address any health issues		
Notify family		
Notify Administration		
Notify Ministry of Health		
Complete Ministry of Critical Incident		
Document in Residents Progress Notes		
Complete Risk Management Report in PCC		

OUTBREAK CONTINGENCY PLAN

STATEMENT OF PURPOSE

To outline roles, responsibilities, policies and procedures in the event of an outbreak situation that complies with Regional Public Health Department and Ministry of Health standards.

1. OUTBREAK RECOGNITION

Staff monitors all residents' conditions daily on the 24-hour report and record any new symptoms and conditions. Infection surveillance is the essential component of our Infection Control Program. Infection Control Records are completed for any indication of infection. This surveillance establishes baseline information about the frequency and types of infections that exist in the facility, and can be used to determine deviations from that baseline.

An outbreak is suspected anytime an illness exceeds the normal distribution in a given area, at a given time. Surveillance of infections is a satisfactory indicator of a potential outbreak, but most often outbreaks are discovered when the nurses on a floor feel that "something is not quite right".

2. CASE DEFINITIONS

Case definitions are outbreak specific, and each case definition has to be developed at the outset of each outbreak. Review of the 24-hour report and the nosocomial infection reporting forms assists in developing the case definition.

3. NOTIFICATION

Early reporting and rapid response will minimize the impact of an outbreak.
If staff suspects an outbreak of any nature, notify Public Health for assistance and advise.

4. VERIFICATION OF OUTBREAK

Obtain specimens from the residents with the most recent infections as applicable to the symptoms. Contact Public Health to pick up the specimens and deliver them to the Public Health Laboratory.

The line listing is a tracking tool on which information that could be useful in characterizing the outbreak is recorded. It is started at the time an outbreak is suspected. It lists information regarding residents, location, symptoms, and lab specimens taken.

Collection of specimens from residents and staff. Positive verification can only be determined through Public Health Laboratory analysis of specimens. Type of samples may include: food, stool, nasopharygeal swabs and environmental swabs.

5. COMMUNICATION/NOTIFICATION

Once the virus type has been identified, notify all members of the Infection Control Committee and establish an Outbreak Management Team. This team may consist of:

- Administrator
- Medical Advisory Physician
- Director of Nursing
- Assistant Director of Care
- Public Health Inspector
- Laboratory
- Pharmacy
- Infection Control Practitioner
- Food Service Supervisor

Notify the Ministry of Health & Long Term Care by completing and submiting a critical incident report regarding the type of outbreak and the number of residents and staff affected. If the outbreak is declared after hours, phone and notify the Ministry via the After hours number.

Accurate written documentation and daily communication with all parties involved is imperative. Detailed documentation regarding symptoms and new cases is essential for reporting to the Public Health and Ministry of Health.

Notify Residents, Family and Staff via emergency email contact list.

The Administrator is responsible for communication and release of information.

6. SURVEILLANCE (VIA LINE LISTING)

Surveillance of both residents and staff members should continue throughout the outbreak to monitor new signs and symptoms and resolved signs and symptoms.

7. VISITORS/VOLUNTEERS

Signs will be posted notifying visitors that there is an outbreak in the home and the restrictions that are in place due to the outbreak. Volunteer programming and services will be cancelled during an outbreak to prevent cross contamination into the community.

8. COHORT NURSING/SEPARATING RESIDENTS

Residents may be separated during an outbreak to isolate symptomatic residents from well residents. The IPAC lead will review and institute cohort nursing so that nurses caring for well residents will not be caring for ill residents.

9. NEW ADMISSION

New admission and/or readmission to the home may be held depending on the type of outbreak the home is experiencing. There may be qualifying information required prior to making a decision regarding admitting or readmitting residents.

10. IDENTIFICATION OF SOURCES

Identification of the potential source and determine the type of epidemic. Food will be assumed to be the source of an enteric outbreak until proven otherwise.

11. EDUCATION

Education of staff, residents, families and volunteers regarding the type of outbreak, the symptoms, the precautions in place to prevent further spread, is the responsibility of the IPAC lead.

OUTBREAK TEAM RESPONSBILITIES

POLICY

Individual members of the Outbreak Management Team will have clearly defined responsibilities.

CHAIRMAN / ADMINISTRATOR

- Arrange for meetings with all parties.
- Be responsible for co-ordination of the Outbreak Management Team's activities.
- Communicate information regarding the outbreak to the institution's staff, residents, family members and visitors.
- Establish protocol regarding visiting privileges and media support when necessary.
- To communicate with the Ministry of Health.
- To communicate with Head Office. They can act as a resource re supplies and staffing.

DIRECTOR OF NURSING

- Arrange extra staffing as required to facilitate cohort nursing.
- Monitor daily reports of ongoing surveillance among residents and staff.
- Attend meetings.

INFECTION PREVENTION AND CONTROL LEAD

- Ensure the distribution of specimen containers and collection of stool specimens among staff/residents.
- Collect and communicate all surveillance data for Public Health, and the Ministry of Health, and Head Office, for both residents and staff.
- Reinforce precautions with staff.
- Education of staff.
- Attend daily meeting.
- Complete line listing of all symptomatic, asymptomatic, negative, positive, and cleared cases.

RESPONSIBILITIES OF ADVISORY PHYSICIAN

- Consult and or assists the Outbreak Management Team.
- Coordinate resident care with regards to medical protocol. Other attending physicians are informed of these recommendations.

RESPONSIBILITIES OF FOOD SERVICE SUPERVISOR AND DIETARY DEPARTMENT

Immediate Steps in Food Control

It is essential to take IMMEDIATE MEASURES to eliminate food as a continuing source of infection.

1. **Food Handlers:**

   An immediate investigation for illness or carrier status in all food handlers should be carried out. All dietary staff, including temporary or part time staff, should be interviewed regarding recent illnesses and submit stool specimens as soon as the outbreak is recognized if so by M.O.H. Exclude from work all cases or suspected cases involved in any aspect of food handling pending further investigations.

2. **Inspection**

   An immediate in depth inspection of kitchens, food preparation, storage, handling and distribution methods should be carried out by Public Health Officials. An objective examination by local public health inspectors in most productive in detecting problems.

   As part of the inspection, samples of left-over vulnerable food should be submitted for laboratory examination. Once inspection has identified possible deficiencies in equipment or food handling, prompt and vigorous correction and ongoing maintenance of these standards is essential.

3. **Menu Changes**

Copies of Menus must be saved to assist in the outbreak investigation. To facilitate investigation, menus are retained as a routine practice.

Menus should be adjusted to minimize the number of vulnerable food items being prepared while awaiting completion of inspection and a comprehensive evaluation of food processing.

4. Food Handling

a. Personnel processing food, handling trays and dishes, and distributing trays to patients should wear disposable plastic gloves after instruction in their proper use. The need for good hygiene even while using gloves must be emphasized.

b. Temperature control and areas of possible cross-contamination of cooked foods by raw foods or contaminated equipment should be immediately monitored and dealt with.

5. Outside Sources of Food

During an outbreak, it is advisable to eliminate the possibility of food-borne illness being introduced from outside the institution by banning outside food sources. Thus visitors would not be allowed to bring in food and would not be permitted to obtain food from local restaurants or take-out facilities.

ENVIRONMENTAL SUPERVISOR (Administrator)

- Arrange staffing as required.
- Provide isolation bags for laundry.
- Make provisions for adequate linen supplies.
- Reinforce appropriate cleaning of rooms.
- Reinforce education to staff re appropriate procedures to prevent spread of infection in housekeeping and laundry.
- Ensure proper disposal of waste.
- Check ice dispensers and other equipment to ensure working appropriately.
- Assist with moving beds as necessary for cohort nursing

RESPONSBILITIES OF LABORATORY

- To establish and maintain effective lines of communication with the Outbreak Management Team.

- To advise of the collection and transport of specimens during day, evening and weekends.
- To isolate and identify the etiological agent.
- To coordinate transfer of culture specimens to reference labs as required.
- To communicate lab finds to the Outbreak Management Team.

RESPONSIBILITIES OF CHARGE NURSE

- To report residents' physical condition to I.C. officer and O.M.T.
- To assist I.C. officer as requested and initiate outbreak envelope.
- To supervise isolation procedures and supplies required.
- To obtain supplies for Isolation.
- Setup isolation caddies as required.
- C.N. directs Housekeeping to do extra cleaning to prevent cross contamination. (ex. disinfect door knobs, phone receivers, toilets etc.).
- C.N. directs activity persons to help with jobs not in their job description. (ex. deliver extra juices to dehydrated residents).
- C.N. posts signs to deter visitors from Isolation Areas.
- C.N. would make necessary entries in line listing.
- To assist I.C. officer to inform families of residents' condition to ensure families are kept informed.
- C.N. ensures staff on their shift are knowledgeable re isolation procedures needed on that shift.
- C.N. on each shift is responsible for infection control oversight of staff. All staff must help her/him.

RESPONSIBILITIES OF ACTIVITY DIRECTOR

- To follow Medical Officer of Health's directives.
- To assist Infection Control officer as requested.
- Ensure programming is modified as applicable to the outbreak. Modify staffing if required.
- Provide individualized bedside activities for those in isolation. Program 1:1 visits if possible.
- Ensure methods of communication are made available to residents/families if visiting in the home is not permitted. (Eg. Ipads, phones, window visits)
- Schedule staff to assist with meals and care if needed

PARKVIEW NURSING CENTRE		
MANUAL: **INFECTION CONTROL**	**PAGE NO.** 10	
SECTION: 28 Outbreak Management	**APPROVED BY:** Administrator	
DATE OF ORIGIN: 5/90	REVIEWED DATE(S): 01/03;01/04;01/05;01/06;01/07; 03/08~~~03/19;03/20;03/21	DATE LAST REVISED: 03/22

OUTBREAK LINE LISTING

POLICY

All residents and staff members who show similar signs and symptoms during an outbreak will be listed on the Line Listing.

PROCEDURE

1. Complete the top section of the Infection Control Line Listing, including the case definition, case number, and contacts at the nursing home and the Public Health Department.
2. List the name of the resident or staff, age, location in the facility, date and time of onset, date of recovery, symptoms, any procedures completed and any other critical information.
3. One line listing will be maintained for all ill residents, at the nursing station during an outbreak.
4. One line listing will be maintained for all ill staff member.
5. The infection control practitioner reviews the line listing daily during the outbreak.
6. A copy of the line listing is faxed to the Public Health Department on a daily basis.
7. All line listings are stored for a one-year time period after the outbreak.

INFECTION CONTROL PRACTITIONER ROLE DURING OUTBREAK

The Infection Control Practioner is responsible **before outbreak season** for the following:

1. Review the vaccine order calculated for the facility by the Health Department.
2. Plan and implement annual vaccination program. It is recommended that flu vaccine be given in early November, because the influenza vaccine's protectiveness wanes over time, giving the vaccine later in the season will protect residents during the peak influenza season.
3. Promote vaccine program to residents, staff, and visitors.
4. Provide education sessions to residents, families, and staff.
5. Review outbreak contingency plan with staff.
6. Obtain creatinine clearance levels of all residents and provide this information to the pharmacy.
7. Place caution signs on all entrance locations of the building in early October to inform family and other visitors that they should refrain from visiting when they have an acute respiratory illness or flu symptoms.

The Infection Control Practitioner is responsible **during the influenza season** for the following:

1. Determine the vaccine status of all new admissions, and new staff to the facility. Offer late vaccination to all new admissions who have not been vaccinated or whose vaccination status is unknown.
2. Ensure nursing staff have an increased awareness of influenza-like symptoms during the season.
3. Provide the vaccine status of a resident when transferring to an acute care hospital. This information will be requested by the hospital when a patient in a high-risk category for influenza is admitted.
4. Ensure that at least two nursing staff are trained in the appropriate technique for collection of nasopharyngeal swabs on residents presenting with influenza-like symptoms, to identify possible index case of an outbreak.
5. Reassign staff member's ill with acute respiratory symptoms to duties with no resident contact or send them home when possible.
6. Keep residents with acute respiratory illness out of common areas such as dining or sitting rooms and exclude them from group activities.

The Infection Control Practitioner is responsible **during an outbreak** for the following:

1. Assess clinical features of illness for consistency.
2. Notify the Public Health Department if there are two or more cases, or if an outbreak of is suspected.
3. Ensure MOH is notified via CI.
4. Establish an Outbreak Management Team.
5. Isolate all ill residents.
6. Keep ill residents away from common areas and exclude them from group activities until their acute symptoms have resolved.
7. Institute cohort nursing.
8. Ensure that housekeeping staff pay particular attention to cleaning of surfaces, such as handrails, doorknobs, counter tops.
9. Reinforce hand washing among staff and residents.
10. Ill staff to remain off work or reassign them to positions where there is limited resident contact.
11. Offer influenza vaccine to all previously unvaccinated residents and staff.
12. Place outbreak notice sign on all entrance doors to the facility indicating an outbreak and that visitor restrictions are in effect (as applicable).
13. Antiviral treatment and prophylaxis should be considered immediately when influenza A has been positively identified in the community and residents are exhibiting influenza-like symptoms.
14. Contact the management company to inform them of your current outbreak status.
15. Inform staff not to work in other LTCF's during the outbreak. Staff working in other facilities should not work in this facility for the duration of the outbreak.
16. Limit the movement and the activities of the residents.
17. Residents being treated in the hospital at the time that an outbreak is declared should not be transferred back to the facility until the outbreak has been declared over.
18. New admissions to the facility during an acute outbreak will be determined by PH and the LHIN.
19. The outbreak will be declared over by the Public Health Department.

OTHER AREAS WHERE INSPECTION AND CONTROL MEASURES MAY BE REQUIRED

1. **Pharmacy**

   - Storage
   - Dispensing Procedures and handling of medication
   - Health of Staff

2. **Laundry**

   - Collection procedures - routes taken by soiled laundry
   - Adequacy of processing

3. **Water Supply**

   - Condition of drinking fountains, water taps, and ice machines.

4. **Nursing Stations**

   - Food Storage
   - Cleanliness

5. **Commonly used Equipment**

   - Proper cleaning procedures and storage of equipment, ie. bedpan, etc. between residents.

Pandemic Plan

parkview
NURSING CENTRE

2022-23

1.0 PURPOSE:

During the 20th century, the world experienced three influenza pandemics. The deadliest, the "Spanish Flu" of 1918-19, killed 40 to 50 million people worldwide. Most recently, COVID-19 continues to be the greatest threat to the population with a pandemic life span that is uncertain and a virus that continues to mutate and persist. Worldwide, contagious diseases from all sources, not limited to influenza, can trigger a pandemic although the prevalence of a pandemic occurring relating to influenza is recognized by the World Health Organization as the most likely catalyst. Continued pandemic planning and infection prevention will help to reduce:

- the number of people infected (i.e., the extent of the outbreak),
- the amount of illness, the number of deaths,
- and the level of socio-economic disruption.

Every jurisdiction must be prepared to mobilize resources quickly and effectively to limit the impact of a pandemic.

1.1 DEFINITION

An Influenza Pandemic or a Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity among humans, the disease can spread easily from person to person. The World Health Organization has provided a template for tracking the unfolding of a pandemic outbreak that has been adopted by the Canadian and Ontario governments to guide their respective pandemic planning.

World Health Organization – Pandemic Template

Period	Phase	Description
Inter-pandemic Period	*Phase 1*	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	*Phase 3*	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	*Phase 6*	Increased and sustained transmission in general population.
Post-pandemic Period	*Phase 7*	Return to inter-pandemic period

Source: World Health Organization, 2005

1.2 About Influenza

Influenza is a contagious respiratory illness caused by a group of viruses: influenza A, B, and C. Most seasonal influenza epidemics are caused by types A and B; type C rarely causes human illness. Influenza can cause mild to severe illness. It usually starts suddenly.

Common symptoms include: fever (usually high, lasting 3 to 4 days); headache (often severe); aches and pains (often severe); fatigue and weakness (can last 2 to 3 weeks); extreme exhaustion (very common at the start); stuffy nose; sneezing, sore throat, chest discomfort and cough; and nausea, vomiting and diarrhoea (in children).

Many different illnesses, including the common cold, can have similar symptoms. While most healthy people recover from influenza without complications, some people – such as older people, young children, and people with certain health conditions – are at high risk for serious complications from influenza. Some of the complications caused by influenza include: pneumonia (bacterial or viral), dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. Children and adults may develop sinus problems and ear infections.

A highly infectious disease, influenza is *directly* transmitted from person to person primarily when people infected with influenza cough or sneeze, and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and possibly eyes of another person (i.e., droplet spread).

Droplets expelled during coughing or sneezing can be inhaled by someone who is within two metres of the coughing or sneezing person (short-range transmission). Because the virus in droplets can survive for 24 to 48 hours on hard non-porous surfaces, for 8 to 12 hours on cloth, paper and tissue, and for 5 minutes on hands, it can also be transmitted *indirectly* when people touch contaminated hands, surfaces and objects, and then touch their face (i.e., contact spread).

The incubation period for influenza is from 1 to 3 days. People with influenza may be able to transmit the virus for up to 24 hours before symptoms appear. Adults are infectious for 3 to 5 days after symptoms appear while children are infectious for up to 7 days after symptoms appear.

Case Definition for Influenza Like Illness (ILI) in the General Population

Acute onset of respiratory illness with fever and cough and with one or more of the following – sore throat, arthralgia, myalgia, or prostration, which could be due to influenza virus. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.
Source: Fluwatch (national case) definition for the 2006-2007 season Ontario Health Plan for an Influenza Pandemic August 2008 Chapter #1: Background 1- 2

A pandemic influenza is distinguished from seasonal influenza by its scope combined the ease and rapidity with which it is spread. Pandemic flu appears very similar to seasonal flu but spreads more quickly because people have little or no immunity to the pandemic virus. Seasonal flu typically affects the immuno-compromised but pandemic flu affects people across all age groups and health status. The death rate was highest among healthy adults during the pandemic outbreak of the early 1900's.

Ordinary (Seasonal) flu	Pandemic flu
Occurs every year	Occurs only 2-3 times per century
Typically emerges in November ending in April	Pandemic flu hits in 2 or 3 waves several months apart, each incident lasting for 2-3 months
Approximately 10% of people in Ontario contract the flu each year	It is expected that approximately 35% of Ontarian will contract pandemic flu over the course of an outbreak
Those who contract seasonal flu will recover within a couple of weeks	About half the people who get pandemic flu will get sick. Most will recover but it may take a long time. Some will not survive.
The immuno-compromised, the very young, the very old and people with certain chronic illness, are the most seriously affected by seasonal flu	Depending on the virus, people of any age or health status may become seriously ill depending on the virus
Up to 2,000 people in Ontario die each flu season due to complications from the flu such as, pneumonia	Ontario would see many more people infected and possibly more deaths
Annual flu shots are effective in protecting people from most flu strains	Vaccination development may be possible. At the onset of a new pandemic flu strain, there would be no existing vaccine for pandemic flu.
People may be treated with drugs combat flu	These same drugs may help those infected with the pandemic flu but the supply may not be enough to address all the cases and the effectiveness will not be known until the strain is identified

COVID -19

COVID-19 Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. COVID-19 is a novel coronavirus, a new strain that has not been previously identified in humans. On March 11, 2020, the WHO announced that COVID-19 is classified as a pandemic virus.

COVID-19 has spread around the world, affecting every country directly or indirectly. Its capacity for rapid spread and mutation means COVID-19 has sometimes overwhelmed even the most resilient health systems. As of July 2022, more than 4 million cases had been reported in Canada with a death rate of 42,253 and in Ontario specifically, more than 1.35 million cases had been reported with a death rate of 13, 527. The greatest population

experiencing deaths related to COVID-19 occur in individuals over the age of 65 years. Limiting transmission and incidences of cases and outbreaks is paramount to the well being of the Residents supported and their caregivers.

COMPARING COVID-19 AND INFLUENZA		
COMPARISONS	COVID-19	INFLUENZA
Disease Presentation	Generally respiratory in nature although GI symptoms may be prevalent and/or minor symptoms or no symptoms. Unique presentations include loss of taste and smell.	Generally respiratory in nature. GI symptoms may also be present. Sore throat is not uncommon along with general respiratory symptoms.
Transmission	Transmitted by contact, droplets and fomites.	Transmitted by contact, droplets and fomites.
Speed of Transmission	Longer incubation period therefore symptoms may be slower to present.	Shorter incubation period therefore faster presentation of symptoms.
Time between successive cases	On average 5 – 6 days apart	On average 3 days apart
Prevalence of severe disease	Higher than Influenza	Lower than COVID-19
Most at Risk Population for severe disease response	Older adults, those persons with underlying conditions and immunosuppressed.	Children, pregnant women, elderly, immunosuppressed and underlying conditions.
Mortality Rates	Higher than influenza (Between 3-4% of reported cases)	Lower than COVID-19 (Below 0.1% of reported cases)

(Source: World Health Organization March 2020)

2 Principles of Containment and Infection Control

2.1 Infection control assumptions

The principles of infection control for pandemic infections assume that pandemic infections have similar properties to influenza seasonal outbreaks and as such the following are assumed:

- Person to person spread of human influenza viruses is well established
- The patterns of transmission observed during the outbreaks of influenza in healthcare settings suggest that droplet and contact (direct and indirect) are the most important and most likely routes of spread and a known form of transmission for COVID-19.
- In the case of some pathogens, aerosols generated under specific circumstances may be associated with an increased risk of pathogen transmission. This may be more prevalent with COVID-19 and as such adherence to recommendations made from local Public Health Units, FLTCHA, 2021 and MOHLTC Guidance documents

will be resourced. While this may be possible for influenza, the consensus is that droplet and contact transmission are of far greater importance.

- Adults will usually be infectious for up to five days after symptoms begin although longer periods of virus shedding have been found.

- Virus excretion may be considerably longer in immuno-compromised residents.

- Based on the similarities of symptoms between seasonal influenza and COVID-19, enhanced environmental cleaning is required.

- Hand hygiene is a primary intervention to breaking the chain of transmission for viruses. Washing with soap and water, alcohol hand rub are key to infection prevention.

Assumptions for Pandemic Planning and Response

- A pandemic affects the entire health care system and the community. Hospitals, local public health units and other services will have limited capacity. Long Term Care Home may not be able to rely on the same level of support they receive now from other parts of the health care systems or from other community systems during an outbreak.

- This pandemic plan will be coordinated with the plan of other organizations in the community and local/regional pandemic plans and follow the most recent directives supported by the World Health Organization, MOHLTC guidance and Public Health.

- The number of health care workers may be reduced by as much as one third due to personal illness, concerns about transmission in the workplace and family/care-giving responsibilities.

- Usual source of supplies may be disrupted or unavailable.

- To meet community needs during a pandemic outbreak, resources – including staff, supplies and equipment, may have to be reassigned or shifted.

- Care protocols may change, and practices may have to be adapted.

- Long-term care homes will need effective ways to communicate with residents' family and friends to meet their needs for information but reduce the demands on staff.

A Guide to Influenza Pandemic Preparedness and Response in Long Term Care Homes
Emergency Management Unit,
Ministry of Health and Long-Term Care
December 2005

2.2 Principles of containment and infection control

Limiting transmission of pandemic viruses in the healthcare setting requires:

- Timely recognition of cases – screening & testing protocols in place specific to COVID-19.
- Instructing staff members with respiratory symptoms to stay at home and not come to work and being tested as appropriate to presentation of symptoms specific to COVID-19.
- Cohorting of staff as much as possible
- Consistently and correctly implementing appropriate infection control precautions to limit transmission (standard infection control principles and droplet precautions)
- Using personal protective equipment appropriately according to risk of exposure to the virus
- Maintaining separation in space and/or time between actively infected and non-infected residents – designated isolation rooms.
- Restricting access of visitors to the facility in accordance with applicable guidelines and legislation.
- Environmental cleaning and disinfection
- Educating staff, residents and visitors about transmission and prevention of infectious virus.
- Vaccinating residents and staff

3 Infection control precautions

3.1 Key points

- Standard infection control principles and droplet precautions must be used for residents with or suspected infection consistent with relevant IPAC guidelines.
- Good hand hygiene among staff and residents is vital for the protection of both parties.
- Good respiratory hygiene is essential.
- The use of PPE should be proportionate to the risk of contact with respiratory secretions and other body fluids and should depend on the type of work or procedure being undertaken and Point of Care Risk Assessment (PCRA) outcome.

3.2 Infection control precaution for pandemic influenza and/or COVID-19.

Standard infection control principles and droplet precautions must be used for residents with or suspected of having pandemic infection including any enhanced guidelines specific to COVID-19 as directed by MOHLTC guidelines, FLTCHA, 2021 and Public Health regulations. Standard infection control principles are a set of broad statements of good practice to minimize exposure to and transmission of a wide variety of micro-organisms. Standard principles should be applied by all practitioners to the care of all residents all the time.

3.3. Hand Hygiene

Hand hygiene is the single most important practice needed to reduce the transmission of infection in healthcare settings and is an essential element of standard infection control principles.

Hand hygiene includes hand washing with soap and water and thorough drying, and the use of alcohol-based products that do not require the use of water. If hands are visibly soiled or contaminated (for example, contaminated with respiratory secretions), they should be washed with

soap and water then dried. When using an alcohol hand rub, hands should be free of visible dirt and organic material.

Hands must be decontaminated immediately before each-and-every episode of direct care of or contact with residents and after any activity or contact that potentially result in hands being contaminated, including the removal of protective clothing and cleaning of equipment. Hands should be decontaminated between caring for different residents and between different care activities for the same patient, even if gloves have been worn. All staff, residents and visitors should clean their hands when entering and leaving areas where care is delivered.

3.4 Applying droplet precautions for pandemic influenza and/or COVID-19

In addition to standard infection control principles, droplet precautions should be used for a resident known or suspected to be infected with influenza, which is transmitted by droplets that can be generated by the resident during coughing, sneezing or talking and during some procedures.

3.4.1.Resident placement

- Ideally, resident(s) with influenza should be placed in single rooms, but during a pandemic, this will likely not be possible. Therefore, residents should be cohorted (grouped together with other residents who have the pandemic virus and no other infection), in a segregated room or area (unit) of the facility. Isolation rooms will be designated during an active pandemic for the purposes of supporting suspected or proven positive cases of either influenza or COVID-19.
- If residents must share rooms, privacy curtains will be used as separation barriers and the person sharing the room will be considered suspected positive and must remain in isolation for the duration of the infected co-resident and/or negative swab results specific to COVID-19 for both residents sharing a room.

3.4.2. Masks

- Masks must be always worn during work unless eating at which time, tables and spacing between co-workers must be a minimum of 2 meters apart.
- All residents are encouraged to wear masks in common areas during a pandemic
- In the absence of positive cases in the home, while a pandemic is declared, the home will follow MOHLTC guidance and Public Health regulations.

3.4.3 Resident transport

- The movement and transport of residents from their rooms or the cohorted area should be limited to essential purposes only
- If transport or movement is necessary, a mask should be worn during transport until the resident returns to their personal space.
- If a mask cannot be tolerated, then good respiratory hygiene must be encouraged.

3.5 Managing coughing and sneezing

Residents, staff, and visitors should be encouraged to minimize potential transmission through good hygiene measures:

- Cover nose and mouth with disposable, single-use tissues when sneezing, coughing, or wiping and blowing noses.
- Dispose of used tissues promptly in nearest waste bin.
- Wash hands after coughing, sneezing, using tissues or contact with respiratory secretions and contaminated objects.
- Keep hands away from the eyes, mouth, and nose.
- Some persons may need assistance with containment of respiratory secretions; those who are immobile will need a container (i.e. A plastic bag) readily at hand for immediate disposal of tissues and a supply of hand wipes and tissues.
- Where possible, in common waiting areas or during transport, coughing and sneezing residents should wear masks to minimize the spread of respiratory secretions and reduce environmental contamination.
- Follow all COVID-19 specific guidelines and regulations in regard to symptoms management inclusive of screening & testing protocols.

3.6 Personal protective equipment (PPE)

3.6.1 Overview

PPE is worn to protect staff from contamination with body fluids and to reduce the risk of transmission of infectious virus between residents and staff and from resident to another. Appropriate PPE for care of residents with pandemic influenza and/or COVID-19 is summarized in Table 1. Standard infection control principles always apply.

Table 1 Personal protective equipment for care of residents with pandemic influenza and/or COVID-19. Note: Given the similarities between influenza and COVID-19, PPE in cohorted and/or close residents contact may need to remain consistent with an assumption of high transmission and all treated as suspect positive in cohorted areas.

	Entry to cohorted area but no resident contact	Close resident contact (within two metre)
Hand hygiene	Yes	Yes
Gloves	Yes for direct interactions and cleaning	Yes
Isolation Gown	X	Yes
Surgical Mask	Yes	Yes
N95 mask	X	Based on PCRA or as directed
Eye protection	Yes	Based on PCRA or as directed

3.6.2 Eye protection

- Eye protection should be considered when there is a risk of contamination of the eyes by splashes and droplets, for example by blood, body fluids, secretions or excretions or as directed by MOHLTC guidance and Public Health.

- There should be an individual Point of Care Risk Assessment (PCRA) carried out at the time of providing care.

3.6.3 Masks

- Masks should be worn by healthcare workers for any close contact with residents (i.e. within two metres) and at all times in the presence of COVID-19 pandemic.
- Appropriate donning and doffing steps will be followed between residents as directed by Public Health guidelines.

3.6.4 Respirators

Fitting the respirator correctly is critically important for it to provide protection. Every user should fit be fit tested and trained in the use of the respirator. The initial fit test should be carried out by a trained fitter. A good fit can only be achieved if the area where the respirator seals against the skin is clean-shaven. Beards, long moustaches and stubble may cause leaks around the respirator. Other types of respiratory protective equipment (for example, powered hoods/helmets) are available and should be considered if a good fit cannot be achieved with disposable respirators. A powered respirator might be the only type suitable for some, for example someone who, perhaps for cultural reasons, prefers not to remove their beard.
N95 respirators should be replaced after each use and changed if breathing becomes difficult, the respirator becomes damaged or distorted, or obviously contaminated by respiratory secretions or other body fluids, or if a proper face fit cannot be maintained. Respirators should be disposed of as clinical (also known as infectious) waste.

3.6.5 Putting on and removing personal protective equipment

The level of PPE used will vary according to the procedure being carried out and the directives provided according to the infectious virus and as directed by the MOHLTC guidelines and directives and Public Health regulations. If full PPE is required, all staff in the room should wear the following PPE. The order given here is practical but the order for putting on is less critical than the order of removal:

1) Gown (or apron)
2) N95 respirator (or mask)
3) Goggles or face shield
4) Disposable gloves

PPE should be removed in an order that minimizes the potential for cross-contamination. Before leaving the area, gloves, gown and eye-goggles should be removed (in that order, where worn) and disposed of as per IPAC protocols. Guidance on the order of removal of PPE is as follows:

1. Gloves

Grasp the outside of the glove with the opposite gloved hand; peel off.
Hold the removed glove in the gloved hand.
Slide the fingers of the ungloved hand under the remaining glove at the wrist.
Peel the second glove off over the first glove and discard appropriately.

2. Gown

Unfasten or break ties.
Pull gown away from the neck and shoulders, touching the inside of the gown only
Turn the gown inside out, fold or roll into a bundle and discard.

3. Goggles or face shield

To remove, handle by headband or earpieces and discard or sanitize using anti-viral wipe appropriately.

4 Respirator or surgical mask

Untie or break bottom ties, followed by top ties or elastic. Remove by handling ties only and discard appropriately.

To minimize cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

CLEAN HANDS THOROUGHLY IMMEDIATELY AFTER REMOVING ALL PPE

3.7 Segregation and cohorting

- Cohorting of residents in segregated areas of the home should be carried out from the outset of the pandemic to help contain infection transmission within one part of the home and reduce the risk to other residents.
- A designated self-contained area, designated isolation room or wing of the home should be used for treatment and care of residents with pandemic influenza and/or COVID-19 whenever possible.
  This area should:
  - include a reception area that is separate from the rest of the home and should have, if feasible, a separate entrance/exit from the rest of the home
  - not be used as a thoroughfare by other residents, visitor, or staff, including patient transfers, staff going for meal breaks, and staff and visitors entering and exiting the building.
  - be separated from non-segregated areas by closed doors.
- To control entry, signage should be displayed warning of the segregated influenza area.

3.8 Visitors

- During a pandemic, visitors to all areas of the home will follow MOHLTC guidelines and Public Health regulations.
- Visitors with symptoms should not enter the Home and should be encouraged to return home and comply with appropriate testing protocols.
- All visitors entering a cohorted area must be instructed on PPE protocols and any applicable IPAC protocols.

4 Environmental infection control

4.1 Clinical and non-clinical waste

- No specific procedures beyond those required to conform with standard infection control principles are recommended for handling clinical waste (also known as infectious waste) and non-clinical waste that may be contaminated with virus.
- Waste generated within the clinical setting should be managed safely and effectively, with attention paid to disposal of items that have been contaminated with secretions/sputum (for example paper tissues and masks) in addition to other routine and domestic waste management.

4.2 Linen and laundry

- Both used and infected linen must be handled, transported and processed in a manner that prevents skin and mucous membrane exposures to staff, contamination of their clothing and the environment, and infection of other residents.

4.3 Staff uniforms

The appropriate use of PPE will protect uniforms from contamination in most circumstances. Although there is no conclusive evidence that uniforms pose a significant hazard in terms of spreading infection a theoretical risk exist because influenza virus has been shown to survive for short periods on soft fabrics. Therefore, during a pandemic:

- Healthcare workers should not travel to and from work and places of duty in uniform.
- The facility will provide a changing room or areas where staff can change into uniforms upon arrival at work.
- All staff are expected to change back into street clothes at the end of their shift prior to leaving the building.

4.4 Dishes and utensils

The combination of hot water and detergent used in dishwashers is sufficient to decontaminate dishes and eating utensils used by residents with influenza although disposable pates and cutlery may be considered and utilized for efficiency of service.

4.5 Environmental cleaning and disinfection

- Enhanced environmental cleaning and disinfection will be implemented according to MOHLTC guidelines and Public Health regulations.
- Frequently touched surfaces such as medical equipment, door handles and telephones should be cleaned at least twice daily and when known to be contaminated with secretions, excretions, or body fluids.
- Housekeeping staff should be allocated to specific areas and not moved between positive infectious and negative infectious areas.
- Housekeeping staff must be trained in correct methods of wearing PPE and precautions to take when cleaning cohorted areas. They should wear PPE according to directives specific to the infectious virus.

5 Occupational health and staff deployment

- Prompt recognition of cases of infections amongst healthcare workers is essential to limit the spread of the pandemic
- Healthcare workers with symptoms should not come to work as a general principle.
- Healthcare workers will follow the MOHLTC guidelines and directives, Public Health Regulations, Ministry of Labour legislation and the Home's internal immunization policy regarding influenza.
- Healthcare workers will follow the MOHLTC guidelines and directives, Public Health Regulations, Ministry of Labour legislation and the Home's internal immunization policy regarding COVID-19 and follow applicable Screening & Testing protocols specific to immunization status of the healthcare worker.
- Occupational health departments or providers should lead on the implementation of systems to monitor for illness and absence.
- Occupational health departments or providers should facilitate staff access to antiviral treatment where necessary and implement a vaccination program for the healthcare workforce when required
- As part of their employer's duty of care occupational health departments or providers have a role to play in ensuring that fit testing programs are in place for those who may need to wear N95 respirators.

POLICY

1. Planning for an Influenza and/or COVID-19 Pandemic:

   In our commitment to Resident and staff safety, will strive to:

   (i) Create and maintain a culture of safety within the organization;

   (ii) Reduce the spread of serious illness and overall deaths associated with a pandemic outbreak through appropriate management of service delivery system to minimize service disruption to clients/residents stemming from a pandemic,

   (iii) Create a work life and physical environment that affords staff the best protection possible while supporting the safe delivery of care/service;

   (iv) Improve the effectiveness and coordination of communication among all constituencies, including care/service providers and recipients, other suppliers of material resources and services, government agencies, and the community at large;

   (v) Maintain communication with significant others of residents to reassure and keep informed about the well-being of residents;

   (vi) Have contingency measures to address assurance of continued supply of essential material required for ongoing business operations and delivery of essential services; and

   (vii) Behave as a responsible corporate citizen where community health issues are concerned by coordinating with the implementation of national, provincial and local health systems pandemic plans.

2. An Ethically Sound Approach

   In the event of a pandemic we will act in accordance with policies that are reflective of sound ethical principles that are transparent, and comprehensible to all constituents.

3. A Strategic Approach:

   3.1 In congruence with **Ontario's Health Plan for an Influenza Pandemic** (**OHPIP**) and drawing from resources through The World Health Organization, our Pandemic Policies are based upon the following strategic approach:

   - Be ready

     To plan at the organizational level in anticipation of a pandemic.

     Maintain appropriate IPAC protocols and resources such as IPAC training and auditing, cohorting contingency planning, access and availability of PPE, staff contingency planning including surge capacity & readiness.

   - Be watchful

     To practice active baseline surveillance & testing as applicable and as per infection control policy to identify the earliest signs of a pandemic, and vigilant monitoring throughout the "Active Pandemic Period" inclusive of vigilant resident monitoring for early identification of symptoms consistent with infectious viruses.

   - Be decisive

     To manage the disease spread quickly and effectively with executable outbreak management operating procedures and established partnerships with MOHLTC, local hospital, local Ontario Health Team and Local Public Health unit.

- Be transparent

  To maintain communication with stakeholders through all phases of the pandemic.

3.2 All services/programs operated will be classified either as "Essential" or "Ancillary". All efforts will be made, including suspending operation of ancillary services/programs and diverting resources as necessary to maintain operation of essential services/programs.

4. Practice Implementation of the Influenza & COVID-19 Pandemic Response Plan on a Regular Basis

   Simulated implementation of all or selected elements of the Influenza Pandemic Response Plan will be conducted periodically, involving key management and other personnel, will be conducted regularly to ensure all are familiar with such policies and procedures.

Procedures:

1. An "**Influenza & COVID-19 Pandemic Planning Committee** (**IPPC**)" **or Outbreak Management Team (OMT)** as directed by the IPAC Lead will be convened in accordance with Policy will formulate and recommend to the Board of Directors (if applicable), Resident Council and Family Council (if applicable) for adoption, as well as regularly review and amend policies that will govern the action of the home in the event of a pandemic flu outbreak.

   1.1 In planning and formulating of policies and procedures, due attention will be given to ethical considerations that are consistent with our values, and congruent with current community standards.

   1.2 Existing infection control and reporting policies and procedures practiced across the organization will be referenced as the basis upon which to establish risk management and containment procedures pertaining to a pandemic flu outbreak context.

   1.3 Input from both management, community partners, Resident Council and Family Council (if applicable), and frontline staff will be considered in formulating all aspects of influenza pandemic policies and procedures.

   1.4 The IPPC or OMT is accountable through the IPAC Lead to the Administrator for the performance of such planning and review functions.

2. **An influenza or COVID-19 pandemic period/outbreak is deemed to be in effect** when the World Health Organization so declares and the Ministry of Health and Long-Term Care (MOHLTC) and/or local (public) health units as designated government agencies advice health services agencies to activate response measures.
3. **In response to a declared pandemic flu outbreak**, the IPAC Lead in conjunction with the Administrator or designate will authorize initiation of Pandemic Policies relevant to the type of pandemic as directed by the Ministry of Health Long Term Care, Ministry of Labour and local Public Health Unit in association with the local Ontario Health Team and as contained in relevant home policies and procedures.
4. The "**Influenza & COVID-19 Pandemic Response Command Team**" **or Outbreak Management Team (OMT)** will assume centralized oversight authority regarding both internal and external matters pertaining to the continued operation of all programs and services during an influenza pandemic.

5. Our responses to an influenza or COVID-19 pandemic will be **coordinated with broader systemic measures** coordinated by the government through the local (public) health units.
6. **Essential services** will maintain operations where human and material resources allow during the Active Pandemic Period.
7. **Priority** will be given to **allocating human and material resources to operate essential services**, even if such must be diverted from services/programs deemed to be ancillary.
8. **Ancillary services/programs** will be suspended to allow the necessary human and other resources to be diverted to sustain essential services.
9. Decisions regarding **suspension of ancillary services/programs and operational resumption** will be made by the Influenza & COVID-19 Pandemic Response Command Team or the OMT and regularly reviewed.
10. A declared **influenza pandemic period is deemed to be in effect** until WHO declares the pandemic is over, and the MOHLTC and local (public) health units issues an official government pronouncement to the contrary; If there were not clear consensus among government agencies, we shall abide by the instructions of the MOHLTC.
11. Until such time as government pronouncement signifies that the pandemic period is past, and the **post-pandemic period** is in effect, the Influenza Pandemic Policies and associated COVID-19 policies if applicable, will continue to be adhered to throughout the organization;
12. Upon entering the post-pandemic period, the "Influenza & COVID-19 Pandemic Response Command Team" or OMT will continue to provide direction for us as an organization, towards **resuming baseline operation, re-connecting with the broader resident/client community, and addressing any after effects** on staff, clients/residents, and the organization as a whole stemming from the influenza pandemic experience. The regular management structure will resume its command and direction role as soon as is feasible thereafter.
13. For purpose of organizational learning, a **comprehensive post influenza pandemic incident review** is to be conducted as soon as possible in the post-pandemic period to improve the readiness of the home in managing future challenges.
14. The IPAC Lead and supported by Corporate Consultants (if applicable) with the Influenza & COVID-19 Pandemic Response Command Team or OMT, will conduct with such other staff as might be necessary, an **annual table-top exercise to simulate responding to a pandemic flu outbreak** to:
    - Ensure awareness and familiarity with the policies and procedures.
    - Test specific aspects of the plan
    - Review and distribute results to all key individuals – e.g. external stakeholders such as the local PHU – and participating groups.

PANDEMIC RESPONSE

SURVEILLANCE, REPORTING, AND COMMUNICATION

PURPOSE:

Surveillance and Reporting

Surveillance is an essential component of any effective infection prevention and control program. *For pandemic flu & COVID-19(if applicable), management purposes, the goal is to ensure identification of potential or actual outbreak in its early stages so that control measures can be instituted as soon as possible to protect clients/residents and staff at the home*.
Health services providers are expected to keep local (public) health units i.e. PHU(s) apprised of all suspected outbreaks, and to cooperate with local system community response plans during an outbreak. In turn, it is expected that the PHU(s) will report outbreaks to the Public Health Division – Infectious Diseases Branch of the Ministry of Health and Long-Term Care (MOHLTC) for higher-level directives.

Communication

In the event of a flu or COVID -19 pandemic, it is essential that clear, accurate, and consistent communication be maintained, both:

- *Internally*, with
  - Board of Directors (if applicable), Residents, Family members and Consultants (if applicable)
  - Staff, and volunteers
  - Affiliated service-providers to the home i.e. physicians, rehabilitation therapists, and other health services providers
  - Students undergoing training at the home, and

- *Externally*, with
  - Government Agencies i.e. MOHLTC, and PHU(s)
  - Other health/social services providers e.g. local hospitals, other long-term care homes, Ontario Health Teams, and community support services agencies
  - Partner organizations e.g. universities, training programs,
  - Contractors, goods and services suppliers
  - News media, and
  - Community at large

During a pandemic flu or COVID-19 outbreak, people will be exposed, through various sources, to information and rumours about the spread and virility of the virus, which will fluctuate according to prevailing circumstances.

It is important that we, as an organization:

- Demonstrates both awareness of the potential for a pandemic, and capability to manage it;
- Maintains vigilance in surveillance/reporting of potential/actual pandemic flu or COVID-19 outbreaks;
- Coordinates information flow with the appropriate authorities;
- Communicates a business continuation plan; and,
- Provides clear, timely, and proactive advice to all stakeholders as events unfold

Communication, for the purpose of this policy, includes:

- Reporting to government to support health system surveillance integral to local and provincial pandemic plans;
- Managing information for purpose of providing essential care, support, and reassurance to clients/residents
- Supporting staff and affiliated services providers by meeting their need for accurate information; and,
- Informing clients/residents, their families, and the public where appropriate and necessary

POLICY

1 Surveillance and Reporting

Normally, we will

1.1 Monitor flu or COVID-19 outbreak indicators as per established policies and procedures for baseline-infection-control practice and as directed by Ministry of Health Long Term Care, FLTCA, 2021 and the local Public Health Unit.

1.2 Have an internal reporting protocol for staff to notify infection control practitioners 24 hours a day, 7 days a week, if an outbreak is suspected.

1.3 Have an external reporting protocol for each facility to notify the corresponding Public Health Unit 24 hours a day, 7 days a week, if an outbreak is suspected.

1.4 Regularly review and reinforce practice of such a protocol with all staff.

In the event of heightened alert level during the Inter-pandemic Period, and during the Pandemic Period, we will

1.5 Switch to monitoring of such other indicators as might be specific to an anticipated pandemic flu or COVID-19 outbreak issued by the World Health Organization and local Public Health Unit.

1.6 Participate in local health system communication/liaison forums to keep apprised of risks, warning signs, and progresses associated with anticipated/actual pandemic flu or COVID-19 outbreaks.

2. Activation of Influenza & COVID-19 Pandemic Plan

We have specific protocol for activating control, staff deployment, communication, and other elements of a business continuation plan in response to an influenza or COVID-19 pandemic.

3. Communication

3.1 This Influenza Pandemic Policy supplements home's policy – *Communication with News Media*, and addresses releasing of information and making announcement to the news media and other parties of interest. It is designed to ensure useful, consistent, and clear flow of accurate information during an influenza pandemic.

3.2 To ensure useful, consistent, and clear flow of accurate information in the context of Influenza or COVID-19 Pandemic Response:

3.2.1 A centralized communication protocol will coordinate all communication activities associated with pandemic flu response undertaken across the home.

3.2.2 A current listing of tenants and other users of the premises will be maintained to facilitate communication.

3.2.3 Designated members of an "Influenza & COVID-19 Pandemic Response Command Team" or OMT will manage communication with external parties such as government agencies, other health care organizations, the news media, and the broader community.

3.2.4 Specific communication channels will be established within the home organization to provide timely and relevant information during an influenza or COVID-19 pandemic to internal stakeholders.

3.3 The Home's Privacy Policies apply in matters of communication regarding identifiable personal and personal health information even during a flu or COVID-19 pandemic, except when privacy policy parameters for specific acts of information collection and disclosure are explicitly waived, and when so instructed to by the government, for the purpose of protecting the health and safety of stakeholders, and the interest/benefit of the wider community.

3.4 All employees, affiliated service providers, and volunteers are informed of their expected and/or alternate roles/responsibilities in the event of an influenza or COVID-19 pandemic.

PROCEDURES

1. Surveillance and Reporting

1.1 Until such time as a pandemic flu or COVID-19 outbreak is declared, or if heightening alert is advised by the local Public Health Unit during the Inter-pandemic Period, existing infection control policies apply.

1.1 When advised to by the local Public Health Unit to enact Influenza Pandemic Response Policies and/or other extraordinary anticipatory surveillance measures, the IPAC lead in collaboration with the Administrator or designate will inform staff as to specific flu or COVID-19 outbreak indicators to monitor for surveillance purposes.

1.2 Responsibility for linkage with external information sources

During the Inter-Pandemic Period, individual managers participating in external forums concerned with Pandemic Flu preparation will monitor system wide pandemic alert level and other relevant information, and report to Senior Management of the home to facilitate response planning and readiness review.

1.3 Responsibility for internal surveillance

1.3.1 The designated IPAC Lead is responsible for surveillance and outbreak management activities as per infection control policies.

1.3.2 In the absence of the IPAC Lead, including during weekends and holiday periods, the Director of Resident Care or his/her designate will be responsible for these functions.

1.4 Target Groups for Surveillance

Surveillance extends to: clients/residents; staff, students and volunteers; as well as families of clients/residents, and other visitors to the premises.

1.4.1 LTCH resident's surveillance and reporting

Continuous surveillance will establish baseline levels of infection throughout the year. Infection rates above the baseline will be taken as indicative of a seasonal influenza or COVID-19 outbreak or the arrival of the pandemic strain.

1.4.1.1 The surveillance program will be enhanced when influenza or COVID-19 activity is reported in the community, and when specific instructions are issued by local Public Health Unit. The home will increase surveillance protocols at their discretion, mitigating the risk of infection with the needs of the residents.

1.4.1.2 The surveillance program will include:

- Strategies that reflect community disease prevalence and the unique epidemiology of infection in long-term care.
- Such measures as are already addressed in existing infection control policies, including but not limited to:
  - Screening of all new admissions in accordance with general infection control principles
  - Ongoing assessment of residents for signs and symptoms for acute infection cluster(s).
  - Monitoring for outbreaks during off peak activity time periods (e.g., weekends, holidays).
  - Implementation of COVID-19 specific protocols and surveillance practices as indicated.
- Identifying sentinel events and trends.
- Analysis of surveillance data by the IPAC Lead which will be used to trigger actions to reduce or eliminate disease transmission.
- Implementing such other specific directives if/when required and available from local PHU(s), MOHLTC, senior management or Head Office Consultants.

1.4.1.3 All direct care staff will be aware of the symptoms of respiratory illness, the criteria for a suspected and confirmed outbreak, and the procedures for reporting to the ICP.

1.4.1.4 Whenever there are clusters (as defined by the local PHU) of acute respiratory tract illness within 48 hours on a LTCH resident care unit, an "outbreak alert" is triggered and tests will be done to determine the causative organism as appropriate. (Note: During an influenza or COVID-19 pandemic, lab testing through accustomed channels to confirm a diagnosis might not be feasible. In that event, the OHPIP section on Laboratory Services is to be referenced.)

1.4.2 Staff, support workers, student and volunteer surveillance and reporting

1.4.2.1 Acute infection clusters among staff, support workers, students and volunteers are screened for throughout the year.

1.4.2.2 Staff, support workers, students, volunteers

- Are made aware of early signs and symptoms of acute infections suggestive of influenza
- Ill with such acute infections is not to come into work. Appropriate attendance management policy is in place to support this expectation.

This rule may be amended during a pandemic when infection is pervasive in the community, and the need for care providers to dependent clients/residents is desperate.

1.4.2.3 Staff, support workers, students and volunteers are expected to report acute infections to their supervisor, who will inform the IPAC Lead, and Occupational Health & Safety (OHS) Manager (if applicable) of cases/clusters of employees/contract staff/volunteers who are absent from work for 72 hours with acute infections.

1.4.2.4 The IPAC Lead

- Will provide advice to the Influenza & COVID-19 Pandemic Response Command Team or OMT during the Pandemic Period.
- Will, in conjunction with the OHS Manager (if applicable),
  - Monitor impact of a pandemic flu outbreak on staff;
  - Assist with developing and delivering education, information, and training for staff as necessary; and.
  - Report to the Workers Safety and Insurance Board (WSIB) as appropriate

1.4.2.5 External Reporting of acute infections

The IPAC Lead will report clusters of acute infections in staff, support workers, students, or volunteers to the PHU, and alert the OHS Manager (if applicable) to any possible break in infection control procedures and occupational risk to workers. Staff involved with infection control and OHS will work together to protect worker health and safety in the context of a pandemic flu or COVID-19 outbreak.

1.5.3.6 Internal Reporting requirements for acute infections include:

- Staff, students, or volunteers reporting their condition, through their supervisor, to the IPAC Lead, OHS Manager (if applicable) or delegate. In the event of a COVID-19 outbreak, surveillance and testing will be required for all persons entering the home except for those exempted as defined in the most up to date Ministry of Health Long Term Care directive.
- Volunteers reporting through Activity Coordinator to the IPAC Lead.

- IPAC Lead alerting the OHS Manager (if applicable) about any clusters of acute infections in clients/residents so that the OHS Manager (if applicable) can monitor potential impact on staff.
- IPAC Lead alerting the OHS Manager (if applicable) about any clusters of acute infections in staff and volunteers so the OHS Manager (if applicable) can monitor impact.
- As employer, reporting to the Joint Health and Safety Committee any occupationally acquired acute infection.
- Reporting, any occupationally acquired infection to the Ministry of Labour (for investigation) and to the WSIB within 72 hours.

1.4.3 Family members, visitor's surveillance, and reporting

- Instructions are posted for anyone entering or carrying on activities on the premises – e.g. family members and friends of clients/residents, contractors – to self-screen for symptoms of acute infections each time they enter. In the event of a COVID-19 outbreak, surveillance and testing will be required for all persons entering the home except for those exempted as defined in the most up to date Ministry of Health Long Term Care directive.

1.4.3.1

Signs and hand hygiene stations are located at all entrances instructing all visitors to: perform hand hygiene, self-screen for symptoms of acute infections (e.g. new cough, new shortness of breath, fever), and not enter if they have such symptoms. Third party screening will be present in the event of a COVID-19 outbreak.

1.4.3.2 Signs are posted asking all family members and visitors to sign in and out, so that a record is maintained of who has been in a facility in the event of an outbreak.

1.5 The IPAC Lead will report any potential or declared acute infection outbreak, internally and externally, in accordance with existing Infection Control Policies.

2. Activation of Influenza Pandemic Policies

2.1 Notification received by the IPAC Lead in conjunction with the Administrator or designate, from the relevant government agency – usually a PHU – is the trigger event for activating the Influenza Pandemic Policies mandated procedures targeting the Pandemic Period.

2.2 Normally, only the Administrator is empowered to activate these procedures. If s/he is unavailable when the flu or COVID-19 pandemic is declared, a designated alternate in order of the cascade described below is authorized to activate these policies.

Cascade of Officers authorized to activate the Influenza Pandemic Policies

Primary	Administrator
First Alternate	IPAC Lead
Second Alternate	Director of Care/Acting Director of Care

2.3 The Influenza & COVID-19 Pandemic Response Command Team (IPRCT) or Outbreak Management Team (OMT)

2.3.1 Team composition

A pre-identified IPRCT or OMT, comprised of managers with key responsibilities, will form a cabinet to assist the IPAC Lead in conjunction with the Administrator or the designated alternate, in managing operations of the home during the Pandemic Period.

Influenza Pandemic Response Command Team or Outbreak Management Team

Role	Scope of Responsibility
IPAC Lead & Administrator	1. Liase with Head Office Consultants (if applicable) to ensure corporate and facility strategic decisions regarding all aspects of operations, including but not limited to: ▪ Curtailing service scope and level; ▪ Re-deploying staff and other resources. 2. Liaise with government departments/agencies other than Local PHU(s). 3. Serve as spokesperson with respect to: ▪ The News Media; and, ▪ The Community at Large. 4. Authorize cessation of Influenza Pandemic Response Policies implementation, once the Post-pandemic Period is declared by the appropriate government authority.
IPAC Lead	1. Liaise with the local PHU. 2. Liaise with local health & social services as necessary. 3. Manage operation of each centre during the Pandemic Period
Medical Advisory Physician	1. Maintain contact with centre medical directors, and physicians throughout the Pandemic Period. 2. Manage, in consultation with the Coordinators for Local Centre Operations, essential medical coverage for essential service programs during the Pandemic Period. 3. Liaise with such external medical practitioners as might be necessary during the Pandemic Period. 4. Assist the Officer in Command, and Coordinator for Pandemic Intelligence and Planning, with respect to: • Keeping pace with and interpreting emerging medical information through the Pandemic Period; • Reassuring internal and external stakeholders 5. Assist Coordinators for Local Centre Operation in consulting with local PHU(s) and other relevant health services.
IPAC Lead	1. Monitor and compile information available from government departments/agencies, and other credible sources (e.g. WHO) during the Pandemic Period. 2. Develop the most credible intelligence on the status of the pandemic flu outbreak, community response, and advice the Officer in Command on continued strategizing, and composition of communiqué to stakeholders.
Head Office +/or Administrative Office	1. Coordinate arrangements to optimize organizational capacity for continued operation as prescribed in the Business Continuation Policy

– Finance & Information System	2. Maintain communication with contractors, and suppliers of essential goods and services, during the Pandemic Period to secure the best availability of such resources to the home to sustain operation of essential service programs. 3. Optimize telecommunication and information system operation at the home during the Pandemic Period.
Project Manager +/or Administrator – Human Resource Mobilization	1. Coordinate implementation of the Human Resource and Staff Deployment Policy 2. Coordinate with universities, colleges, and other training programs to manage practicum students as a resource during the Pandemic Period. 3. Coordinate volunteers as might be available to supplement staff resources required to maintain essential the home services.
Office Manager/MDS RAI Coordinator Recorder	1. Design/Refine a documentary system, during the Inter-pandemic Period, for record organizational decisions, and major actions taken to sustain the home operations during the Pandemic Period. 2. Oversee daily entry of information into documentary system during the Pandemic Period. Facilitate after-event review and quality improvement initiatives in the Post-pandemic Period as per direction of CEO.
Officer at Large **Corporate Consultants**	1. Provide advice to the Officer in Command. 2. Support other IPRCT members where specific assistance is required. Undertake such previously unspecified role(s) as might arise, at the designation of the Officer in Command.

2.3.2 When a designated primary manager is unavailable or unable, to continue to perform an IPRCT or OMT role, an alternate manager will be mobilized to do so. The cascades of primary/alternate IPRCT or OMT members are listed as follows:

Influenza Pandemic Response Command Team or Outbreak Management Team

Role	Cascade of Officers to Assume Designated Roles
Officer in Command	▪ IPAC Lead in conjunction with Administrator (Primary) ▪ Director of Resident Care (1st alternate) ▪ Acting Director of Care (2nd alternate)
Coordinator – Medical Services	▪ Medical Director – The home Centre (Primary) ▪ Medical Officer of Health (1st alternate)
Coordinator – Pandemic Intelligence and Planning	▪ IPAC Lead (Primary) ▪ Director of Care (1st alternate) ▪ Acting Director of Resident Care (2nd alternate)
Coordinator – Finance & Information System	▪ Chief Finance Officer (Primary) ▪ Manager, Accounting (1st alternate)
Coordinator – Human Resource Mobilization	▪ Project Manager +/or Administrator (Primary) ▪ MDS RAI Coordinator (1st alternate)
Recorder	• MDS RAI Coordinator (Primary) • Office Manager (1st alternate)
Officers at large	▪ IPAC Lead

2.3.3 Other Ad Hoc IPRCT or OMT members will be appointed to replace those who succumb to the flu or COVID-19 during the Pandemic Period, and as need for further assistance to the IPRCT arises.

2.3.4 During the Inter-pandemic Period, the Primary and Alternates for each described IPRCT or OMT role will have conferred and devised a basic operating plan by which to discharge their assigned functions once a pandemic flu or COVID-19 outbreak is declared.

2.3.5 Convening the IPRCT or OMT

The IPRCT Team will be activated at the call of the IPAC Lead in conjunction with the Administrator, or designated Alternate, once a pandemic flu or COVID-19 outbreak is declared by the local PHU, presumably in response to the World Health Organization doing so.

2.3.5.1 IPRCT or OMT members will be summoned via all communications means available to report to the Officer in Command. *A teleconference with the Officer in Command and as many IPRCT or OMT members as can be reached will be convened ASAP initiate appropriate procedures* contained in policies

2.3.5.2 During the Inter-pandemic Period, the Project Manager and Office Manager will have prepared and kept current staff contact lists. These will be made available to other IPRCT or OMT members with which to call in such staff as might be necessary upon activation of the Influenza Pandemic Response Policies by the Officer in Command.

2.3.5.3 IPRCT or OMT members will utilize such lists to call in such staff as is necessary in each of the area for which they are responsible, in accordance with provisions of the Pandemic (Flu) Policies – Business Continuation Plan, and Human Resource and Staff Deployment.

2.3.5.4 Having been convened, among the first orders of business, the IPRCT or OMT will develop and issue, as quickly as possible, a concise and clear announcement about the Pandemic Period having been declared and the home Influenza Pandemic Response Policies being activated both to inform and to reassure internal stakeholders.

2.4 A Centralized-Coordinated Influenza Pandemic Response

2.4.1 A virtual command centre may be required:

2.4.1.1 Requirement for local decision making, and the desirability of dispersing the IPRCT or OMT to minimize risk of multiple key managers being exposed to the same risk of infection, dictates for the IPRCT or OMT to operate, scattered. Gatherings in face-to-face meeting will be kept to a minimum.

2.4.1.2 Most IPRCT or OMT members will operate from their own local centre offices as bases of operation. Some exceptions will be necessary to protect role succession viability:

2.4.2 Centralized-Coordinated command using telecommunication technology

The IPAC Lead will coordinate actions and maintain ongoing and regular contact with the virtual Command Centre (if applicable) using available telecommunication channel(s).

2.4.2.1 Dedicated IPRCT or OMT teleconference code may be considered

The Administrator may pre-designate a *dedicated conference call code* with which the IPRCT or OMT will conduct regular and urgent teleconferences during the Pandemic Period.

2.4.2.2 E-mail

For as long as is available, the internal e-mail system will continue to be utilized. A specific e-mail *"Outbreak Notification"* will be pre-designated for exclusive communication use among the IPRCT or OMT during the Pandemic Period to signify communication concerning specifically related business.

2.4.2.3 Regular telephone line, teleconferencing and web-based meeting forums such as Zoom, Team Meetings etc.

2.4.2.3.1 Use of regular telephone lines will continue to be relied upon for as long as they remain operational throughout the Pandemic Period.

2.4.2.3.2 The IPRCT or OMT, initiated by the IPAC lead will teleconference daily through one of the communication vehicles listed above and provide updates on the operational status of key functional area (e.g., human resource availability, essential supplies inventory, incidence morbidity and mortality rates), and to review and implement required directives as indicated.

2.5 The IPAC Lead in conjunction with the Administrator is responsible for de-commissioning the IPRCT or OMT and deactivating the Influenza Pandemic Response Policies at a suitable time, after the government and local PHU(s) have declared the Pandemic Period to conclude and that a Post-pandemic Period is in effect, and instructions for the home to resume baseline operating and management practices.

3. Communication

2.1 Activating External Linkages as The Pandemic Period is Declared

2.1.1 Establishing linkage with government departments and agencies other than local PHU(s)

2.1.1.1 The IPAC Lead in conjunction with the Administrator will contact the appropriate contact government and other public officials to identify him/herself as the designated coordinator of communication for the home for the duration of the Pandemic Period.

2.1.1.2 Other staff already involved with community forums concerned with pandemic flu or COVID-19 response preparation and liaison will maintain such contacts, and channel information available to the IPAC Lead where required.

2.1.2 Establishing linkage with Local PHU(s)

Upon activation of the IPRCT or OMT, the IPAC Lead will contact the local PHU to identify themselves as the authorized home representative, for purposes of communication as regards the pandemic.

2.1.3 Establishing linkage with other Key External Contacts

2.1.3.1 The IPAC Lead in conjunction with Departmental Managers will contact relevant local partner organizations, and external stakeholders e.g. hospitals, to identify themselves as the contact persons on behalf of the home for purposes of local communication during the Pandemic Period.

2.1.3.2 The Administrator and Head Office Consultants will contact contractors and suppliers, of essential services and material, to activate pre-established supply chain arrangements, if any, and negotiate for others to ensure continued delivery of such goods and services as might be feasible during the Pandemic Period.

2.2 External communication protocol

2.2.1 The IPAC Lead in conjunction with the Administrator will consult with IPRCT or OMT members as necessary to decide on specific information to be released to relevant external parties.

2.2.2 To ensure information about operations, pandemic management, and health status of the home clients/residents is accurately/consistently communicated to external stakeholders with legitimate interest, specific Communication Leads are designated for respective stakeholder groups.

See Procedure 2.3.2 above for the specific IPRCT or OMT member designated to liaise, communicate, and coordinate with each category of external stakeholders, and their intended alternates.

2.2.3 To inform and reassure external stakeholders and the community at large about the status of a pandemic flu or COVID-19 outbreak and the home's response:

2.2.3.1 A specific location on the home Website will have been pre-designated as one channel by which to broadcast official announcements.

Communication channels are to be activated by the IPAC Lead in conjunction with the Administrator or designate. Only she can approve specific communiqués for posting on these channels.

2.2.4 Communication with News Media

The home Policy on Communication will apply during the Pandemic Period. Essentially, only the Administrator or Alternate, is authorized to speak with the News Media on behalf of the home, including that pertaining to a pandemic flu or COVID-19 outbreak.

2.2.5 Communication with other External Stakeholders

Whence the primary and alternate IPRCT or OMT members responsible for communicating with a category of external stakeholders are no longer available, the Administrator will appoint replacement Alternates.

Where no other IPRCT or OMT member has been pre-designated, the Administrator or delegate will be the authorized speaker on behalf of the home.

2.3 Internal communication protocol

2.3.1 During the Inter-pandemic Period, updates on influenza or COVID-19 pandemic planning at the home will be communicated to all internal stakeholders through such channels as regular General Staff Meetings, Email broadcasts, the home Communication Book, ad hoc meetings with LTC residents, and such other means as might be deemed appropriate by the Administrator.

2.3.2 During the Pandemic Period, the Administrator will consult with the IPRCT or OMT as necessary and appropriate to prepare up-to-date information on the status of operation across the home for proactive sharing with all internal stakeholders with a view to providing the most timely, comprehensive, and useful information for all concerned.

2.3.3 To ensure information about operations, pandemic flu management, and health status of residents are accurately and consistently communicated to internal stakeholders, constituency specific Communication Leads have been designated. (See Procedure 3.3.4 below)

2.3.4 Designated internal Communication Leads:

Constituencies	Communication Lead	
▪ **LTCH Residents, Family and Staff** ▪ **Affiliated Health Services Providers** ▪ **Students, Volunteers**	▪ Administrator ▪ Director of Care	(Primary) (Alternate)
Corporate Staff	▪ Chief Executive Officer ▪ Chief Operating Officer	(Primary) (Alternate)
Medical Services	▪ Medical Director, and ▪ Alternative Medical Director ▪ Director of Care	(Primary) (Secondary (Alternate)

2.3.5 Official announcements pertaining to a pandemic flu or COVID-19 outbreak, and the operational status of the home

2.3.5.1 Such information will be posted on a pre-established Intranet and voice mailboxes to keep staff and other internal stakeholders informed.

2.3.5.2 Only the Administrator can approve specific communiqués for posting onto and removal from this channel.

2.3.6 In addition to proactive communication on the part of the organization, internal stakeholders can also address specific query to the designated Communication Lead for their area. The latter will provide such information as is available or refer to the Administrator

2.4 This communication plan, once implemented, will stay in effect until the Post-pandemic Period is declared by the relevant authority, and the IPRCT or OMT is disbanded at the instruction of the Administrator.

Note: Portions of this policy has been reproduced or paraphrased from the document *A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes* (2005) produced by the MOHLTC-Emergency Management Unit.

Pandemic Response

Containment
and
Risk Reduction

PURPOSE:

In the event an anticipated or actual influenza or COVID -19 pandemic outbreak is declared by the responsible government agency, {e.g. the Local Public Health Unit (PHU)} a specifically pre-determined Influenza Pandemic Response Plan will be activated to:

- Reduce the risk of the flu or COVID-19 infiltrating for as long as possible, and
- Contain the infection as much as possible if/when residents, employees, and/or affiliates of the home are involved.

These policies and procedures consist of measures to be implemented during both the Inter-pandemic Period, and the Pandemic Period throughout the home to minimize the potential and actual impacts that a flu pandemic might have on the functioning of the organization and on associated constituencies.

These policies address:

1. Preparing staff with knowledge about the pandemic flu or COVID-19, so as to avert/minimize panic responses to an outbreak;
2. Meeting staff need for credible information with which to reassure clients/residents;
3. Maintaining staff awareness and familiarity with infection control procedures relevant to a pandemic outbreak;
4. Putting in place extraordinary measures to keep infection contained and isolated when/where it occurs; and,
5. Reduce the risk of infection to residents in the care and to staff continuing to provide care for them, so that essential services can continue to be delivered during high-risk periods.

POLICY

In order to reduce the risk of flu or COVID-19 and contain infection spread once a pandemic flu or COVID-19 outbreak is in effect,

1. Prophylactic immunization against the annual flu is to be promoted as a baseline measure. Mandatory vaccination protocols for COVID-19 will be enforced.
2. Training in infection control, safe practice, and protective equipment are to be provided for staff to enable their continued performance of client/resident care functions during the Pandemic Period while having the best protection possible against contracting and spreading the pandemic flu or COVID-19. Clients/Residents and their family members will be provided with education/information about the nature of a pandemic flu or COVID-19, what to expect as a service provider, and prudent preparatory measures against the potential impact of a pandemic flu or COVID-19 outbreak.
3. Graduated implementation of containment responses appropriate to the presenting risk of the pandemic flu or COVID-19 spreading over time is to be activated, including:
    - Increasingly stringent Infection control and cleaning procedures, beyond that specified in Infection Control policies when advised or prescribed by the local PHU(s);
    - Specific senior managers being held responsible for maintaining infection control;
    - Cohorting residents and staff to contain local outbreak, and reduce the risk of infection
    - Heightening control of visitor traffic, up to and including stoppage of all but specifically authorized visitors from entering the premises; and

- Restricting access to physical site(s) where necessary.
- Requiring staff to refrain from working in multiple healthcare facilities.
- Following all other directives specific to the outbreak definition as indicated by the Ministry of Health Long Term Care and the local Public Health Unit.

4. Essential/priority services to maintain, and others to curtail during the Pandemic Period as a part of the Influenza Pandemic Response Policy *Business Continuation* to facilitate containment and reduce the risk of the pandemic flu or COVID-19 spreading is to be pre-defined.
5. Priority staff groups for antiviral and vaccination administration in the event of insufficient supplies during the earlier phase of the outbreak will have been established to maintain a level of care necessary to ensure the best survival chances for the greatest number of clients/resident's dependent on essential services. Reference will be made to applicable government policy where possible.
6. Vaccines, antivirals, and other treatment as available will be provided to clients/residents in accordance with availability, sound ethical principles, and the aim of optimizing survival chances. Reference will be made to pre-secured advance directives where available
7. Appropriate internal and external capacities will have been arranged to cope with inevitable resident fatality in the event of a pandemic outbreak.
8. Further extraordinary responsive containment and risk reduction measures to counter unanticipated challenges will be devised as the need presents itself.

PROCEDURES

1. Promoting Immunization Against the Flu or COVID-19

1.1 To staff/Volunteers/students:

1.1.1 Information about flu or COVID-19 risk and the impact of an outbreak on themselves and clients/residents receiving care is profiled each year.

1.1.2 Encouragement for vaccination as protection against the annual flu is promoted to all staff/Volunteers/students prior to the onset of flu season and as required. Review of mandatory COVID-19 vaccination policy is promoted to all staff/Volunteers/students and essential caregivers annually and as needed.

1.1.3 Maintain an annual flu and COVID-19 vaccination record of residents/staff/student/volunteer(s) and essential caregivers to inform deployment decisions in response to a pandemic flu or COVID-19 outbreak.

1.1.4 IPAC Lead will facilitate vaccination promotion do for all groups.

1.2 To clients/residents:

1.2.1 Vaccinations against the annual flu, pneumococcal infection and COVID-19 are promoted and provided each year in conjunction with preventative campaigns launched by the local PHU.

1.2.2 Booster doses of pneumococcal vaccine are given to high risk-residents as appropriate. COVID-19 vaccinations and booster doses are made available to residents who have not received on admission and/or as indicated by local Public Health guidelines.

1.2.3 Proper consent is secured from client/resident, or substitute decision maker before vaccination is given.

2. Educating and Training, Protection, and Role Adaptation during A Pandemic

2.1 Influenza & COVID-19 Pandemic Education

2.1.1 Accurate information about the nature and risks associated with a pandemic flu & COVID-19, and the Influenza Pandemic Response policies and procedures will be provided at orientation for those newly joining the organization as staff, volunteer, or student to establish baseline awareness, annually thereafter and as required. Training & education will also be provided to residents, essential caregivers and visitors at a minimum annually and as required.

2.1.2 Ongoing education will be provided to maintain incumbent staff/volunteer/student/essential caregivers/residents and families as needed with applicable Influenza Pandemic Response policies and procedures.

2.1.3 Once the Influenza Pandemic Response Plan is activated, the IPRCT will assume responsibility for determining information and supplementary training needs required to support staff/volunteers/students in delivering essential services, and arrange for such needs to be met.

2.2 Protection of Staff/Volunteers/Students/Essential Caregivers/Support Workers

2.2.1 Infection control best practice with which to continue working during a Pandemic Period will be reinforced through in-service training initiatives to be implemented in the Inter-pandemic Period.

2.2.2 Appropriate protective equipment, as recommended by relevant government departments, including masks, goggles, gowns, gloves, and others will be stocked as per Policy, and issued to staff requiring their use once a pandemic outbreak is declared

2.2.3 All employees are fit tested, where necessary, for appropriate protective masks, and a record of the recommended fit for everyone is maintained as part of their personnel records in the Human Resources Department. All fit-tested employees are trained to seal test masks upon donning.

2.2.4 Training in donning and removal of personal protective equipment is routinely provided at orientation for staff, annually for all and as required.

2.3 Role Adaptation

2.3.1 Where job role adaptation is required due to constrained human resources availability during a pandemic flu or COVID-19 outbreak, staff/volunteers/students/essential caregivers will be provided with the necessary training to enable continued delivery of essential services.

2.3.2 During the Inter-pandemic Period, managers will develop quick training protocols, and be ready to implement them, to facilitate staff diverted from

other areas to supplement incumbent staff of each functional area depleted during the pandemic flu crisis.

2.3.3 During the Inter-pandemic Period, managers will develop Job action sheets and other training/education material relevant to specific functional roles that might need to be covered by otherwise untrained staff.

3. Enforcing Containment for Infection Control during The Pandemic Period

3.1 Adjusted cleaning and sterilization procedures consistent with extraordinary infection control practice prescribed by local PHU(s) will be activated and sustained through the Pandemic Period.

3.2 The IPAC Lead will supervise implementation of infection control measures and make regular status reports through the Influenza & COVID-19 Pandemic Response Control Team (IPRCT) or OMT during the Pandemic Period.

3.3 Clients/Residents having succumbed to the pandemic flu or COVID-19 will be cared for in their resident care unit of origin, and only cohorted for care in pre-designated resident care area if necessary or in the presence of COVID-19. Where appropriate, care for these residents will be provided by specific cohorts of staff who will only work in such areas to minimize the risk of the infection spreading to other parts of the home.

3.4 The home has space (e.g. lounges, activity rooms) earmarked for temporary conversion to resident care areas for purpose of containment and infection control when necessary. The home has designated isolation rooms.

3.5 Environmental processes to manage containment in the event of a pandemic flu or COVID-19 outbreak will include:

3.5.1 Controlling entrances/exits through use of signage, access cards;

3.5.2 Staffed stations at designated entrances for visitor screening, and access control – including verifying proof of identity of employees, affiliated service providers, volunteers and students; screening visitors for previous attendance at other high infection risk locations prior to visiting, and other means deemed necessary;

3.5.3 Contracting for security personnel services if deemed necessary by the IPRCT or OMT.

3.5.4 Staging test(s) of some or all such controls to restrict access, annually, for continuous quality improvement purposes.

3.6 Managing Personnel and Material Traffic Premises:

3.6.1 The IPAC Lead in conjunction with the Administrator and with the Facility Manager and other management staff will pre-designate movement routes within the facility to manage personnel and material traffic during the Pandemic Period so to minimize risk of cross contamination between areas used to house residents with symptoms suggestive of the pandemic flu and presumably flu free areas.

3.6.2 Internal traffic flow charts have been prepared and stored by Facility Managers ready for posting, and distribution to staff involved with moving of supplies once the Influenza Pandemic Response Plan is activated.

3.6.3 The IPAC Lead in conjunction with the Administrator and their respective management team will develop a logistics plan for managing, during the Pandemic Period:

- Uninterrupted ambulance flow to and from the facility;
- Access and egress control of authorized vehicles carrying supplies and equipment to a dock area;
- Authorized vehicle parking;
- Direction for authorized personnel and visitors to proper entrances;
- Families of residents, and other personnel converging on the facility;
- Anticipated increases in visitors and curious onlookers seeking to gain entrance;
- A waiting area to handle unwarranted access requests, away from the high traffic or contaminated areas, by the relatives and friends of residents; and,
- A plan to discourage visitors from entering the facility during a pandemic (e.g. ways of maintaining communication with residents' families via telephone or other means to provide status reports).

3.6.4 As a principle, to contain infection, and reduce the risk of cross contamination, it is not recommended that staff/volunteers/students be deployed or work in multiple areas, or work for multiple organizations, if possible. This issue is specifically addressed in the Policy

4. Prioritizing of Services/Programs

4.1 To conserve availability of staff resources and to contain infection, operation of specific services/units/programs might be reduced or suspended, and the use of associated space discontinued for the duration of the Pandemic Period. Such decisions will be made by the IPRCT or OMT in collaboration with the IPAC Lead and Administrator.

4.2 Refer to Policy for guidelines by which to priority rank services and programs to maintain or curtail operations during the Pandemic Period.

5. Providing Antivirals and Vaccines to Staff

Once a pandemic flu or COVID-19 outbreak has occurred, access to vaccines may be delayed. In the meantime, it is expected that demand for antivirals, for temporary prophylactic use, might outstrip supply at least during the early phase of the Pandemic Period.

5.1 Priority grouping of staff to be issued antivirals – and vaccinated once a vaccine becomes available – will have been established by using the enumeration tool provided by the local PHU.

5.2 This enumerated list, compiled for each LTCH, is submitted to the local PHU(s) as per their instruction, and kept updated to reflect staffing changes during the Inter-pandemic Period.

5.3 Once supply of antivirals and vaccines are received, the IPRCT or OMT will determine how distribution will be administered in accordance with directives issued by the local PHU(s).

6. Providing Antivirals and Vaccines to Clients/Residents

6.1 The Director of Care, or designate, will ensure that prescriptions for antivirals and pandemic flu or COVID-19 vaccine administration, are secured from attending physicians or the Medical Director, and included in residents' files.

6.2 Consent for administration of antivirals and immunization will be secured from residents or their Substitute Decision Makers (SDM) as appropriate.

6.3 Where an SDM is involved, contact information for each resident's SDM is kept up to date in his/her health record.

6.4 Advance directives, including "Do Not Resuscitate" (DNR) orders, and that related to the effects of a pandemic flu or COVID-19, have been discussed, established, and updated with residents or SDM.

6.5 Where antivirals and vaccines have had to be rationed, the priority ranking established by and related directions issued by the relevant government agency (e.g. the MOHLTC Emergency Management Unit) will be followed as per instruction by the IPRCT.

6.6 Relevant information about priority ranking for provision of antivirals and vaccines to clients/residents followed will be communicated to clients/residents and their families as appropriate through established communication protocol under Policy

7. Coping with Inevitable Client/Resident Fatality

7.1 The Administrator will consult with the local PHU, funeral homes, and other health services partner(s) as might be appropriate to pre-arrange for offsite mortuary capacity, and other means for handling remains of deceased residents, as might be needed during the Pandemic Period.

7.2 Relevant directions by the local PHU and other relevant government agencies in the context of the Pandemic Period will be followed regarding handling of the remains of deceased residents.

7.3 Given that offsite storage of bodies might be limited in availability during such extraordinary times, and that long waiting period before funeral services can pick up is likely, the Administrator will establish with his/her management team internal space and resources at each site that can be converted for use as a mortuary as an absolute last resort.

7.4 When designating internal location to house and preserve deceased clients/residents pending evacuation by appropriate external parties, kitchen equipment/coolers are not to be used for the storage of bodies to avoid cross contamination.

8. Further extraordinary responsive containment and risk reduction measures will be devised by the IPRCT or OMT and other internal staff resources, and implemented, as situation dictates or upon advice by the local PHU(s).

Note: Portions of this policy has been reproduced or paraphrased from the document *A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes* (2005) produced by the MOHLTC-Emergency Management Unit

PANDEMIC RESPONSE

BUSINESS CONTINUATION

PURPOSE:

In the event of a pandemic flu or COVID-19 outbreak, it is expected that:

- Supply of material resources and services from external sources, needed to sustain operation of services/programs, will be at risk of serious interruption;
- Complementary community resources in the health and social services sector that support clients/residents during the Inter-pandemic Period might be curtailed;
- Availability of both professional and support staff might be negatively impacted upon, both directly and indirectly, by people contracting the pandemic flu or COVID-19; and,
- The need of clients/residents for care/services in general, and in connection with the pandemic flu or COVID-19, will rise dramatically beyond the Inter-pandemic Period baseline level.

Pre-planning and specific pre-arrangements will be required to be able to continue delivering essential services under adverse operational conditions. It is towards this end, that these policies and procedures have been established to define:

- What constitute essential services/programs that we will strive to continue delivering;
- What are the conditions under which specific services will be curtailed to conserve and re-deploy scarce human and material resources to sustain such essential services/programs;
- How critical decisions regarding continuation and curtailment of service/program operation are to be made;
- What material resources are required to sustain essential services/programs operation;
- How continued supply and prudent rationing of essential material resources are to be ensured;
- How scarce material are to be safeguarded from preventable depletion e.g. inadvertent wastage and criminal action precipitated by a desperate community under circumstances of a pandemic outbreak; and,
- What process changes will have to be enacted to enable the organization to continue functioning without readily available human resources, and material supplies.

POLICY

In the event of a pandemic flu or COVID-19 outbreak, the Business Continuation Plan will include:

1. A pre-defined priority cascade for rationalizing services, when necessary, to conserve resources for sustaining essential programs, in accordance with the principles of:
    I. Meeting the needs of residents for whom availability of service is critical for their survival.
    II. Minimizing adverse impact on clients of services/programs that are scaled back or suspended
    III. Maximizing the utility of available human and material resources as the pandemic flu or COVID-19 outbreak impacts upon the supply chain(s)

IV. Reviewing and adjusting to the evolving need for curtailment during the Pandemic Phase with a view to re-instituting services/programs as soon as safety assurance and resource availability allow.

2. Plans for managing clinical care of a large long-term care home (LTCF) with residents ill from the flu or COVID-19, including designating areas for cohort-location of residents with pandemic flu or COVID-19 symptoms, and cohort-assignment of staff
3. Response protocols for coping with breakdowns in essential non-clinical services, including: restricted supply of clean water; hydro and natural gas failure; waste and garbage disposal; reduced dietary and laundry services
4. An effective system, for purchasing, stock-piling, storing and distributing equipment and supplies across the organization
5. Specific operating procedures for each Department to continue providing pre-defined essential services.
6. A recovery plan to facilitate all departments to return to baseline operations all services/programs in an orderly manner during the Post Pandemic Recovery Phase.

PROCEDURES:

1. Prioritizing and Rationalizing Services/Programs for Continued Operation

1.1 (Essential) Services/Programs – Incumbent Residents/Clients

1.1.1 *Long-Term Care Homes* residents

- Who have healthcare needs requiring substantial amount of clinical services i.e. that provided by physicians, nurses and other healthcare professions normally delivered in a long-term care home setting;

- Who, or whose families, understand and accept that available service might be moderated from their baseline level in order to adapt to resource restrictions during the Pandemic Period;

- Who have no other alternate abode that they can choose to go to, where informal caregivers are available to provide care to them; or,

- Whose families are unable, or choose not, to remove them from the care during the Pandemic Period.

1.1.1.1 Temporary Leave of Absence in the Context of a Pandemic Flu or COVID-19 Outbreak

- Normally, the Ministry of Health and Long-Term Care (MOHLTC) has policies governing the length of time a LTCH resident might go on a leave of absence without jeopardizing their resident status.

- When MOHLTC issues directive for application in the context of a pandemic flu or COVID-19 outbreak, it will be relayed to

residents and applicable SDM to inform their decision over whether the resident will stay over the Pandemic Period.

1.1.1.2 In situations where a resident temporarily leaves the home when pandemic flu or COVID-19 outbreak is declared, and then elects to return during the Pandemic Period,

- Local (Public) Health Services (PHU) guidelines about residents returning from the community to the LTCH, when available, will determine if re-admission during the Pandemic Period will be accommodated.

- Returning residents will be located in accordance to their care need, status of exposure to the flu or COVID-19, and how services are configured at the time. Safety and best interest of both the individual returning resident and that of others being cared for will inform the decision. Returning to their pre-leave of absence floor/unit/room is not guaranteed.

1.2 Ancillary Services/Programs – Incumbent Clients

All other programs/services not described above in Procedure 1.1 will be suspended when the Influenza Pandemic Response Plan is activated. Operation of these programs will remain suspended for the duration of the Pandemic Period:

- *Active Senior Programs*
- *Congregate Dinning Programs*
- *All Adult Day Programs*
- *Caregiver Support (Counseling)*
- *Caregiver Support (Education & Training)*
- *Client Intervention and Assistance*
- *Transportation*
- *Friendly Visiting*
- *Preparation and Supply of food to Community Meals-on-Wheels programs operated by other agencies*
- *Security checks*

Operation of these programs will be suspended to curtail congregating of persons (i.e. to optimize social distancing as an infection control measure) and reduce the risk of infection to both staff and clients.

1.3 Admission/Enrollment into Services/Programs – New Residents/Clients

1.3.1 *Long Term Care Homes*

The IPAC Lead in consultation with the Administrator and the Director of Care and with the IPRCT or OMT, will maintain communication with MOHLTC, and local PHU(s) regarding admission of new residents. It is expected that, individuals previously not residing in the home should not proceed during the Pandemic Period unless approved by MOHLTC. It is expected that such concerns as risk of infection to incumbent and prospective residents and when individuals are transferred between hospitals, and other environments with varying exposure to the risk of infection will be considered with due care. The home shall work with PHU on direction for admissions/transfers during the pandemic period.

1.3.2 *All Other Programs/Services*

As all Level II Services/Programs are to be suspended, no new admission/enrollment into any program/service other than the Home is expected to be processed during the active Pandemic Period.

1.4 Decision-making pertaining to curtailment, suspension, continuation, and resumption of Programs/Services

With due reference to afore articulated principles, the IPAC Lead, in consultation with the IPRCT or OMT, will make the best decision possible, taking into consideration all relevant information, available at the time, from external and internal sources about risk of infection spread, availability of resources, and community need, with reference to the principles of:

I. Meeting the needs of residents for whom availability of service is critical for their survival.

II. Minimizing adverse impact on clients of services/programs that are scaled back or suspended.

III. Maximizing the utility of available resources (both human and material) under the confine of the impact of the pandemic flu or COVID-19 outbreak on the supply chain(s).

IV. Reviewing and adjusting to the evolving need for curtailment during the Pandemic Phase with a view to re-instituting services/programs as soon as safety assurance and resource availability allow.

2. <u>Managing Care of LTCH Residents during The Pandemic Period</u>

It is anticipated that a substantial proportion of LTCH residents, whose immune system might already be compromised by other pre-existing health condition(s), will succumb to the pandemic flu or COVID-19. To support containment and minimize the risk of infection spreading:

2.1 Residents diagnosed with the Pandemic Flu or COVID-19, or who show symptoms strongly suggestive of the same, will be relocated and cared for in cohorts in specifically defined areas within the home. Residents who required acute medical care will be assessed and sent to the hospital upon direction from family/resident dependent upon their DNR status and goals of care.

2.2 How best to pre-plan for cohorting residents for care in the context of a pandemic flu or COVID-19 outbreak will be managed by the IPAC Lead in consultation with the Director of Care.

2.3 Every effort is to be made to help these residents and their families understand the rationale behind such a policy, and to reassure them that the best care possible will continue to be provided to them.

2.4 Specific local patient care space will have been pre-identified and relevant clinical leads e.g. Medical Director, Director of Resident Care (DRC) etc., to congregate such residents.

2.5 Cohort-assignment of staff to provide care for resident's sick with the pandemic flu or COVID-19 or based on staff themselves recovering or having recovered from the pandemic flu or COVID-19 will be implemented.

2.6 Group activities, programs, and outings into the community, in which residents from multiple areas normally congregate during the Inter-pandemic Period, will be reduced/suspended/cancelled in accordance with level of infection risk identified during the Pandemic Period, and as dictated by the availability of staff to porter and provide programming support and as directed by government legislation relevant to the pandemic and reflective of the most recent Ministry of Health Long Term Care guidelines.

2.7 Admission of new residents and re-admission of incumbent residents returning from hospitals or other environments will be managed in accordance with criteria established in consultation between the relevant authorities (i.e. MOHLTC and local PHU) and the Medical Director, with due consideration being given to containment and risk reduction requirements.

2.8 In the unlikely event where it becomes necessary to evacuate, such will be expedited referencing the emergency evacuation plan that utilizes facilities.

3. <u>Managing Essential Non-Clinical Resources to Enable Continued Operation</u>

Apart from medical and nursing care, therapeutic and activation, and personal support, other non-clinical services/resources are required to enable clients/residents to be cared for during the Pandemic Period.

3.1 Facility Management

3.1.1 Hydro, Natural Gas, Water Supply

3.1.1.1 Planned Response to Hydro and/or Natural Gas Supply Failures

In the Inter-pandemic period, the Environmental Services Supervisor (ESS) will undertake to determine and make recommendations to Senior Management about emergency generator capacity, and alternate fuel resources to explore and secure, in order to ensure that there is reasonable capacity to maintain essential services in critical areas (e.g. patient care areas, kitchen) Provisions already articulated in the home Disaster Manual are to be referenced.

3.1.1.2 Planned Response to Restriction in Water Supply
In the Inter-pandemic period, the ESS will review minimum need for eating, drinking, washing dishes, bathing residents, medical procedures at each centre, and review/explore contracts to receive sterile water, bottled water, hauled water etc. in case of interruption in normal water supply. Provisions already articulated in the Disaster Manual are to be referenced.

3.1.1.3 The Office Manager will check with incumbent suppliers about their pandemic business continuation plan or disaster recovery plan to identify their obligations and commitments to customers in the event of a pandemic flu or COVID-19 outbreak.

3.1.2 Waste and Garbage Disposal

3.1.2.1 In the Inter-pandemic period, the ESS will review minimum requirement for waste and garbage disposal and make recommendations for ways to manage waste/garbage accumulation while awaiting such municipal services to resume should the latter experience a breakdown.

3.1.2.2 As a part of pre-planning, the ESS will ascertain the pandemic readiness plan of municipal services and/or private companies upon whom the home depends for waste and garbage disposal.

3.1.3 Non-critical maintenance work during pandemic

To reduce risk of infection spread by limiting unnecessary people traffic during the Pandemic Period, non-critical maintenance work will generally be suspended, or only restricted to outdoor areas where workers will not come into contact with residents vulnerable to infection.

3.2 Laundry Services

If laundry services are disrupted due to staff shortage, the Director of Care will ensure that nursing and laundry staff develop locally feasible plans for minimizing the accumulation of laundry to be processed without precipitating avoidable risk of harm to residents due to sanitation breakdown in resident living areas.

3.3 Food Services

To compensate for constricted availability of dietary service personnel during the Pandemic Period, staff and volunteers not normally involved in dietary services will be trained and re-deployed under the provisions of Influenza Pandemic Response Policy for *Human Resource and Staff Deployment*, to ensure that residents' dietary needs are met.

3.4 Business Services

Wherever business functions do not require in-person contact, staff should be encouraged to conduct their work activities off site e.g. from home and stay connected to the office via telephone, e-mail, and such other means of contact as might be practicable. The areas involved include:

3.4.1 Human Resources - Payroll, Bank Deposits, and Other Functions

3.4.2 Finance - Accounts Payable and Other Functions

3.4.3 Information Technology

4. Purchasing, stock-piling, storing and distributing equipment/supplies

4.1 Medical Equipment and Related Supplies

4.1.1 With a surge in need, for essential medical equipment and supplies, likely to be precipitated by a pandemic flu or COVID-19 outbreak, and the risk of the supply chain being overwhelmed (at least initially) a real possibility, the home is to maintain a stockpile sufficient to meet resident care requirement for up to 6 weeks.

4.1.2 An inventory of medical equipment and related supplies is to be regularly maintained by the Director of Care. An inventory template (Appendix A), derived from that issued through the OHPIP, is provided as a basis by which the Administrator, and management team is to adapt to suit their requirement as dictated by their resident population profile.

4.1.3 Managers normally responsible for securing medical equipment and related supplies will identify and pre-negotiate contracts, where necessary, with alternative suppliers to ensure availability and delivery of supplies should the normal supply chain be disrupted in the event upheavals precipitated by the outbreak of a flu or COVID-19 pandemic.

- Wherever possible, 24/7 contact number for these suppliers, and their commitment to respond to such urgent appeals should be secured.

- The Chief Finance Officer (if applicable) will coordinate with the Administrator and other managers to negotiate with alternative suppliers for contingency contracts wherever possible in the event that reliability of primary suppliers is adversely affected by the pandemic flu or COVID-19 outbreak.

4.2 Laboratory Services

The Director of Care will project requirement and develop a plan, in accordance with proper infection control protocol, to address prompt and safe transport of specimens to the PHU or private laboratory under contract in the event of a pandemic flu outbreak, including ensuring shipping containers are readily available to transport specimens safely.

Testing supplies necessary for immediate and diagnostic results specific to the flu or COVID-19 will be maintained on site at all times, with an initial 45-day stock pile of Rapid Antigen testing swabs and PCR testing swabs.

4.3 Pharmacy Supplies

Within the limit of feasibility and prudent practice, the Administrator and other managers:

4.3.1 Ensure plan(s) are in place to ensure continued availability of supplies essential to managing the flu or COVID-19 and related disease challenges, including but not limited to:

- Antibiotics;
- Symptom management medications – e.g. Tylenol, Advil…etc.;
- Antivirals and influenza vaccine
- Anti-nauseant drugs
- End of life drugs – injectable narcotics, Haldol, midazolam, atropine, scopolamine
- Hypodermoclysis kits and solution

4.3.2 Depending on locally feasible opportunities, undertake to:

- Pre-contract with pharmacies;
- Pool stockpiling with other LTCH(s), and other supply resources;

4.3.3 The Corporate Staff Group(if applicable) will endeavor to build relationships with health care providing organizations outside of local areas as a means of securing alternate emergency sources of supplies

4.3.4 Develop plan(s) to address rationing of medications and supplies if necessary.

4.3.5 Plan for how prophylactic antivirals and vaccines for influenza or COVID-19 can be controlled, stored securely and tracked.
The Administrator in conjunction with the Director of Care will appoint a specific staff person(s) to receive, store and track antiviral medications and liaise with the PHU, as per the latter's requirement for a designated contact person once a pandemic flu or COVID-19 outbreak is declared.

4.4 General Supplies

4.4.1 Dietary Supplies

The Food Services Manager (FSM) will consult with the Administrator and ESS to project requirement and feasibility for stockpiling of nonperishable dietary supplies enough to provision for a temporary interruption in availability of dietary supplies

4.4.2 Laundry/Linen/Cleaning Supplies

The ESS, in consultation with the Administrator, will have developed a plan for stockpiling, storage, and provisioning of such material resources as necessary to ensure capacity for maintenance of a sanitary and hygienic environment in the event that normal supply is disrupted by the pandemic flu outbreak.

4.5 Security

Anxiety response in the community in the face of a pandemic is inevitable especially if access to antivirals, vaccines, and other essential resources is constricted even if only temporarily. As such, it is imperative for the home to have plans in place to protect stockpiled and rationed scarce supplies.

Both for purposes of reducing risk of infection spread, and protecting scarce supplies, The Administrator and ESS will undertake to develop measures and operating procedures for the home to control access to and from the premises. These might include:

4.5.1 Reducing the number of restricted ingress and egress points except for emergency evacuation purposes.

4.5.2 Having a process for verifying credentials of prospective employees, volunteers, and other approved visitors through staffed screening stations at a single portal into and out of the home

4.5.3 Ensuring that such a process is implemented as effectively and efficiently as possible to minimize inadvertent stress to both staff managing entrance and those seeking entrance

4.5.4 Procedure for responding to protests and appeals when visitors are denied entry, and the expected role of and access to assistance by the police if local disagreements cannot be resolved, and security of the home personnel and premises is deemed at risk

4.5.5 Understanding and agreement with emergency response personnel, including police, paramedics, fire services about infection control requirements for accessing the home

4.5.6 Procedures for monitoring security of storage areas and responding to breaches when identified

4.5.7 Considering if/when retaining of private security personnel services will be deemed necessary.

5.0 *Departmental Operations* - Determining Minimum Operational Requirement

5.0.1 During the Inter-pandemic Period, the Departmental Manager will undertake planning to determine the *absolute minimum staffing complement* necessary to maintain essential services in meeting basic needs of clients/residents in their care.

5.0.2 This minimum operational threshold for all departments will be reported through their normal channel of reporting to the Administrator for review and endorsement. This information will be maintained by the Administrator and updated annually at the advice of the IPAC Lead and Managers.

5.0.3 Each Departmental Manager will review this threshold annually during annual program reviews, budget development and submit recommendations for adjustments, if any.

5.0.4 Each Departmental Manager will review and establish work roles in his/her area that can be discharged with staff working off site – e.g. from home – in the event of a protracted period when maximum social distancing is to be practiced for the sake of infection control.

5.0.5 When the Pandemic Response Plan is activated at the home, the IPAC Lead in conjunction with the Administrator will ensure the minimum operations requirement applicable for each Priority Level Program/Service is communicated to the manager involved, and human resources (if applicable).

5.1 Risk Management and Legal Liability

5.1.1 The Management Company will research and report through the CEO to the home Board of Directors +/or Administrator about insurance availability, affordability, and feasibility for operating in the context of a pandemic flu or COVID-19 outbreak, and take such action as deemed necessary.

5.1.2 The CFO (management company) will review this issue periodically as practice in the long-term care sector and insurance industry evolves and more information to guide future decision in this matter becomes available and present such revised recommendation to the Board of Directors as might be necessary.

5. Operational Recovery Plan during Post Pandemic Recovery Phase

While it is desirable to return to normal operational mode as soon as possible after the Pandemic Period is over, it is expected that human resources at all levels of the organization will have been impacted upon during the outbreak, and it will take some time before the Inter-pandemic Period level of staffing can be available.

6.1 Post Pandemic Period Management and Leadership

Subject to determination by the IPRCT or OMT as to the availability and capacity of the incumbent senior managers to resume their normal responsibilities, the IPRCT Officer in Command might choose to maintain operations of the IPRCT or OMT through the initial phase of the Post Pandemic Period.

6.2 Post Pandemic Period Operations

Subject to determination by the IPRCT or OMT as to the availability of human resources and material supplies, individual department might be directed to continue to operate at the minimum operational threshold level through the initial phase of the Post Pandemic Period.

6.3 Resumption of Inter-pandemic Level of Operation

The underlying aim is to return the organization to the inter-pandemic mode of operations as soon as is feasible, subject to availability of necessary resources.
The IPRCT or OMT, if remaining in operation initially, will consult about readiness of each part of the organization to resume normal operation at least on a bi-weekly basis until the home came revert to pre-pandemic operations.

6.4 After Action Review and Continuous Quality Improvement

6.4.1 The Continuous Quality Improvement Lead (CQIL) or alternate is responsible for documenting the coping effort of the organization through the Pandemic Period. They are responsible for overseeing the organization and storage of such logs and other documentation as will inform an after-action review for purposes of organizational learning and quality improvement.

6.4.2 The Administrator, in consultation with the CQIL, will determine when a full review process is to be undertaken with due consideration given to the need of staff at all levels for relief and recovery from the stress and fatigue immediately after having worked through the difficult crisis of a pandemic flu or COVID-19 outbreak.

6.4.3 A full review report, detailing how the organization has responded to the crisis of a pandemic influenza outbreak, and lessons learnt for future reference, will be part of the CQI plan for the home and communicated to Resident Council, Family Council (if applicable) and posted on the home website as part of the CQI program as defined in the FLTCA, 2021.

6.5 Post Pandemic Period Support for Residents/Clients, Staff, and Volunteers

6.5.1 Resident and Family Support Program

6.5.1.1 As much as available staff resource allow, support for residents and their families should be provided, during the Pandemic Period, as they strive to cope with the anxiety and stress over the threat of infection, the trauma of symptoms, and the loss of fellow residents who succumb to the pandemic flu or COVID-19.

6.5.1.2 Specific opportunity to provide grief and bereavement counseling-based support to residents should also be made available to address Post Trauma Stress Syndrome like issues in the Post Pandemic Period.

6.5.1.3 While all caring professions will have capacity to engage in such work, it is recommended that those with social work training, and who are not heavily relied upon to provide physical care to residents, be mobilized to form the nuclei of "Resident and Family Support Teams" if possible.

6.5.2 Staff and Volunteer/Student Support Program

As much as staff and volunteers/students are relied upon to provide needed care for residents during the Pandemic Period, they are also most subject to the stress and trauma of repeatedly witnessing suffering and loss of lives during their performing their duties.

While specific support and recognition for the extraordinary efforts of staff and volunteers/students, the home, where possible, will earmark resources, to access critical incident stress debriefing programs, group/individual counseling services, and other forms of employee assistance programs/services for the most valuable of The home resources – their staff and volunteers/students.

Appendix A

MOHLTC Supplies and Equipment Template: Care in the Home

Quantities of supplies for Long Term Care Homes should be calculated based on the formula of 25 staff encounters/resident/day x 31 days a month.

Category	Item	# Required
Hand Hygiene	Liquid Soap	
	Hand antiseptics	
	Paper towels	
Personal Protective Equipment	Surgical/ Procedure Masks/N95 Masks	
	Sharps disposal bins	
	Isolation, paper gowns or resuable(small, medium, large, XL, XXL)	
	Latex Exam Gloves (small, medium, large, XL, XXL)	
	Non-latex Gloves (S, M, L, XL)	
	Safety Glasses, Face shields/goggles	
Temperature & BP monitoring supplies	Thermometers (and disposable covers)	
	Stethoscopes	
	Blood Pressure Cuffs (Child, Adult, Large Adult sizes)	
Disinfectants	Disinfecting Wipes	
	Surface cleaner and disinfectant	
Cleaning	Garbage bags - clear 20x20 for individual stations	
	Garbage bags	
	Autoclave and other specialized waste disposal bags	
	Biohazard bags/boxes and contracted services	
	Mops and pals	
	One-use tissues	
	Oxygen tubing	

Respiratory Care	Oxygen masks -- high concentration masks (non-rebreathers) Nasal prongs/cannula Oxygen masks -- low oxygen concentration (Simple O2 masks, Venturi masks Oxymeters and probes Portable oxygen tanks with regulators Portable oxygen, compressor unit Ventilator supplies
Suction	Disposable tips, catheters, tubing, canisters Disposable manual resuscitators (BVM) & filters (various sizes) Inline suction catheters Portable suction
Diagnostic agents	Nasopharyngeal swab specimen kits
X-Ray equipment	Portable unit or contracted service
Dressing supplies for vaccine injection	
Ice Packs	Cold Pack sodium or ammonium nitrate Gel pack soft cold pack
Paper Products	Paper square absorbent table cover Toilet papers
Cots/Mats/Stretchers	
IV Products	Solutions Tubing Pumps Poles
Wheelchairs	
Resident Identification	Identification bracelets
Deceased body management	Body bags/Mortuary kits
Other equipment to be further identified	

Adapted from: Ontario Health Plan for an Influenza Pandemic (OHPIP) June 2005

PANDEMIC RESPONSE

HUMAN RESOURCES
AND
STAFF DEPLOYMENT

PURPOSE:

Planning to Address Inevitable Health Care Personnel Shortages during an Influenza Pandemic:

Health care providers are no less susceptible to infection than clients/residents in their care during a pandemic flu outbreak,

- A large number of home staff will also fall ill;
- Their families falling ill will require their care; and,
- Other related complicating factors might precipitate hesitancy to report to work.

There will likely be insufficient staff available to continue operating the home at normal operational levels. *Human Resources and Staff Deployment*, focuses on how human resources is to be managed to sustain service delivery during the Pandemic Period to resident's dependent upon the care provided by the home.

Reinforcing the Commitment of the home and Staff as Health Care Providers:

Large numbers of seniors are dependent upon the home for residential care and community support services. As an organization, the home is committed to providing essential healthcare services during a pandemic flu or COVID-19 outbreak. Employees of the home are obligated, both as a part of a senior's care organization, and by the ethical standards of professional colleges, to continue caring for clients even if their own well-being might be placed at risk when doing so.

These policies and procedures articulate the commitment of the home, in the context of an influenza or COVID-19 pandemic, to:

(viii) Sustain a culture of safety within the organization;

(ix) Create a work environment that supports the continued delivery of care/service;

(x) Translate ethical principles into action that considers professional codes of conduct and community values when deploying staff to deliver essential services; and,

(xi) Ensure delivery of the best possible care to clients of essential service programs.

Policy

In the event of a pandemic flu or COVID-19 outbreak, specific human resources management and staff deployment measures will be implemented to mobilize the largest possible complement of human resources available to sustain service delivery, including:

1. *Adjusting levels of programs/services in operation*

   The home will provide as much essential healthcare services, and for as long, as possible during the Pandemic Period to those residents who depend upon the home for care.

1.1 The home will make optimal use of available incumbent human resources, including staff, volunteers, essential caregivers and practicum students to maintain availability of essential services.

1.2 The home will explore and incorporate atypical but appropriate external community human resources to supplement incumbent human resources available to it.

2. *Redeploying available human resources to sustain service delivery*

2.1 The Influenza & COVID-19 Pandemic Response Command Team (IPRCT) or Outbreak Management Team (OMT) – will assume responsibility for coordinating human resources and staff deployment once the home Influenza Pandemic Response Plan is activated.

2.2 The Master Schedule(s) – of all areas will be reviewed and adjusted as necessary to address staffing shortages across all departments and divisions to ensure essential service coverage.

2.3 All Staff, placement students, and volunteers will be mobilized – to assume flexible functions in providing essential care to our clients/residents during this time of crisis.

2.4 Health care workers' duty to provide care – is interpreted as an inherent ethical expectation for all the home employees to continue providing services to dependent clients/residents in the event of a pandemic flu or COVID-19 outbreak.

2.5 Specific guideline(s) to address issues of staff working at multiple sites, and/or for multiple employers – will be put into place and all associated directives received from the Ministry of Health Long Term Care, Ministry of Labor and local Public Health Unit specific to staffing deployment and/or restrictions will be followed and shared with staff, support workers, student placements and volunteers if applicable.

3. *Protecting and supporting employees*

As an employer of choice, the home,

3.1 Acknowledges a duty of care as employer to protect employees exposed to risks while performing their work role

3.2 Is committed to providing employees with appropriate protection against infection while expecting for them to continue working through the Pandemic Period

3.3 Acknowledges the commitment of employees to their duties when working in high-risk situations during the Pandemic Period

3.4 Attends to staff well-being, by addressing the need to balance work and family demands when scheduling work shifts, and helping them address psychosocial concerns associated with working during a pandemic flu outbreak

4. *Pre-establishing minimum staffing thresholds for all functional areas across the home to facilitate human resources deployment during the Pandemic Period*

5. *Planning for knowledge/skills transfer to support redeployed personnel*

In managing human resources and staff deployment to respond to the challenges stemming from an Influenza or COVID-19 Pandemic,

6. *The home will reference and act in accordance with such legislations as might be applicable in Canada and Ontario.*

7.

7.1 The home may choose to request the Director of Human Resources (if applicable) or 3rd part contracted HR expert to research and advice the Administrator and Senior Management of the home as to legal and legislative considerations associated with but not limited to provisions of the (Ontario) Emergency Management Statues, Occupational Health and Safety Act, the Employment Standards Act etc, as per their relevance to measures established to help the home cope with anticipated human resources challenges in the context of a pandemic flu or COVID-19 outbreak.

7.2 Refusal to work issues will be managed in accordance with provisions of applicable legislations and statues, the home Human Resource Policy, and with due considerations given to the well-being of staff.

To maintain ongoing readiness to respond to a pandemic flu or COVID-19 outbreak,

7. *The human resource and staff deployment plan as described in these policies and procedures will be regularly reviewed to maintain currency in applicability.*

PROCEDURES:

1. *Adjusting levels of programs/services in operation*

1.1 Optimizing availability of incumbent human resources

1.1.1 The home will maintain delivery of a full range of service programs for as long as possible during a pandemic flu or COVID-19 outbreak so long as human and material resources required to do so is available.

1.1.2 Where a specific service is determined to be essential for the survival and medical well-being of incumbent residents who have no alternative recourse, the home will strive to continue operating that service within the limits of resources available during a pandemic flu outbreak.

1.1.3 Services not deemed essential for the survival and medical stability of residents will be assigned a lower priority level, and be discontinued

1.1.4 When human or material resources required is unavailable at enough, the plan outlined in the Business Continuation Policy for curtailing or suspending lower priority level services/programs will be implemented by the IPRCT or OMT.

1.1.5 All human resources (i.e. staff, placement students, and volunteers) made available by the curtailment of specific services/programs will be redeployed by the IPRCT or OMT to help sustain operation of essential services/programs.

1.2 Accessing additional/atypical human resources

During the Inter-pandemic Period,

1.2.1 The Human Resources Department (HR) (if applicable) or the Administrator in conjunction with the Director of Care, will explore with nursing service agencies about the practicability and cost of accessing additional human resources through them in the event of a pandemic flu or COVID-19 outbreak. Prospective contractual agreements will be established where feasible. Contracted services will need to follow established and mandated guidelines as indicated by the Ministry of Health Long Term Care and local Public Health Units specific to the outbreak definition upwards and including mandatory vaccination policies.

1.2.2 HR, and Coordinator of Volunteer and Advocacy (if applicable), will establish and maintain a database of all volunteers including information about qualification, experience, and special skills possessed (where applicable) to facilitate identification of available resource when targeted deployment is required during the Pandemic Period.

1.2.3 The Coordinator of Volunteer and Advocacy (if applicable) will conduct anticipatory discussion with local service clubs, church groups, schools, and other such potential sources of additional volunteers about their prospective availability.

1.2.4 HR (if applicable), and relevant Department Heads, will ascertain through discussion with training organizations at all levels, to establish and maintain database of students as supplementary human resources available that might be activated during the Pandemic Period.

During the Pandemic Period

1.2.5 When staff becomes aware of residents' family members expressing interest in assisting with delivery of some aspects of resident care at the home, the Administrator in conjunction with the appropriate departmental manager. If family members are considered for utilization in delivery of services, clear outlines of tasks will be provided with any relevant training provided before allowing family members to assist with delivery of some aspects of resident care. Family members will need to comply with all testing and surveillance guidelines and IPAC protocols consistent with the defined outbreak.

1.2.6 Where volunteers, including family members of residents are involved in sanctioned functions, staff will maintain vigilance to ensure that volunteers are not performing unauthorized control acts or tasks they have not been trained to do.

1.3 Risk management and legal liability

1.3.1 In the Inter-pandemic Period, the Chief Finance Officer (CFO) will research and report through the Chief Executive Officer (CEO) to the home Board of Directors and/or Administrator about insurance availability, affordability, and feasibility for utilizing volunteers, and family members of residents to deliver some aspects of care in the context of a pandemic flu or COVID-19 outbreak, and take such action as deemed necessary by the Board and/or Administrator.

1.3.2 The CFO will review this issue periodically as practice in the long-term care sector and insurance industry evolves and more information to guide future decision in this matter becomes available and present such revised recommendation through the CEO to the Board of Directors and/or the Administrator as might be necessary.

2 *Redeploying staff and other personnel*

2.1 The Coordinator – Human Resource Mobilization of the IPRCT or OMT, in consultation with other IPRCT or OMT members, will take lead responsibility for coordinating redeployment and assignment of staff, students and volunteers during the Pandemic Period.

2.2 Review and adjustment of Master Schedule and staff vacations
Once the home Influenza Pandemic Response Plan is activated,

2.2.1 All employees are to continue reporting to their normal duties unless specifically directed to do otherwise.

2.2.2 All previously approved vacations will be suspended until the staffing situation is stabilized, and the IPRCT or OMT directs the effect departmental managers to advice staff otherwise.

2.2.3 The home will compensate staff for expenses of cancelled vacation packages, that cannot be deferred, and if refund from the package retailer is not possible.

2.2.4 All staff on leave will check in with their immediate supervisor. The latter will consult with the IPRCT or OMT and advice staff as to re-deployment as required.

2.2.5 Departmental managers in conjunction with the IPAC Lead will review the Master (and associated) Schedules to identify areas vulnerable to shortages. They are to consult with the Coordinator of Human Resource Mobilization to arrange for staff re-deployment as necessary.

2.3 Minimum staffing levels for each program/service will have been established during the Inter-pandemic Period to accommodate reduced staff availability, and an augmented level of staffing defined with which to sustain essential program/service operations. (Refer to Procedure 4 below in this policy document for details.)

2.3.1 Where lower priority programs/services are curtailed, staff resources made available will be redeployed to sustain essential services/programs. It is expected that staff will have to be redeployed across services/programs, departments, divisions, and centres.

2.3.2 Consideration will be given to compatibility of skills required in adapted work roles and competence of personnel to be redeployed. Where instruction or training to perform specific tasks is required, such will be provided.

2.4 Health care workers' ethical duty to provide care will be referenced.

2.4.1 By virtue of the home being a health care provider organization, all employees engaged in delivering direct resident care or in support of organizational functioning, are considered health care workers, and are expected to honor the applicable ethical duty to continue providing care

2.4.2 Employees who are members of regulated health and social services professional colleges are expected to abide by their respective ethical codes of conducts to continue meeting the needs of clients in their care

2.4.3 Once a pandemic flu or COVID-19 outbreak is declared, the home will constantly monitor the health and operational status of its workforce through provisions of the *Surveillance, Reporting, and Communication* Policy, *Containment and Risk Reduction Policy*, and other relevant the home infection control policies.

All staff, students, and volunteers will fall into one or more of the following categories at some point during the Pandemic Period:

- Those who have been struck down with the virus
- Those who are at home acting as primary caregivers;
- Those who have managed to avoid the virus;
- Those who are in recovery mode and physically able to return to work;
- Those who have been effectively protected through vaccination (when available)

In the event of severely restrictive availability of human resources to deliver essential care and services, decision will be made by the IPAC Lead in conjunction with the Administrator with reference to directives issued by the local (public) health services (PHU) as to which categories of staff, students, volunteers, essential caregivers might work in resident care and non-resident-care areas.

2.5 Guidelines for the home staff working for multiple employers.

2.5.1 When the risk of the pandemic flu or COVID-19 spreading is still considered low by the PHU, the home staff who are also concurrent employees of other organizations will be encouraged to choose and stay with only one employer through the Pandemic Period.

2.5.2 Where risk of infection is deemed high by the PHU, the home might require that individuals only continue working at the home facilities until the Pandemic Period is declared over and/or directives may be enforced through governmental agencies banning dual employment. The home will abide by the directives and/or consider initiating a "one employer" policy during the active outbreak.

2.5.3 External expert advice by PHU, and the Ministry of Health and Long-Term Care – Emergency Management Branch, will be sought by the IPAC Lead, as necessary, to inform such decisions.

3. *Protecting and supporting employees*

3.1 Protection for staff

In long-term care homes or community health services settings, where people with infectious diseases are treated, and maintaining "total protection" or "zero risk" for residents, visitors or health care workers is impossible. However, the home will take all possible steps to protect staff – and reduce the risk of infection while providing care, including:

3.1.1 Subscribing to the Ontario Health Plan for Influenza Pandemic (OHPIP) enumeration program for healthcare staff in essential positions and maintaining the database of the home staff for purposes of prioritizing issuance of prophylactic medication, and immunization. This database is maintained by IPAC Lead of each the home and kept updated.

3.1.2 Seeking instruction from the PHU(s) as to provisions for community services and other staff, who are not initially included in the OHPIP enumeration plan, but who will be deployed during the Pandemic Period to assist with resident care in essential services/programs areas

3.1.3 Providing staff with appropriate personal protective equipment (PPE) (i.e., face shields, masks, gloves, gowns) as prescribed under the OHPIP.

3.2 Appropriate Protection

3.2.1 The Manager – Occupational Health and Safety (if applicable), the IPAC Lead, the Administrator, and the Joint Occupational Health and Safety Committee will jointly oversee implementation of appropriate health and safety, infection prevention and control programs; and augmenting them with directives issued by the PHU(s) during a pandemic outbreak.

3.2.2 The IPAC Lead will arrange for relevant training to be provided to staff as needed to promote better practice in surveillance, infection prevention and control while caring for influenza or COVID-19 residents.

3.3 Acknowledging the commitment of employees working in high-risk situations

The home will commit to accessing all available resources through government and such other corporate/community resources as might be available to acknowledge gratitude for the commitment and sacrifices made by staff in continuing to care for residents in the context of risk during an Influenza Pandemic.

3.4 Attending to staff well-being during the Pandemic Period

Managers and supervisors at each level of responsibility will:

3.4.1 Give due consideration to the burden of stress on their direct reports engendered by working at a setting and time of risk and having to juggle between familial and work responsibilities;

3.4.2 Address staff need for rest and shift rotations when managing staff scheduling, and calling off-duty staff in to cover shortages;

3.4.3 Facilitate mobilization of peer support where appropriate, and facilitate access to more specific psychosocial support resources when necessary; and,

3.4.4 Support employees in addressing familial care needs and obligations, including but not limited to child and elder care provisions, and compassionate leaves for funerals etc.

3.4.5 Pre-plan with the Human Resources Manager(if applicable) and/or departmental manager, during the Inter-pandemic Period, for:

- Provisions for staff choosing not to return home between work-shifts to access rest facilities – e.g. on-site designated staff quarters, and/or, contingency agreements with local hotels/motels to block rent rooms for use;

- Meals for staff working extended shifts;

- Transportation support;

- Childcare and/or eldercare, and other family support assistance…etc.

The IPRCT or OMT will

3.4.6 Monitor and address issues of staff and client/resident morale during the Pandemic Period and arrange for such intervention as available resources might allow during this period.

3.4.7 Delegate to the Director of Care, responsibility for helping staff who require them to access counselling support, referral to community resources, and other Employee Assistance Program (EAP) provisions

4 *Pre-establishing minimum staffing thresholds for all functional areas*

Where essential services/programs might have to be operated with reduced staff and modified functional objectives, it is essential that those who best understand the operation

of each service/program be involved in pre-establishing what constitutes the absolute minimum level of essential services, and recommending human resources required to carry them out.

4.1 The Administrator, Director of Resident Care, and the Director of Social Service (if applicable), will convene working group(s) comprised of management and frontline staff during the Period to review service/program and operational support areas that normally report to them, and

4.1.1 Identify the "*minimum* client/resident care needs" profile of each area if level of service delivered is to be compromised by staffing shortage;

4.1.2 Identify and maintain a list of care tasks that can be delegated to personnel not normally involved in providing direct care in a long-term care home setting, with informational/instructional support;

(Note: "Controlled Acts" as described in the Registered Health Professions Act are not to be included unless they can be delegated to other Regulated Health Professionals authorized to carry out such "Controlled Acts")

4.1.3 Identify the absolute minimum number and composition of regulated – i.e. number of RN, RPN…etc. – and non-regulated personnel required to continue providing essential care over a period of time that might last for 12 or more weeks.

4.2 Based upon the above information, an "**Absolute Minimum Staffing Plan**" to sustain operation of each service/program will be compiled.

4.2.1 Each Manager/Supervisor is to maintain the Absolute Minimum Staffing Plan(s) for his/her area(s) of responsibility and provide a copy to his/her Department Head and/or Administrator. The latter will provide these to the IPRCT or OMT during the Pandemic Period to facilitate coordination of implementation.

4.2.2 Senior Managers in non-client care areas will oversee similar processes during the Inter-pandemic Period to develop Absolute Minimum Staffing Plans for the areas that normally report to them.

4.2.3 Senior Managers with no direct reports (i.e. the Director of Corporate Development, and the Director of Quality Improvement) will assist with such processes as per instruction of the CEO.

4.2.4 The IPRCT or OMT Coordinator of Human Resource Mobilization will refer to these Absolute Minimum Staffing Plans when coordinating redeployment of staff and other human resources during the Pandemic Period.

4.3 The IPRCT or OMT Coordinator of Medical Services will liaise with physicians affiliated with the home to coordinate delivery of medical coverage for essential services/programs during the Pandemic Period.

5 *Planning for knowledge/skill transfer to supporting personnel being redeployed*

5.1 To optimize utilization of available human resource in a time of scarcity, staff will be redeployed, and student workers as well as volunteers will be assigned, to perform diverse tasks. To ensure competent performance and confidence by all concerned:

A "Skills Inventory" will be maintained in which

- Each Department is to define core activities in their respective functional area essential to business continuation during the Pandemic Period;
- All client care and business function departments are to document critical work processes that need to be maintained during the Pandemic Period. Department managers are to ensure that such documentations are prepared, and the location of their retention known to ensure accessibility;
- HR (if applicable) and/or Department managers, will address how cross-training and skills-development might be implemented in the most practicable way to ensure availability of human resource to discharge RHPA regulated acts.

5.2 When redeploying staff, students, essential caregivers, and volunteers, care will be taken to:

- Match skills, capability, and personal suitability with required tasks, and
- Provide tasked individuals with the necessary information, instruction and training required to perform those functions.
- Ensure such orientation and instructional information to be provided through incumbent staff modeling behavior, or access to job action sheets before they are put in a position of delivering specific services.

6. *Consistency with Legislative and Statutory Provisions*

6.1 The IPAC Lead, during the inter-pandemic period, will advise the IPRCT or OMT respectively to ensure compliance of the home Influenza & COVID-19 Pandemic Response Plan with corresponding public policy provisions – including but not limited to "Emergency Management Statues" concerning human resource practices.

7. *Maintaining currency of the Human Resource and Staff Deployment Policy*

7.1 This policy, for managing human resources and staff deployment at the home under circumstances of constraint precipitated by a pandemic outbreak, will be reviewed by the IPAC committee at least annually, and amended, as necessary.

7.2 Department managers will ensure that the "Absolute Minimum Staffing Plan" for each essential service/program is to be reviewed annually and amended as necessary unless significant change in program design and profile of clients/residents has occurred requiring more immediate amendment.

Note: Portions of this policy has been reproduced or paraphrased from the document *A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes* (2005) produced by the MOHLTC-Emergency Management Unit