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Policy

In the event of a disaster, fire or other forced evacuation of the facility, CareRx Pharmacy undertakes the following, as the need arises:

- replacement of all required medications
- delivery of required medication to alternative locations
- print and deliver or provide in an electronic format MAR Sheets and Physician's Medication Review to agreed-upon locations
- supply ongoing refills to the alternative locations for the duration of the evacuation
- in the case of reception of evacuees from outside the home provide replacement medications, refills, MAR Sheets and Physician's Medication Reviews or electronic format as required.

Procedure:

A- Service Continuity Plan – Home Disruption

1. Evacuation of residents – no time to evacuate medications

- Notify your CareRx Pharmacy of the evacuation and where the residents have gone.
- Refer to the Disaster Procedure Pharmacy Call list of phone numbers to call (see last page in this policy)

2. Evacuation of residents, with medications, to various sites

- Send all medications with each resident [includes all cards, strips, PRN's liquids, eye drops, inhalers, narcotics, injectables and topical treatments]
- Notify your CareRx Pharmacy where each resident is being sent
- Notify your Clinical Consultant Pharmacist
- Government Stock Drugs: CareRx Pharmacy can supply in emergencies

3. Evacuation of residents with medications, to one site

- Evacuate all medications from all locations
- Notify CareRx Pharmacy where residents are being sent
- Notify Clinical Consultant Pharmacist where residents are being sent

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4. Reception of evacuees from another facility or the community

- Try to ensure that all medications and MAR Sheets & TAR Sheets come with the resident
- Ideally CareRx Pharmacy would need for each evacuee:
 - Resident's name as on Health Card.
 - Health Card Number & Version Code
 - Resident's allergy information
 - List of all current medications
 - Name, initial, address, telephone number of resident's doctorOR
 - Name and telephone number of the pharmacy supplying current medications
- CareRx Pharmacy will do our best to assist to provide medications, MAR's for these evacuee new admissions.

5. Disruption of phone or power service

- Advise pharmacy of extended loss of utility service at earliest convenience
- Try phoning the pharmacy after hour pager/cell # or Clinical Consultant Pharmacist cell number or pharmacy fax number

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B- Service Continuity Plan – Pharmacy Disruption

1. In the event of a disaster, all resources are directed towards the provision of medication delivery. Administrative, accounting, clinical, and other non-essential functions are postponed. The goal is to ensure that no resident goes without medication.
2. The Home and the Medical Director (when applicable) are notified immediately of the disaster situation and any changes in procedures (communication methods, delivery schedules etc.) are communicated.
3. The ability to endure a short-term interruption of service (for example inclement weather) is built into the weekly delivery schedules for chronic medications (pouch meds). A minimum of one days' supply of pouch meds is on hand and an emergency supply of medications may be available at the Home.
4. Data backups are performed daily and stored in a secure and accessible off-site location. Duplication of computer hardware and software is in place.
5. If medications cannot be dispensed from the Pharmacy, data can be transferred to another CareRx location for dispensing.
6. CareRx maintains sufficient inventory and supplies for a 14-day disaster. Additional inventory or supplies that are needed are available from wholesalers and sister locations.
7. Cross-training of staff ensures continuity of work duties and the ability to reassign staff as necessary.
8. Short term contingencies are in place – generators for power supply and a plan for their deployment, alternative phone/fax equipment, battery operated lights and radios, portable heaters, fire extinguishers, emergency first aid equipment, etc.
9. Pharmacists shall determine essential medications for residents, and these are dispensed in priority.

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PHARMACY CALL LIST

[KEEP COPY IN FACILITY'S DISASTER/EVACUATION BOX]

Call the following people in this order until you reach someone in person and leave a message at each number called, along with your name and phone number to call back.

STRESS THAT THE SITUATION IS AN EMERGENCY

1 st	CareRx Pharmacy (regular pharmacy hours) Phone #: _____ Fax (use fax# as phone# in power failure): _____ After hour pager/cell#: _____
2 nd	Pharmacist Manager Name Cell #: _____ Email: _____
3 rd	Clinical Consultant Pharmacist Cell #: _____ Email: _____
4 th	Service Centre Support: 1-866-429-7335 – 7am to 11pm EST 7days/week
5 th	CareRx Head Office 9am – 5pm EST Monday to Friday Phone #: 1-866-689-3169
6 th	Alpinder Grewal, Vice President of Operations, Ontario Cell #: 647-519-1273 Email: Alpinder.Grewal@carerx.ca

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Policy

- To ensure CareRx has reviewed, educated and planned for emergencies including pandemic and natural disasters.

Description

- CareRx's Emergency Preparedness Plan addresses much more than the threat of a pandemic. This plan takes into account natural and other disasters such as floods, ice storms, hurricanes or fire.
- CareRx accepts its responsibilities to its staff, customers and long term care clients to maintain its current level of medication supplies and services during an emergency situation when humanly possible.
- The following aspects of our organization provide a solid structure upon which to support Emergency Preparedness and Response:

Company organization:

- We will use our existing network of 41 pharmacies across the province to assist in meeting the needs of any of our retirement and long term care homes in times of emergency situations or disasters. We have the capability to transfer our prescription and supply services from any of our locations to another to provide continuous supply.

Personnel:

- The company currently employs over 1200 employees and a head office team who can be re-located to serve in any of our pharmacies requiring emergency assistance.
- Pharmacy staff are cross-trained in their duties which allows an individual to assign whatever duty is determined to be of the greatest need at any time.
- Our team of clinical consultant pharmacists, all licensed Part A pharmacists with the Ontario College of Pharmacists, spending their time in retirement and long term care homes can be relocated to be involved in the medication distribution system.

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Information Technology/Equipment:

- CareRx employs its own information technology team and has resources on hand to maintain its pharmacy dispensing applications. Outside support and resources are also available in a time of need.
- Company owned generators are available for pharmacy use in the event of loss of power.

Security:

- Pharmacies are equipped with security monitoring systems as well as safes for storage of antiviral medication and other high-security risk drugs.
- Vehicles used for delivery and fleet vehicles are unmarked.

Written Resources:

- Included in the **CareRx Dispensary Policy and Procedure Manuals** are detailed instructions related to Pharmacy Emergency Preparedness and Response activities. These activities include directives re contacts; staffing; electrical power down; use of generators; telephone lines down; pharmacy computer down; adjudication/communication problems; medications/supplies unavailable or short supply; delivery/transportation problems; credit card/cash register down; water supply down; and pharmacy closed. A special section is included on antiviral and vaccine distribution and administration.
- Influenza Outbreak information is available in our pharmacies which includes information on responding to seasonal influenza outbreaks.

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Warehousing:

- CareRx distribution system through its own warehouse in Ontario and its direct client relationship with drug and pharmaceutical manufacturers will provide immediate access to medications to all its pharmacy locations when at all possible.
- CareRx dispensaries are stocked with Tamiflu year around for the influenza outbreaks.

Clinical Services and Critical Medications:

- Delegation protocols and scope of practice as defined by the Ontario College of Pharmacists are in place which would allow pharmacists to continue dispensing ongoing orders of medication in a situation without access to a physician.
- On a case by case basis resident's profile is reviewed by the pharmacist to safely eliminate the supply and/or administration of non-critical meds at some period during a pandemic.

Cooperative Alliances:

- In the event of a local or widespread disaster, emergency situation or pandemic, CareRx will work with the government, public health and other emergency preparedness organizations to collate, document and distribute needed medications as required.



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Outbreak Preparedness and Management Policy

This policy is a guide for preventing and supporting the management of suspect/confirmed Covid -19, respiratory and gastroenteritis infections. Outbreaks can cause serious illness or death, particularly among older adults with chronic conditions. Our policy includes strategies to be used daily to detect and prevent the spread of all respiratory viruses which includes COVID-19.

Common Respiratory Illnesses include:

- Influenza (seasonal) A and B
- Respiratory Syncytial Virus (RSV)
- Parainfluenza type 1-4
- Human Metapneumo-Virus (hMPV)
- Enterovirus/Rhino Virus
- Non-Covid-19 Coronaviruses
- Adenoviruses

Common Symptoms can include:

- Sore throat/difficulty swallowing
- New/worsening cough,
- SOB
- Hoarse Voice
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, sneezing or nasal congestion- in absence of underlying reason for these symptoms such as seasonal allergies, postnasal drip, etc.
- Unexplained fatigue / malaise/lethargy
- Delirium (acutely altered mental status and inattention)
- Chills/body aches
- Headaches
- Croup
- Conjunctivitis

Common Gastrointestinal Illnesses:

- Bacillus Cereus
- Campylobacter Jejuni/coli
- Clostridium Botulinum
- Clostridium perfringens
- Cryptosporidium parvum
- Cyclospora cayetanensis
- E Coli



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- Giardia lamblia
- Hepatitis A
- Listeria monocytogenes
- Salmonella
- Shigella
- Staphylococcus aureus
- Vibrio
- Yersinia enterocolitica
- Viral gastroenteritis

Common Symptoms include:

- Acute Diarrhea (may contain blood or mucus)
- Acute Emesis
- Nausea
- Abdominal pain
- Fever
- Fatigue
- Muscle weakness
- Headache
- Respiratory like symptoms
- Loss of appetite

Outbreak Preparedness Plan

Outbreak Management Team (OMT) includes but limited to

- Infection Control Coordinator
- Administrator
- DOC/ADOC
- RCF
- PH Liaison
- IPAC Hub
- Human Resources
- MOL – (if staff are ill)

IPAC Measures Include

Ongoing Screening, Self-Monitoring and Self-Isolation



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The goal of screening is to ensure that no person with clinical symptoms consistent with Covid-19, other Respiratory or Gastrointestinal illnesses, whether they are visitors, caregivers or staff, enters the facility. (unless for Palliative/Compassionate reasons)

Active/Passive Screening Measures for Staff and Essential Visitors

All persons must enter through the designated screening location and review the posted screening questions (passive screening).

- If an individual answers “YES” to any of the screening questions, or refuses to answer, or they have failed the screening, they must not enter the building.
- For any staff member that fails the screening process, they will be assessed by an RCF to determine appropriate follow-up. They are encouraged to call at least 8 hours in advance of their shift and must discuss their symptoms with a member of the Nurse Management Team. If a staff member is aware that they are ill, they **MUST NOT** come into the facility.

All staff and visitors should diligently monitor themselves for signs of illness and identify themselves to a member of the Nurse Management Team, or a Registered staff if they feel unwell during their visit or shift.

If in outbreak PH may recommend that active screening be initiated.

Daily Symptom Screening of All Residents: All residents will be assessed at least daily for signs and symptoms of illnesses. Any resident who presents with signs or symptoms of respiratory illness must be immediately isolated and placed on enhanced droplet and contact precautions and tested for COVID-19 and other respiratory illnesses.

Surveillance Testing: we currently do not do surveillance testing. Testing is done with symptomatic residents and staff.

Universal Masking: Masking will be based on a point-of-care risk assessment (PCRA), consistent with existing Routine Practices. A PCRA must be completed by every health care worker before every patient interaction and task to determine whether there is a risk to the health care worker or other individual of being exposed to an infectious agent, including COVID-19, and determine the appropriate IPAC measures to be taken.

- Staff may consider wearing a mask during prolonged direct resident care (defined as one-on-one care within two meters of an individual for 15 minutes or longer).
- Staff may continue to wear a mask beyond minimum requirements, and residents (or substitute decision-makers) who request that a staff member wear a mask when providing care, in alignment with the Residents’ Bill of Rights.



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Masking for Caregivers and Visitors: Masks are recommended, but not required, in all areas of the home. This means that caregivers and visitors may dine and share a meal or beverage in communal areas. However, it remains our policy that families who wish to join residents for a meal should book a private dining experience through Reception.

Point of Care Risk Assessment

All Health Care Workers must follow routine practices and perform a Point of Care Risk Assessment (PCRA), prior to every resident interaction. If the health care worker determines, based on the point of care risk assessment, and based on their professional and clinical judgement, that health and safety measures may be required in the delivery of care to the resident, then they must follow the appropriate health and safety control measures to protect themselves utilizing PPE supplied by the facility.

Hand Hygiene

This is the single most important measure in preventing the spread of infections. Hand hygiene should be followed in accordance with Best Practices and following the 4 moments of hand hygiene.

- Before initial contact or contact with their environment
- Before invasive/aseptic procedures
- After body fluid exposure risk and contact with blood, body fluids, secretions and excretions
- After resident contact or contact with their environment

Alcohol based hand rub (70-90%) is the first choice unless hands are visibly soiled then wash with soap and water. Gloves are not a substitute for hand hygiene; hand hygiene is still required before and after don/doffing gloves.

Symptomatic Residents

Any resident presenting with symptoms of respiratory or gastroenteric illness must be isolated and placed on additional precautions.

- Staff are required to follow the posted signage for additional precautions.
- PCR collection for Covid-19 and other respiratory viruses (one requisition) must be done for all symptomatic residents
- The RCF must be notified
- TRC Acute Respiratory Infection Assessment to be completed for residents experiencing respiratory symptoms
- Infection notes scheduled in PCC TID
- Care plan updated
- Notify family of symptoms
- If they have a roommate the roommate must be isolated until COVID-19 ruled out
- Write note in communication book to alert staff
- Send email to Hillcrest



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- Under immunization tab click new and add PCR swab with date and time the PCR swab was obtained
- If 2 or more residents on the same home area with similar symptoms start a line list

For all Suspected/Confirmed Outbreaks

- Notify Public Health when:

Suspect Respiratory Outbreak (Covid and non-Covid)

- Two resident cases of ARI (Acute Respiratory Illness) with symptom onset within 48 hours with an epidemiological link (e.g. same unit/floor/service area) suggestive of transmission in the setting AND testing is not available or all negative.

Confirmed Respiratory Outbreak (Covid and non-Covid)

- Two or more resident cases of test-confirmed acute respiratory infections (ARI) with symptom onset within 48 hours and an epidemiological link (e.g. same unit/floor/service area) suggestive of transmission within the setting

OR

- Three or more resident cases of ARI with symptom onset within 48 hours and an epidemiological link suggestive of transmission within the setting AND testing is not available or all negative.

Testing Note for ALL OUTBREAKS: Respiratory specimens submitted under an outbreak number are given testing priority and undergo an expanded testing algorithm which includes rapid influenza testing.

- If you suspect an outbreak or a suspected outbreak, please contact your facility liaison (or after-hours number) to receive an outbreak number and arrange priority testing.

Gastroenteritis (Enteric)

Symptoms must not be attributed to another cause (e.g. medication side effects, laxatives, diet or prior medical condition) and are not present or incubating upon admission.

Suspect Outbreak Definition

- Two or more episodes of diarrhea (i.e., loose/watery bowel movements) within a 24-hour period; **OR**
- Two or more episodes of vomiting within a 24-hour period; **OR**



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- One or more episodes of diarrhea AND one or more episodes of vomiting within a 24-hour period.

Confirmed Outbreak Definition

- Two or more cases meeting the case definition with a common epidemiological link (e.g. specific home area or floor, same caregiver) with initial onset within a 48-hour period.

Outbreak Illness Procedure

- Staff are required to follow all IPAC measures as previously stated in the policy. For additional specific Resident illness protocol guidance, refer to the yellow INFECTION binders located throughout the facility: Hillcrest building Nursing stations; One binder on first floor, one on second floor. Heritage building Nursing Station; One binder for both floors.
- Start a line list. If there is more than one home area, line lists should be separated per home area along with a separate line list for staff.
- Use the Outbreak Management Checklist to guide you through the process of things to be implemented throughout the facility and of community partners that need to be notified.
- Notify MOHLTC/CIS reporting
- Notify MOL (only when staff are affected)
- Implement daily outbreak meetings
- Implement enhanced environmental cleaning
- Enhanced IPAC auditing, at minimum IPAC self-assessment audit for LTC is to be done weekly
- Ensure adequate supplies are readily available (PPE, specimen collection, cleaning products, linen)
- Cohorting staff as best as possible
- Review with PH and MD if antivirals are required
- Cohorting residents with same illness if able
- Cohorting exposed asymptomatic residents if able
- Work with PH to establish case definition and outbreak number
- Work with PH to set up OMT meetings be sure to include IPAC Hub
- Residents are to be screened for symptoms twice daily during suspect and confirmed outbreaks
- Complete PH outbreak check lists as per their recommendations
- Submit line list online through the SMDHU website Outbreak resources (PH preferred) or Fax line list daily
- Influenza/Covid/RSV outbreaks – PH will ask for total number residents in the facility, how many residents are on the affected unit(s). They will want to know vaccine rates for staff and residents, facility wide and affected units separately.



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Resident Restrictions

Ensure the residents' rights are fully respected and promoted. Contact PH to balance the needs of the residents against the risk to the health of the other residents.

IPAC measures are implemented and are reasonable throughout the outbreak and can vary from one outbreak to another, some examples could be:

- Limiting visiting hours
- Limiting the number of residents the visitor contacts when in the facility
- Requiring anyone providing direct care including any visitors to wear necessary PPE
- Posting signs alerting everyone entering the facility/home area of the outbreak
- Limiting non-essential visits during the outbreak period
- Limiting communal dining and programs
- Notifying Residents, Staff and Visitors of the outbreak
- Implementing universal masking for respiratory outbreaks
- PH may recommend social distancing
- Close contact identification may be implemented to control the outbreak
- Asymptomatic residents outside of the suspect/outbreak area can attend daily activities
- Symptomatic residents are required to stay in their rooms on additional precautions
- Symptomatic residents are to receive treatments (physio, OT, Restorative, etc.) in their rooms, if respiratory outbreak then resident should wear a mask, if tolerated.
- Symptomatic residents are able to attend medically necessary appointments, it is recommended they wear a mask and the receiving facility must be notified of outbreak and resident status so they can take appropriate precautions
- Additional consideration for accommodations supported for residents with Dementia or cognitive impairment who are in isolation
- Support residents in leaving their room in ways that would minimize the spread of infection
- Support outdoor visits (unless norovirus, outdoor visits are not recommended until additional precautions has been discontinued)

Admissions and Transfers

We do not require approval from PH to accept admissions and transfers, but consultation with PH is recommended when IPAC advice or risk mitigation is needed. Hillcrest is to consult with PH when:

- Resident is from a health care facility in outbreak and is going to an area that is not in outbreak and there are concerns with compliance of IPAC measures
- The resident is from the community or a health care facility not in outbreak and going into an area in outbreak and any of the following apply:
 - New outbreak declared and still has an ongoing investigation



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- Outbreak is uncontrolled
- Admission/transfer to an area where residents are unable to follow IPAC measures or unable to isolate and or follow IPAC measures
- Resident is severely immunocompromised
- Informed consent has not been obtained from Resident/POA
- If coming from an acute care facility, the discharging physician should agree to the transfer
- If Hillcrest needs to send a resident to an acute care setting (hospital, Dr's Office, Dental clinics, etc.) they are required to complete the online PTAC authorization form and obtain the Transfer number (life threatening emergencies do not need to have PTAC completed). Ensure receiving facility and PTAC are aware of the outbreak.

Social Activities/Events

Symptomatic residents are not recommended to participate in group or social activities with other residents. For symptomatic residents activities to be provided 1:1. Symptomatic residents may continue to interact with Essential caregivers and visitors. This includes going outdoors and 1:1 activity as long as additional precautions are being adhered to (masking, physical distancing, hand hygiene). If the resident is presenting with GI symptoms, then social activities should be postponed until additional precautions have been discontinued.

Consult with OMT for further recommendations with routine group activities for asymptomatic residents' recommendations.

Nourishment

Symptomatic/isolated residents should receive tray service in their rooms.
Limit communal food or snacking areas and sharing of foods between residents or staff.
If able, provide individually wrapped snacks and use single packet condiments.

Visitors/Essential Caregivers

- General visitors should postpone non-essential visit to the outbreak area
- Essential caregivers/visitors should be directed to the reception desk prior to visiting residents
- Essential caregivers/visitors should be educated on the risk of exposure when visiting a symptomatic resident
- If essential caregiver/visitor is symptomatic then they should not enter the facility
 - In discussion with PH exemptions exist for compassionate visitation, but required additional precautions have to be in place



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- Essential caregiver/visitors are required to wear PPE and complete hand hygiene as per 4 moments when visiting a symptomatic resident

Staff Outbreak Control Measures (volunteers, staff, physicians, and students)

- Staff are to monitor for signs and symptoms of infection
- Symptomatic staff should self-isolate at home and report illness to the facility right away
- Hillcrest is required to report all work-related illnesses to MOL and PH if acquired the illness while working in the outbreak home area
- Staff that develop symptoms while on shift are to don appropriate PPE/hand hygiene, report to Nurse manager or nurse in charge and leave immediately (PCR collection may be necessary)
 - **Respiratory illness** – staff will be required to stay home until symptoms have been improving for 24 hours and no fever present
 - For 10 days after the date of symptom onset or specimen collection whichever was first staff will be required to follow facility measure to reduce spread of infections. Staff will be required to wear N95 mask when they return to work and eat in a separate area away from other staff
 - **Gastrointestinal Illness** – staff will be required to stay home until 48 hours symptom-free (can be modified if causative agent is known)
- If staff have been identified as close contact, for 10 days they should
 - Actively screen before coming to work, where able
 - Should don a well fitted medical mask while on shift, can be removed in the staff room for eating purposes to reduce the risk to other staff members.
 - Recommended to work in one facility where possible
- Staff Break Rooms
 - Staff taking breaks in the staff room must ensure spatial separation from others in that room. Over-flow areas have been created to ensure spatial separation. During breaks in the staff rooms, staff may remove their mask, perform hand hygiene and use Oxivir spray and a cloth to disinfect the area they used prior to leaving the staff room.
- **Other Employment** - Staff can have secondary employment. They must submit to Human Resources in writing where their employment is. If in outbreak they must advise other settings of the outbreak to determine if they should continue to work in multiple areas.

Specimen Collection

- **Respiratory Illness** – PCR collection is required for residents presenting with respiratory symptoms. Test(s) required are COVID-19 virus and other respiratory viruses. The appropriate requisitions are kept in the yellow infection binders on each home area. Ensure outbreak number is on lab req if in confirmed outbreak.



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- **Gastrointestinal illness** – Stool collection using the enteric stool collection kits supplied by PH. Ensure Outbreak number is written on lab req if in confirmed outbreak.

Enhanced Environmental Cleaning/Disinfection

Clean and disinfect:

- Common areas
 - Once daily for low touch surfaces (shelving, windowsills, etc.)
 - Minimum twice daily for high touch surfaces (doorknobs/handles, light switches, handrails, phones, buttons, etc.), dining areas, treatment areas and lounges
 - Immediate cleaning of any visible dirty areas
 - Surfaces and items in close proximity to the vulnerable residents require more frequent cleaning and disinfection
- Dedicated equipment if able, otherwise needs to be cleaned and disinfected between residents
- Staff equipment should be cleaned/disinfected at least twice daily and when visibly dirty
- Staff are to be educated on cleaning and disinfection procedures and follow cleaning schedules
- Consult manufacturer's cleaning instructions for upholstered furniture, rugs, carpets ASAP if become contaminated with body fluids. Steam clean ASAP.
- If laundry machine has been used to clean soiled laundry, a bleach cycle of the laundry machine is recommended to be run (without laundry) before washing next load
- Cleaning and disinfecting principles:
 - Cleaning is to be done using health care grade cleaner and disinfectants that have a DIN number
 - Do not apply cleaning chemicals using aerosol or trigger sprays
 - Ensure to change disinfectant solution often and ensure wiping cloths are not double dipped in the disinfectant solution
 - Move from clean areas to dirty and from top to bottom
 - Adhere to manufacturer's instructions for use on preparation, storage and contact time

COVID-19 Outbreak

Duration of outbreak – in consultation with OMT, the outbreak may be declared over when no new cases have occurred for seven days and there is no evidence of ongoing transmission.

Case Management

- residents who are identified and confirmed or probable covid-19 cases and are unable to wear a mask, should isolate on additional precautions for 10 days (come out on day 11) from symptom onset or specimen collection whichever was earlier.
- Physician needs to be consulted with any resident that has confirmed Covid-19 for antiviral medication use.



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- If the resident is asymptomatic or symptoms have been resolving for 24 hours (48 for gastro) and no fever present, they can leave their room for walks in the immediate area with staff provided they wear appropriate PPE (masking).
- If the resident is asymptomatic or symptoms have been resolving for 24 hours (48 for gastro) and no fever present, they may participate in activities and join others in communal areas provided they meet the following criteria
 - It has been a minimum of 5 days from symptom onset or positive test whichever was first
 - They're asymptomatic or symptoms have been improving and no fever is present
 - They wear a well fitted mask at all times ensuring the nose and mouth are fully covered
 - They are able to socially distance from other residents
- Isolation bedroom doors may remain open, providing the resident is at least 6 feet from the doorway (i.e. in their bed or beside their bed), and not sitting in the doorway to the hall, and also providing, that the resident does not use a CPAP / BIPAP, or other aerosolizing device.
- If a resident using BIPAP/CPAP or other AGMP has COVID-19, and the aerosol generating device is deemed essential, the facility should try to locate resident to a private room with the door closed and minimize entrance into the room, if this is not feasible, create a barrier between the beds in the shared room (ex: pull curtains). Remove any shared equipment and supplies or linens.

Contact Management

- **Roommate close contacts** must be placed in isolation on Additional Precautions for 5 days from the symptomatic resident's symptom onset given their close and ongoing exposure. On day 6, if they remain asymptomatic, they can leave their room for walks in the immediate area with staff provided they wear appropriate PPE (masking). They may participate in activities and join others in communal areas provided they meet the following criteria:
 - They remain asymptomatic
 - They wear a well fitted mask at all times ensuring the nose and mouth are fully covered
 - They are able to socially distance from other residents
 - This may include avoiding attending group dining and group activities that involve unexposed residents where masking cannot be maintained until day 10 from the symptomatic roommate's symptom onset.
 - Roommate should be monitored once daily for symptoms.
 - **Non-roommate close contacts** (table mates/Program event) who remain asymptomatic do not need to isolate, however they should be cohorted separately from other non-exposed residents.
- Note: we cannot deny nor restrict absences for medical, palliative, or compassionate reasons even if the resident is in isolation. If they are required to leave the facility, we must alert the receiving health facility so they can ensure appropriate PPE is available.



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Influenza Outbreak

Duration of outbreak – in consultation with OMT and PH, if the outbreak area has not had any new cases of infection in either residents or staff, which meet case definition for a period of the established time by OMT. These decisions are based on the period of communicability plus incubation period or based on 2 incubation periods, which for influenza is 8 days (5 days period of communicability +3 days incubation period)

Case Management

- Confirmed influenzas would require the initiation of antiviral therapy.
- Close contacts would take prophylaxis dose of antiviral medication, and switch to treatment dose if becomes symptomatic.
- Unimmunized staff working in the confirmed influenza outbreak unit needs to be consulted about taking antiviral medication for the duration of the outbreak, otherwise they will not be able to work in the outbreak unit.
- Asymptomatic roommates should wear a well fitted mask, if tolerated, when receiving care and outside of their room, and physical distancing from others for 10 days
- Asymptomatic roommates should be monitored for symptoms, avoid attending group dining and group activities for at least 7 days

ARI Outbreaks

Duration of Outbreak – In consultation with OMT and PH, to declare on outbreak over, the facility must not have any new cases for infection in either staff or residents, which meet the case definition for the time period established by OMT/PH. Could be 8 days and is based on communicability and incubation periods.

Case Management

- Ill residents should be in isolation on additional precautions until 5 days (day 6) after onset of symptoms or until symptoms have resolved whichever is shorter.
- Some pathogens communicability may be longer than 5 days, this could be for outbreaks caused by unknown pathogens or others that are non-influenza

Contact Management

- Asymptomatic roommates should wear a well fitted mask, if tolerated, when receiving care and outside of their room, and physical distancing from others for 10 days
- Asymptomatic roommates should be monitored for symptoms, avoid attending group dining and group activities for at least 7 days



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Gastrointestinal Outbreaks

Duration of outbreak – is based on period of communicability + incubation period or based on 2 incubation periods. One incubation period plus one communicable period following onset of symptoms in the last identified case (5 days for Norovirus), or 48 hours after symptoms have resolved. Where the last case is an ill staff, the last day worked would be used as the last date of exposure.

Admissions/Transfers

- New admissions are generally not advised during a gastrointestinal outbreak
- If a resident is returning from absence, due diligence should be observed in protecting them by IPAC measures/precautions
- Acute care settings need to be notified if transferring a resident from the outbreak area
- Institution to institution is not recommended, but this is evaluated by OMT and PH

Enhanced Environmental Cleaning/Disinfecting

- A hard surface disinfectant with efficacy against the identified/suspected pathogen and reasonable contact time (not something with a 30 min CT) and compatible with the surfaced to be disinfected.

Investigation of Food-borne Outbreaks

Most outbreaks result from the person to person spread of a virus. The Public Health Unit may investigate the possibility that the microorganism could be spread through food, water or other means.

The outbreak may have started with an ill dietary worker, contaminated food or utensils. Investigation of a food-borne outbreak may be discontinued if a confirmed agent is identified.

The dietary manual will outline the required policies and procedures related to food handling, records of food suppliers, retention of food samples, temperature records of potentially hazardous foods, catered food, food brought in by families, common kitchens, feeding assistance, dishwasher temperature / sanitizing records and kitchen equipment.

The Public Health Unit is the lead in investigations to identify the source of food-borne outbreaks. The Public Health Nurse may take the following actions once an outbreak has been confirmed and food/water has not been ruled out.

- Questionnaires may be used to collect information from residents and staff; including symptoms, onset times, and food consumed.
- Clinical samples may be collected from symptomatic residents and staff. In some circumstances, the Public Health Unit may request stool samples from asymptomatic staff as well.



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Food Services Operation

The Public Health Inspector will require detailed information on:

- Foods eaten by resident
- How the food was prepared
- Holding and final cooking temperature records
- Date and time food was prepared.
- List of suppliers
- Etc.

Review of the outbreak

- What went well? What could be improved?
- Identify recommendations for future preventative actions or necessary policy/protocol changes.
- Possible reasons for the outbreak and steps to prevent similar outbreak in the future.

SUPPLIES AND RESOURCES

We can reach out for assistance if we go into outbreak and find we are short on supplies. MOH has set up a central request for supplies website, <https://ehealthontario.on.ca/en/health-care-professionals/ppe-intakeor>, or we can email the address below.

Homes can contact sco.supplies@ontario.ca

PPE Supply Portal - www.ppesupply.ontario.ca

Hand Hygiene Supplies

Alcohol based hand sanitizer with 70% alcohol shall be available and used upon entry and exit of resident rooms.

All bathrooms are stocked with soap and paper towels for hand washing.

Respiratory Hygiene and Cough Etiquette

Facial tissues and face masks (surgical) are available for anyone coughing.

Education and Training

Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Staff will demonstrate competency putting on and removing PPE. All clean utility rooms have reminder posters of Donning and Doffing procedures, as well, all PPE bins have been equipped with same. Memos and information sharing is provided for all staff in all departments and is



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available for reading in the COVID-19 binders which have been set up at all nursing stations. All staff are required to complete IPAC education upon hire and annually through SURGE learning.

Note: This policy is implemented in a manner consistent with the precautionary principle as set out in the standards and protocols issued by the MLTC Director and the most current medical evidence.

References:

[Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, 2024](#)



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Subject: Code Black – Bomb Threat

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Code Black – Bomb Threat

Introduction

Code Black covers the emergency procedure required when Hillcrest Village is threatened or affected by a bomb or terrorist incident.

Types of Threats and Procedures: Threat may come in via phone, written, emailed or threat may be discovered ex. suspicious package located.

1. Threat via Telephone: In the event that a bomb threat is received by telephone, the following action will be taken:

1. Remain calm and courteous. DO NOT HANG UP. Take notes as the caller talks (do not ask him/her to wait while searching for pen/paper or while you write).

2. Attempt to prolong the conversation and extract as much information as possible from the caller.

Note: Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.

Ask the following questions:

- When will the bomb explode?
- Where is the bomb? (Specific location)
- What does it look like?
- Why did you place the bomb there?
- What is your name?
- Where are you calling from?

3. Document as much of the conversation and background as possible. Include:

- Date, time and approximate length of the call.
- The exact wording of the threat. Any identifying characteristics of the caller:
 - Sex.
 - Estimated age group.
 - Accent / Voice (e.g., loud, soft, effeminate (feminine)).
 - Speech (fast, slow, nervous).
 - Diction (good, nasal, lisp).
 - Command of the language (articulate, poor, words out of context, mispronunciation);
 - Manner (calm, emotional, vulgar); and
 - Mannerisms (pet phrases, uncommon words)
- Anything familiar about the voice.
- Any background noises.
- Whether the caller seemed to be familiar with the area or building.
- What phone line the call was received on; and
- If there was anything shown on the call display screen.



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4. Be alert of subsequent calls of the same nature.

5. When the conversation with the caller has terminated, immediately notify the Charge Nurse or your direct supervisor (if immediately available), who will assume the role of Incident Manager.

2. Written or Mailed Threat: These procedures apply to various types of written threats including letters, emails, texts and social media.

1. If you open a letter and recognize it as a threat avoid handling the document and envelope so fingerprint / DNA evidence will be preserved.
2. If you receive an email, text or social media message that contains a threat, do not delete it.
3. Immediately notify the Charge Nurse or your direct Supervisor (if immediately available) who will assume the role of Incident Manager.

3. Suspicious Object/Package Located

1. Do not touch, move or open the object.
2. Leave the area immediately.
3. Notify the Incident Manager or Police of the location and external appearance of the suspicious object.
4. Keep residents and other staff members out of the area where the threat is located.
5. Follow the directions of the Incident Manager.

4. Threats can be to a specific location or be non- specific:

A. Threat to a Specific location -The Incident Manager will:

1. Announce a “Code Green” for the specific floor/area identified.
2. Call for additional help, as required, using a landline phone.
3. Facilitate evacuation of the identified floor/area according to Code Green procedures.
4. Discuss with police if the evacuation should be expanded to include other floors.

B. A Non-Specific Threat- Incident Manager will:

1. If the threat is non-specific as to location, set up a command post in the front meeting of the Hillcrest building. Ensure the area used for the command post is searched for a threat before use.
2. Delegate personnel to initiate staff Emergency Notification in SSC.
3. Request additional help, as needed, using a landline phone.
4. Provide details of the threat and a floor plan of Hillcrest Village to staff to initiate the search for the bomb in order of the checklist. This will include a search of the grounds. It is recommended that staff be assigned to search the area of the Home they are most familiar with.
5. Review the information with the police to determine additional actions to be taken.

Procedure

RCF/Charge Nurse/Incident Manager: Upon notification of a threat, assume the role of Incident Manager until relieved of the position by a more senior manager.



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Incident Manager will:

1. Direct someone to call the police services 9-1-1 and provide as much detail as possible about the threat received and the caller.
2. Announce calmly to all visitors and staff (or have announced) a “Code Black” three times.
 - a. If the caller identified a specific location or a suspicious item is located the announcement will be:

“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”

“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”

“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”

- b. Then initiate an evacuation of the identified floor by announcing:

“Code Green (location)”

“Code Green (location)”

“Code Green (location)”

Note: as this is not a fire, the elevators may be used for the evacuation (always evacuating to a lower level but not below ground level.) The area to which the residents are being moved must be searched before the residents are moved into it.

- c. If the caller was not specific as to the location the announcement will be:

“Code Black Hillcrest Village. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”

“Code Black Hillcrest Village. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”

“Code Black Hillcrest Village. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”

3. Utilize the Incident Manager Checklist - Bomb/Terrorism to track actions and log the times of the response.
4. Set up a command post in the front meeting room Hillcrest building. Ensure the area used for the command post is searched for a threat before use.
5. Notify all employees of the bomb threat (Canada Labour Code requirement). Inform staff of



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their right to leave the workplace if they feel unsafe.

6. Contact Ontario Ministry of Long-Term Care: After hours number 1-888-999-6973 within 2 hours and during regular hours 1-866-434-0144.
7. Contact Municipality - Community Emergency Management Coordinator (CEMC) for the Town of Midland 705-526-4275 within 4 hours.

All Staff:

1. Immediately turn off cell and wireless phones and two-way radios (walkie-talkies) upon the announcement of a Code Black. Use landlines for all communications.
2. Use the floor plans located in the emergency envelope on each unit and department to document each area searched. *Search will include closets, bathrooms, toilets, garbage cans, laundry carts, medication carts, cabinets, under chairs, tables, and beds.* Rooms should be searched in a counterclockwise rotation and from ceiling to floor. Identify rooms as searched - on home areas use door magnets. It must never be assumed that there is only one device. Continue the search in all other areas of Hillcrest Village until thoroughly complete.
3. Report back to the Incident Manager with your completed audit forms and follow their directions.
4. If you are available, respond to the command post Hillcrest Meeting room. At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents.
5. Upon announcement of Code Green, evacuate all residents from the identified location, following Code Green procedures, and close fire doors.
6. Once the area is evacuated stay out of the identified area. The police will initiate a search of that area.
 7. If you were not involved in the evacuation or have completed the evacuation, conduct a search of your own work area.
 8. If you are responding to the staff Emergency Notification from SSC, report to Reception or alternate location communicated, you will be assigned to assist in the search. Follow search instructions from the Incident Manager.
 9. Each search team will report to the Incident Manager every 10 minutes to provide an update and to be given further instruction. The reporting in will be done by physically reporting in.

Administrator

1. Upon notification of the discovery of a suspicious object / or bomb threat immediately establish the senior IMS Team.
2. Notify, or designate a senior staff member to notify, the Ministry of Long-Term Care.



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After the Threat has Concluded

Incident Manager

1. Complete the Ministry of Long-Term Care Incident Report and forward it to the Administrator or delegate.
2. Conduct a short debriefing at the command post to obtain timely feedback from staff on the handling of the event.
3. Ensure the Incident Manager Checklist – Bomb/Terrorism is complete.
4. Compile a report of all staff in attendance and attach it to the Checklist-Bomb/Terrorism and submit it to the Administrator.

Managers

1. Provide a short debrief to your team at your next staff meeting, identifying what went well and what needs improvement.

All Staff

1. Participate in debriefings.
2. Provide feedback to the Incident Manager regarding the response to the threat.
3. Direct any media calls or external inquiries to the Administrator.

Administrator

1. Review the Incident Report and forward it to the Ministry of Long-Term Care.
2. Receive reports from staff involved in the incident.
3. Conduct a debriefing of all the managers involved in the incident.
4. Report to Residents' Council and Family Council on incident response.

This policy meets requirements under Ontario Regulation 246/22, Canada Labour Code Part II, and Emergency Management and Civil Protection Act.



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CODE BLACK – BOMB THREAT
INCIDENT MANAGER LOG/TIME SHEET

Date: _____ Incident Manager: _____

Time (note below)

_____ Time original threat received.

_____ Original Threat reported to Charge Nurse by: _____

_____ The Charge Nurse becomes the Incident Manager until relieved by a more senior staff member.

_____ The Incident Manager advises all staff and visitors “Code Black – Please turn off all cell phones and wireless phones.” (Repeat three times)

_____ Police notified via 9-1-1, by person who received the threat.

_____ Command post established

_____ Staff notified of bomb threat and employee rights (Canada Labour Code).

_____ If the threat identified a specific location or a suspicious object is located commence an evacuation of the floor - staff assigned to search all other areas to ensure there is not a secondary device.

_____ If the threat is non-specific, staff assigned to search the entire Home.

_____ Police arrived at Hillcrest Village

_____ Police assess the situation and provide direction _____

_____ Administrator or delegate notified (initiates staff Emergency Notification in SSC)

_____ *Ontario Ministry of Long-Term Care (MOLTC) notified: 1-866-434-0144

_____ Municipal Emergency Management notified.

Administrator will determine if the senior IMS team needs to be organized.



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Time (note below)

_____ Staff assigned to search the *Hillcrest building basement* team leader _____ # _____

_____ Staff assigned to search the *Hillcrest building 1st floor* team leader _____ # _____

_____ Staff assigned to search the *Hillcrest building 2nd floor* team leader _____ # _____

_____ Staff assigned to search the *Hillcrest building roof* team leader _____ # _____

_____ Staff assigned to search the *Heritage building basement* team leader _____ # _____

_____ Staff assigned to search the *Heritage building 1st floor* team leader _____ # _____

_____ Staff assigned to search the *Heritage building 2nd floor* team leader _____ # _____

_____ Staff assigned to search the *Heritage building roof* team leader _____ # _____

_____ Staff assigned to search *grounds & parking* team leader _____ # _____

_____ Staff assigned to search _____ team leader _____ # _____

_____ Staff assigned to search _____ team leader _____ # _____



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Suspicious Package Located

_____ Suspicious package located. Location: _____

By whom: _____

_____ Police notified of suspicious package. Officer: _____

_____ Police advise what areas need to be evacuated _____

_____ Code Green initiated for floor where package located, and the area police advise – refer to Code Green policy.

_____ Searchers updated (continue searching other areas)

_____ Administrator or delegate notified.

_____ MOLTC notified by Administrator or delegate.

After All Clear Given

_____ Initial debriefing completed at command post.

_____ MOLTC Incident Report completed.

Notes: _____



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CODE BLACK CALL RECEIVER INFORMATION

When a bomb threat is received: Listen, be calm and courteous. Obtain as much information as you can. Try to write out the exact wording of their responses and the threat. Use the back of the page if required.

Questions to ask:

When will the bomb explode? _____

Where is the bomb? (Specific location):

What does it look like?

Why did you place the bomb there?

What is your name? * _____

Where are you calling from? * _____

**Note: Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.*

Date: _____ Time Received: _____

Approximate length of call: _____

Identifying characteristics of the caller:

Sex: _____ Estimated age group: _____

Accent: _____

Voice (e.g., Loud, soft, effeminate):



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Speech (fast, slow, nervous):

Diction (good, nasal, lisp):

Command of the language (articulate, poor, words out of context, mispronunciation):

Manner (calm, emotional, vulgar):

Mannerisms (pet phrases, uncommon words):

Anything familiar about the voice:

Any background noises:

Does the caller seem to be familiar with the area or building?

What phone line was the call received on:

Use the back of the sheet to add as many details as possible.

Call police 9-1-1. Time called: _____

Notify Immediate Supervisor or Charge Nurse. Time notified: _____

Notify Administrator or delegate. Time notified: _____

Ontario Ministry of Long-Term Care notified: 1-866-434-0144. Time notified: _____

Municipal Emergency Management notified. Time notified: 705-526-4275 _____

FOLLOW CODE BLACK PROCEDURES



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Subject: Medical Emergency Code
Blue

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Approval Date: September 2015

Revised Date: March 28, 2025
Review Date:

Code Blue – Medical Emergency

Introduction

To mobilize medical and/or nursing staff to the location of an emergency medical situation involving visitors, staff or volunteers to provide immediate intervention and assistance. For medical emergencies involving residents, staff will follow the resident care procedures.

Definitions

Code Blue – a request for nursing and or medical assistance in an emergency involving illness or injury of a resident, visitor, staff member or volunteer.

Emergency medical situation: serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

Critically injured - means an injury of a serious nature that:

- (a) places life in jeopardy
- (b) produces unconsciousness
- (c) results in substantial loss of blood
- (d) involves the fracture of a leg or arm but not a finger or toe
- (e) involves the amputation of a leg, arm, hand, or foot but not a finger or toe
- (f) consists of burns to a major portion of the body; or
- (g) causes the loss of sight in an eye.

As defined by Regulation 834 of the Occupational Health & Safety Act, where a staff member or volunteer is injured while at the workplace and suffers a “critical injury” by definition of the Occupational Health & Safety Act, the Administrator or delegate will notify Health & Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour.

First Aid Kit – a kit that meets the requirements under the Occupational Health and Safety Act. Can be found in First Aid Room of Heritage place.

Emergency Assistance Required

Originating Staff



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1. Upon discovery of a medical emergency requiring assistance loudly announce "Code Blue" to request the assistance of nearby staff.
2. Request the nearest staff member to page "Code Blue" three times with the location, on the phone system PRESS: "EX PAGE 0".
3. Contact the Charge Nurse/RCF and request emergency assistance.

Registered Staff

1. If you hear another staff member requesting medical assistance or a "Code Blue" paged, attend the medical emergency. Heritage registered staff must stop into the First Aid room to obtain and bring the first aid kit. If the medical emergency is on Heritage Place and Heritage registered staff is the first one there, they should assign another registered staff to retrieve the First Aid Kit from the First Aid Room along with the vitals machine. A spare concentrator for oxygen is stored in the Computer Training Room in the Hillcrest basement.
2. If you are the first Registered staff arriving then you will assume the role of Incident Manager until relieved by a more senior Registered Nurse.

RCF/Incident Manager

1. Upon notification of a medical emergency, attend the scene and assume the role of Incident Manager.
2. Page "Code Blue (location)" three times.
3. Assess the patient and determine what interventions are required.
4. Ensure the provision of First Aid, as needed.
5. Determine if EMS is required. If EMS is required, ensure 9-1-1 is called, let them know which building to go to.
6. Delegate a staff member to meet the paramedics if EMS was called.
7. Ensure the Code Blue Incident Manager Check List is completed.
8. Advise any staff/volunteers not required to return to their duties.
9. Ensure appropriate documentation is completed: i.e. WSIB forms, First Aid logbook, Critical Incident Report, Environmental Incident Report, and any other Incident Investigation forms.
10. Notify the Administrator or designate if the emergency is a critical injury/incident involving a staff member, volunteer or visitor.
11. Following any Code Blue the Code Blue Checklist will be completed and directed to the Administrator for Quality Assurance purposes.

Administrator/Delegate



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Where a staff member or volunteer is injured while at the workplace and suffers a "critical injury" by definition on the Occupational Health & Safety Act, notify Health & Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour.

CODE BLUE – MEDICAL EMERGENCY INCIDENT MANAGER CHECK LIST

Date: _____ Incident Manager: _____

Time (note below)

_____ Charge Nurse notified of medical emergency

_____ Patient originally observed / discovered by: _____

_____ "Code Blue (location)" Paged x3

Arrival times and names of the responding nursing staff

Emerg. Kit

_____	_____	Y / N
_____	_____	Y / N
_____	_____	Y / N
_____	_____	Y / N
_____	_____	Y / N

The first arriving nurse will become the Incident Manager

A nurse will assess the patient and determine what interventions are required.

Summary of Assessment



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Summary of Interventions

_____ EMS required? (Yes/No)

_____ 9-1-1 called by whom: _____

_____ Person assigned to meet EMS: _____

_____ Advise any staff or volunteers not required to return to their normal duties.

_____ Notify the Administrator or designate if the emergency is a critical incident involving a staff member, volunteer or visitor.

Critically injured - means an injury of a serious nature that:

- (a) places life in jeopardy.
- (b) produces unconsciousness.
- (c) results in substantial loss of blood.
- (d) involves the fracture of a leg or arm but not a finger or toe.
- (e) involves the amputation of a leg, arm, hand, or foot but not a finger or toe.
- (f) consists of burns to a major portion of the body; or
- (g) causes the loss of sight in an eye.

As defined by Regulation 834 of the *Occupational Health & Safety Act*

_____ Administrator or designate notifies the Health & Safety Committee of critical injuries to any staff, contracted staff or volunteer.

_____ Administrator or designate notifies the Ministry of Labour of critical injuries to any staff, contracted staff or volunteer.

_____ Next of Kin notified as appropriate _____

_____ Assessment and interventions summarized on Incident Report.



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_____ Incident Report submitted to MOHLTC where appropriate.

_____ First Aid Kit restocked.



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Subject: Code Brown – Hazardous
Materials Spill

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Code Brown – Hazardous Materials Spill

Introduction

Code Brown covers the emergency response to a situation where hazardous materials may affect the health of the residents or the security of Hillcrest Village.

Where hazardous materials are spilled and the spill is of the size or potential hazard of an unknown substance where housekeeping or maintenance staff is unable to carry out safe cleanup, a “Code Brown” will be called, to alert all staff of the situation.

A spill may include liquids, powders, or even gaseous substances.

The Spill Kit is located in the laundry room – a key is hanging in housekeeping closet on first floor Hillcrest building for access to the spill kit after regular laundry shift hours.

Procedure

Originating Staff

1. Upon discovery of a spill of a hazardous or unknown substance, notify the Charge Nurse or your Supervisor who will assume the role of Incident Manager.
2. Follow the direction of the Incident Manager.
3. Notify the Incident Manager if you have been contaminated or if you are experiencing any health effects related to contamination.

Charge Nurse/Incident Manager

1. Upon notification of a spill of hazardous material, you assume the role of Incident Manager until relieved of the role by the Maintenance Supervisor.
2. Proceed to the location to assess the situation. Only enter the area to inspect the spill if it is safe to do so.
3. Cordon off the area and keep people away from the area until the spill is cleaned up. Post signage at all entrances and lock elevator, if required. Signage is kept with the spill kit in laundry room.



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4. Notify staff in the area of the spill of the "Code Brown." When paging a Code Brown identifying the location (building/area) and who needs to attend (what Staff members). Ex. "Code Brown Hillcrest building laundry room, maintenance and housekeeping supervisor to attend".
5. If the spill is of a flammable material or there are any injuries/illness from the spilled material:
 - Call 9-1-1;
 - Clear the area of all persons;
 - Ensure there are no sources of ignition; and
 - Ventilate the area by opening windows (if safe to do so).
6. Attend to any people who may be contaminated:
 - Contaminated clothing must be removed immediately
 - Flush skin with water for no less than fifteen minutes
 - Clothing must be laundered before reuse

Emergency Equipment Locations:

- **Eye wash stations** are located in:
 - Georgian/Harbour staff bathrooms
 - Heritage/Centennial hopper rooms
 - Main Kitchen chemical room
 - Staff room in the Hillcrest basement
 - **Emergency decontamination showers** are located in:
 - Each Resident Home Area
 - Hillcrest building locker rooms
7. Where safe to do so, determine the name and quantity of the substance spilled.
 8. Obtain the (Material) Safety Data Sheet (SDS).
 9. Determine if an evacuation is required. If an emergency evacuation of the spill zone or a greater area is required, activate **Code Green** and notify the Administrator or delegate.
 10. After business hours notify the Administrator or delegate if there are injuries, an evacuation of residents from their home area, or the fire department has been called.
 11. Arrange for a commercial spill response team if the spill is outside the capability of the Maintenance staff and initiate the Senior IMS Team.



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12. Notify the Ministry of Long Term Care (MLTC) immediately if any evacuation or displacement of residents occurs or if there is any disruption to the facility operations.
13. If the spill does not create a major difficulty an incident report may be faxed to the Ministry of Labour (MOL).
14. Notify the MOL if there are any critical injuries to staff members or a resident.

Protocol for Spill Clean-up Team

1. Upon notification of a hazardous material spill report to the Incident Manager.
2. Assess the spill from a safe location to determine if it is within the capability of the team to clean up. The complexity and detail of the cleanup plan will depend upon the physical characteristics and volume of materials being handled, their potential toxicity, and the potential for releases to the environment.
3. Review Safety Data Sheets (SDS) or other references for recommended spill cleanup methods and materials, and the need for personal protective equipment (e.g. masks, goggles, gloves, protective clothing, etc.).
4. Ensure proper Personal Protective Equipment (PPE) is utilized based on the chemical spilled as per the SDS sheet.
5. Obtain the Spill Kit stored in the laundry room located in the lower level of the Hillcrest building. This kit will include absorbent materials and other equipment to disperse, collect and contain spill control materials (e.g. brushes, scoops, sealable containers). Cytotoxic spill kits are stored in each medication room (Georgian & Bayview Suites, Heritage and Centennial Place home areas).
6. Protect all floor drains or other means of environmental release.
7. Distribute loose spill control materials over the entire spill area working from the outside, circling to the inside. This reduces the chance of splashing or spreading the spilled chemical.
8. When spilled materials have been absorbed, use brush and scoop to place materials in an appropriate container. Polyethylene bags may be used for small spills. Five-gallon pails with polyethylene liners may be appropriate for larger quantities.



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9. Complete a hazardous waste label, identifying the material as Spill Debris involving (identify) chemical, and affix onto the container. Spill control materials may need to be disposed of as hazardous waste – refer to municipal public works for specifics based on the type and quantity of the chemical spilled.
10. Decontaminate the surface where the spill occurred using a mild detergent and water when appropriate.



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CODE BROWN – HAZARDOUS MATERIAL SPILL
INCIDENT MANAGER CHECK LIST

Date: _____ Incident Manager: _____

Time (note below)

_____ Time spill discovered

Person discovering the spill: _____

Location of the spill: _____

Substance spilled (if known): _____

_____ Charge Nurse or area Supervisor notified will assume the role of Incident Manager until relieved of the role by the Maintenance Supervisor or delegate

Name of initial Incident Manager: _____

_____ Cordon off the area and establish a safety perimeter

_____ Obtain spill kit in laundry room - post signage: located in spill kit.

_____ Determine if an evacuation is required: YES NO (circle)

_____ If emergency evacuation of area is required page "Code Green (location)" x3

_____ Administrator or delegate notified if evacuation is required, or injuries occurred

_____ Incident Manager will page Code Brown identifying the location (floor/area) and who needs to attend to the incident. **Example – "Code Brown Hillcrest building laundry room; maintenance and housekeeping supervisor to attend. All other staff please stand by."**

_____ After hours notify the Maintenance Supervisor or delegate to determine if maintenance staff should be called in



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If the spill is of a flammable material or there are any injuries/illness from the spilled material:

_____ Call 9-1-1

_____ Clear the area of all people

_____ Ensure there are no sources of ignition

_____ Ventilate the area by opening windows (if safe to do so)

_____ Attend to any people who may be contaminated. Contaminated clothing must be removed immediately, and the skin flushed with water for no less than fifteen minutes.
Contaminated clothing left to determine disposal or cleaning methods

_____ Fire Department arrival (if 9-1-1 called)

_____ EMS arrival (if 9-1-1 called)

_____ Police arrival (if 9-1-1 called)

Maintenance Staff Response

Time arrived

_____ Maintenance Staff arrive at the location to assess the situation

Name: _____

Name: _____

_____ Certified worker rep of the Health & Safety Committee

Name: _____



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Additional team members:

____ Name: _____

____ Name: _____

____ Name and quantity of the substance spilled determined:

____ (Material) Safety Data Sheet(s) obtained

____ Appropriate Personal Protective Equipment (PPE) for the spill available and utilized

____ Floor drains and other means of environmental release protected

____ Public Works notified if spill reaches floor drains or has other environmental release

____ Maintenance staff initiate clean up (if it is within their capability)

____ Contaminated material cleaned up properly, contained and labeled

____ External assistance requested of commercial spill response team (if required)

Name and contact information of external support requested:

Company Name: _____

Contact Person: _____

Telephone: _____

Other contact info: _____

____ Administrator or delegate notified of external assistance request

____ Administrator or delegate initiates the senior IMS Team if external assistance is required

____ Ministry of Long Term Care (MLTC) notified immediately of any evacuation

____ Ministry of Labour notified of any critical injuries to staff

____ Proper disposal of waste material



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Method of disposal: _____

Name of Disposal Company: _____

Contact information: _____

Date/Time of removal: _____

_____ Surface of spill area decontaminated

Method of decontamination: _____

_____ "All clear" given

_____ Incident Report completed



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Code Green – Evacuation

Introduction

Code Green is to provide guidelines on a safe and efficient evacuation of a home area, floor, building or the entire Hillcrest Village Care Centre.

Examples of circumstances necessitating an emergency evacuation include fire / explosion, bomb threat, community disaster (e.g. toxic spill, tornado), structural failure (e.g. roof collapse), etc.

Types of Evacuation

Horizontal Evacuation: Involves moving from one area of the floor to another area, on the same floor, behind fire barrier doors.

Vertical Evacuation: Involves moving from one floor towards the ground floor.

While the preference in a partial evacuation is a horizontal evacuation, due to the risks of moving residents via stairways, this may not be an option where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route).

DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat).

Total Evacuation: Involves total evacuation of the building to the outside and would be carried out only in an extreme emergency. The emergency services will normally be on location to provide assistance.

Decision to Evacuate

Each emergency situation will have an Incident Manager responsible for the safety of all persons in the building, the initiation of the emergency plan, and delegating responsibilities to ensure the emergency plan(s) are properly activated.

Where possible, the decision to evacuate an area is to be made in consultation with the Administrator or the Director of Care/Assistant Director of Care on call or on duty in their absence.



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Procedure

Originating Staff

1. If discovering an emergency that is potentially life threatening, immediately sound the alarm for the type of emergency, and where safe to do so, remove residents and all others from harm's way.
2. If there are no person(s) in immediate danger, notify the Charge Nurse of the emergency. The Charge Nurse will assume the role of Incident Manager and will make the decision to evacuate, if required.
3. Follow the directions of the Incident Manager.

Charge Nurse/Incident Manager

1. Upon notification of an emergency situation, assume the role of Incident Manager until relieved by a more Senior Manager.
2. Determine the need for an emergency evacuation (Code Green).
3. Determine the extent of a Code Green (partial or total evacuation).
4. In fire emergencies a partial evacuation will be initiated evacuating persons from the area of the fire/smoke (refer to Code Red).
5. Where there is not an immediate danger and time to wait for the emergency services to arrive, the decision to evacuate and the extent of the evacuation will occur in conjunction with discussion with the emergency services.
6. For a partial evacuation the Charge Nurse for the floor will advise all staff and visitors of a "Code Green" for the specific home area/floor.
7. When the decision has been made to initiate an emergency evacuation, activate the fire alarm pull station to set off the alarm bells for a first stage alarm (short beat). The second stage alarm is activated by using an alarm key, located at nursing stations and reception, at any pull station to activate. Hillcrest alarm system will go into evacuation mode automatically in 5 minutes. Heritage Place building requires staff to use a pull station key to immediately initiate evacuation alarm. The key is located in the Code Green binder in the lab room on Heritage.



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8. Announce, or have announced, a Code Green 3 times.

For a partial evacuation a "Code Green (building)" will be announced and repeated 3 times.
Identify the area and the floor number:

"Code Green (building and floor number)"

"Code Green (building and floor number)"

"Code Green (location and floor number)"

In the event of a total evacuation of a building "Code Green Hillcrest / Heritage building"
(select the appropriate building) will be announced 3 times:

"Code Green Hillcrest / Heritage building"

"Code Green Hillcrest / Heritage building"

"Code Green Hillcrest / Heritage building"

9. Call 9-1-1 stating the type and location of the emergency.

All Staff

1. All Fire Alarms will be treated as an emergency and evacuation of the fire area will be commenced immediately.
2. When a decision is made for an emergency evacuation **Evacuate Now!**

Priority of Evacuation

1. Residents in immediate danger will be evacuated first.
2. All ambulatory residents under supervision: Residents able to walk should be led to another fire barrier area. If a resident is aggressively resistant move on to the next resident so as to not delay the evacuation process. Staff will return to aggressively resistant residents once others at imminent risk are safe.
3. All wheelchair residents should be assisted to safe fire barriers and, if their wheelchairs are required for other residents, are to be removed from their wheelchairs.
4. All non-ambulatory residents. Most residents can be carried or pulled on a blanket to a safe area if necessary. Moving beds will cause congestion and should be a last resort.



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5. Residents who aggressively resist the evacuation.

Note: Where possible, traffic in the corridors and stairwells will move in one direction for ease of flow. Where two directional traffic flow is necessary, staff will keep to the right to minimize directional conflict.

During a Partial Evacuation

Incident Manager

1. Initiate the staff Emergency Notification System and activate the Senior Incident Management System (IMS) team (i.e. DRC, Administrator, etc.).
2. Set up a command post at Reception, if safe to do so, or alternative location announced to staff.
3. Direct the activities of all Hillcrest Village personnel.
4. Retrieve the "Code Green binder" (kept at Reception) containing "Code Green" staff assignments and policies, procedures, name badges, transfer forms, resident information including resident photos, and initiate Emergency Notification System.
5. Ensure that all residents are identified with name badges.
6. Transport the Residents' chart to the place where the Residents have been relocated.
7. Remove visitor and volunteer logs to the command post to assist with safety accountability of all staff.
8. Provide for the continuing care of the residents.
9. Ensure a Liaison Officer is appointed to maintain continuous communications with the Emergency Services.
10. Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.
11. Ensure a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.



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12. Ensure a Public Information Officer is appointed to ensure appropriate communications with families, staff, and the media.

13. Notify the MOHLTC.

In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.

Registered Staff/Supervisors

1. Ensure one staff member stays in their assigned area to continue the care of their residents and send all other staff to assist with the Code Green. Additional staff may be required to monitor exits and/or stairways for the safety of wandering residents.
2. Provide direction and guidance to staff participating in the evacuation.
3. Take direction from and report to the Incident Manager or other Incident Management System (IMS) managers.
4. Ensure that all evacuees are identified with name badges.
5. Be responsible for maintaining a head count of residents and staff and keeping the Incident Manager informed.
6. Responsible for the removal of the resident charts and medication carts if time and situation permit.
7. Provide for the continuing care of the residents.

All Staff

1. Upon notification of a Code Green, assist with the evacuation procedure beginning with those closest to the identified area.

Note: One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location. Additional staff may be delegated back to the units to monitor exits and stairways for the safety of wandering residents.

2. If you are responding to the Emergency Notification System, report to the command post for further instruction.
3. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.



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4. Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
5. Proceed directly to the area of the Code Green. Use the stairs – DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat, structural engineer for a roof collapse).
6. If you are not in your work area when the Code Green is activated (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Green location.
7. Report to the Incident Manager or designate.
8. Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager. In many cases this will be behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
9. Close all unlocked doors to contain the fire and smoke.
10. Ensure each room in the assigned area is properly and thoroughly searched and evacuated indicators used to identify that the room is vacant. Do not use an evacuated indicator if a person is still in the room.

During a Total Evacuation

Incident Manager

1. Initiate the staff Emergency Notification System and activate the Senior IMS team.
2. Set up a command post at Reception, if safe to do so, or alternative location announced to staff.
3. If necessary, designate a staff member to contact the transfer facilities to advise that residents will be coming and confirm that these alternate facilities are prepared to receive residents. Confirmation of facilities to be communicated to the Incident Manager.
4. Direct the activities of all Hillcrest Village personnel.



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5. Retrieve the Code Green Binder and Resident Lanyards, (kept in Heritage Lab room and in the Hillcrest Photocopy Room). The highly visible vest for the Incident Manager is stored in the Heritage lab room.

6. Designate two outside exit areas as safe resident pickup sites to bring residents from the evacuation prior to being transferred to another facility or with family.

Area one – will be for non-injured and stable residents.

Area two (triage) – will be for resident(s) requiring emergency care, either as a result of the emergency itself or due to some pre-existing medical condition(s).

7. Designate Registered Staff or a Department Head to supervise the pickup site. Delegate additional staff/volunteers to assist as resources are available.

8. Communicate with the Registered Nursing staff on the nursing units the list of residents to go to each holding area.

9. Confirmation of residents at each pickup site will be made with designated staff member supervising the area.

10. Ensure that all residents are identified with name badges.

11. Residents will be prioritized for transportation to the hospital or other temporary facilities, with ambulance directed to the most seriously injured, in order of severity.

12. Alternative transportation will be arranged for ambulatory residents and other residents who do not require an ambulance for transport (i.e. relative of residents, staff and volunteers).

13. Log each Resident's destination, who they left with, and how they were transported.

14. Transport the Residents' charts to the place where the Residents have been relocated.

15. Remove visitor and volunteer logs to the command post to assist with a safety accountability of all staff.

16. Provide for the continuing care of the residents.

17. Ensure a Liaison Officer is appointed to maintain continuous communications with the Emergency Services.



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18. Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.
19. Ensure a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.
20. Ensure a Public Information Officer is appointed to ensure appropriate communications with families, staff, and the media.
21. Notify the MOHLTC, Reporting Requirements are – Immediate.

In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.

Registered Staff/Supervisors

1. Provide direction and guidance to staff participating in the evacuation.
2. Take direction from and report to the Incident Manager or other Incident Management System managers.
3. Ensure the emergency Code Green binders are removed from the building with the first resident.
4. Ensure that all evacuees are identified with name badges.
5. Prepare relevant transfer information for each resident.
6. Be responsible for maintaining a head count of residents and staff and keeping the Incident Manager informed.
7. Responsible for the removal of the resident charts and medication carts if time and situation permits.
8. Be responsible for tracking the destinations of the residents.
9. Provide for the continuing care of the residents.
10. If the "Code Green" is isolated to another home area/floor, one staff member will stay in their assigned area to continue the care of their residents and send all other staff to assist



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with the Code Green. Additional staff may be required to monitor exits and/or stairways for the safety of wandering residents.

All Staff

1. Upon notification of a Code Green, assist with the evacuation procedure beginning with those closest to the identified area.

Note: One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location. Additional staff may be delegated back to the units to monitor exits and stairways for the safety of wandering residents.

2. If you are responding to the Emergency Notification System, report to the command post for further instruction. If a command post is not yet established only enter the building with the active alarm through the front doors.
3. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.
4. Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
5. Proceed directly to the area of the Code Green. Use the stairs – DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat, structural engineer for a roof collapse).
6. If you are not in your work area when the Code Green is activated (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Green location.
7. Report to the Incident Manager or designate.
8. Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager. In many cases this will be behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
9. Close all unlocked doors to contain the fire and smoke.



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10. Ensure each room in the assigned area is properly and thoroughly searched and evacuated indicators used to identify that the room is vacant. Do not use an evacuated indicator if a person is still in the room.
11. Staff assigned to the pickup sites will assist in monitoring the residents and preparing the name badges and transfer information sheets.

Debrief

Incident Manager

1. Ensure that all documentation is completed.
2. Chair a Code Green Evacuation Debrief session within 24 hours of the event. Upon completion of this meeting, all Managers will provide a short debrief to their teams at their next staff meeting, identifying what went well and what needs improvement.
3. If Hillcrest Village is un-operational for a period of time contact staff and inform them of when they will be expected to return.

Administrator

1. Complete the Critical Incident Form and submit it to the Ministry of Health & Long-Term Care when the incident is over.

Training Exercises

Training exercises for a “mock” evacuation will take place at least once every three years or more often as determined by the priorities of the home.

The Administrator will keep a detailed log of all Emergency Exercises including which area of the building was evacuated, who initiated the exercise, what time of day the exercise occurred, how many staff were on site, how long the evacuation of the affected area took, debriefing of staff and comments on improvement. A report of all staff in attendance will be forwarded to the Administrator.

Any changes to the evacuation plan will be communicated to staff as soon as possible.



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**CODE GREEN
INCIDENT MANAGER CHECKLIST**

Initial Incident Manager: _____ Date: _____

Time (note below)

_____ Determine the type of emergency _____

_____ Determine the need for a Code Green (persons in danger).

_____ Determine the extent of a Code Green (partial or total evacuation).

_____ Activate Stage 1 Fire Alarm - pull the fire alarm to activate.

_____ Activate Stage 2 Fire Alarm for a total evacuation, the stage 2 will happen after 5 minutes in Hillcrest building after pulled. Heritage Place you will need to obtain the key and activate stage 2.

_____ Advise all staff of the location of the "Code Green."

_____ Delegate a staff member to announce "Code Green (location)" x3 on the paging system.

_____ Call 9-1-1 stating the type and location of the emergency.

_____ Initiate the Emergency Notification System Contact "Wendy Ens 705-623-5758" Alternatives:
Brienne Nevils 705-309-8085, Rachael Plant 519-216-0174, or Leeann Bruce 705-720-0619)

_____ Retrieve Code Green Binder from Heritage lab room (includes vest for Incident Manager) or Hillcrest photocopy room

_____ Contact transfer facilities, ensure they have the appropriate resources to accept residents
Georgian Village, Villa Care Centre, North Simcoe Sports & Recreation Centre – See Emergency
Phone numbers in the green Evacuation Binder

_____ Contact bus line for transportation - see emergency phone list.

_____ Designate two outside exits for safe Resident pickup sites

_____ Delegate Registered Staff or Department Head for each pickup site to supervise and be responsible for liaison with the Incident Manager

_____ Direct the activities of all Hillcrest Village personnel



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- _____ Maintain a record of evacuees (attached Evacuation Log)
- _____ Notify the Fire Department (9-1-1) or appropriate agency of persons not accounted for and their last known location
- _____ Ensure all residents are identified with name badges and a transfer information sheet
- _____ Coordinate the transportation of residents
- _____ Be responsible for listing the residents' destinations
- _____ Transport the residents' charts to the place where residents have been relocated
- _____ Remove visitors and volunteer logs to the command post to assist with a safety accountability of all staff
- _____ Provide for the continuing care of the residents
- _____ Establish a meeting of the senior IMS team
- _____ Appoint a Liaison Officer to maintain communications with Emergency Services
- _____ Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies
- _____ Appoint a Safety Officer to monitor the safety of all personnel in the building other than emergency service personnel
- _____ Appoint a Public Information Officer
- _____ Establish other IMS team functions as necessary
- _____ Notify the MOHLTC- Reporting requirement- Immediate.



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Code Grey – Air Exclusion

Purpose

To provide an effective and efficient procedure for restricting the entry of outside air into Hillcrest Village in the event of hazardous gases/fumes being present in outside air.

External air exclusion is only put into action where evacuation into the open air would be more hazardous to the health and safety of residents and staff (e.g. external chemical cloud, considerable smoke from local fire, abnormally high outside ambient temperatures).

Procedure

Charge Nurse/Incident Manager

1. Upon being notified of an incident or potential incident producing hazardous fumes external to Hillcrest Village, the Charge Nurse will assume the role of the Incident Manager until relieved by a more senior manager.
2. Announce to all staff, "Code Grey" x3 advising them to "close all open windows and lock them, turn off all bathroom fans and bring any residents who are sitting outside in and close exterior doors." ***If on break return to your home area immediately to assist with emergency procedures in Resident home areas.***
3. Notify the Maintenance Supervisor, or delegate, and the Administrator. If not on site.
4. **Duties:** In the absence of any of the department's assignments will need to be reassigned.

Nursing staff: Go room to room, Residents rooms, tub, rooms, shower rooms, housekeeping closets, linen rooms and serveries. "close all open windows and lock them, turn off all bathroom fans and bring any residents who are sitting outside in and close exterior doors." Reg staff on each unit will report off to the Incident Manager once each unit has been checked.

Kitchen Staff: to turn off all cooking operations, all exhaust fans in main kitchen/dish pit, and to reach out to Nutrition Manager or delegate if not on site. (Doors can remain open inside building just close doors leading to outside.)

Dietary Aides: go to assigned areas close any windows and lock them, turn off exhaust fans if not yet completed and report to Reg staff once completed that your area is secure and assist as assigned on the unit.

Housekeeping staff: turn off all exhaust fans in housekeeping closet. Report to Reg. staff on the unit when completed and assist as required.



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5. Instruct Maintenance to ensure that the HVAC system is turned off. This requires entry on to the roof.

(Bring a second staff with you wear an N95 mask and goggles. Second staff stay indoors and will alert Incident manager once system is turned off.)

6. Program Manager- co-ordinate with Admin assist/nursing support clerk to check all rooms in the basement ensure windows closed/ locked and that any exhaust fan is turned off. (Both Buildings). Report to Incident Manager once completed.

7. Ensure residents, staff and visitors are monitored for abnormal breathing difficulties.

8. Establish contact with the local emergency services (Fire / Police), as appropriate, to gather information on the extent of the hazard and provide an update on the status of the Home.

All Staff

1. Upon notification of a Code Grey, close all open windows and exterior doors in your area.
2. If outside, move staff and residents indoors.
3. Follow the instructions of the Incident Manager.
4. Report any abnormal breathing difficulties to the Incident Manager.

In Summer: Air conditioning would need to be turned off, consider using Hillcrest basement as a cooling station.

Report to the Director: Report immediately – an emergency within the meaning of section 268

Dealing with emergencies, including, without being limited to, outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics, fires, community disasters, violent outbursts, bomb threats, medical emergencies, chemical spills, situations involving a missing resident, loss of one or more essential services, gas leaks, natural disasters and extreme weather events, boil water advisories, and floods.



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CODE GREY – AIR EXCLUSION
INCIDENT MANAGER'S CHECKLIST

Date: _____ Incident Manager: _____

Time (note below)

_____ Notification received from: _____

Agency: _____

Contact Information: _____

Known information: _____

_____ Notify all staff of the Code Grey Repeat x3. "Code Grey – close all open windows, turn off all bathroom fans and bring any residents who are sitting outside indoors and close exterior doors." ***If on break return to your home area immediately to assist with emergency procedures in Resident home areas.***

_____ Maintenance Supervisor notified

_____ Administrator or designate notified

_____ Ventilation system shutdown

_____ Notify Kitchen to turn off all cooking operations, exhaust fans in the kitchen and dish pit and to notify Nutrition manager if not on site.

_____ Assign staff to each entrance to restrict the exit of residents, staff and visitors from the facility to reduce harmful effects from outside air. Ensure that each door closes completely before opening the next door in the vestibule. (Although you cannot legally prevent a person from exiting the building, you can explain the potential hazards of the outdoor air quality.)

_____ Monitor residents, staff and visitors for abnormal breathing difficulties

_____ Establish contact with the local emergency services (Fire / Police) as appropriate to gather information on the extent of the hazard and provide an update on the status of the facility

_____ In summer, consider using Hillcrest basement as a cooling area.

_____ Call in CIS



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Code Orange – External Emergency

Introduction

Code Orange is the code alerting all staff of the potential for a large volume of incoming patients or residents. Its primary use will be the acceptance of residents from another Long-Term Care or Retirement facility that is being evacuated.

However, Code Orange could also be used if the Town has requested that the facility be used as a reception center for community members being evacuated from a major event, hospital evacuations, etc. While Long Term Care facilities are not the primary destination or facility of choice for emergency planners, the fact that they have commercial kitchen facilities, larger spaces to accommodate people and alternative electricity sources makes them a viable option.

It should be noted that in the reception of residents from other Long-Term Care or Retirement facilities, this evacuation and relocation of the elderly and those requiring special care is a traumatic event. These persons cannot be treated simply as other incoming residents as many will have an increased level of complications (medical, psychological, behavioral, social, and dietary) due to their evacuation and relocation. In addition, incoming residents may or may not have medical charts, medications, accompanying staff or family members. For these reasons we will refer to incoming persons as patients in this policy.

Further, the facility will have to plan for the associated influx of family members and friends of incoming patients. While most of these people will be helpful in reception of the patients, it must be anticipated that some will bring additional anxiety and relationship dynamics into the situation.

Procedure

Originating Staff

All calls received by the facility for incoming patients will be directed to the senior staff member present in the facility (e.g. Administrator during business hours or Charge Nurse after hours) who will assume the role of Incident Manager.

Incident Manager

1. Upon receiving a phone call indicating the potential for incoming patients, assume the role of Incident Manager, until relieved by a more senior manager or the Administrator, and ascertain the following information:
 - Full contact information of the caller



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- Time frame to anticipate patients
- Where the patients are coming from
- Demographics of the incoming patients (Long Term Care, Retirement, Group Home, Community etc.)
- Anticipated numbers of patients
- Resources accompanying the patients (e.g. nursing staff, volunteers, etc.)
- Anticipated duration of the stay
- Physical/medical/emotional condition of the patients

2. Notify the Administrator/delegate

3. If the patients are expected to arrive in less than 3 hours (180 minutes), notify all staff of a “Code Orange”.

4. Assign the Incident Management Team functions:

- Operations
- Logistics
- Planning
- Administration/Finance
- Safety
- Liaison
- Communications

5. If the patients are expected to arrive in 180 minutes or later, the information will immediately be relayed to the Administrator or designate who will call together the Senior IMS (Incident Management System) Team.

All Staff

1. Upon being notified of a Code Orange all staff will return to their assigned stations and report to their Supervisor.

Supervisors

1. Proceed to the Terrace Room in the Hillcrest building (basement) for instructions as soon as possible of being notified of the Code Orange.

Incident Management Team

1. Reconfirm the data on incoming patients.
2. Review the information collected and evaluate the capability of Hillcrest Village to assist in the incident.



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3. Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their presenting conditions based on the resources available.
4. Initiate calling in staff using the Emergency Notification System or Mass Messaging to provide additional staffing for the incoming persons.
5. Establish a receiving area where patients can be triaged/assessed.
6. Establish patient documentation.
7. Establish patient identification tags.
8. Establish an area(s) for housing the incoming patients (e.g. Celebration Hall).
9. Ensure an RN is available to provide assessments on the incoming patients.
10. Assign personnel to act as security (this may be staff members or contracted security service) to direct incoming patients, families, etc. and ensure that the arriving persons do not access normal resident areas.
11. Establish washrooms to be used by incoming patients.
12. Arrange for clergy to provide spiritual support.



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CODE ORANGE – EXTERNAL EMERGENCY
INCIDENT MANAGERS CHECK SHEET

Date: _____ Incident Manager: _____

Time (note below)

_____ Call Received

Caller's Name: _____

Organization: _____

Contact phone: _____

Cell phone: _____

Contact email: _____

Estimated number of incoming patients: _____

Demographics of incoming patients: _____

Circumstances of relocation: _____

Where patients are arriving from: _____

Estimated time of arrival:

ETA less than 3 hours (180 minutes) – immediately notify all staff Code Orange

ETA greater than 3 hours (180 minutes): call together the Senior IMS team

_____ Staff notified of Code Orange

_____ Notify the Administrator or designate

_____ Staff Emergency Notification system initiated

_____ First IMS Meeting – 20 minutes after Code Orange paged

Function assignments:

o Operations

Name: _____

o Logistics

Name: _____



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o Planning	Name: _____
o Administration/Finance	Name: _____
o Safety	Name: _____
o Liaison	Name: _____
o Communications	Name: _____

Tasks to be addressed by the IMS Team

_____ Call the original caller to reconfirm the data on incoming patients
Information:

_____ Evaluate the capability of Hillcrest Village to assist in the incident

_____ Communicate with the originating organization to advise how many patients can be accepted
and the restrictions on their presenting conditions based on the resources available

_____ Security assigned to reception entrance

Name(s): _____

_____ Access controlled – lock all exterior entrances

_____ Receiving area for patient assessment determined

Location: _____

_____ RN(s) assigned to patient triage/assessment area

Name(s): _____

_____ Dietitian (if available) assigned to patient triage/assessment area

Name(s): _____

_____ Social Worker (if available) assigned to patient triage/assessment area

Name(s): _____

_____ Support staff assigned to patient triage/assessment area to maintain documentation



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Name(s): _____

_____ ID Tags for incoming patients

_____ Location to house patients determined.

Location(s):

Staff assigned to patient housing areas

_____ Nursing staff

Name(s): _____

_____ Social Work/Activation staff

Name(s):

_____ Housekeeping staff

Name(s):

_____ Dietary staff

Name(s):

_____ Laundry staff

Name(s):



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_____ Administration support (documentation)
Name(s):

_____ Clergy
Name(s):

_____ Feeding plan determined

_____ Overnight accommodations/facilities plan determined
Cots/Mattresses required
Blankets required

Assistance requested from:

_____ MOLTC

_____ Home and Community Care Support Services

_____ Emergency Management

_____ Public Health

_____ Red Cross

_____ Local Grocery Suppliers: _____

_____ Local Bedding / Linen Suppliers: _____

_____ Other: _____ : _____



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Fire Plan

Introduction

Code Red covers the emergency response to fire.

The *Ontario Fire Code*, Section 2.8, requires the establishment and implementation of a fire safety plan for every building containing a group (A) or (B) occupancy and to every building required by the building code to have a fire alarm system.

The Ontario Fire Code (O. Reg. 388-97) “as amended” states that every person who contravenes any provision of the fire code and every director or officer of a corporation who knowingly concurs in such contravention is guilty of an offense, and on conviction is liable to a fine of not more than \$50,000.00 or to imprisonment for a term of not more than one year, or to both,” also, “where a corporation is convicted of an offense under” the above “the maximum penalty that may be imposed upon the corporation is \$100,000.00.”

The Ontario Fire Code (O. Reg. 388-97) “as amended” is the provincial regulation governing all aspects of fire prevention and protection within the province of Ontario. This code requires the owner to be responsible for carrying out the provisions of this code, and defines “owner” as “any person, firm, or corporation controlling the property under consideration.”

This plan is required to be acceptable to the chief fire official.

The implementation of a fire safety plan helps to ensure effective utilization of life safety features in a building and to protect people from fire. The required fire safety plan should be designed to suit the resources of each individual building or complex of buildings.

Fire safety plans are intended to assist with the basic essentials for the safety of all occupants. They are also designed to ensure an orderly evacuation at the time of an emergency and to provide a maximum degree of flexibility to achieve the necessary fire safety for the building.



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ALARMS

There are two distinctive fire alarm rings that sound on the fire alarm system.

First Stage

A slow intermittent ring is a fire alarm.

Second Stage

A steady continuous ring is the second stage alarm indicating the incident has been escalated and immediate evacuation is required.

The alarm system can be manually placed into the Second Stage using an alarm key at any pull station. Should complete evacuation of the building be required the building supervisory staff are to activate the 2nd stage in coordination with the Midland Fire Department.

Annunciator

The fire annunciator is an electronic panel indicating the status of the fire alarm system and the system activators which include smoke detectors, heat detectors, pull stations, sprinkler alarms, and other devices.

The fire alarm annunciator panel is located at the front door of each building (vestibule).

Secondary annunciator panels are at the nursing stations on Heritage unit and Centennial unit.

Each location has two statuses: **Clear** or **Alarm**.

The Clear status is indicated by a **green light**.

The Alarm status is indicated by a **red light**.

The **Amber light** indicates there is **trouble**, and the alarms system may not be functioning properly.

Reset

The fire alarm system is to be reset only under the direction of the Fire Department.

After investigation of the alarm finding that the alarm is false or that the emergency has been successfully dealt with, and following a minimum time delay of one minute, the alarm system may be silenced by depressing the alarm silence switch on the control panel for a minimum of three seconds. When this occurs an alarm silence LED will flash on the panel and activate the trouble sequence.



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Once the activated device is reset or returned to a normal condition, then the panel can be reset by depressing the reset button. This will place the system back into normal operations.

EVACUATION

Horizontal Evacuation

Horizontal evacuation involves moving from one area of the floor to another area of the same floor behind fire barrier doors.

Fire separations, such as fire doors, are designed with a 45 minute or 2-hour fire rating. Therefore, a horizontal evacuation may often address all but the most serious situations.

For example, if the fire or alarm is in Block A the residents of Block A are to be evacuated to Block B. If the fire or alarm is in Block B the residents of Block B are to be evacuated to Block A.

E.g.

- 1st floor – _____ to _____ or vice versa
- 2nd floor – _____ to _____ or vice versa
- 3rd floor – _____ to _____ or vice versa

Vertical Evacuation

Vertical evacuation involves moving from one floor towards the ground floor.

The preference in a partial evacuation is a horizontal evacuation due to the risks of moving residents / clients via stairways. However, there may be situations where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route) and therefore a vertical evacuation of those persons is required.

Total Evacuation

Total evacuation involves the evacuation of the entire building to the outside and would be carried out only in an extreme emergency.



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FIRE INSTRUCTIONS

If you discover fire or smoke R E A C T:

Remove the persons in immediate danger.

Ensure the door(s) is closed to confine the fire and smoke.

Activate the fire alarm system using the nearest pull station.

Call the Fire Department (9-1-1), confirm their response, and provide information on the alarm.

Try to continue evacuation or extinguish the fire.

If you hear the alarm:

DO NOT

- Use telephones unless you have important information to relay
- Panic
- Shout "Fire"
- Use the elevators

DO

- Return to your work area and turn all equipment off and close all doors
- Report to the Incident Manager
- Be prepared to give assistance if requested

Procedure

Duties of the Incident Manager

The Charge Nurse/Supervisor in the area of alarm activation will assume the role of Incident Manager until relieved from the task by a more senior manager.

The Incident Manager will:

During the incident

1. Determine the source of the fire (alarm) or smoke.



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2. Ensure the fire alarm system has been activated.
3. Ensure a staff member proceeds to the annunciator panel to identify the location of the fire.
4. Ensure the location of the fire is announced to all staff. *If on break return to your home area immediately to assist with emergency procedures in Resident home areas.*
5. Ensure evacuation of the risk area has been initiated.
6. Appoint a person to call the Fire Department 9-1-1 to confirm response and provide additional information on the source of the alarm.
7. Appoint a person to meet firefighters at the front door, ensure door is unlocked and call the elevators to the first floor.
8. Appoint a person to activate the staff Emergency Notification System if there is any indication of a true emergency (e.g., smoke, actual fire, explosion etc.). This will start with the notification of the Administrator or designate. The Administrator or designate will initiate the senior IMS team in the event of a true emergency.

At the fire area

1. Direct and monitor the activities of all personnel until the Fire Department arrives.
2. Ensure evacuation of the fire area begins immediately starting with the rooms closest to the fire location.
3. Maintain a record of residents evacuated.
4. Assign staff to monitor exit doors and account for all residents and visitors in the area.
5. Delegate a person to be responsible for tracking the residents from their assigned wing and report to the Incident Manager the status of the residents (i.e. all residents accounted for or residents not accounted for).
6. Assist the Fire Department as requested.
7. If further evacuation is required beyond the initial risk area advise all staff of a "Code Green".

After the incident has concluded

1. Once the incident has concluded, advise all staff of an "All Clear".



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2. Reset the fire alarm system(s), mag lock system, and elevators.
3. Ensure that the maintenance department is advised of any fire equipment that was used.
4. Complete the appropriate incident reports and forward a copy to the Administrator.
5. Document staff in attendance and forward the list to the Administrator.

Duties of All Other Staff

- Listen for location of the fire or check the annunciator panel located at the front door of either building or at the nursing stations in the Heritage Place building.
- If you are close to the annunciator panel, immediately check the annunciator for the location of the alarm and advise the Charge Nurse.
- One staff member is to remain on their floor to supervise the residents. All other staff will proceed to the fire location.
- Assure the residents and visitors in your work area are in a safe location. For example, remove any resident/client that is bathing from the tub.
- Properly shut down any equipment in the area (e.g., ovens, laundry equipment, etc.) and close all doors.
- Proceed directly to the area of the fire. Use the stairs – DO NOT use the elevators (unless approved by the Fire Department).
- If you are not in your work area when the fire alarm sounds (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Red location.
- Report to the Incident Manager.
- Remove residents and visitors from the fire area to an area behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
- Close all unlocked doors to contain the fire and smoke.

Note: If smoke is encountered, keep close to the floor as the air is clearer and cleaner.

- Clear the corridors of carts, walkers, wheelchairs, etc.
- If the fire is small and all persons are safe, consider extinguishing the fire (refer to firefighting considerations below), if trained to do so.



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- Resume normal duties only after "Code Red All Clear" has been announced.

Once the Fire Department assumes control of the elevator, they will maintain authority over the use of the elevators until the "all clear" is given.

The Administrator or designate will provide managerial assistance to the Incident Manager, Fire Department, Emergency Medical Services, Police Services or other agencies in ensuring the safety and well-being of the residents, visitors, volunteers and staff.

The Administrator or designate will advise the Ministry of Health and Long-Term Care and other appropriate agencies as needed.

Evacuation of The Fire Area

Hillcrest Village Care Centre has been designed with automatic devices to limit the risk of fire or smoke spreading in the building. When the fire alarm is activated, the fire doors will automatically close and the ventilation system will shut off.

Description

- Hillcrest has been built with fire containment features, and in most situations, residents can be safely evacuated to another wing or area that is separated by fire doors.
- For a horizontal evacuation, residents and visitors can be safely evacuated to another wing or area that is separated by fire doors.
- Residents are to be moved into a lounge or room outside of the fire zone in order to avoid congestion in the hallways.
- Residents and visitors must not be allowed to congregate in the halls as this may create an impediment for further evacuation or for the firefighters.
- In the event of a vertical evacuation, the elevators will not be used unless approved by the Fire Department. Vertical evacuation using the stairs will require all available staff to assist and will only be used in the event of a confirmed risk (fire, smoke, etc.). The Incident Manager will discuss the use of the elevators with the Fire Department as soon as possible.
- Visitors can be permitted to assist in the area to which residents have been evacuated in small numbers where they are of assistance. Visitors are not permitted in the fire area or allowed to congregate in the hallways, they should remain with residents they are visiting. Any visitors arriving on site during the emergency will be asked to leave the building until the "All Clear" has been given.



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- Any events that are taking place with large numbers of guests are to be evacuated outside immediately at the sound of the fire alarm.
- The evacuation of the fire area is to start with the rooms closest to the source of the fire and smoke and then work outwards.
- Ambulatory and wheelchair residents should be evacuated first, as they can be moved quickly.
- Slow-walking residents and clients can be pushed in a wheelchair to speed evacuation. Residents are not to be evacuated in their beds unless absolutely necessary, as beds will cause congestion in the halls.
- A “VACANT” indicator will identify the rooms that are vacant and clear of smoke or fire. Hillcrest uses magnets with green checkmarks moved to eyelevel of door frame to indicate room checked and is vacant.

Note: “VACANT” indicators will not be placed on doors in a Code Red if a person is in the room.

- After all residents have been evacuated, with time and safety permitting, the registered nursing staff is to move the medication cart from the fire area to the evacuation area. The medication cart will contain the emergency resident identification tags.
- The Incident Manager will delegate a person to be responsible for tracking the residents from their assigned wing/floor and reporting to the Incident Manager the status of the residents (i.e. all residents accounted for or residents not accounted for).
- If a more extensive or total evacuation of the building is required, a **Total Code Green** will be announced and the second stage alarm (steady continuous ringing) will sound at the direction of the Incident Manager. Total evacuation starts with the area closest to the event that is causing the evacuation.



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CONSIDERATIONS AND POLICIES

Fire Fighting Considerations

Once all residents and visitors are safe, circumstances will dictate whether the staff responding to the fire area should attempt to fight the fire. In many instances, if the fire is discovered early, it may be relatively easy to extinguish. Staff must assess the situation before attempting to extinguish the fire. Examples where attempting to fight a fire may be possible; include a small garbage can fire or a person whose clothes are on fire (stop, drop and roll).

Staff should only use the firefighting equipment they have been trained to use (e.g., portable fire extinguishers). Any person who has not been trained in the use of portable fire extinguishers should not attempt to extinguish a fire using the equipment.

Fire Safety Policies

Fire safety is everyone's responsibility. The following policies will assist in ensuring fire risks are minimized.

Smoking

Hillcrest is a non-smoking facility. Smoking is not permitted within the building or on property.

- Violation of this policy by staff will result in disciplinary action being taken.
- Violation of the policy by a resident/client will result in a meeting with the resident, power of attorney, and facility administration to review the smoking policy and follow up actions for repeat offences.
- Any visitor that is seen smoking will be directed to take their cigarette off property.
- All repeat violations of this policy will be reported to the Administrator.

Space heaters

Portable space heaters or appliances that generate heat must be oil filled CSA approved.

The use of candles or other open flames are not permitted in the facility. The only exception is those situations that have the specific prior approval of the Administrator or designate in controlled and supervised circumstances, such as birthday cakes. A staff member must be present in these situations.



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Extension cords and power bars

Extension cords and power bars must be used in a safe manner. An extension cord or power bar attached to multiple appliances could overheat and cause a fire so check the approved load of the cord or power bar. Extension cords and power bars will never be spliced. Extension cords should not be run under rugs, through doorways, or fastened to walls or ceilings except in the event of a power failure or equipment emergency, and then only on a temporary basis.

Electrical appliances

All electrical equipment brought into the facility, including residents', is to be inspected to ensure it is CSA certified and bears the CSA label.

Combustible material

Combustible materials are not to be placed in close proximity to heating appliances or lamps. Lamps, including night lights, are not to be positioned so as to come into contact with bedding, furniture, room decorations, etc.

When oxygen is used regularly in an area, suitable signs should be displayed. Oxygen equipment must be stored in suitable locations.

The use of flammable and combustible liquids must be controlled. Their use must be reviewed by the Health and Safety committee and safety precautions followed. Flammable liquids must never be used as cleaning solvents. Flammable liquid vapors can be ignited by various sources of ignition including smokers' materials, matches and lighters, electrical equipment, and pilot lights from furnaces and hot water heaters.

Grounds maintenance equipment such as gasoline-fueled lawn mowers, leaf blowers and snow blowers are only to be fueled when the equipment is cold and a minimum of 10 meters from the main building. Fuel is to be kept in approved safety containers and stored in a safe location outside of the main building.



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HOUSEKEEPING

This section refers to general building housekeeping and applies to all staff (not just Housekeeping staff).

In the kitchen, ducts and filters will be cleaned regularly to remove deposits of grease. Kitchen ducts will be professionally cleaned annually.

Laundry filters, ducts and other areas will be regularly cleaned to prevent a buildup of lint.

Waste material must be disposed of regularly and not permitted to accumulate in locations that would create a fire hazard.

Never permit any objects to block or impede an exit, corridor or other passageway. Obstructions of any nature could interfere with evacuation. Exterior fire routes must be monitored regularly to ensure that Ambulances and Fire Department vehicles can use them at all times. Fire routes and sidewalks must be cleared of snow to facilitate evacuation from the building and provide unobstructed access for fire fighters.

If an exit is blocked or unavailable because of construction or renovation, temporary exit signs shall be installed to identify an alternate exit. Temporary emergency evacuation procedures will be posted addressing exit facilities.

Do not place objects that could prevent persons from locating or accessing fire pull stations, fire extinguishers, fire hose cabinets or other emergency equipment.

Do not place objects in front of doors that are intended to close automatically upon the activation of the fire alarm system. Ensure that articles are not used to temporarily interfere with the self-closing feature of any door within the facility.

Staff Knowledge

All employees must know how to shut down the equipment in their work area safely.

Kitchen and laundry room staff must be familiar with the safe use, maintenance, and cleaning of the equipment.

Kitchen staff must know how to activate the fixed fire extinguishing equipment that protects the cooking areas, ducts, and filters.

Maintenance staff and contractors must implement safe welding and cutting practices.



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- Precautions must be taken to remove combustible materials or shield them from sparks and other sources of heat produced by the cutting or welding.
- Portable extinguishers must be provided, and a person trained in the use of the extinguisher be posted as fire watch.
- The fire watch will not be withdrawn until there is confidence that no further hazard exists.
- The maintenance supervisor or designate must provide authorization for welding or cutting planned and be informed of the fire watch procedures being implemented prior to authorization being given.

TRAINING AND MAINTENANCE

Fire Safety Training

Fire drills shall occur once a month on each shift (days, afternoons, and nights). The Administrator and (Maintenance) shall implement the fire drill.

The (Maintenance/ Reception) will keep a detailed log of all fire drills including:

- which area of the building was evacuated;
- who initiated the fire exercise;
- what time of day the drill occurred;
- how many staff were on site;
- how long the evacuation of the affected area took;
- debriefing of staff; and
- comments on improvement.

A report of all staff in attendance will be forwarded to maintenance.

All staff will participate in an in-service training on fire safety at least once a year. This training shall, at a minimum, include; a review of the policy, staff roles and responsibilities, how to activate the alarm, evacuation, and fire prevention.

RNs, RPNs, department managers, supervisors, and maintenance staff will receive specific in-service training reviewing their roles in the event of an emergency, and the roles of the Incident Manager.

Fire Drills Using the Alarm System



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Prior to the fire drill the (staff) running the drill will:

- Notify the Midland Fire Department approximately 5 minutes before the fire drill is to commence, notifying them of the approximate time for the drill. Obtain the ID number of the person you are speaking with for confirmation.
- Call the fire alarm monitoring company to advise of the drill.
- Use a device (flashing red light) or sign (fire in room) to indicate the location of the fire. Currently the home is using an orange cone.

Staff noticing the fire should remove those in immediate "danger" and activate the fire alarm.

Staff will then follow the Code Red procedures.

At the conclusion of the drill:

- Reset the manual pull station on the annunciator panel.
- Use the Voice Communications System to announce "Code Red All Clear" three times.
- Notify the fire alarm monitoring company that the drill has been completed and confirm that the alarm was activated during the drill.
- Notify the Midland Fire Department that the drill has been completed.
- Hold a debriefing meeting with the participants to determine what went well during the drill, what challenges were encountered and what steps could be taken to improve response.
- Confirm that all required fire protection equipment functioned as designed. All deficiencies must be forwarded immediately to Maintenance.
- Have staff sign the attendance form following the drill.
- Completed fire drill documentation will be forwarded to Reception where the drill occurred.



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FIRE SAFETY EQUIPMENT MAINTENANCE

Monthly

All fire extinguishers and hose cabinets will be given a visual check monthly by the maintenance staff of Hillcrest. This visual check should include checking that the extinguisher is charged, all equipment is in place and that there is no visible damage.

The fire extinguisher tag is to be initialed monthly if the extinguisher is active.

Semi-annually

A qualified service contractor will check the fire extinguisher system for the stoves in the main kitchen every six months.

Annually

All fire extinguishers and hose cabinets will be checked annually by a qualified service contractor. Fire extinguishers will be checked hydrostatically every six years or as required by the manufacturer.

A qualified service contractor will check the fire alarm system, including smoke and heat detectors throughout the building and in the ventilation system annually.

The Building Owner will contract with relevant contractors to perform checks, tests, and inspections as described below.

The Building Owner is responsible for confirming that fire alarm technicians working on the building's fire alarm system have completed a fire alarm training course acceptable on the Ontario Fire Marshal.

Fire alarm technicians will be able to provide a card that includes the name and photo of the technician, the program provider's name with an authorization signature and an expiry date. In addition, the card will state "This program is deemed acceptable to the Ontario Fire Marshal and satisfied the requirements of Clause 1.1.5.3 (1) (A) of the Ontario Fire Code."

IT WILL BE THE RESPONSIBILITY OF THE (Administrator/Maintenance) TO ENSURE PERFORMANCE OF THE FOLLOWING REQUIRED CHECKS, TESTS, AND INSPECTIONS.

The Ontario Fire Code requires that records of all tests and corrective measures are retained for a period of 2 years on site and available to the Chief Fire Official upon request.



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Fire Prevention Officers may check to ensure that the necessary checks, inspections and tests are being completed.

Where a deficiency is discovered in any fire safety equipment as a result of these maintenance requirements, the owner or his authorized agent must take corrective action. If any fire protection equipment requires to be shutdown, refer to the Fire Watch procedures above.

The list has been prepared in accordance with the Ontario Fire Code (O.Reg.388/97) as amended.

DEFINITIONS FOR KEY WORDS ARE AS FOLLOWS:

CHECK means the visual observation to ensure the device or system is in place and is not obviously damaged or obstructed.

TEST means operation of the device or system to ensure that it will perform in accordance with its intended function.

INSPECT means physical examination to determine that the device or system will apparently perform in accordance with its intended function.

OWNER means any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property.

SUPERVISORY STAFF means those occupants of a building who have some delegated responsibility for the fire safety or other occupants under the fire safety plan.

ONTARIO FIRE CODE, IMPORTANT REFERENCES

Article 1.1.1.1

Unless otherwise specified, the **owner** shall be responsible for the carrying out for the provisions of this Code.

Article 1.1.1.2

Where **tests**, repairs or alternation are made to fire protection installations, including sprinkler and standpipe systems, a procedure of notification shall be established, and the procedure shall include notifying the **fire department** and the **building** occupants where necessary for safety in the event of a fire emergency.

Article 1.1.1.3



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Any **appliance**, device or component of a device that does not operate or appear to operate as intended when **checked, inspected or tested** as required by this code shall be repaired if failure or malfunctioning of the **appliance**, device or component would adversely affect fire or life safety.

Sentence 1.1.2.1 (1)

Except as required in Sentence (2) written records shall be kept of **tests** and corrective measures for two years after they are made, and the records shall be available upon request to the **Chief Fire Official**.

Note:

Bold words are defined terms as per the Ontario Fire Code. Please refer to the Ontario Fire Code (O.Reg 388/97) as amended for exact wordings. The above is for reference only.

FIRE ALARM SYSTEM

Reference should be made to CAN/ULC – S536-97

The building owner is responsible for confirming that fire alarm technicians working on the building's fire alarm system have completed a fire alarm training course acceptable to the Ontario Fire Marshal.

Technicians will be able to provide a card that includes the name and photo of the technician, the program provider's name with an authorized signature and an expiry date. In addition, the card will state "This program is deemed accepted to the Ontario Fire Marshall and satisfies the requirements of Clause 1.1.5.3. (1) (A) of the Ontario Fire Code."

Fire Code

Reference No.		Frequency	By
6.3.2.3.	Check central alarm & control facility including alarm AC power lamp & trouble light.	Daily	Maintenance
6.3.2.2	Check all fire alarm components including batteries.	Daily	Maintenance
6.3.2.2.	Test fire alarm system Mag locks.	Monthly	Maintenance
2.3.2.1	Test fire alarm system by persons acceptable to the Toronto Fire Services.	Annually	Contractor



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Where the fire alarm system or any part of thereof is shutdown, the supervisory staff shall be notified in accordance with the buildings fire safety plan.

PORTABLE FIRE EXTINGUISHERS

Reference should be made to NFPA 10-1994 for exact details.

Fire Code

Reference No.

Frequency

By

6.2.7.2	Check all portable extinguishers.	Monthly	Maintenance
6.2.7.1	Subject to maintenance.	Annually	Contractor
6.2.7.1	Hydro-statically test carbon dioxide water type extinguishers.	Every 5 Yrs	Contractor
6.2.7.1	Empty storage pressure type extinguishers and subject to maintenance.	Every 6 Yrs	Contractor
6.2.7.1	Hydro-statically test dry chemical extinguishers.	Every 12 Yrs	Contractor
6.2.7.6.	Recharge extinguishers after use.	As required	Contractor

FIRE DEPARTMENT ACCESS

Fire Code

Reference No.

Frequency

By

2.5.1.2. (1)	Fire access route or access panels or windows provided to facilitate access for firefighting operations are not obstructed by vehicle, gates, fences, building materials, vegetation, signs or other form of obstruction.	As required	Maintenance
2.5.1.2. (2)	The fire department sprinkler and standpipe connection shall be maintained free of obstructions.	As required	Maintenance
2.5.1.3.	Fire access routes shall be maintained so as to be for use at all times by fire department vehicles.	As required	Maintenance



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MEANS OF EGRESS

Fire Code

Reference No.

		Frequency	By
2.2.3.4.	Inspect all doors in fire separations.	Monthly	Maintenance
2.2.3.5.	Check all fire doors are closed.	As required	Maintenance
2.7.3.1.	Maintain exit sign legibility.	As required	Maintenance
2.7.3.2.	Ensure exit lights are illuminated.	As required	Maintenance
2.7.1.7.	Maintain corridors free of obstructions.	As required	Maintenance

SERVIVE EQUIPMENT, DUCTING, AND CHIMNEYS

Fire Code

Reference No.

		Frequency	By
2.6.1.3 (1)	Check hoods, filters & ducts subject to combustible deposits; clean as required.	Weekly	Maintenance
2.2.3.7.	Inspect all fire dampers and fire stop flaps.	Annually	Contractor
2.6.1.4.	Inspect chimneys, flues, and pipes and clean as necessary.	Annually	Contractor
2.6.1.8.	Inspect disconnect switch for mechanical air-conditioning and ventilation.	Annually	Contractor

EMERGENCY LIGHTING

Fire Code

Reference No.

		Frequency	By
2.7.3.1	Check exit lights.	Daily	Maintenance
2.7.3.3 (1)	Check pilot lights on emergency lighting equipment.	Monthly	Maintenance
2.7.3.3 (2)	Inspect emergency lighting equipment.	Monthly	Maintenance
2.7.3.3 (3)	Test emergency lighting unit equipment for operation upon failure of primary power.	Monthly	Maintenance
2.7.3.3 (3)(b)	Test emergency lighting unit equipment for design duration.	Annually	Contractor

SPRINKLER SYSTEM



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Fire Code

Reference No.

6.6.1.2	Inspect valves controlling water supply for sprinkler systems.	Weekly	Maintenance
6.5.5.2	Test sprinkler alarms using connection.	Monthly	Contractor
6.5.5.7	Test sprinkler supervisory and other sprinkler and fire protection system supervisory devices.	Every 2 mths	Contractor
6.5.5.7	Test gate valve supervisory and other sprinkler and fire protection system supervisory devices.	Every 6 mths	Contractor
6.5.3.2	Check sprinkler system hangers.	Annually	Contractor
6.5.3.5	Check all sprinkler heads.	Annually	Contractor
6.5.4.4 (2)	Remove plugs or caps on fire dept. connections and inspect for wear, rust or obstructions.	Annually	Contractor
6.5.5.3	Test water flow on wet sprinkler systems using most remote test connection.	Annually	Contractor
6.5.5.5	Test flow of water supply using main drain valve.	Annually	Contractor

Note: In accordance with the Ontario Fire Code, repair, replacement and alterations of sprinkler system components shall be in accordance with NFPA 13-1994, "Standard for Installation of Sprinkler Systems".



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EMERGENCY GENERATOR

The emergency generator shall be inspected, tested, and maintained in conformance with CSA-C282, "Emergency Electrical Power Supply for Buildings".

Refer to CAN/CSA – C282-M89 for exact requirements.

Fire Code

Reference No.

		Frequency	By
6.7.1.1 (1)	Test/inspect generator set operated at 50% of rated load for 30 minutes.	Weekly	Maintenance
6.7.1.1 (1)	Test and clean crankcase breathers, governors, and linkages on emergency generators.	Bi-Annually	Contractor
6.7.1.1 (1)	Inspect and service emergency generator and engine set. Test generator at full load for at least 2 hours.	Annually	Contractor
6.7.1.5 (1)	Liquid fuel tanks shall be drained and refilled with a fresh supply at least once a year.	Annually	Contractor
6.7.1.5 (2)	The requirements of Sentence (1) may be achieved as a result of the normal weekly test program.	Annually	Contractor
6.7.1.1 (1)	Inspect and service injector nozzles and valve adjustments on diesel engine.	Every 2 Yrs	Contractor
6.7.1.1 (1)	Check insulation on generator windings.	Every 5 Yrs	Contractor



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STANDPIPE AND HOSE SYSTEMS

Reference should be made to NFPA 14-1994 for exact details.

Fire Code

Reference No.

		Frequency	By
6.4.2.1	Inspect hose cabinets to ensure hose position and that equipment in place and operable.	Monthly	Maintenance
6.4.2.4	Hose valves shall be inspected annually to ensure that they are tight so that there is no water leakage into the hose.	Annually	Contractor
6.4.2.5 (1)	Remove and re-rack hose and replace worn gaskets, hose.	Annually	Contractor
6.4.2.5 (2)	When hose is re-racked as required in Sentence 6.4.2.5. (1), it shall be done so that any folds will not occur at the same places.	Annually	Contractor
6.4.1.3 (2)	Plugs or caps shall be removed annually and the threads inspected for wear, rust or obstruction.	Annually	Contractor
6.4.3.1.	Hydro-statically test standpipe systems that have been modified, extended or are being restored to use.	As required	Contractor
6.4.3.5	Flow and pressure tests shall be conducted at the (cont') (cont') highest and most remote hose valve or hose connection to ensure that the water supply for standpipes is provided as originally designed.	Annually	Contractor



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FIRE EXTINGUISHING SYSTEMS FOR COOKING EQUIPMENT

Refer to NFPA 96-1994 and NFPA 17A-1994 for exact details

Fire Code Reference No.

The Ontario Fire Code, Clause 6.8.1.1 (1)(i), makes reference to NFPA 17A, "Wet Chemical Extinguishing Systems". NFPA 17A states that on a monthly basis, inspection shall be conducted in accordance with the manufacturers listed installation and maintenance manual or the owner's manual. As a minimum this "check" or inspection should include the following in accordance with NFPA 17A-1994.

Note: This is for reference purposes only. Consult NFPA 17A for full details.

- The extinguisher system is in its proper location.
- The manual actuators are unobstructed.
- The tamper indicators and seals are intact.
- The maintenance tag certificate is in place.
- No obvious physical damage or condition exists that might prevent operation.
- The pressure gauges if provided are in operable range.
- The nozzle blow off caps are in place and undamaged.
- If any deficiencies are found, corrective action to be taken immediately.
- Inspection records to be kept.
- The date the inspection was performed and initials of the person performing inspection shall be recorded.

❖ The above monthly "check" will be conducted by Maintenance.

The Ontario Fire Code Sentence 2.6.1.13 states:

Commercial cooking equipment exhaust and fire protection systems shall be maintained in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations".

An approved contractor in accordance with NFPA 96-1994 will perform this maintenance every 6 months.



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FIRE ALARM / SPRINKLER SHUTDOWN

In the event of shutdown of the Fire Alarm System or Sprinkler System, the Midland Fire Department and monitoring station will be notified.

All residents and building staff will be notified by posting notices at all entrances and in elevator lobbies on all floors, explaining the duration and extent of the shutdown.

During such shutdowns, the Administrator or designate will organize staff to patrol all unprotected areas every half-hour until such times as the system is restored.

If the fire alarm system is out of service due to maintenance or other reasons, notices will be posted at all entrances and in elevator lobbies on all floors, explaining the duration and extent of the shutdown. The staff will be reminded every 3 hours and at general shift change times until the system is restored.

A fire watch will be initiated including resident care staff and maintenance staff:

Resident care staff under the direction of the nurse designate will make rounds of the resident home area(s) that do not have an active fire alarm system every 30 minutes to check for potential signs of a fire emergency (i.e. check for the odour or sight of smoke or flame).

These rounds will include the active checking of resident/client rooms, lounges, storage rooms, closets, washrooms, tub rooms, dining/serving areas, and all other rooms. The staff will sound the alarm verbally, communicate with the charge nurse and call 9-1-1 in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

Maintenance staff or designated personnel (e.g. security) will make rounds of all non-resident home areas every 30 minutes to check for potential signs of a fire emergency (i.e. check for the odour or sight of smoke or flame). These rounds will include the active checking of all rooms and closets including lounges, kitchens, storage areas, mechanical rooms, locker rooms, offices and all other areas. The staff will immediately sound the alarm and communicate with the charge nurse in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

In the event that the fire watch is required when maintenance personnel are not present, the charge nurse will delegate a staff member (which may include contracted Security staff), to fulfill the rounds normally made by maintenance staff and notify the Administrator on call.

Appropriate staff will be called in or assigned as per the decision of the Administrator or designate.

The persons conducting the patrol must be provided with a means of communication should an emergency arise.



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Each tour of the building by the fire safety patrol must be recorded by the time and date. As well, any deficiencies noted, and any measures taken to correct the deficiencies must also be recorded.

Occupants will be instructed to advise Fire Services immediately at 9-1-1 of any fire situation and to warn other occupants of imminent danger verbally.

In the event the fixed extinguishing system is shutdown, no cooking involving grease/laden vapors will occur.

THE FIRE DEPARTMENT IS TO BE NOTIFIED IN WRITING OF SHUTDOWNS LONGER THAN 24 HOURS.



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CODE RED- FIRE
INCIDENT MANAGER CHECK LIST

Initial Incident Manager: _____ Date: _____

Hillcrest Building -First Floor Nurse/ Heritage Place Either Nurse

Time

- _____ Determine the source of the fire (read alarm panel) or smoke.
- _____ Ensure the fire alarm system has been activated (see smoke no alarm triggered - pull closest pull station)
- _____ Ensure all staff are notified of the location of the fire. "Code red (and *Location*)". Repeat x3.
If on break return to your home area immediately to assist with emergency procedures in Resident home areas.
- _____ Appoint a person to call the Fire Department dial 9-1-1 to confirm response and provide additional information on the source of the alarm.
- _____ Appoint a person to meet firefighters at the front door, ensure the front door is unlocked and call the elevators to the first floor.
- _____ Appoint a person to activate the staff call back list if there is any indication of a true emergency (e.g. smoke, actual fire, explosion etc.). This will start with the notification of the Administrator or Designate.
- _____ Ensure to grab this checklist.

At the fire area: (Nurse at Fire area becomes the incident Manager)

- _____ Ensure evacuation of the fire area begins immediately after the announcement of the "Code Red" for that area starting with the rooms closest to the fire/smoke location (Close windows and doors)
- _____ Maintain a record of residents evacuated (Magnet system)
- _____ Assign staff to monitor exit doors and account for all residents and visitors in the area.



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_____ Provide assistance to the Fire Department as requested.

_____ Obtain resident list and ensure all residents accounted for on unit with fire. (All other units will reach out to you to state all residents accounted for.)

Holding area at the location of fire:

_____ Complete an accounting (head count) of evacuated residents and staff. Ensure all people are accounted for.

_____ If people are missing notify the Fire Department.

All other home areas/departments

_____ Assign staff to monitor exits.

_____ Send any extra staff to fire area.

_____ Maintain a record of residents (magnet system). Use a resident list and initiate a head count.

_____ Close all windows and doors.

After the incident has concluded:

The Incident Manager will:

_____ Note time you have received reports from all home areas that all residents have been accounted for

_____ Have "All Clear" announced to all staff.

_____ Reset the fire alarm system(s), mag lock system, and elevators.

_____ Ensure that Maintenance or designate is advised of any fire equipment that was used.

_____ Complete the appropriate incident reports and forward a copy to the Administrator.

_____ Document staff in attendance and forward the list to Reception.



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Subject: Code White - Violence

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Revised Date: April 11, 2022

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Code White - Violence

Introduction

Code White covers the procedures required during an uncontrolled violent situation that may result in serious injury.

Purpose

To ensure Code White is used every time immediate response is needed to manage violent/aggressive behaviors. A staff member assessing a situation as posing an immediate danger to themselves and/or others can call a "Code White" at any time. In situations where assistance in de-escalation and/or control of the disruption/violence is necessary, responding staff will use non-violent interventions (Gentle Persuasive Approach). The primary aim is to remove all persons from the situation to minimize the risk of injury.

Procedure

This procedure will provide direction in a situation where there is a potential for serious injury or uncontrollable behavior. (For controllable situations, the same procedure will be followed omitting the steps which involve contact with police services.) In the event that a serious violent or potentially uncontrollable situation occurs, the following action will be taken:

Potentially Violent Situation

Originating Staff

1. If you identify a crisis situation remove yourself from the confrontation and immediately notify the police services by calling 9-1-1 and provide as much detail as possible.
2. Announce a Code White (repeat 3 times), identifying the location of the incident:
"Code White (location)"
"Code White (location)"
"Code White (location)"

Note: the announcement will not include if a weapon is involved.

3. Notify the Charge Nurse or your direct Supervisor (if immediately available) of the situation, providing as much information as possible.



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Charge Nurse/Incident Manager

1. Upon notification of a potentially violent situation take lead as the Incident Manager.
2. Call back the police (9-1-1) with an update of the situation within 5 minutes.
3. Delegate a staff member to meet the police at the main entrance and provide directions to the scene as well as alternative access to the area (e.g. location of the stairways and the elevator).
4. Delegate a staff member to call the Administrator or designate.

All Staff

1. Upon notification of a Code White, if you are in the area of the emergency or able to respond to the situation, assist by evacuating residents from the area of the threat. The Incident Manager may send you back to your duties if further assistance is not necessary.
2. Reception (or if after hours, a designate chosen by the Incident Manager) will direct visitors/residents entering Hillcrest Village away from the area until the incident has been confirmed safe by the Incident Manager.
3. Use tactical verbal communication and non-violent interventions to de-escalate the situation if it is safe to do so.
4. If the aggressor has a weapon, do not attempt to remove the weapon or to subdue the person. The only goal will be to remove others from the situation.
5. If any injuries are incurred, provide first aid in a safe location and notify EMS 9-1-1.

Administrator

1. In a serious situation, determine the need to establish the Senior IMS team.

Incident Concluded

Incident Manager

1. Once an incident has been controlled and the concerned area is safe for everyone to enter, announce, or have announced an "All Clear" (repeat 3 times):

"Code White All Clear"

"Code White All Clear"



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"Code White All Clear"

2. At the conclusion of the incident complete the Incident Report and forward it to the Administrator or designate.
3. Contact resident POAs who were involved/affected by the incident.

Administrator

1. Notify the Health & Safety Committee and the Ministry of Labour if any staff suffers a critical injury (as defined by the *Occupational Health & Safety Act*).
2. Determine if the Ministry of Health and Long-Term Care should be notified.
3. Schedule a detailed review within one week of any Code White incident where the police are involved.

All Staff Involved

1. If you were involved in the situation, complete a written report of the details of the incident and submit it to the Administrator within 24 hours of the incident. The report should be completed before leaving the facility.



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CODE WHITE – VIOLENCE SITUATION
INCIDENT MANAGER CHECKLIST

Date: _____ Incident Manager: _____

Reporting Staff Member: _____

Time (note below)

_____ Call police 9-1-1

_____ Announce Code White 3 times

"Code White (location)"

"Code White (location)"

"Code White (location)"

_____ Direct staff to remove all persons from the area of the threat

_____ Identify (if possible) the identity of the person(s) involved

_____ Determine if any weapons are involved

_____ Only as a last resort to stop an ongoing attack (and no weapons are involved), assemble a team to restrain the threat – 5 to 6 people to simultaneously intervene)

_____ Confirm that a staff member is meeting the police at the main entrance with directions and alternate access to the situation

_____ Delegate a person to notify the Administrator or Director of Resident Care/Assistant Director of Resident Care on call

_____ Update the police within 5 minutes of the first call

_____ Ensure first aid is provided (when safe to do so) and EMS is called for any injuries. Injured staff are to report to the First Aid Room if possible

_____ Ensure WSIB reports are completed for any injured staff

_____ Ensure all staff involved in the incident (including those involved in evacuating the area) complete an Incident Report on their observations and actions – prior to leaving



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Revised Date: March 3, 2025

Approval Date: August 2017

Reviewed Date: March 3, 2025

Code Yellow – Missing Resident

Policy

A “Code Yellow” procedure will be implemented immediately upon discovering a Resident is missing. A Resident is considered missing when they are not in a location where staff would expect to find them. Staff members will conduct a short search, as defined in the procedure below, before Code Yellow is announced.

Procedure

In the event that a Resident is missing, the following action will be taken:

First Phase (5-minute time frame)

Originating Staff

1. If you realize a resident is unaccounted for inform the Registered Nurse (RN/RPN) for the home area.
2. Assist in the search process under the direction of the Registered Nurse / Incident Manager.

Registered Nurse/Incident Manager

1. Upon notification that a resident is unaccounted for, assume the role of Incident Manager and direct staff to begin a systematic search of the home area, checking areas the resident may have gone, querying other staff and checking sign in/sign out sheets. Staff will use the Emergency Response audit forms located in **Hillcrest Village phone books** on each home area.
2. Utilize the Code Yellow Incident Manager Check List to track actions and log the times of the response.
3. If the resident is still unaccounted for after the initial 5-minute search, inform the Charge Nurse who will take over as Incident Manager.

All Staff

1. As directed, search the home area, check areas the resident may have gone, query other staff and check sign in/sign out sheets.
2. Use the floor plans located in the yellow wandering binder on each home area and department to document each area searched.
3. Report back to the RN/RPN with the completed audit forms and follow their directions.



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Charge Nurse

1. Upon notification that a resident has been unaccounted for 5 minutes, assume the role of Incident Manager until relieved by a more senior staff member.
2. Use the Code Yellow Missing Lost Resident Response Incident Manager Check List.

Second Phase (10-minute time frame)

Incident Manager

1. Announce / page calmly to all visitors and staff (or have paged), **repeat three times**.
“Attention please, would (resident’s name) please return to (home area or program area) immediately.”

Repeat this announcement again after 3 minutes if the resident does not return.

2. Organize staff to do a follow-up search of the immediate home area and areas of the Home where the resident may routinely visit; recheck the sign in/out sheets; call/ lock the elevator to the main floor and lock the elevator to ensure the resident has not followed someone on and follow up with visitors that may have visited the resident that day. Heritage building you have 2 elevators: the service elevator will be called to the basement and locked in the basement.
3. If it is suspected that the resident has left the building with a family member, delegate a staff member to call the family to confirm.
4. Notify all staff on other home areas/program areas in both buildings to determine if the resident is on other floors or areas.
5. Direct staff to check external sitting areas.
6. If the Resident is not located within 10 minutes, have the area RN / RPN complete the Resident Profile and bring it to Reception along with the Resident’s chart and picture.

Note: This stage shall last no longer than 10 minutes for a total of 15 minutes after the first indication that resident/client was missing.

All Staff

1. Follow the direction of the Incident Manager.
2. Assist with the follow up search and contacting visitors/family members, as requested by the Incident Manager.



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3. Be on the lookout for the missing resident. If you do not know what the missing resident looks like, be alert to persons in your area that seem lost or are unknown to you.
4. Report to the Incident Manager any person in your area that you do not know and fits the description of the missing resident or who appears lost.

Third Phase (initiated 15 minutes after the first indication the resident was missing)

If the resident has not been located within 10 minutes of the Incident Manager being notified, regardless of the completeness of the current search, the following tasks will be completed:

Incident Manager

1. Commence paging for a “Code Yellow”. Announce calmly to all visitors and staff (or have announced) three times:

“Code Yellow (Resident name) (Resident Home Area).”

“Code Yellow (Resident name) (Resident Home Area).”

“Code Yellow (Resident name) (Resident Home Area).”

The announcement will be repeated after 5 minutes.

2. Notify the police 9-1-1, providing a description of the resident/client.
3. Complete a Missing Person Report.
4. Move to Reception which will become the command post where all responding staff will report for instruction.
5. Give staff a description of the resident (physical description and clothing), including photo. Communicate location to be searched. Where possible, assign staff to search areas that they are most familiar with (e.g. dietary staff to search kitchen and support areas, nursing staff search the unit they are working on) for the initial search. Pictures: available on Hdrive/ pics/units ask reception to print and distribute to search team. Otherwise Copy picture in chart and distribute.
6. Direct maintenance staff to bring the elevators down to the main floor and put on service with the doors open to confirm no one is stuck in an elevator. Once checked they can be put back in service.
7. When Police arrive, provide them with a photo of the resident/client, a copy of the Missing Person Report and a summary of the actions taken prior to their arrival. The staff search will continue in supplement to the police action.



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8. Notify the Administrator / delegate.
9. Outside of peak staffing hours initiate the staff Emergency Notification System.
10. The search will include a search of the grounds. Any search external to the building (including on the grounds) will be done in pairs.
 - a. If it is suspected that the resident may have left the building, you may direct specific staff to start an external facility search at the same time an internal search is being performed.
 - b. Provide maps for all the designated search areas beyond the grounds of the Home.
11. Direct staff to report back to you at a minimum every 10 minutes.
12. After staff have reported back that their assigned search is complete, reassign them to another search area.
13. Assign staff members, who are reporting in from the staff call back list, to search in pairs beyond the grounds of the Home and provide them with maps.
14. When sufficient staff is present, commence a second search of the Home and the grounds. Determine if the search area should be expanded further.
15. Ask Maintenance/ Administrator to review video surveillance
16. Notify the family of the resident.

All Staff

1. Following the announcement of a Code Yellow, if you are available for the search, respond to the command post at Reception.

Note: At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents.

2. Conduct a search of both buildings in an organized fashion, using the floor map by checking:
 - a. Each room, on/under beds
 - b. Each bathroom
 - c. Utility rooms
 - d. Linen closets
 - e. Stairwells
 - f. Elevators



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- g. Service areas
- h. All keyed doors

3. When conducting a search of a floor start the search at the Nursing Station and complete the search, ensuring that each room has been searched twice.
4. As rooms are searched, identify them using the same magnets used when search rooms during code red. Pull the magnet down to eye level to indicate room was searched and is empty. Communicate to incident manager as each area search completed so they can mark it off on the map. with “Searched” indicators and mark them on the search map. Be sure to search for stairwells.
5. Report back to the Incident Manager every 10 minutes to provide an update and to be given further instruction. The reporting can be done either by physically reporting in, by cell phone, or by another device.
6. Once your assigned search area is complete, return to the Incident Manager for further assignment.
7. Notify the Incident Manager immediately upon the location of the missing resident.

Administrator

1. Establish the Senior IMS Team in the Board Room.
2. Contact the Ministry of Health and Long-Term Care.

After the Incident Has Concluded

Incident Manager

1. Once the Resident has been located notify:
 - a. The Police Services (9-1-1)
 - b. Resident POA
 - c. Administrator
 - d. Director of Resident Care
 - e. Medical Director
 - f. All units and departments by paging an “All Clear” 3 times

“Code Yellow, (Resident Name), All Clear”

“Code Yellow, (Resident Name), All Clear”



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“Code Yellow, (Resident Name), All Clear”

2. Advise all searchers and authorities that have been contacted that the resident/client has been located. (Administrator, Police, Ministry of Health and Long-Term Care.)
3. Contact the resident’s family to advise them that the resident has been found.
4. Complete appropriate progress notes and incident form.

Charge Nurse

1. Complete an assessment of the Resident’s condition. Document and indicate follow-up. The Physician will see the resident within 24 hours, where appropriate.
2. If required, the resident may need to be sent to ER for assessment (e.g., exposure to cold).

Debrief

Incident Manager

1. Ensure that all documentation is completed.
2. Chair a Code Yellow Debrief session within 24 hours of the event. Upon completion of this meeting, all Managers will provide a short debrief to their teams at their next staff meeting, identifying what went well and what needs improvement.

Administrator / Director of Resident Care

1. Complete the Critical Incident Form and submit to the Ministry of Health & Long-Term Care.
2. Schedule a more detailed review within one week of any incident where Ministry of Long Term Care and police were notified.



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CODE YELLOW - MISSING / LOST RESIDENT RESPONSE

INCIDENT MANAGER LOG/TIME SHEET

Date: _____

Resident Name: _____ Incident Manager: _____

Time: (note below)

_____ RN/RPN notified within 5 minutes of resident being noticed missing (current time)

Missing resident reported to RN/RPN by: _____

Time noticed missing by the staff member: _____

Date: _____

RN/RPN becomes the Incident Manager until relieved by a more senior staff member

_____ Search of wing initiated

_____ Check resident sign in/out sheets

_____ Advise all staff that you are looking for a specific resident

_____ Announce, or have announced

"Attention please, code yellow (resident/client's name). Please return to (wing/program area) immediately."

"Attention please, code yellow (resident/client's name). Please return to (wing/program area) immediately."

"Attention please, code yellow (resident/client's name). Please return to (wing/program area) immediately."

_____ Contact visitors who may have been visiting the resident

_____ Call other units/program areas in both buildings to determine if the resident is on another unit

_____ Delegate a staff member to check external sitting areas



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10 minutes after RN/RPN notified (total of 15 minutes since resident went missing) regardless of the completeness of the current search for the resident:

_____ Advise all staff of a "Code Yellow" including the wing and resident name

_____ Police notified 9-1-1

_____ Complete Missing Person's Report

_____ Police arrived at facility

_____ Advise the police if the resident is registered with the Alzheimer's Society Wandering Registry so the police can access the file on their CPIC (computer) system

_____ Activate the staff call back list if outside of weekday business hours

_____ Notify the Administrator or delegate

_____ Notify the Physician and Director of Resident Care

_____ Obtain and distribute photo of the resident to all searchers

_____ Ministry of Long-Term Care (MLTC) notified

_____ Family of missing resident notified.

Family member name: _____

By whom: _____



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Crisis Communications

Introduction

All communications to the public and the media will be accurate, concise, coordinated and respect the privacy of staff/residents and their families. In order to maintain a consistent and clear message, all communications with the public and media will be approved by the Administrator during a major event.

Procedure

All Staff and Volunteers

All staff and volunteers must understand that it is critical to the reputation of the organization that opinions and inaccurate information do not taint the reality of the situation. Therefore, all staff and volunteers are asked not to comment to the media during an emergency.

If a staff member is approached by the media or someone suspected of being the media, their comments should be restricted to a calm and professional statement such as:

“At this time, our staff and emergency services are actively responding to the situation, and our residents are our first priority. The Administrator or a representative will have the opportunity to speak to you shortly.”

The staff member should immediately notify the designated Administrator if they have been approached by a media person or suspected media person.

Note: that the person may or may not have typical media equipment (e.g. camera, recorder, note pad).

Some media personnel may not present themselves as being part of the media, but as other interested parties, including claiming to be family members, residents, etc. in order to engage a conversation. Therefore, staff should always be conscious of their comments to any person around them. Further, there is no such thing as “off the record”.

Administrator

In an emergency event, the Administrator determines if there is a need to designate a Public Information Officer and who will fill that role.

Understanding that the media will create a story with or without input from the organization, it is important to work with the media. An organization that appears to be hiding sends a message through the media. Even if it is bad news, it is better that you communicate that with your side of the story, than to have the media create their own version.



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The media should never be asked not to print or broadcast a story as this may be interpreted as an attempt to hide an issue or manipulate the press.

If a statement is made to the media by someone other than the Administrator or Public Information Officer, the Public Information Officer should be notified as soon as possible so that the information can be confirmed and the Public Information Officer can prepare for followup questions from the media.

Notify the Administrator of any contentious issues that may be in the media.

The Administrator may consider contacting a professional firm to fill the role of the Public Information Officer for major or contentious issues. This firm would not be the public spokesperson, which should be the representative of Hillcrest Village, but would provide crisis communications support and guidance.

Public Information Officer (PIO)

The Public Information Officer(s) must work closely with the organization to ensure that a single consistent message is communicated.

Understanding that the media will create a story with or without input from the organization, it is important to work with the media. An organization that appears to be hiding sends a message through the media. Even if it is bad news, it is better that you communicate that with your side of the story, than to have the media create their own version.

The media should never be asked not to print or broadcast a story as this may be interpreted as an attempt to hide an issue or manipulate the press.

The PIO will inform the Administrator of any contentious issues that may be in the media.

News Briefings

When a press release is made, copies should be made available either in hard copy or electronically to all Hillcrest Village personnel. This ensures that everyone is aware of the same information that is being released to the media in the event that the media follows up with someone else within the organization.

Prior to releasing information, it is critical to ensure that the facts have been confirmed rather than making a premature statement and having to retract or correct it later. Only confirmed facts should be presented. At no time should personal opinions, speculations, feelings or comments regarding the



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incident or the response be made in public or to the media. Statements should never be made that you would not want quoted in the media.

All media releases must conform to confidentiality policies and legislation.

All media statements should be made using plain English, not using media or medical terminology either written or verbally.

If a statement is made to the media by someone other than the Public Information Officer, the Public Information Officer will be notified as soon as possible so that the information can be confirmed and the Public Information Officer can prepare for follow up questions from the media.

The spokesperson for news briefings may be someone other than the Public Information Officer, such as the Director of Resident Care, Administrator etc. In these situations, the role of the Public Information Officer is to assist this person with their statements, anticipate potential questions, and draft answers in advance. During the news briefing, the Public Information Officer acts as the mediator and ends the briefing as soon as the allotted time is done.

If multiple agencies are involved in the incident, the Public Information Officer should work closely with those filling the Public Information Officer role for the other agencies. Working together with other agencies and staff within your facility will ensure that information released is coordinated, sending a single message.

News media staff should be asked for their credentials (e.g. I.D. Cards) before they are included in a media briefing or tour.

Where possible, record all interviews, briefings or other discussions with the media to create a “record” of the interaction for both quality assurance and training purposes.

Keep media outside of the emergency area or zone, or from areas where their presence may cause clients, families and volunteers to feel uncomfortable.

When setting up a media area, it should have easy access without traveling through the Home or area where emergency operations are occurring. Media personnel may want to take pictures (either video or still photos) of the “action”, and therefore a guided tour to an area where they can take photos may be appropriate if deemed appropriate by the Administrator, and as long as it is not detrimental to the incident response or facility operations. By offering a media tour in a coordinated manner, it should reduce the media’s drive to get into areas that may disrupt operations.

A whiteboard/bulletin board should be set up to display information such as the next briefing time and approved information.



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Additional staff should always be present in the media room while any news conference is in session to provide security and ensure the safety of all visitors. Uniformed security staff should be avoided so as to not provide the impression of “controlling” the media.

The Public Information Officer and any assigned speaker to the media will:

1. Be knowledgeable and provide the basic facts of the incident being covered.
2. Briefly respond to questions by providing essential information only.
3. State only the facts and avoid speculation about causes and long-term effects of the incident.
4. Avoid comment on areas that are not within their field of expertise or responsibility by advising that you do not know but will follow up and obtain further information. Do not use “no comment” or “we cannot comment”, but use words such as, “*that is out of my personal knowledge and we will get back to you with more information*” or “*we will provide information as soon as it is available*”, or “*as you understand, personal client information cannot be released*”.
5. Provide reassurance that appropriate resources are being used to resolve the incident and provide the best possible safety and security to residents, family members, volunteers, staff and others involved in the incident.
6. Do not speak for or comment regarding other organizations unless previously agreed to.

On-camera Interviews

If a staff member is asked to participate in an interview, they will:

1. Obtain authorization from the Administrator.
2. Ask the reporter to provide the questions beforehand and plan a properly phrased response. Be prepared however, to be asked questions that are not provided.
3. Listen to each question carefully and take a moment to compose an answer that is factual, concise and grammatically correct.
4. Understand there is no obligation to answer every question.
5. Be conscious of appearance and body language.
6. Avoid humor as it is incompatible with the seriousness of the situation.



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COMMUNICATIONS PLAN
PUBLIC INFORMATION OFFICER CHECK LIST

Date: _____ Time Public Information Officer designated:

Incident: _____

Public Information Officer: _____

Incident Manager: _____

Director of Resident Care on location: _____

Administrator on location: _____

Time (note below):

Briefed by Incident Manager.

Type of incident: _____

Time incident started: _____

Services on location or involved in responding to the incident.

EMS: 9-1-1

Police: 9-1-1

Fire: 9-1-1

Public Health

Public Works

Other: _____

Other: _____

Any injuries or deaths: _____

General actions being taken:



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Issues of contention identified:

Time (note below)

_____ Briefing with Administrator or Director of Nursing

_____ Spokesperson identified: _____

_____ Interview or press briefing time scheduled for: _____

_____ Location for interview/briefing identified: _____

_____ Length of interview / briefing: _____

_____ Briefing notes

Key points to communicate:

The priority is the health and safety of our residents, volunteers and staff

All available resources required are being deployed

Working closely with emergency/allied agencies (identify key agencies)

Working to ensure that the incident will not reoccur:

Other points:

Identify questions the media may ask:

Q: _____

A: _____

Q: _____

A: _____



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Q: _____

A: _____

_____ Briefing/press release approved by Administrator/designate

_____ Copies of press release printed for distribution to press

_____ Record all interviews, briefings, or other discussions with the media

_____ Notify the Administrator of any contentious issues that may be in the media

CODES	EMERGENCY CODE DEFINITION
	BLUE – MEDICAL EMERGENCY and CRITICAL INJURY – <u>RESIDENT or NON-RESIDENT</u>
	GREY – AIR EXCLUSION
	ORANGE – EXTERNAL EMERGENCY
	GREEN – EVACUATION
	BROWN – HAZARDOUS SPILL
	BLACK – BOMB THREAT
	YELLOW – MISSING RESIDENT
	WHITE – AGGRESSION/VIOLENCE
	RED - FIRE

DESCRIPTION	NAME	PHONE NUMBER
POLICE	911	1-888 -310 -1122
FIRE	911	After hours 705 526 -4279
AMBULANCE	911	705 -526 -5466
Midland Hospital	Georgian Bay General Hospital (GBGH)	705 -526 -1300
Orillia Hospital	Orillia Soldiers Memorial Hospital	705 -325 -2201
Barrie Hospital	Royal Victoria Regional Health Centre (RVH)	705 -728 -9802
Transportation	SHARP Bus Lines - Midland	705 -540 -1563
Transportation	Community Reach	705 -528 -6999
Pharmacy	Care Rx	705 -721 -4616
Pharmacy	Consultant Pharmacist Sheri Kidson	705 -220 -2787
Pharmacy	Shopper's Drug Mart (Back -up)	705 -526 -7855
Oxygen	Royal ProResp	705 -413 -0202
MOH	Ministry of Health & Long -Term Care	1-866 -434 -0144
MOH	Emergency Planning and Preparedness	1-866 -212 -2272
MOH	(CIATT) Regular Business Hours	905 -546 -8295 or 1-855 -819 -0879
MOH	(CIS) After -Hours Communication Protocol	1-888 -999 -6973
Home & Community Care Support Services (CCAC)	Ontario Health atHome	705 -721 -8010
Public Health	Public Health Barrie	1-877 -721 -7520
Hazardous Spills	Report to the Spills Action Centre	1-800 -268 -6060
Poison	Ontario Poison Control Centre	1-800 -268 -9017
Health & Safety	Ministry of Labour	1-877 -202 -0008
Environment	Ministry of Environment & Climate	1-800 -565 -4923
LTC Facilities	The Villa Care Centre 658 King St. , Midland ON , L4R 4P3	1-249 -559 -0400
LTC Facilities	Georgian Village and Manor 101 Thompsons Rd. , Penetanguishene ON, L9M0V3	705 -549 -3166
Alarms	Huron Alarm & Fire Security	705 -527 -9311
Elevator	Hytrac Elevator Co. Ltd.	705 -739 -7633
Gas	Enbridge	1-866 -763 -5427
Hydro	Newmarket -Tay Hydro (NT Power)	1-888 -735 -4801
Water	Midland Public Works	705 -526 -4275
Media	104.1 Bounce	Office Line: 705-720-1991

Location to go to if a Total Evacuation:

North Simcoe Sports & Recreation Centre – 527 Len Self Blvd., Midland, ON L4R 5N6
Phone: 705 -526 -9395



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Senior IMS Checklists

Incident Management System

The Incident Management System (IMS) is the internationally accepted organizational structure for responding to incidents of all scales and all types.

IMS is an expandable system based on functions, not positions. Each function is assessed to see if it is required for the incident. A function may be fulfilled by one person or a team of people. For smaller events one person may fulfill multiple functions.

IMS can be used for both emergency and non-emergency events, for example, the planning of a large public event.

Key Functions

Incident Manager

Organize and direct the emergency response for the emergency / incident. Give overall directions for facility operations and if needed, authorize evacuation.

There will always be an Incident Manager for every incident.

Operations

Operations is the function of carrying out the emergency response, containment, damage mitigation, recovery and directives of the Incident Manager. Where the incident directly impacts resident care, coordinate and ensure ongoing resident care during emergency operations.

Logistics

Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, food, water, and supplies to support the operations. It is also responsible for maintaining the physical environment services of the building. Conducts or collects information for damage assessments of the facility.

Planning

The planning function develops scenario/resource projections for the IMS team and undertakes long range planning (more than 2 hours).

Administration/Financial

The Administration/Financial function monitors the utilization of financial assets, provides administrative support to the senior IMS team members and ensures documentation of all meetings.



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Public Information

The Public Information function organizes communications with the families, stakeholders and the media (as appropriate) and provides information updates.

Liaison

Liaison is the function of communications / being the contact person for representatives from other agencies.

Safety

In every emergency or incident, the health and safety of staff and residents is paramount. The safety function monitors and has authority over the safety of operations.

If the scale of the incident dictates, each of the functions above may have an individual or team to assist in the meeting of their tasks. Job Action Sheets are guides to assist the people assigned to the function(s) to fulfill their responsibilities.

A full briefing must be given to personnel arriving to fill functions or relieving others at the end of a shift.

Incident Manager – Job Action Sheet

Role: Organize and direct the emergency operations and ensure ongoing resident care. Give overall directions for facility operations and if needed, authorize evacuation.

Under normal circumstances, the Administrator/delegate will fulfill this role when the Senior IMS team is called together.

Name: _____

Time (Note Below) Task

_____ Initiate the Incident Management System

_____ Read this entire Job Action Sheet

_____ Put on the Incident Manager (safety) vest located at Heritage Reception or Hillcrest Photocopy Room

_____ Appoint an operations Manager (if required)

_____ Appoint a Planning Manager (if required)



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- _____ Appoint a Logistics Manager (if required)
- _____ Appoint an Administration/Finance Manager (if required)
- _____ Appoint an Information Officer (if required)
- _____ Appoint a Safety Officer
- _____ Appoint a Liaison Officer (if required)
- _____ Announce a status/action plan meeting of the IMS Team
- _____ Receive status report and discuss the initial action plan with the team
- _____ Receive initial facility damage survey report (Logistics function)
- _____ Obtain patient census and status from the planning manager
- _____ Direct the Liaison Officer to establish contact with
 - MOLTC (1-866-434-0144), After Hours (1-888-999-6973)
 - Home and Community Care Support Services (705-721-8010)
 - Other agencies _____
- _____ Authorize resources as requested by the IMS team
- _____ Establish a meeting cycle and ensure team meets as per meeting cycle
- _____ Communicate status to Administration or designee
- _____ Consult with the IMS Team on needs for staff and volunteer food and shelter
- _____ Approve media releases submitted by the Information Officer



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Operations – Job Action Sheet

Role: Operations is the function of carrying out the emergency response, containment, damage mitigation, recovery and directives of the Incident Manager. Where the incident directly impacts resident care, coordinate and ensure ongoing resident care during emergency operations.

Name: _____

Time (Note Below) Task

_____ Receive appointment and briefing from the Incident Manager

_____ Read this entire Job Action Sheet

_____ Appoint Teams for each area of the operation (e.g. search teams, evacuation teams, nursing teams, as needed)

_____ Brief all Teams for each area of the operation

_____ Provide directions to the teams

_____ Determine which teams are involved in the emergency and which teams are maintaining normal operations (Normal operations may be assigned to one team leader)

_____ Provide direction regarding the emergency response actions for the incident (e.g. evacuation, search, reception etc.)

_____ Coordinate staffing requirements with the Logistics Manager who will arrange for additional staff as required

_____ Receive, coordinate and forward all requests for personnel and supplies to the Logistics Manager

_____ Establish an advisory group as required (e.g. medical director)

_____ Attend IMS Team meetings



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Logistics – Job Action Sheet

Role: Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, food, water, and supplies to support the operations. It is also responsible for maintaining the physical environment services of the building. Conducts or collects information for damage assessments of the facility.

Name: _____

Time (Note Below) Task

_____ Receive appointment and briefing from the Incident Manager

_____ Read this entire Job Action Sheet and attached sub-function check lists
(HR, Food/Dietary, Facilities Management, Security, Purchasing)

_____ Establish a system of runners to convey important messages

_____ Appoint assistants *as required* (insert names)

- Human Resources _____
- Food / Dietary Leader _____
- Facilities Management Leader _____
- Security Leader _____

_____ Brief assistants on the situation and action plan

_____ Establish a regular meeting cycle of Logistics Team members

_____ Document discussions, decisions, and actions from IMS Meetings

_____ Receive a copy of all documentation/reports from all IMS Managers and organize the documentation

_____ Ensure a copy of all outgoing and incoming faxes are maintained

_____ Obtain a copy of all resident transfer charts for documentation protection

_____ Maintain a chronological chart of all key incidents, actions etc.

_____ Obtain a damage assessment from the Facilities Management Leader



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- _____ Contact each department to determine equipment and supply needs
- _____ Create lists of available suppliers, pricing, etc.
- _____ Coordinate with the Finance Leader for purchasing
- _____ Assess the status of telephone and computer systems
- _____ Assess the status of the fire alarm system
- _____ Coordinate efforts of IT, telephone and fire alarm service companies
- _____ Provide 2-way radios where required
- _____ Obtain needed supplies with the assistance of the Administration/Finance Manager
- _____ Attend IMS Team meetings



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Planning – Job Action Sheet

Role: The planning function develops scenario/resource projections for the senior management team and undertakes long range planning (more than 2 hours).

Name: _____

Time (Note Below) Task

_____ Receive appointment and briefing from the Incident Manager

_____ Read this entire Job Action Sheet

_____ Establish a status board and keep it current

_____ Research the factors surrounding the emergency

_____ Ensure all IMS team members have appropriate policies/plans

_____ Monitor the external influences (e.g. weather, utilities, staffing, supplies etc.)

_____ Project the possible situation(s) in 2 hours (short term)

_____ Prepare options to respond to the possible short-term situation

_____ Project the possible situation(s) in more than 2 hours (long term)

_____ Prepare options to respond to the possible long-term situation

_____ Prepare a plan / strategy to restore the facility to normal operations

_____ Estimate the resource requirements and financial implications (in cooperation with the Administration/Finance Manager) to return to normal operations

_____ Attend IMS Team meetings



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Administration/Financial – Job Action Sheet

Role: The Administration/Financial function monitors the utilization of financial assets, provides administrative support to the senior IMS team members and ensures documentation of all meetings.

Name: _____

Time (Note Below) Task

_____ Receive appointment and briefing from the Incident Manager

_____ Read this entire Job Action Sheet and attached sub-functions (documentation, finance, legal, administrative support)

_____ Appoint Administration/Finance Support staff as required

_____ Ensure documentation of all IMS Team meetings, decisions and actions

_____ Monitor all expenditures and provide financial reports

_____ Notify insurance companies and the facility lawyer of the incident. (document time and who was spoken to)

_____ Monitor and document all purchases and expenditures

_____ Maintain written reports summarizing financial data relative to personnel costs, supplies and miscellaneous expenses

_____ Monitor current financial balances and credit limits

_____ Request approval to extend lines of credit or other banking services as required

_____ Negotiate terms of payment for supplies and emergency purchases

_____ Document expenditures for reimbursement submissions – MOHLTC and/or insurance provider

_____ Receive and document alleged claims. Use photographs and video to document where appropriate.

_____ Obtain statements from all claimants and witnesses



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_____ Enlist the assistance of the Safety Officer and Security Leader where appropriate to investigate claims

_____ Update the facility's legal services and enlist their counsel as required.

_____ Review contracts or agreements being negotiated on short notice with vendors

_____ Provide a summary of all alleged claims for the legal counsel and Administrator

_____ Attend IMS Team meetings



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Public Information – Job Action Sheet

Role: The Public Information function organizes communications with the families, stakeholders and the media (as appropriate) and provides information updates.

Name: _____

Time (Note Below) Task

- _____ Receive appointment and briefing from the Incident Manager
- _____ Read this entire Job Action sheet
- _____ Identify restrictions in contents of news releases from the Incident Manager
- _____ Coordinate communications strategy for family members / stakeholders
- _____ If media are on-site, or expected, establish a Public Information area away from the area where the response is being coordinated and resident home areas. Inform on-site media of the physical areas which they have access to and those which are restricted. (coordinate with security)
- _____ Issue an initial incident information report to the news media
- _____ Contact other involved agencies to coordinate released information. Keep the Liaison Officer informed on actions
- _____ Obtain a progress report from the IMS Team as appropriate
- _____ Establish communications with family members
- _____ Notify the media about casualty status
- _____ Establish a news briefing cycle as approved by the Incident Manager
- _____ Contact a media / communications expert, as required
- _____ Brief and prepare the Administrator or spokesperson speaking to the media
- _____ Prepare a list of possible questions anticipated from media, families etc.
- _____ Prepare responses for anticipated questions



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_____ Manage any media conferences

_____ Attend IMS Team meetings



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Liaison – Job Action Sheet

Role: Function as incident contact person for representatives from other agencies

Name:

Time (Note Below) Task

_____ Receive appointment and briefing from the Incident Manager

_____ Read this entire Job Action sheet

_____ Establish a list of key contacts from other agencies

- MOLTC: 1-866-434-0144, After hours number 1-888-999-6973
- Home and Community Care Support Services (705-721-8010)
- Public Health:
- EMS:
- Municipal Emergency Operation Center (EOC):
- Other agencies

_____ Code Orange - obtain information on the number of incoming persons that can be received and the type of care that can be provided

_____ Code Green - obtain information on the number of residents that need to be transferred and the type of care required

_____ Keep MOLTC contacts updated

_____ Request assistance from other LTC facilities or agencies

_____ Request assistance from municipal agencies

_____ Respond to requests and issues from the IMS team regarding organizational issues

_____ Assist the Operations and Logistics Managers in soliciting additional staffing resources from other agencies (as required)

_____ Appoint Liaison support staff as required

_____ Attend IMS Team meetings



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Safety – Job Action Sheet

Role: Monitor and have authority over the safety of operations.

Name: _____

Time (Note Below) Task

_____ Receive appointment and briefing from the Incident Manager

_____ Read this entire Job Action Sheet

_____ Put on a Safety Officer vest located at Heritage Reception

_____ Communicate with the IMS team to determine safety / security concerns

_____ Advise the Incident Manager and IMS team immediately of any unsafe, hazardous or security conditions

_____ Appoint Assistant Safety Officers, as required, to assist in monitoring site safety

_____ Provide directions to any person performing a task in a hazardous manner to ensure all workers are working in a safe manner

_____ Investigate or coordinate the investigation of any injuries to residents, staff, visitors, volunteers, or others

_____ Work closely with the Joint Health and Safety Committee

_____ Notify the Ministry of Labour of any critical injuries to staff or volunteers

_____ Attend IMS Team meetings



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Human Resources Check Sheet

Role: Collect, inventory and assign staff and volunteers as needed. Provide for long-term scheduling for extended events. Document scheduling and hours worked. Reports to the Logistics Manager.

Name: _____

Time (Note Below) Task

- _____ Collect and inventory available staff at a central point
- _____ Receive requests and assign available staff as required
- _____ Call back off duty staff and volunteers as required
- _____ Establish a pool of volunteers identifying skill levels
- _____ Credential and provide orientation for all spontaneous volunteers arriving
- _____ Brief the Logistics Manager frequently as to staff/volunteer availability
- _____ Ensure documentation of all staff arriving and leaving, time sheets etc.
- _____ Provide time sheet tabulations to the Administration / Finance Manager
- _____ Establish staff rest area as required
- _____ Work out scheduling for long-term events to maximize staff utilization
- _____ Monitor staff and volunteers for signs of stress / inappropriate behaviour
- _____ Provide for Employee Assistance Program as required
- _____ Provide for staff rest and relief



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Food / Dietary Check Sheet

Role: Ensure continuity of food services throughout the emergency event for both residents and staff. Organize food and water stores for preparation and rationing during periods of anticipated or actual shortage. Reports to Logistics Manager.

Name: _____

Time (Note Below) **Task**

_____ Meet with dietary staff not involved in emergency operations

_____ Estimate the number of meals which can be served with existing inventory

_____ Inventory the supply of emergency drinking water

_____ Update the Logistics Manager regularly

_____ Coordinate the acquisition of food supplies

_____ Anticipate the need of staff breaks

_____ Project needs for any incoming patients (Code Orange)

_____ Arrange for dietary assessment of any incoming patients

_____ Working with the Logistics and Administration Manager, make arrangements for outside food services (if required)

_____ Screen food received from alternate sources (e.g. volunteers or donations)



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Security Check Sheet

Role: Organize and establish scene / facility security. Reports to Logistics Manager.

Name: _____

Time (Note Below) **Task**

- _____ Appoint security personnel to monitor safety and security
- _____ Coordinate with contracted security service
- _____ Implement a lockdown of the facility except for emergency operations
- _____ Remove unauthorized people from restricted areas
- _____ Ensure fire routes and ambulance loading areas are clear
- _____ Assist the Information Officer with establishing a media area
- _____ Initiate contact with fire / police agencies through the Liaison Officer
- _____ Provide vehicle and pedestrian traffic control
- _____ Ensure security of food, water, medical / vaccine supplies, fuel, and other resources
- _____ Ensure all safety and security personnel document all actions and observations
- _____ Establish fire watch / patrol if the fire alarm is out of service
- _____ Ensure regular briefings with safety and security personnel
- _____ Provide regular briefings to the Logistics Manager



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Facilities Management Check Sheet

Role: Maintain the integrity of the physical facility and provide adequate environmental controls. Reports to Logistics Manager

Name: _____

Time (Note Below) Task

_____ Coordinate facilities maintenance staff who are not involved in emergency operations

_____ Conduct a damage/operational assessment

- Structural
- Electrical
- Generator
- Water and sanitary waste management
- Heating / Cooling
- Natural Gas
- Fuel supply
- Elevators
- Other

_____ Control observed hazards, leaks, and contamination or notify emergency services (9-1-1) as appropriate.

_____ Ensure the Safety Officer is notified of any hazardous situations.

_____ Coordinate with contracted facility maintenance contractors and utilities

_____ Identify areas for immediate repair

_____ Arrange for a structural engineer to assess the facility if required

_____ Photograph and document all damage

_____ Identify areas where immediate salvage could save critical services and equipment

_____ Assign staff to repair efforts

_____ Establish alternate sanitation systems (portable toilets, hand washing areas) if required

_____ Provide regular briefings to the Logistics Manager



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Subject: Utilities Disruption
HVAC System Failure

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Revised Date: April 11, 2022

Approval Date: August 2017

Reviewed Date: May 10, 2024

Utilities Disruption – HVAC System Failure

Statement of Intent

To ensure adequate heating, cooling and ventilation is maintained throughout Hillcrest Village.

Procedure

Originating Staff

1. In the event of a HVAC system malfunction or breakdown, contact the Maintenance Supervisor.

Maintenance Supervisor

1. Investigate the cause of the malfunction/breakdown and contact the mechanical services company or utility as required.
2. Where the malfunction/breakdown is anticipated to be extended and temperatures are such that it will create an uncomfortable situation for residents (i.e. less than 18C or higher than 26C), notify the Administrator.

Administrator/Incident Manager (obtain Sr. Incident Manager checklist)

1. Upon notification of an HVAC system failure that is anticipated to be extended, assume the role of Incident Manager and assess the situation.
2. In consultation with the Maintenance Supervisor, service contractor, and/or utility, assess the potential restoration time and impact of the outage.
3. Keep staff informed of the actions being taken to resolve the outage.
4. In the event that a heating failure will be extended alternative plans shall include:
 - Providing extra blankets
 - Ensuring all curtains and blinds are closed
 - Limiting exterior door use
 - Moving residents into a lounge or other room where multiple people will provide warmth
 - Using supplemental heating units (e.g. electric heaters) in closely supervised situations
 - Moving residents to the alternate building (e.g. Heritage building to Hillcrest building or vice versa)
 - Discharging appropriate residents to family until the heat is restored
 - Non-emergency evacuation in situations where the temperature becomes a health or safety risk
5. In the event that a cooling failure will be extended alternative plans shall include:



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- Providing cold beverages and snacks (popsicles, ice cream, etc.) to residents and staff
 - Ensuring all curtains and blinds are closed to areas exposed to the sun
 - Moving residents out of rooms where the exterior walls are being exposed to the sun
 - Limiting exterior door use if the outdoor temperature is higher than the indoor temperature
 - Opening windows and exterior doors, with proper supervision, during cooler nighttime hours
 - Moving residents to the alternate building (e.g. Heritage building to Hillcrest building or vice versa)
 - Discharging appropriate residents to family until the cooling is restored
 - Non-emergency evacuation in situations where the temperature becomes a health or safety risk
6. Complete an unusual incident report outlining the cause and length of the outage and the solutions implemented to restore the HVAC for all HVAC failures that last more than 2 hours where the temperature drops below 20C or exceeds 26C inside the building.
7. If the HVAC outage last for a period greater than 6 hours the Director will be informed no later than one business day after the occurrence followed by a report Sec 115 (3) 2.



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Subject: Utilities Disruption
Power Failure

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Revised Date: May 30, 2025

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Utilities Disruption – Power Failure

Purpose

To provide staff with a basic understanding of the operation of the Standby Diesel Power System.

Procedure

Flashlights will be kept at each nursing station to assist in the event of a power failure.

In the event of an electrical power failure the facility's Standby Diesel Power system will be automatically activated.

The expected sequence of events will be as follows:

1. When the electrical power to Hillcrest Village is interrupted, there will be up to a ten second delay during which time the Home will be in darkness, then the lights will be restored. The ten second delay is the time required for the diesel engine to start.
2. All lighting will operate.
3. Both buildings have back up power to all outlets.
4. When the outside power comes back on, the diesel generator will automatically shut off after a short cool down period.

Maintenance Staff

1. The diesel fuel tank holds enough diesel fuel to last 24-48 hours; however, fuel consumption must be monitored every 8 to 12 hours. Order fuel when it reaches ½ tank.

Charge Nurse/Incident Manager

1. During a power failure, assume the role of Incident Manager.
2. Locate the Power Outage binders in the photocopy room across from Hillcrest Reception.
3. If a power failure lasts for more than 2 hours, contact the local utility for an estimate on when power will be restored.
4. Provide the information gathered to the Administrator.



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5. If a power failure lasts for more than 2 hours, notify the maintenance staff who will set up a time to inspect the generator to ensure it is running within specification (e.g. temperature) and ensure adequate fuel.
6. If the power failure lasts more than two hours the Incident Management System and team may be activated.

Registered Staff

1. Complete nursing documentation on the appropriate back-up forms until the computers are operational again (if required).
2. Once the power returns take steps to ensure documentation is added to appropriate computer files.

Generator Testing

Maintenance Staff

1. The diesel generators will be tested by Maintenance staff at full load on a monthly basis, at minimum.
2. Arrange for the diesel generators to be inspected and tested by an authorized service company twice per year.



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Subject: Utilities Disruption
Water Supply Disruption

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Utilities Disruption – Water Supply Disruption

Statement of Intent

To provide an alternate supply of water in the event of a water supply disruption in the Town of Midland and initiate a plan for water conservation within Hillcrest Village.

The major issue with a water system failure is sanitary and hygiene use such as flushing toilets, bathing, etc. Water for cooking and drinking should be available or accessible in adequate amounts through bottled water.

Procedure

Administrator

Designate the maintenance person or an alternate staff member to contact the Public Works Department for information regarding the severity and duration of the disruption. The staff member who contacts the Public Works Department will communicate this information to the Charge Nurse, Director of Resident Care, Nutrition Manager, and Administrator.

Ensure that there is always a minimum of 160 liters of bottled water on site and that this water is checked monthly for expiry dates. This water will be used for drinking water and food preparation.

Review MOH Guidelines for reporting of Contaminated Drinking Water or loss of services for greater than 6 hours to determine reporting requirements.

Registered Nurse

In the event of a water supply disruption contact the Administrator or Director of Care/Assistant Director of Care on call.

In the event of a boil water advisory:

1. Incident Manager will immediately communicate with all departments that:
All water used for drinking; preparing food, hot and cold beverages, and ice cubes; washing fruit and vegetables and dental hygiene must be boiled.
2. Any ice cubes, beverages, or uncooked foods that have been prepared using possibly contaminated tap water should be thrown out.
3. In the event that boil water is not practical, the local PHU or other responsible authority will be able to give directions for disinfection of water or the use of an alternative supply known to be safe.



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4. Research indicates that holding water at a rolling boil (defined as vigorous boil where bubbles appear at the center and do not disappear when water is stirred for 1 minute will inactivate waterborne pathogens, including bacteria (Bandres et al.,1988; Pointius,1994; Harp; et al.,1996), protozoa (Fayer,1994:CDC1997) and viruses (Krugman et al.,1970 Larkin, 1983). Water can be boiled in a heat-resistant container on a stove or in an electric kettle. Water should then be cooled and poured into a clean container with a cover and refrigerated until needed. Water should be boiled for 2 minutes.

Under most circumstances it is not necessary to boil tap water used for other purposes such as bathing, showering, laundry, or washing dishes. Authorities may advise sponge baths if contamination is human sewage. **Review communication provided at the time of advisory.**

Handwashing: Review communication provided with the Advisory as it may differ depending on the circumstances. A Boil Water Advisory (BWA) if hands are visibly soiled, clean them with a disposable wipe, then follow with alcohol based handrub. If hands are not visibly soiled, use an alcohol-based hand rub.

If disposable wipes are not available, hands can continue to be washed with soap and water, dried and then followed with an alcohol-based hand rub.

Bathing: Review communication provided with the Advisory as it may differ depending on the circumstances. During a BWA adults and teens **may** use water that has not been boiled for baths and showers. Those who are not able to understand the boil water advisory requirements that include, “do not swallow water” should sponge bath.

Dishes: Review communication provided with the Advisory as it may differ depending on the circumstances. Dishes will be washed in the dishwasher to remove debris, then rinsed in boiled water, soaked in boiled water/bleach mixture of (30 ml of unscented bleach in 4 L of boiled water) for 1 minute then rinsed again in boiled water and let dry.

See Table attached for specific guidelines.

Disruption Lasting Less than 4 hours

Incident Manager

If the water disruption is expected to be less than 4 hours, ensure bottled water is available for distribution.

Director of Nursing

Consider canceling non-essential programs/events/services, especially those involving outside visitors.



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All Staff

1. Under the direction of the Incident Manager, distribute bottled water to residents as required.
2. Continue your normal work duties.

Disruption Lasting More than 4 hours.

Administrator

1. If the water disruption is anticipated to exceed four (4) hours, make arrangements for additional supplies of bottled water to ensure on-site supplies are equivalent to **4 Liters per person per 12 hours (estimating the number of residents, staff and volunteers on site - e.g. 164 people = 656 liters)**.
2. Consider initiating a mass message using the emergency notification system to provide additional staff to allow staff to take breaks off site where there are functioning toilets, to assist with the distribution of water, and additional resident care requirements.
3. Consideration will be given to providing staff extended breaks to use washroom facilities with running water (e.g., contacting a local school, community center, business, mall, etc. to request permission to use their facilities).
4. If it is anticipated there will be a long-term water outage the team may encourage family members to take residents home for the duration of the water disruption where practical.
5. Portable toilets may be considered for rental. Some models are self-contained trailers that are wheelchair assessable with heating and air conditioning.
6. A water tanker can be used to provide water for flushing toilets with either a pump/hoses or trolleys/pails to transport the water. This is a labour-intensive effort and has the added risk of wet floors causing a slip and fall hazard therefore caution needs to be exercised.

Disruption Lasting More than 24 hours.

Administrator

If the water disruption is expected to exceed 24 hours consider a non-emergency evacuation.

Advanced Notice of a Disruption

Administrator



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1. In the event the water disruption has advanced notice (e.g. during water line construction) notify all departments in advance. Plans should anticipate a water outage of up to double the anticipated time (e.g. public works advises water will be out for 2 hours, plan for 4 hours).
2. Consider cancelling all non-essential programming when there is advanced notice of a water disruption.
3. For resident home areas, instruct staff to fill tubs up with water and make pails available for the purpose of flushing toilets. Tub room doors will be locked to prevent resident accidents involving a full tub.
4. Ensure bottled water and canned juices are distributed to each floor and program area.
5. Portable toilets can be rented – including wheelchair accessible toilets in trailers with heating and air conditioning.

Optional Suppliers

Bottled Water Suppliers:

- The Water Store: 1004 King St., Midland (705) 527-5900
- The Water Stop: 780 Balm Beach Rd. E, Midland (705) 526-6665
- Foodland: 795 Balm Beach Rd., Midland (705) 527-4067
- Food Basics: 9226 County Rd 93, Midland (705) 526-7671
- Real Canadian Superstore: 9292 County Rd 93, Midland (705) 527-0388

Portable Toilet Suppliers:

- Georgian Bay Sanitation 705-549-7181
- Winter Sanitation 705-327-0042
- B.J.'s Portable Toilet Rentals, Creemore 705-466-2929
- Barrette's Portable Toilets, Collingwood 705-444-1220

Water Tanker Services:

- Bright Water Services 1-877-696-3609



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Specific Guidance during boil water advisory *anywhere boiled water can be used, bottled may be substituted initially. Review communication provided with the Advisory as it may differ depending on the circumstances.

Use	Non outbreak situation	Waterborne outbreak situation
Drinking	Use boiled tap water	Use boiled tap water
Brushing teeth	Use boiled tap water	Use boiled tap water
Washing hands	Can continue to be washed using tap water and a proper handwashing technique that includes rubbing all parts of the hands with soap and water for a minimum of 20 seconds.	Can continue to be washed using tap water and a proper handwashing technique, followed by use of an alcohol hand-based gel disinfectant containing more than 60% alcohol. Alcohol should be rubbed into all areas of the hands until hands are dry. Hands should not be towel dried.
Ice cubes	Use boiled tap water	Use boiled tap water
Preparing food	Use boiled tap water	Use boiled tap water
Beverages	Use boiled tap water	Use boiled tap water
Washing fruits and vegetables	Use boiled tap water	Use boiled tap water
Laundry	May be washed in tap water either by hand or machine	Wash laundry in detergent in hot water at maximum cycle length, and then machine (hot air) dry
Showers and Baths	Sponge bath in order to reduce the chance of swallowing water.	Sponge bath only
Washing dishes	May be washed in tap water either by hand or by machine	Review communication provided with the Advisory as it may differ depending on the circumstances. Dishes will be washed in the dishwasher to remove debris, then rinsed in boiled water, soaked in boiled water /bleach mixture of (30 ml of unscented bleach in 4L of boiled water) for 1 minute then



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Use	Non outbreak situation	Waterborne outbreak situation
		rinsed again in boiled water and let dry.

From Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supply. Jan 12, 2021

[Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supplies - Canada.ca](#)

See: EM – Boil Water Advisory Checklist – Emergency Management Manual



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Policy and Procedures

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Emergency Management Policy and Procedure

Policy

It is the policy of Hillcrest Village to provide a safe and secure environment for our residents.

Definitions

Emergency means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home.

Procedure

Every Licensee of the home shall ensure that emergency plans for the home are recorded in writing. That the home consults with community agencies, health service providers, that may be involved in responding to care and keep a record of the consultation.

Ensure hazards and risks that may result in an emergency and impact the home are identified and assessed, this may include hazards and risks in the home or in the community.

The home must consult with the Resident and Family Council if any.

Emergency plans will include but not be limited to:

- i. Outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics,
- ii. Fires,
- iii. Community disasters,
- iv. Violent outbursts,
- v. Bomb threats,
- vi. Medical emergencies,
- vii. Chemical spills,
- viii. Situations involving a missing resident,
- ix. Loss of one or more essential services,
- x. Gas leaks,
- xi. Natural disasters and extreme weather events,
- xii. Boil water advisories and
- xiii. Floods



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Evacuation Plans

Plans will include a system to account for the whereabouts of all residents, staff and others in the event that we require relocation or evacuation.

Plan should include a safe evacuation location:

North Simcoe Sports & Recreation Centre – 527 Len Self Blvd., Midland, ON L4R 5N6

Phone: 705-526-9395

A transportation plan to move residents, staff, students, volunteers and others, and a plan to transport critical medication, supplies and equipment during an evacuation to the evacuation location.

Transportation plan includes arrangement with Sharp Bus Lines Limited -705-540-1563.

Resources and Supplies

Resources, supplies, PPE and equipment vital for emergency response are set aside and readily available at the home including hand hygiene products, cleaning supplies and a process is in place to ensure that supplies and equipment are not expired. See Pandemic supply room.

Identification of entities that may be involved in or may provide emergency service:

Community agencies: Local hospital, Home and Community Care Support Services, Fire Department, Police

Health service providers: Medline, Care Rx, ProResp, Medical Director, Sysco, Bunzl, Diversey

Plan for food and fluids.

Plan for timely access to drugs that have been prescribed.

Plan activation: who is responsible for declaring there is an emergency at the home and who declares it over, lines of authority and communication plans, specific staff roles and responsibilities.

Communication Plans

Process to communicate to residents, SDM, staff, volunteers, students, caregivers, Resident Council and the Family Council (if any), on the emergency in the home from the beginning of the emergency, when a significant status change occurs and when emergency is over.

Emergency plans must be included on the website and be available in physical copies.

Plans must be evaluated and updated annually, and within 30 days of the emergency being declared over including the updating of emergency contact information of all entities, as well an opportunity be provided to all entities to provide feedback.

Testing of Plans

On an annual basis emergency plans will be tested related to loss of essential services, fires, situation involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme



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weather, weather events, boil water advisory, outbreak of communicable diseases, outbreak of disease of public health significance, epidemics, pandemics and floods, including the arrangements with entities that may be involved in or provide emergency services in the area home is located and communicated to community agencies and health service providers.

Conduct a planned evacuation at least once every three years; and keep a written record of the testing of emergency plans and planned evacuation and of the other changes made to improve plans.

Recovery

All emergency plans shall address recovery from an emergency, requiring resident, SDM, staff, volunteers and students be debriefed after the emergency. Establish how to resume normal operations and how to support those in the home who experienced distress during the emergency.

Training

The home is responsible to ensure that all staff, volunteers and students are trained on emergency plans before they perform their responsibilities, and at least annually.

Additional Requirements

Every licensee of the home shall ensure that an emergency plan related to outbreaks and communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics identify or includes:

- a) An area of the home to be used for isolating residents as required.
- b) Process to divide staff and residents into cohorts.
- c) Staffing contingency plans during an emergency for all programs required.
- d) Policies to manage staff who may have been exposed to an infectious disease.
- e) Process to manage symptomatic residents and staff.
- f) Process for Outbreak Management Team; identifies their roles and responsibilities.

The home ensures that the local Medical Officer of Health or designate is invited to participate in developing, updating, testing, evaluating, reviewing any emergency plan related to public health significance. The IPAC lead is involved in developing updating, evaluating, testing, and reviewing the emergency plans related to outbreaks of a communicable disease.

Attestation

The home will prepare an attestation on a form approved by the Minister, and it will be completed by the Administrator of the home and submitted annually to the Director.