



**Maple View Lodge**  
**Emergency Preparedness Plan**

where **lifestyle**  
**grows good business**

### Introduction

The purpose of this document is to provide a comprehensive reference guide to the required emergency system responses and procedures at Maple View Lodge. This document will include the Fire Safety Plan; Codes Red and Green, additional Ontario Hospital Codes (colours), the Pandemic Response and Business Continuity Plan. The Incident Management System (IMS) policy and structure will be utilized to support Emergency Responses where indicated.

This Emergency Plan will be the key reference document when discussing the needs of Maple View Lodge due to any resident, staff, building, fire or evacuation emergencies.

The ownership of this document will remain with the Maple View Lodge Emergency Planning Group. This group will be responsible for the review and updating of this plan on an annual basis. In the event of any major systems change, this planning group shall be involved in the planning of the systems change and also be responsible for updating the plan.

The members of this group will include a cross section of all operating departments of the Home plus senior management.

## Legislation

### ***Fixing Long-Term Care Homes Act, 2021 – S.O.90 2021***

#### Emergency Plans

- 87.(1) Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations, including,
- (a) measures for dealing with emergencies; and
  - (b) procedures for evacuating and relocating the residents, and evacuating staff and others in case of an emergency. 2007, c. 8, s. 87 (1).

#### Testing of Plans

- (2) Every licensee of a long-term care home shall ensure that the emergency plans are tested, evaluated, updated and reviewed with the staff of the home as provided for in the regulations. 2007, c. 8, s. 87 (2).

### ***Long-Term Care Homes Act, 2021- S.O. 90***

#### Emergency Plans

- 230.
- (1) This section applies to the emergency plans required under subsection 87 (1) of the Act.
  - (2) Every licensee of a long-term care home shall ensure that the emergency plans for the home are in writing.
  - (3) In developing the plans, the licensee shall,
    - (a) consult with the relevant community agencies, partner facilities and resources that will be involved in responding to the emergency; and
    - (b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community.
  - (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with,
    - i. fires
    - ii. community disasters,
    - iii. violent outbursts,
    - iv. bomb threats,
    - v. medical emergencies,
    - vi. chemical spills,
    - vii. situations involving a missing resident, and
    - viii. loss of one or more essential services.
    - ix. gas leaks
    - x. boil water advisories
    - xi. outbreaks of communicable diseases
    - xii. floods
  2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.
  3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home.
  4. Identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency.
- (5) The licensee shall ensure that the emergency plans address the following components:
1. Plan activation.
  2. Lines of authority.
  3. Communications plan.
  4. Specific staff roles and responsibilities.
- (6) The licensee shall ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information.
- (7) The licensee shall,
- (a) test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency;

- (b) test all other emergency plans at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency;
  - (c) conduct a planned evacuation at least once every three years; and
  - (d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.
- (8) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to emergencies.

### Terminology

#### Community Control Group (CCG)

The critical resources called together as a group during a declared emergency. They may also be called together to assist or advise on whether an emergency declaration is required. This group is made up of emergency services personnel, senior municipality management as well as the Head of Council.

#### Critical Infrastructure (CI)

These are the systems and utilities required for base operation. Without these, there would be no way to operate the facility.

#### Emergency Operations Centre (EOC)

The EOC is a facility where a situation is managed during a declared emergency. This will consist of telecommunications equipment, meeting location for a group of people (usually around 20-30) and be designated as an EOC with Emergency Management Ontario.

#### Incident Management System (IMS)

This is the internal or collaborative external process where different agencies can work together using the same or similar terminology. It allows agencies to structure themselves in such a way that chain of command is utilized.

## Maple View Lodge Emergency Preparedness Plan



### On Call Manager(s)

The On Call Director of Care is the lead of all nursing staff on site. They will be the lead person in the event that nursing staff are called upon. The Services On Call Manager will be the lead in the event Resident and Support Services staff are called upon.

**Emergency Colour Code Guidelines**

Maple View utilizes the Colour Code Guidelines for the most common emergency codes. The codes are colour based to try to simplify and not cause undue stress for those who are being cared for.

**The Codes are as follows:**

**EMERGENCY COLOUR CODES**

CODE	INCIDENT
BLUE	CARDIAC ARREST MEDICAL EMERGENCY
RED	FIRE
GREEN	EVACUATION
YELLOW	MISSING RESIDENT
WHITE	RESPONSIVE RESIDENT
WHITE – 911	THREATENING VISITOR
BLACK	BOMB THREAT
GREY	INFRASTRUCTURE LOSS/FAILURE AIR EXCLUSION
BROWN	IN FACILITY HAZARDOUS SPILL
ORANGE	COMMUNITY DISASTER
SILVER	PERSON WITH A WEAPON
PURPLE	HOSTAGE TAKING

**Contact Information**

Internal Use Only

### Building Safety Plan

#### Overview of the Home

Maple View Lodge was originally built in 1895 as a House of Industry. These establishments were built as centres for individuals who could not be rehabilitated due to injuries caused in workplaces or for individuals who could no longer care for themselves at home.

The property is located at 746 County Rd 42, Athens Ontario. It is approximately 1 km East of the Village of Athens. It is situated on 106 acres of land.

The building has a total square footage of 66,632 ft<sup>2</sup>, of which, 61,002 is usable space. The attic area is not deemed as usable space. The main building consists of two full floors, an attic with a full basement. There are two one level wings which span out to the East and West of the main building. The main floor is used for residence, dining areas, nurse stations, Kitchen area, and office space. The basement is used for laundry and storage facility. The second floor of the facility is used as a staff room, locker room, office space and the location of the United Counties' Secondary Emergency Operations Centre (EOC) which is also a training centre when not being utilized as the EOC.

In 2002, the Ministry of Health and Long Term Care granted the United Counties of Leeds and Grenville permission to expand the current facility to become a County entity. After two years, Maple View Lodge was opened as the United Counties of Leeds and Grenville's long-term care facility housing 60 beds.

The property has full coverage in the event of power failure; the back-up power is provided by a diesel powered generator with 200 kW capacity. The power grid for the generator includes all buildings. The generator has a fuel capacity of 900 litres which in the event of a full power outage would last the facility 17 hours.

The communications for the facility is in the form of wireless phone and internet which is linked via a tower system to the United Counties of Leeds and Grenville Administration Building at 25 Central Avenue West in Brockville, Ontario.

**Audit of Building**

<b>Maple View Lodge</b> 746 County Road 42 East Township of Athens, Ontario K0E 1B0		
Construction Date	Original construction Redevelopment	1895 2004
Building Area	Basement Main floor Second Floor Attic	7,340 sq. ft./ 2,238 m2 7,340 sq. ft./ 2,238 m2 7,340 sq. ft./ 2,238 m2 5,630 sq. ft./ 1,717.15 m2
Additions	East Wing West Wing	2004 2004
Addition Area	East Wing West Wing	20,200 sq. ft./ 6,161 m2 18,890 sq. ft./ 5,761.45 m2
Number of Suites	East Wing – North East Wing – South West Wing – North West Wing – South	16 10 14 10
Number of Residents	East Wing – North East Wing – South West Wing – North West Wing – South	18 12 18 12
Outbuildings	Garage Pumping Chamber Septic Pre-Treatment Gazebo	

## Maple View Lodge Emergency Preparedness Plan

### Establishment

Maple View Lodge  
 746 County Road 42 East  
 P. O. Box 100  
 Township of Athens, Ontario  
 KOE 1B0

Telephone: 613-924-2696  
 Fax: 613-924-2123

### Construction Date

Main Building: 1895  
 Redeveloped: 2004

### Area

Basement: 7,340 sq. ft. / 2,238 m  
 Main Floor: 7,340 sq. ft. / 2,238 m  
 Second Floor: 7,340 sq. ft. / 2,238 m  
 Attic: 5,630 sq. ft. / 1,717.15 m

### Additions/Area

East Wing 20,200 sq. ft. / 6,161 m  
 West Wing 18,890 sq. ft. / 5,761.45 m

### Number of Suites

East Wing: North 16  
 East Wing: South 10  
 West Wing: North 14  
 West Wing: South 10

### Number of Residents

East Wing : North 18  
 East Wing : South 12  
 West Wing: North 18  
 West Wing: South 12

### Outbuildings

Garage  
 Pumping Chamber  
 Septic Pretreatment  
 Gazebo

### Fire Alarm System

Make: Honeywell  
Model: NFS 640  
Type: Two Stage Manual Only  
Power: Electric with Battery Back up  
Secondary: Generator Model Number SD 200 Liquid Cooled Diesel (200kW)

The main fire control panel for the system is located in the basement Electrical Room (1002).

Annunciator panels are located at the East and West Nurse's Stations, Main Entrance and, second floor in the Main Corridor South East wall. When activated, the system alarms with bells as well as strobe lights. The Bells silence after one (1) minute and the strobe lights continue to flash.

### Alarm Monitoring

Internal Use Only

### Plan Activation

- Pull station
- Heat Detectors
- Smoke Detectors
- Visual of fire or smoke, smell of smoke; notify nearest nursing station

### Lines of Authority

- The person discovering smoke or fire will activate the pull station if there is a visual confirmation of fire or smoke in the facility.
- The Registered Nurse in Charge on shift is the designated staff lead until relieved by the Fire Department.

### Cascade of Communication

If an actual Code Red is activated or an evacuation is initiated the Registered Nurse In Charge will immediately contact the DOC on call who will be responsible for contacting

## Maple View Lodge Emergency Preparedness Plan

the Administrator and Leadership team. The Administrator will be responsible for contacting the CAO. The CAO will contact the Warden, COM and Council.

### Fire Extinguishers

Location	Quantity	Type
East Wing	10	ABC
West Wing	8	ABC
Main Floor	5	ABC
Basement	9	ABC
Second Floor	6	ABC
Attic	3	ABC
Kitchen	1	BC
	1	Fire Suppression System
Garage	1	ABC
County Truck	1	ABC

### Hazardouse Areas

#### Main Building

Basement - C-002 Electrical Room  
 C-004 Work Shop  
 C-001 Laundry Room  
 C-014 Boiler Room  
 C-017 Storage Room, Elevator Room

Centre Core - C-113 Kitchen  
 C-116 Receiving Area  
 C-210 Data Room  
 C-219A, C-219D Mechanical Rooms  
 C-229 Janitor Storage

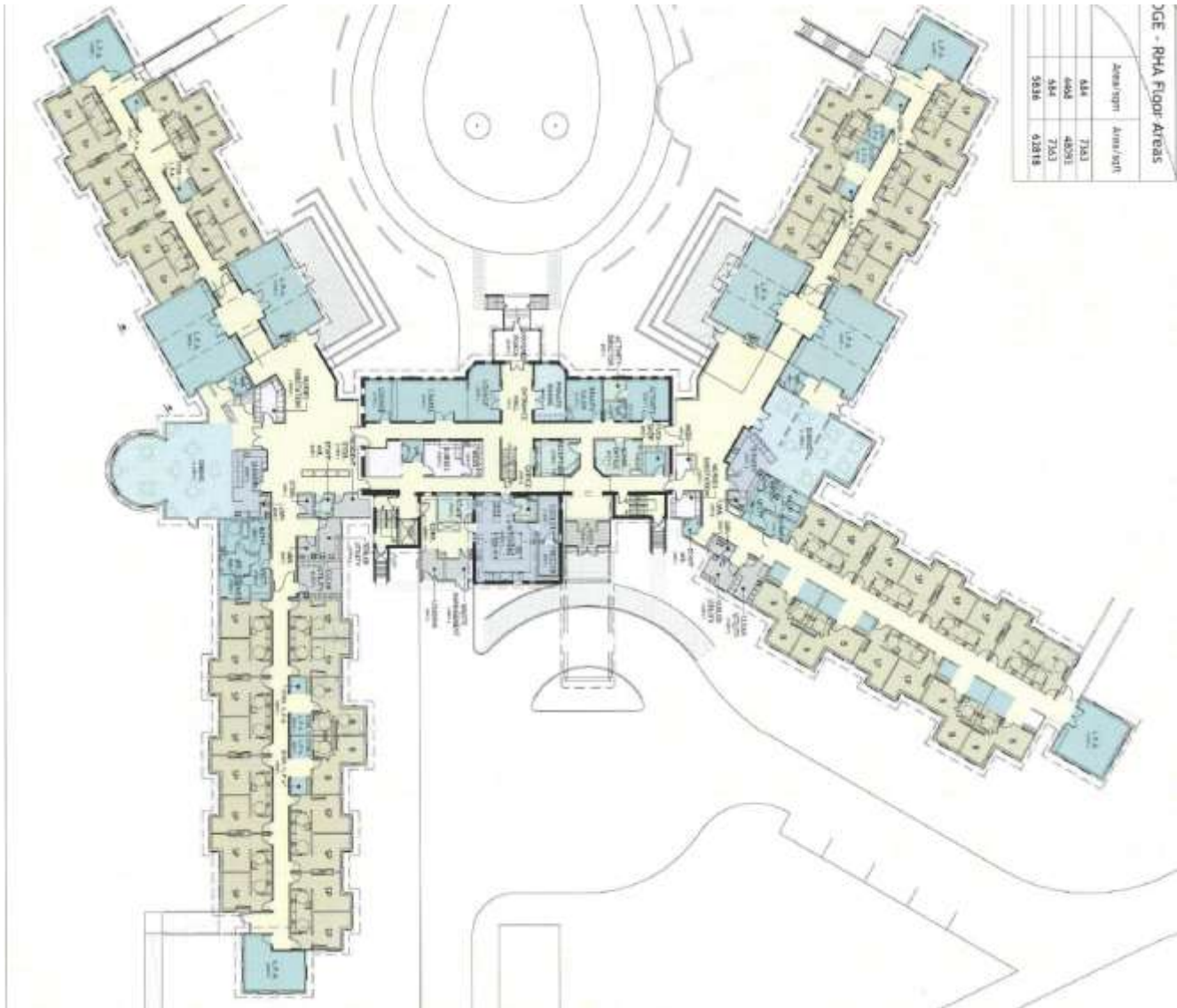
West Wing - W-115 Janitor Room / Roof Access  
 W-144 Clean Utility (Oxygen refill)  
 W-146 Janitor Room

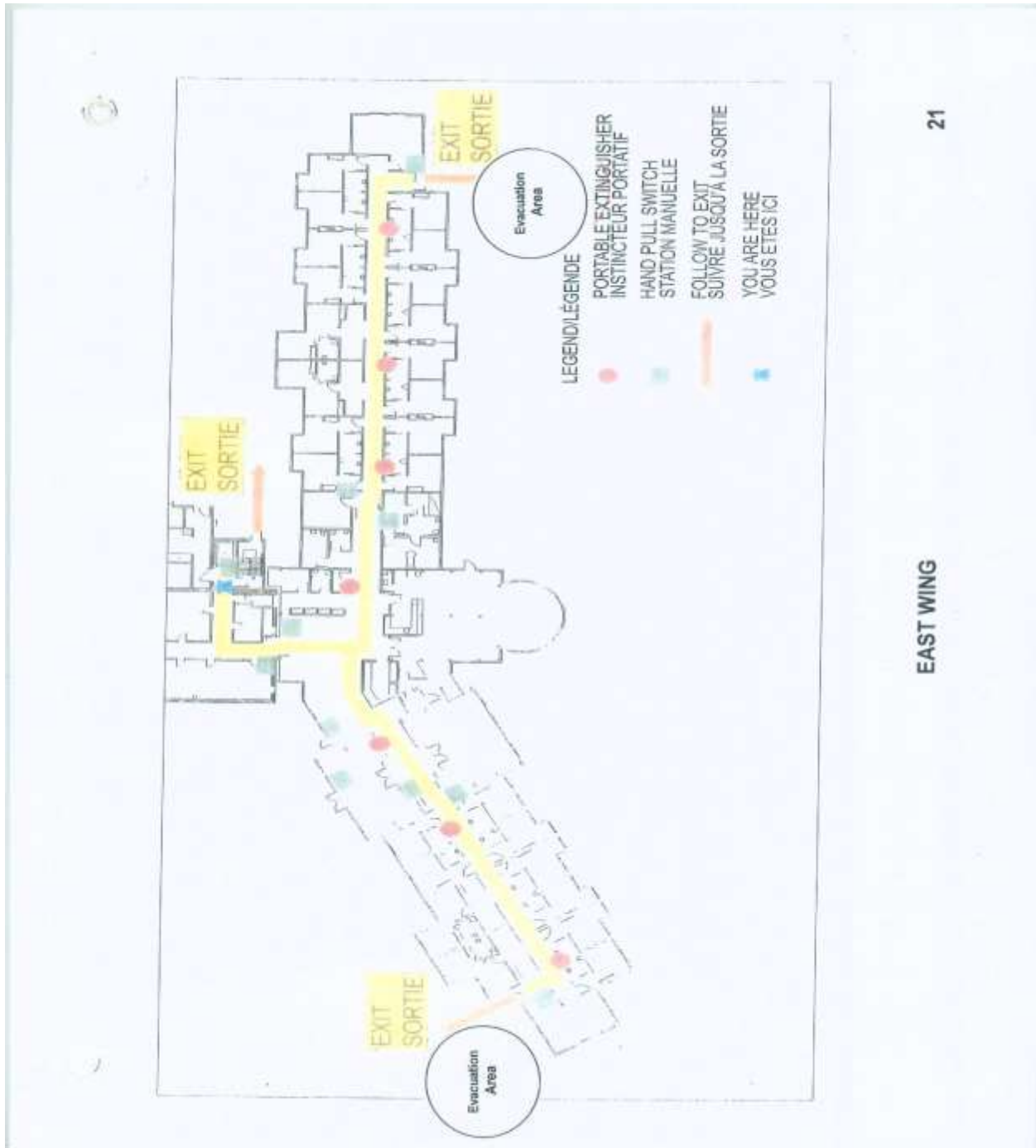
East Wing - E-113 Security / A/V Room  
 E-115 Janitor Room  
 E-116 Clean Utility (Oxygen refill)  
 E-147 Janitor Room / Roof Access

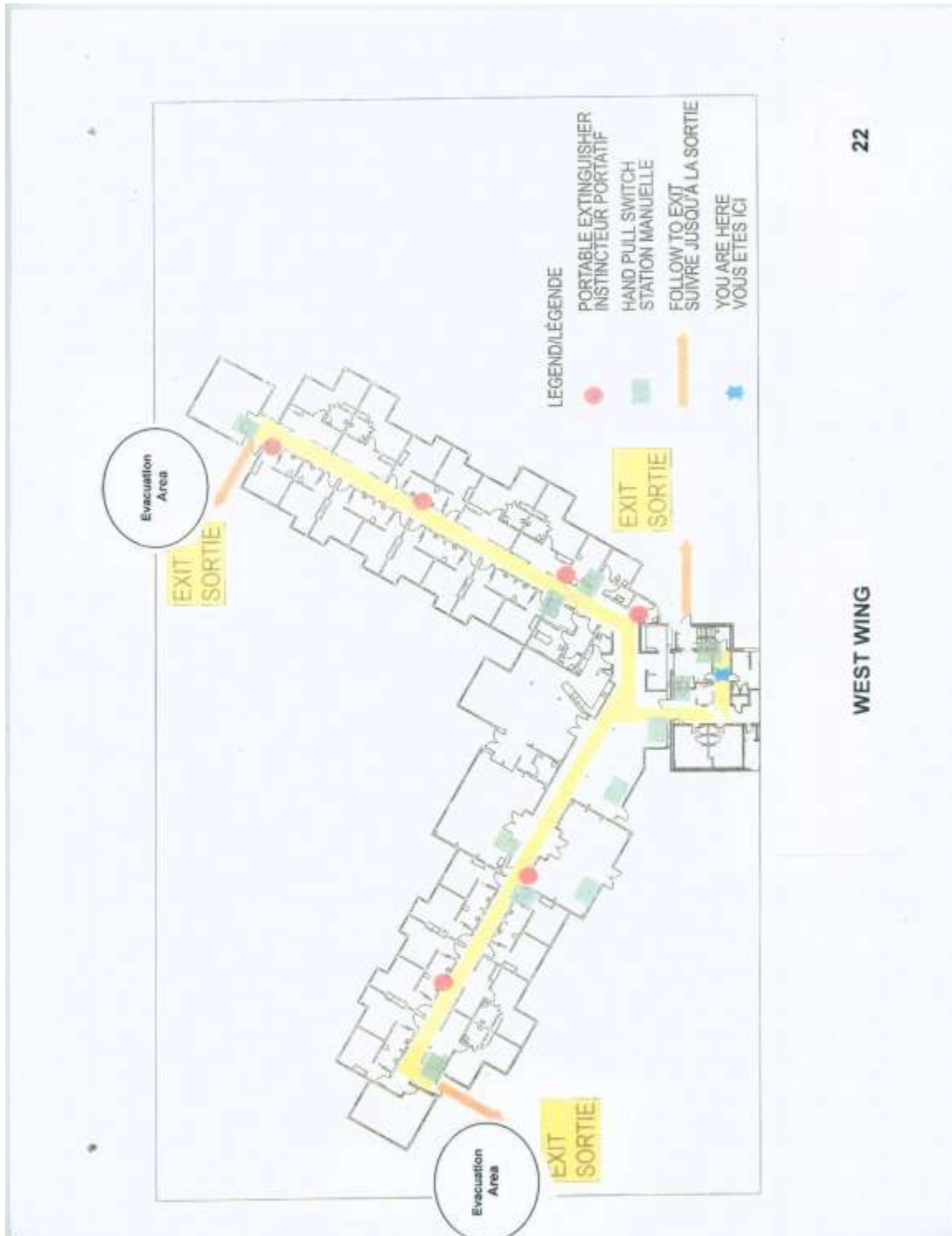
Residents Bedrooms where oxygen tanks are in use  
 (Identified by Signs)

**NOTE: Soiled linen can not be stored in the shipping and receiving area.**

**Floor Plans**







Centre Core Main 1<sup>st</sup> Floor

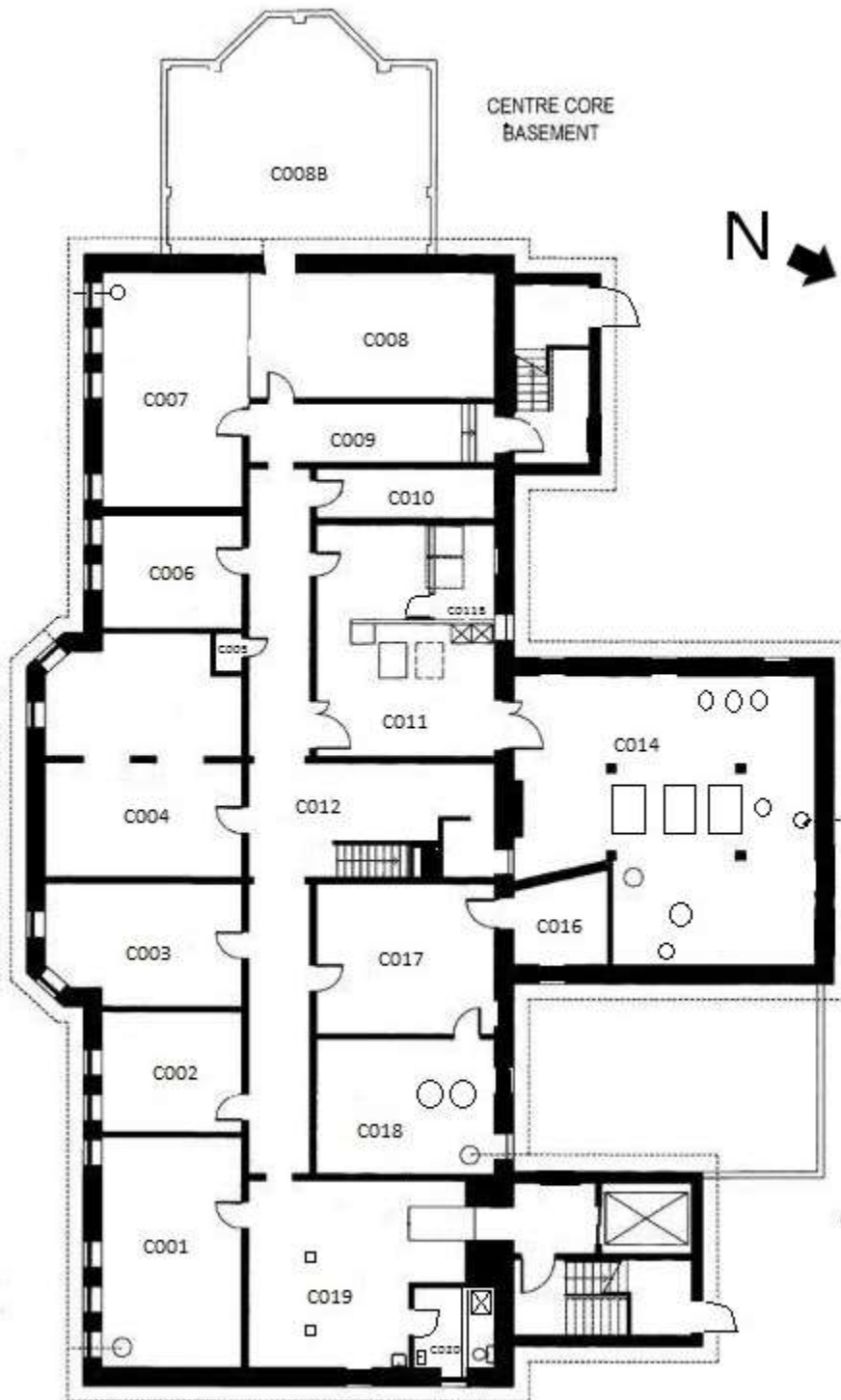


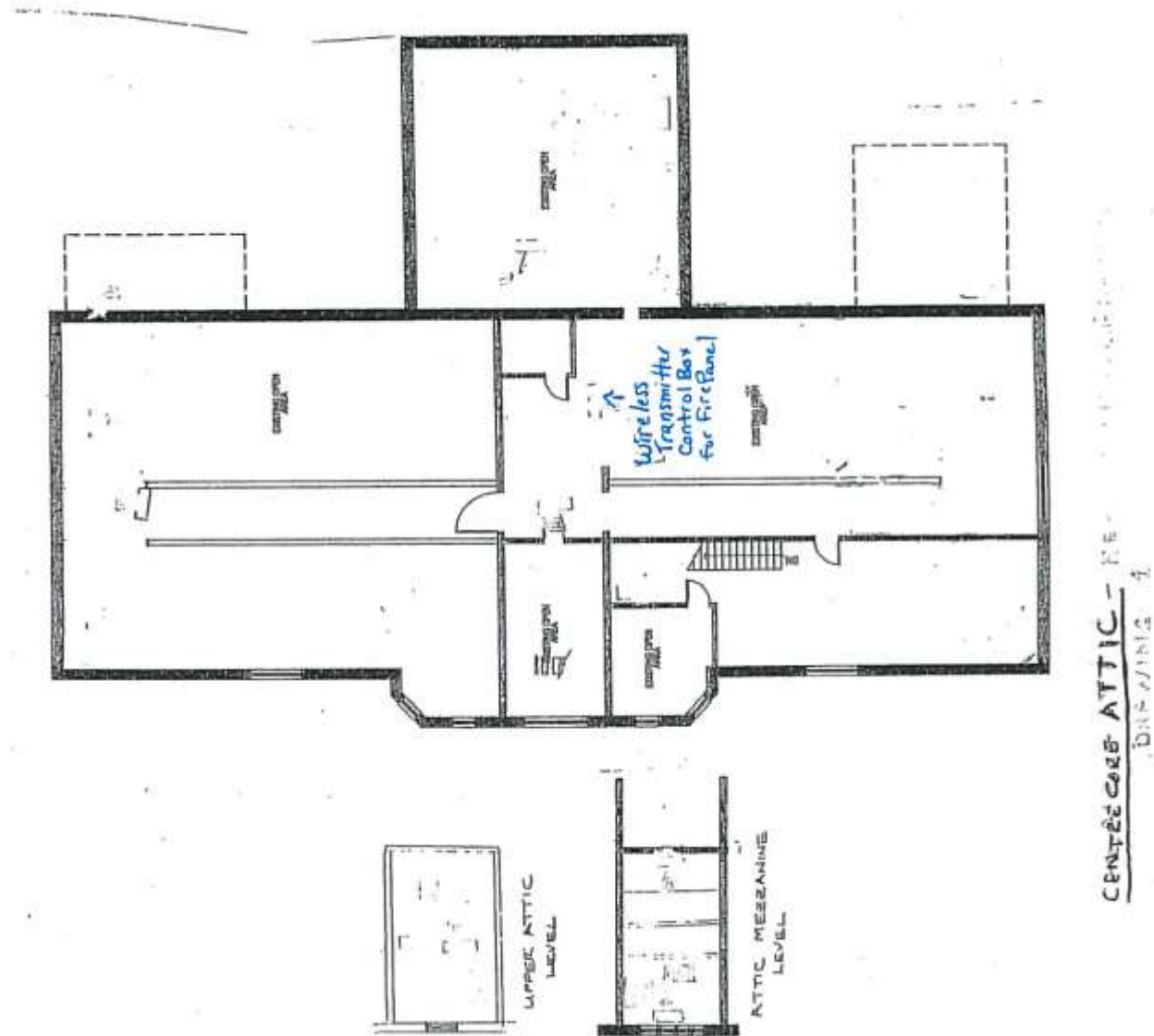
1st Floor Centre Core

Centre Core Main 2nd Floor



# Maple View Lodge Emergency Preparedness Plan







## Maple View Lodge Emergency Preparedness Plan



Secondary Generator Model Number SD 200 Liquid Cooled Diesel (200)

Control Panel Location Basement Electrical Room

Annunciator Panel  
East Nurse's Station  
West Nurse's Station  
Main Entrance  
C002 - Electrical Room  
C223 – Outside Staff Lounge

Detection System  
Pull Stations  
Sprinkler System  
Smoke Detectors  
Heat Detectors  
Bells and Strobe Lights

Monitoring Company Internal Use Only

Keypad/Wonder Alarm Internal Use Only

Fire Suppression Internal Use Only

### **Fire Extinguishers**

<b>Location</b>	<b>Quantity</b>	<b>Type</b>
Kitchen	2	BC & Fire Suppression
East Wing	10	ABC
West Wing	8	ABC
Main Floor	4	ABC
Basement	10	ABC
Second Floor	6	ABC
Attic	3	ABC
Garage	1	ABC
Truck #5550	1	ABC

Servicing Company Internal Use Only

## General Emergency Procedures For All Staff

In the event of any emergency, **ALL** staff have been assigned specific responsibilities as outlined on the following pages.

### All Staff - If You Should See Smoke or Discover a Fire:

- Remain calm.
- Assist anyone in immediate danger.
- Close door behind you and open Evacucheck if room is vacant.
- Go to nearest pull station and activate alarm.
- Notify the Registered Nurse (RN) of location and nature of fire.
- Be prepared for evacuation. "Code Green"

**NOTE:** All departments will remain in fire code mode until the fire panel has been reset and the RN has announced "All Clear". If Day or Evening staff are outside, report to main entrance and wait for instruction from the RN, Night staff shall report to work area and begin responsibilities.

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

If you discover a fire, follow the actions outlined in the acronym **R.E.A.C.T.**

**R**emove persons in immediate danger if possible. (*Sequence of Evacuation - Room where fire is located if safe to do so, then the room/rooms beside or across, then all other residents in that area starting with ambulatory residents, then assist non ambulatory residents and then resistive residents*). Transport all to safe area.

**E**nsure the door(s) is/are closed to confine the fire and smoke.

**A**ctivate the fire alarm system using the nearest pull station.

**C**all the fire department; **Dial 9-911**

**T**ry to extinguish the fire or concentrate on further evacuation.

**IF THE RESIDENT IS ON OXYGEN, TAKE TANKS AND CONCENTRATOR AS WELL.**

## Maple View Lodge Emergency Preparedness Plan

### If you hear the Alert Signal (Stage 1 Alarm)

- Check your unit or area to make sure the fire is not in your area. If the fire is in your area, see "REACT" above.
- Carry out job specific duties, see section that applies below.
- Prepare for the assembly and relocation of residents. Ensure that all of the residents who require special assistance are prepared for relocation.
- Await further instructions.
- If assigned, by RN, assist with the relocation of endangered residents.
- RN to meet the Fire Department and provide them with any necessary information (i.e. location of the fire if known, residents needing assistance to relocate, etc.).

### If you hear an Evacuation Signal (Stage 2 Alarm)

- Follow instructions from RN to begin evacuation.
- Relocate all residents who are in danger.
- Coordinate the assembly and relocation of all other residents.
- Await further instructions if floor area is in no immediate danger.

## General Staff Fire Procedures

### When You Hear the Fire Alarm

- Return to your wing or work area.
- Close all doors and windows if possible.
- Ensure all exits and corridors are unobstructed.
- Reassure residents and visitors.
- Turn off lights.
- Await further instructions.

If you are outside the building, a strobe light and horn will activate. You must report to the Main Entrance and if required to assist by the RN's direction, then you can enter the facility through the safest entrance after the announcement of the fire location .

### Each Employee Must Know

- The procedures shown in sections above.
- Specific instructions for his or her department.

## Maple View Lodge Emergency Preparedness Plan

- The location and operation of the following in his or her work area:
  - Fire Alarm Pull Stations
  - Extinguishers
  - Fire Exits
  - Smoke Detectors

### REMEMBER

- Do **NOT** shout "FIRE", or "FIRE DRILL".
- Do **NOT** use elevators – Once alarm sounds the elevator is disabled
- Do **NOT** use telephone unless necessary.

### During a Fire Alarm

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

## NURSING

### Nurse in Charge

- When present at the fire scene, the RN on shift is the designated Lead Staff until relieved by the Fire Department. If more than one RN is present and on duty the RN who has control of the primary nursing keys will be in charge.
- The second RN will attend to the opposite wing in which the Lead RN is present and assist in direction to staff. The Lead RN is responsible for carrying out the RN Duty Instructions.
- If the RN is unavailable, the Registered Practical Nurse (RPN) on the Meadowview (East) Wing will be the designated Lead Staff.
- If the RPN on the Meadowview (East) Wing is unavailable, the RPN on the Brookside (West) wing will be the designated Lead.
- If the RN and both RPNs are unavailable, the first PSW to arrive at the Meadowview (East) Wing annunciator panel will be the designated lead.

### Registered Charge Nurse

- Go directly to the nearest annunciator panel on the Meadowview (East) or Brookside (West) wing to determine area of fire.
- Put on a neon caution vest.
- Grab Fire Radio, located by the Code Red/Green station, turn on (channel 1).
- Page "**Code Red (and state fire location)**". **REPEAT THREE TIMES.**
- Call the Fire Department via outside line; DIAL **9-911** and state the following:

***"This is the RN (your name) at Maple View Lodge, 746 County Road 42 East, Athens.  
We have a fire located at (area of fire) on panel".***

- Confirm with RPN's that 2 staff members who were first present at the wing reported to the area where alarm has sounded. Assigned staff member is to put on a neon vest and take one of the Fire Radios to report findings back when they find area in alarm. (Smoke detector activated will be lit solid red)
- Have a staff member remain at the Nurse's Station to direct staff, volunteers, etc. if unable to remain at that location.
- Confirm resident check sheets and locations completed by staff, must also record staff, contractor, and visitor or volunteer names.
- Should evacuation of an area seem necessary, announce "**CODE GREEN (area to be evacuated)**", evacuate residents and others, medical records, and medication cart.
- Remove resident binders and MAR books from fire zone if possible.
- If "Alarm" is false, confirmed as Fire Drill, or when situation is under control, announce "**Code Red - All Clear**" **THREE (3) TIMES**, once approved by Fire Department officials or Maintenance Technician on duty.
- Reset Mag Locks **Key #10** ( Key switch located at front door)
- Return elevator back to operation. **Key #45**
- Call Environmental Services / Maintenance Technicians to restart the MAU/RTU and verify all systems are back to normal.
- Report all information regarding Code Red to Support Services Supervisor or designate.

### Registered Practical Nurse

- The RPN will secure Med Cart and store in safe area out of corridor.
- The RPN will identify location of alarm using annunciator panel.
- The RPN will put on a neon caution vest.
- The RPN will Grab Fire Radio, located by the Code Red/Green station, turn on (channel 1). If RN is busy on the phone with Fire Department or making PA

## Maple View Lodge Emergency Preparedness Plan

announcements from same Nurse's Station, RPN is to listen for all incoming information on Fire Radio. Update RN once available.

- The RPN on shift will assume lead role for the corresponding wing they are assigned; taking responsibility for a radio and receiving directions from the RN. In the event the RN is unavailable, RPN on Meadowview becomes the Lead Staff (See above).
- The RPN's first priority is sending the first two (2) available staff members present at the wing with a neon vest and a Fire Radio to the area where alarm has sounded. Assigned staff member is to put on a neon vest and take radio to report findings back when they find area in alarm.
- The RPN's next priority will be to direct the staff who report to the wing Nursing Station to complete the resident check sheets and record the location of staff, contractor, visitor or volunteers names. If required use radio or phone to locate residents off the wing, check resident off RHA board.
- Direct evacuation of residents if necessary.
- Once residents in effected area are removed, move residents, medical record binders, MARS books, and med cart from fire zone if possible or to area at end of wing in close proximity to exit.
- Verify with RN that contact with Administrator, On Call Manager or alternate On Call Manager has been completed.
- If only one RPN on duty for that shift, determine location of RN using the radio from Fire Kit then proceed to opposite wing area to assume lead for that wing.

### Personal Support Workers (PSW) (6:00 a.m. – 10:00 p.m.)

#### If the Fire is in your Area

Follow General Fire Procedures "If You See Smoke or Discover a Fire".

#### When you hear the Fire Alarm

- Report to your RHA Nursing Station. Never leave a resident in an unsafe state to report, example, middle of cares or feeding if a choking hazard.
- If RN or RPN asks you to investigate nature of location, proceed to the area noted with another staff member. Put on neon caution vest and take a radio with you to the area in alarm, report your findings to RN.
- Using Fire Clipboards from the Code Red/Green Station, begin to take note of location of residents on your wing, must also record staff, contractor, visitor and volunteer names.
- If directed, begin to evacuate residents.

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- If Code Red alarm is located on your wing, staff are to check all rooms, if vacant close door to vacant room and flip “EvacuCheck” open.
- Ensure all electrical fans are off; windows are closed and reassure residents and visitors.

### Personal Support Workers (PSW) Night Shift (10:00 p.m. - 6:00 a.m.)

- Night Meadowview (East) staff will report to Meadowview Nursing Station, put on neon vest, pick up Fire Radio from Code Red/Green Station, check fire annunciator panel for location of alarm.
- Night Brookside (West) staff will report to Brookside Nursing Station, put on neon vest, pick up Fire Radio from Code Red/Green Station, check fire annunciator panel for location of alarm.
- Night Float staff will report to the nearest wing to check the annunciator panel. If the RN is on that wing, the Night Float staff will immediately go to opposite wing to retrieve a Fire Radio and put on a neon vest.
- The Night Float staff will be responsible for investigating the location of the alarm and reporting to the RN the current situation. If the Night Float Staff is unavailable, the Staff member closest to the alarm location shall investigate and report findings to the RN.
- Staff will check off location of residents/staff/visitors and flag doors of vacant rooms.
- In the event there is a need to evacuate, follow general Fire Procedures "If You Discover a Fire".
- In the event the RN is unavailable, the Night Staff on Meadowview (East) will be the designated Lead staff.

## DIETARY STAFF RESPONSIBILITIES

### Servery / Dining Rooms

#### Upon Hearing the Fire Alarm

- Turn off coffee machine burners, toaster, oven, radio, fan and (if vacant lights off).
- Close all windows and doors including large sliding door in the servery/dining room area, close chemical closet door.
- If room is vacant, close doors and flip the “EvacuCheck” open.
- When you have completed the full sweep of the dining room, report any findings, resident / visitor counts to the RPN – Wing Coordinator or staff with Fire Clipboards for resident location.

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- Assist on the wing as per RPN direction; check all rooms for residents, visitors, etc., closing doors to vacant rooms and flipping the “EvacuCheck” open.
- Assist as required.
- Wait to hear the “All Clear” announcement before returning to regular duties.
- Other staff will check dining room if Dietary staff are not present.

### Cook Shift

#### Upon Hearing the Fire Alarm

**NOTE: Do not shut the hood fan off.** The Fire Marshall has the hood fan set up so that the make-up air turns off and the hood fan continues to run.

- Turn all burners, ovens, steamer, fans, dishwashing machine, radio and lights off.
- Check through kitchen door windows to ensure you do not enter area with fire or smoke.
- Close all doors.
- Flip the “EvacuCheck” flag into the open position to show that the kitchen is vacant.
- Do a full check of the receiving area including grocery room, waste management room (check each room for delivery personnel, contractors etc.) flipping the “EvacuCheck” flag as you go – if the rooms are vacant.
- If there is visitors/contract workers in the receiving area, direct them to stay where they are if safe to do so, or to wait outside; take count of the number of workers remaining in the receiving area; this information needs to be reported to the RN.
- Go to the Centre Core if safe to do so and assist in checking all rooms in the area, closing windows, turning lights off, closing doors and flipping the “EvacuCheck” flag as you go – if the rooms are vacant.
- When you have completed the full sweep of the Centre Core area, report any findings, resident, visitor, and contractor counts to the RPN – Wing Coordinator.
- Check with RN/RPN and assist as directed.
- Wait to hear the “All Clear” announcement.

## HOUSEKEEPING STAFF RESPONSIBILITIES

### East or West Wing

#### Upon Hearing the Fire Alarm

- Put cart away in janitorial closet if possible or safe location. The only exception is if residents or staff are in immediate danger needing immediate help; lock all chemicals in locked cabinet on the cart and place cleaning cart out of the way in a vacant room.
- If Code Red is on your wing, assist on the wing doing a full check of the all rooms. Check each room for residents, visitors, etc. flipping the "EvacuCheck" as you go – if the rooms are vacant.
- Flip the "EvacuCheck" flag into the open position to show that the room is empty – only if the room is vacant.
- If Code Red is on your perspective wing, close all windows and doors including bathroom doors, turning lights off in rooms as you go.
- When you have completed the full sweep of your perspective wing, report any findings, resident or visitor counts to the RPN – Wing Coordinator.
- Assist as required by RN/RPN.
- Wait to hear the "All Clear" announcement.

### Float Shift

#### Upon Hearing the Fire Alarm

- Put cart away in janitorial closet if possible. The only exception is if residents or staff are in immediate danger needing immediate help; lock all chemicals in locked cabinet on the cart and place cleaning cart out of the way in an empty room.
- Go to the wing of concern as the RN makes the announcement.
- Start closing all windows and doors including bathroom doors, turning lights off in rooms as you go.
- Assist by doing a full check of the all rooms in the wing; check each room for residents, visitors, etc. flipping the "EvacuCheck" into the open position as you go – if the rooms are vacant.
- When you have completed the full sweep of the wing, report any findings, resident or visitor counts to the RPN – Wing Coordinator.
- Assist as required by RN/RPN.
- Wait to hear the "All Clear" announcement.

### Centre Core Laundry Responsibilities

#### Upon Hearing the Fire Alarm

- If the RN announces a Code Red for the Centre Core:
- Put cart away in janitorial closet if possible. The only exception is if residents or staff are in immediate danger needing immediate help; lock all chemicals in locked cabinet on the cart and place cleaning cart out of the way in an empty room.
- Assist in the Centre Core area, start closing all windows and doors, turning lights off in rooms as you go, doing a full check of the all rooms. Flipping the "EvacuCheck" - if the rooms are empty.

**Note:** Any visitors attempting to enter the building during a fire alarm must be directed to remain outside until the all clear is given. Office staff watch for this during fire alarm, weekdays only from 8:00 am to 4:00 pm.

#### Upon Hearing the Fire Alarm

- Turn dryer, iron, labeller, washers, radio, fans and lights off.
- Close all doors.
- Flip the "EvacuCheck" into the open position to show that the room is vacant.
- If Code Red is in Centre Core, do a full check of the basement (check each room for staff, visitors, contractors etc.) flipping the "EvacuCheck" as you go – if the rooms are vacant.
- If there are visitors/contract workers in the basement, tell them to stay where they are if safe to do so or vacate the area if required. Count number of contract workers in the basement; this information needs to be reported to the RN.
- When you have completed the full sweep of the basement, go to the main level.
- Report any findings, resident or visitor counts to the RPN – Wing Coordinator.
- Assist as required by RN/RPN.
- Wait to hear the "All Clear" announcement

### Centre Core 2<sup>nd</sup> Floor (Friday's Only)

#### Upon Hearing the Fire Alarm

- Put cart away in janitorial closet if possible. The only exception is if residents or staff are in immediate danger needing immediate help; lock all chemicals in locked cabinet on the cart and place cleaning cart out of the way in an empty room.

## Maple View Lodge Emergency Preparedness Plan

- Start closing all windows and doors, turning lights off in rooms as you go, doing a full check of the all rooms. Flipping the “EvacuCheck” - if the rooms are vacant.
- When you have completed the full sweep of the Centre Core, report to the wing of concern to assist in checking rooms; report any findings, resident or visitor counts to the RPN – Wing Coordinator.
- Assist as required by RN/RPN.
- Wait to hear the “All Clear” announcement.

**Note:** Any visitors attempting to enter the building during a fire alarm must be directed to remain outside until the all clear is given. Office staff watch for this during fire alarm, weekdays only from 8:00 am to 4:00 pm.

### RESIDENT SERVICES STAFF RESPONSIBILITIES

- If involved in a program, stay with the residents and ensure all windows and doors are closed. When nursing staff arrive to perform resident check, notify them of the residents in your program from each wing of the building. Be sure to clarify residents from off the wing need to be reported to opposite wing RPN – Wing Coordinator.
- If RN announces the fire is on the wing where the program is located, follow directions given by RPN.
- If not involved in a program, check Hairdressing Salon and resident care room and note residents there and notify the nursing staff assigned to checking resident location on each wing.
- If Code Red is announced for Centre Core, assist Hairdresser and/or Physio to ready residents for removal from Centre Core if required by **(CODE GREEN)**.
- Check Centre Core rooms, turn off lights and engage “Evacuchecks” on all vacant rooms. When sweep of Centre Core is complete, report any findings to a RPN – Wing Coordinator.
- Assist as required, if outside on break if you hear the alarm and see the strobe light must come to the front entrance of the building if safe to do so and await instructions to assist.

### Hairdressing Staff

- If residents are in Hairdressing Salon, remain with residents. Turn off hairdryer, curling iron, fans, etc. Report to staff checking Centre Core rooms of resident(s) located in Salon, which is to be communicated to the nearest RPN – Wing Coordinator.
- If Code Red is announced for Centre Core, the Hairdresser will ready residents for removal to the closest fire safe area (wing) if required by **(CODE GREEN)**; close

hairdressing door and engage "EvacuCheck" once room is vacant, and report to the RPN – Wing Coordinator for further instructions.

### During a Fire Alarm

- Any instruction given by the RN supersedes any other instructions. Once the Fire Department is on site they take over. All staff must then follow their command.
- Do not return to your regular duties until the RN announces "All Clear" to let staff and residents know, that the fire procedure has been completed.
- Upon hearing the fire alarm all staff must respond immediately regardless of time or place, if outside on break if you hear the alarm and see the strobe light must come to the front entrance of the building if safe to do so and await instructions to assist.

## ENVIRONMENTAL SERVICES STAFF RESPONSIBILITIES

### Upon Hearing the Fire Alarm

- Proceed to fire area; work in close liaison with RN and RPN and/or Fire Department.
- As required, assist with the emergency response requirements.
- Prepare to shut down boilers, gas, electrical, ventilation and hot water systems. Notify RN and RPN of any unusual circumstance.
- Once the Fire Department provides an "All Clear" in the company of the Fire Department and the (RN), proceed to the basement Electrical Room #C-002 to reset the alarm panel (Acknowledge, Silence, and Reset).
- Once the Fire Alarm System has been reset, advise the scene Coordinator (RN).
- The RN will proceed with "Code Red All Clear" page.
- Environmental Services staff will proceed to check and reset all mechanical and electrical systems.

## ADMINISTRATIVE STAFF RESPONSIBILITIES

Director of Care, Assistant Director of Care, Administrator of Long-Term Care, Supervisors, Employee Services Representative, \*Door Screener – if applicable\*:

- Listen for location of fire over P/A system.
- Check Centre Core rooms, turn off lights and engage "Evacuchecks" on all vacant rooms. When sweep of Centre Core is complete, report any findings to a RPN – Wing Coordinator.
- All Administrative staff report to closest RHA to assist as required by RN/RPN.

## Maple View Lodge Emergency Preparedness Plan

- Administrative or Door Screener to place **Do Not Enter – Fire Alarm** sign on Main Entrance door and South Entrance door. Advise RPN – Wing Coordinator of visitors in the building. Return to Main Entrance if safe to do so to monitor Main Entrance.

**Note:** Any visitors attempting to enter the building during a fire alarm must be directed to remain outside until the all clear is given. Office staff watch for this during fire alarm, weekdays only from 8:00 am to 4:00 pm, and post signs (**Do Not Enter – Fire Alarm**) on Main Entrance doors, and the South Entrance doors.

### Code Green - Evacuation

In an emergency, the health, safety and comfort of residents is the first priority. Emergency evacuation is a complex process that includes plans, procedures for evacuating and relocating residents and administrative elements including required notifications. It is the responsibility of staff to be familiar with and to consult the procedures below in order to determine their role in an evacuation.

All staff should be in their assigned areas, responding to the first stage of Code Red or the designated area for the evacuation. If evacuation becomes necessary, staff will follow procedures in this document to initiate and conduct an evacuation in an orderly manner to ensure the safety of residents.

When the second stage **continuous ringing** fire alarm is sounded, a complete evacuation of all residents out of the building is required.

***If unsafe for residents to return to Maple View, the relocation Plan is activated.***

1. Evacuation follows four (4) steps:
  - **SITE:**  
Evacuate a room or area during an emergency, e.g. during a fire
  - **HORIZONTAL:**  
Evacuate behind corridor fire door or into adjacent secured area.
  - **VERTICAL:**  
Evacuate to a lower floor.
  - **PREMISES:**  
Evacuate from one whole wing or building to another.
  
2. In a **Precautionary** evacuation, normally, there is lead time before the threat is imminent, e.g.
  - external event
  - bomb threat
  
3. In the case of a **Crisis** evacuation, immediate removal of residents is necessary to prevent injury or loss of life, e.g.
  - rapidly spreading fire
  - massive gas leak
  - explosion

## Maple View Lodge Emergency Preparedness Plan

Authority Cascade:

### During Business Hours:

The authority to order evacuation rests with the Administrator or DOC in consultation with the Fire Chief or Police as the situation warrants.

### After-hours, Weekends and Holidays:

The Nurse in Charge has authority to order partial internal relocation. The authority to order a full building evacuation rests with the Nurse in Charge in consultation with the Fire Chief or Police as situation warrants in collaboration where possible with the DOC on call. The DOC on call has the authority to order a total external relocation of Residents. The DOC shall notify the Administrator and initiate fan out.

### Stage 1 -Procedure:

1. In the event of a sudden and total evacuation of residents, the magnetic locks will be deactivated. Magnetic locks may be deactivated in the Fire Control Room or by pulling the fire alarm.
2. To initiate a full evacuation alert, a key is used to activate at any pull station or alert can be activated from the Fire Control Room.
3. Ambulatory residents will be evacuated first followed by non ambulatory residents. Bariatric or resistive residents that require 2 or more people will be evacuated last. This sequence is required to ensure a rapid evacuation response.

### **Horizontal Evacuation to a Safe Area within the Home:**

Remove persons in immediate danger if possible. Sequence of Evacuation Room where fire is located if safe to do so then the room/rooms beside or across, then all other residents in that area. Transport all to safe area. Ensure the door(s) is/are closed to confine the fire and smoke.

### Partial Relocation

Residents may be moved to another part of the building and accommodated until the area from where they came, is judged safe and habitable again.

### Localized:

- water damage
- fire damage

### **Evacuation of the premises:**

- Residents are to be taken to the nearest, safe fire exit.

## Maple View Lodge Emergency Preparedness Plan

- Residents will be evacuated through all appropriate existing exits in an orderly manner, and sorted into groups of injured and uninjured.
- All staff and firefighters (when they arrive) in a safe and efficient manner are to take one (1) to two (2) residents at a time, depending on the resident's ability to mobilize and follow instructions; to the primary evacuation area (Garage).
- One staff will be delegated to remain at the evacuation area with the assembled residents.
- Injured residents will be triaged by Ambulance personnel outside of the Home away from immediate danger.
- Sorting areas will be:
  - Garage
  - Parking lot area
- When all residents are at the evacuation area staff will then begin head counts of all residents informing the Registered Nurse (RN) when all residents are at the evacuation area and accounted for.
- When all residents are at the evacuation area, staff are not to re-enter the building. Keep residents as calm and comfortable as possible. Apply resident identification (wrist bands or labels).
- Await instructions from the Registered Nurse in Charge.

It is the responsibility of staff to be familiar with and to consult the procedures below in order to determine their role in an evacuation during normal working hours. All staff must assist with the evacuation on the unit they are working unless otherwise instructed. Dietary, Housekeeping, Maintenance and Administration staff will be directed to an area for assistance. In the event of a crisis evacuation, the Residents will be triaged by Ambulance personnel away from immediate danger.

Staff should remain with Residents to assist and comfort. If time permits, a coat or blanket may be used to wrap residents to keep warm.

It is the responsibility of the Support Services Supervisor or designate to ensure that if Maple View is evacuated, security of the Building is maintained at all times. An outside Security Agency will be determined and called to assist.

## Maple View Lodge Emergency Preparedness Plan



	Business Hours	After Hours, Weekends and Holidays
Charge Nurse  Supported by ADOC and/or RAI Coordinator during business hours	<ol style="list-style-type: none"> <li>i. Supervise residents' identification with emergency identification tag before they leave the Premises.</li> <li>ii. Direct staff to assist Resident.</li> <li>iii. Secure emergency stock, narcotic and controlled drugs</li> <li>iv. Ensure charts are transferred</li> <li>v. Ensure Laptops, tablets are secured if time permits</li> </ol>	<ol style="list-style-type: none"> <li>1. Orders immediate evacuation on instruction of fire department - activates evacuation alert second stage alarm. If alarm not sounding, pull fire station first;</li> <li>2. Initiates fan out system with notification of the Director of Care on call and all staff alert via Cliniconex;</li> <li>3. Direct Resident Emergency I.D. located in each RHA to designated evacuation area for tagging Residents (apply before leaving the building if possible).</li> <li>4. Designate staff to keep residents informed and prepare for evacuation.</li> <li>5. Remains with fire department at the P.A. system and gives the appropriate instructions to staff.</li> <li>6. When first senior management person arrives, Nurse in Charge is relieved of her duties and return to her assigned unit and proceeds with evacuation of residents.</li> </ol>
RPN RHA	<ol style="list-style-type: none"> <li>i. Ensure medication and treatment carts are transferred</li> <li>ii. Ensure care plans are transferred</li> <li>iii. Ensure mobile electronic documentation tablets/computers and power cords are transferred</li> <li>iv. For their RHAs, supervise coordination of Residents' to designated evacuation area.</li> <li>v. Triage residents to appropriate exits</li> </ol>	<ol style="list-style-type: none"> <li>1. Obtain evacuation tags and supplies from the Emergency Supplies room and tag all residents; if no time, tag residents outside.</li> <li>2. Assemble all residents close to evacuation exit - i.e. stairs or elevator away from emergency zone</li> <li>3. Dress residents appropriately (as time allows) shoes, extra blankets, hats, etc. for cold.</li> <li>4. Stay calm and reassure residents.</li> <li>5. Lock med cart and take the key with you</li> <li>6. Take care plans, medication and treatment carts with you once residents evacuated.</li> <li>7. As staff arrive, direct them in assisting resident evacuation and support.</li> <li>8. If time permits, direct PSWs to pack clothing bag for each resident and label.</li> </ol>
PSW		
All Staff (Dietary, Recreation, Housekeeping, Laundry, Cleaners) Under the direction of the Support Services Supervisor and Charge Nurse	<ol style="list-style-type: none"> <li>i. Assist residents with overcoat and packing some items.</li> <li>ii. Assist residents out of building (it may be possible to use elevators, if emergency is not a fire).</li> <li>iii. Assist with monitoring residents in evacuation area, apply identification and initiate head count.</li> <li>iv. Support and calm residents</li> </ol>	

## Maple View Lodge Emergency Preparedness Plan

Environmental Services	<ul style="list-style-type: none"> <li>i. Assist with emergency situation.</li> <li>ii. Direct maintenance staff as needed.</li> <li>iii. Secures building after residents are out.</li> </ul>	
Dietary Services Cook	<ul style="list-style-type: none"> <li>i. Ensures that kitchen is secure and locked.</li> </ul>	
MVL Admin/Front Desk (main reception)	<ul style="list-style-type: none"> <li>i. Follow direction from senior staff.</li> <li>ii. Make an announcements as required including area to be evacuated.</li> <li>iii. Call 911 - to alert Emergency Services.</li> </ul> <p>Screens incoming calls; accepts emergency calls, reassures families that they will be contacted. Staff fan out via Cliniconex followed by family notification</p>	
Director of Care/ADOC	<ul style="list-style-type: none"> <li>i. Contact Medical Director.</li> <li>ii. Secure residents records/narcotics.</li> <li>iii. Supervises logging of residents' destinations (relocation).</li> <li>iv. Contact Pharmacy.</li> </ul>	
Resident Services Supervisor	Staff fan out. Contact families with staff assistance.	
Support Services Supervisor	Distribute residents' clothing, bags to Charge Nurse.	
Administrator or designate	<ul style="list-style-type: none"> <li>i. Orders relocation (DOC/Charge Nurse instructed to initiate "Code Green").</li> <li>ii. Contact temporary relocation center.</li> <li>iii. Contact with CAO, Director Inspections Long Term Care, SAO, Placement Coordinator.</li> </ul>	<p>Orders immediate evacuation. Designate Staff to activate Code Green Stage 2. (activated on the fire panel or fire pull station and initiate 2nd stage.)</p> <ul style="list-style-type: none"> <li>i. Front Desk to call 911.</li> <li>ii. Contact with Police, Ambulance, Media.</li> <li>iii. Contact with Ministry of Health, Chair of the Board of Directors.</li> <li>iv. Contact receiving facility, if relocation is necessary.</li> </ul>
All Staff	<ul style="list-style-type: none"> <li>1. Follow instruction as per P.A. system announcements.</li> <li>2. Listen for and follow evacuation instructions from P.A. system</li> <li>3. Assist Residents out of the building, following evacuation priorities and procedure</li> </ul>	
Call Back Staff	<ul style="list-style-type: none"> <li>1. Staff will resume their usual emergency duties upon arriving or as directed by person in charge.</li> </ul>	

After normal working hours it is the responsibility of the Support Services Supervisor or designate to ensure that if Maple View is evacuated, security of the Building is maintained at all times. An outside Security Agency will be determined and called to assist.

## Maple View Lodge Emergency Preparedness Plan

### Stage 2 - Evacuation to a Relocation Centre

The authority to determine when evacuation of residents to a temporary relocation center is necessary (A. and B. of Chart below). Depending on the circumstances pursuant to s. 208 (1) of O. Reg. 79/10 under the LTCHA, the Director, LTC Inspections may make a determination that residents of a LTC home urgently need to be relocated to another LTC home to protect their health and safety.

The authority to order temporary relocation:

A. During Business Hours

The authority to order relocation rests with the Administrator or

- Director or Care or
- Senior Manager in the building

B. After Hours, Weekends And Holidays

The authority to order an evacuation rests with the:

- Nurse in Charge in consultation with Fire Chief or Police and in collaboration with the DOC where possible.

The nurse in charge will call the senior manager on call who will call the Administrator, and implement the “fan out” system for notifying staff. The Administrator or delegate will initiate relocation procedures.

#### Cascade of Communication

- The Administrator, and DOC On Call are responsible for the contacting and organizing of the transfer of residents to relocation centers.
- The Administrator will notify the CAO or designate who shall respond to any inquiries by the press.
- The Resident Services Supervisor shall respond to family inquiries.
- The Administrator will immediately notify the Director, LTC Inspections, the OE Placement Coordinator and Service Area Office SAO of the Homes need for evacuation.
- The DOC will provide the necessary information to the placement coordinator to complete the Evacuation Placement Form (EPF)
- If appropriate the Emergency Management Communication Tool <https://emct.disasterlan.ca> is used to manage system wide emergencies such as fires, floods and natural disasters designed to help coordinate system wide responses.

## Maple View Lodge Emergency Preparedness Plan

References: the Emergency Evacuation Guide ,the Evacuation Placement Process and the Emergency Management Communication Tool

### Stage 3 - Department Responsibilities – Evacuation with Relocation

#### Environmental Services

In collaboration with the DOC the focus of Environmental Services will be relocation and transportation:.

- Will assist (DOC) Manager On Call or Administrator with contacting the relocation centres and advising them of the situation including an estimated time of arrival.
- Will begin to organize transportation of residents and equipment to the relocation centre using the Maple View Lodge bus and truck as the primary vehicles. If using the MVL bus is not adequate then an outside service provider will be contacted to assist.
- Once transportation has been coordinated and loading has begun, the Support Services Supervisor will attend the relocation centre to prepare for the arrival of residents.

#### Administrative Services

The focus for Administrative Services will be communication and coordination.

- Will ensure that a list of residents, their next of kin and phone numbers is on hand.
- Will take a staff contact list as well as the Master Schedule and Call In Book and laptop computer.
- Will be responsible to transport the Petty Cash Fund to the relocation site.

#### Resident Care

The focus for Resident Care will be ensuring residents are adequately prepared for evacuation.

- Will ensure that all required medicines, perscriptions and MARs/TARs sheets are relocated with residents.
- Will ensure that residents are adequately dressed for seasonal conditions.
- Will ensure that a supply of various sized incontinence products are taken to the relocation centre

## Maple View Lodge Emergency Preparedness Plan

- Will ensure that a several canisters of O<sub>2</sub> including the concentrator are taken to the relocation centre.
- The Manager On Call or designate will assign staff to accompany residents and give cares at the relocation centre.
- The DOC or designate will notify pharmacy of evacuation and of medical requirements
- The (DOC) On Call or designate will notify the Medical Director of the evacuation and relocation of residents.
- The Resident Services Supervisor or designate will assist the Administrator in responding to inquiries by residents and families.

### Dietary and Housekeeping Department

The focus for both Departments will be ensuring adequate provisions for an extended evacuation are taken to the relocation centre.

- Dietary staff will arrange for paper plates, cups and bowls to be transported to the relocation centre.
- Housekeeping staff will be assigned to collect pillows, blankets and towels to be transported to the relocation centre.
- The Support Services Supervisor will notify suppliers and arrange emergency food and supply to identified relocation site(s).

### Resident Services

The focus for Resident Services will be in assisting with the transfer of residents from Maple View Lodge to the relocation centre and reassuring residents.

### **Department Responsibilities - Relocation Centre**

Once at the relocation centre, all staff will assume the regular responsibilities of their department. Work will be coordinated with other departments and staff will be assigned duties as required.

**Relocation Temporary Shelter Centres**

<b>Stage 1 – Initial relocation 24-48 hours</b>	
<b>Internal Use Only</b>	
<b>Stage 2 – Transfer to LTC</b>	
<b>Internal Use Only</b>	

**FIRST 24 HOURS**

Receiving Facilities: As Listed

The Administrator or delegate will activate IMS once residents have been evacuated Phase 1 relocation to a temporary shelter.

The Administrator will:

- Alert receiving facilities in the event of an evacuation/relocation to advise of possible Phase 2 relocation to alternate LTC Home.

The Director of Care will:

- Supervise logging of Resident. Nursing staff will be instructed to accompany Residents to the receiving facility
- Secure records and ensure transfer of Care Plan to receiving facility, medications, electronic documentation devices
- A nurse designated by the Director of Care will be in charge of Residents and MVL staff at the temporary shelter/receiving facility.

Charge Nurse will:

- Direct staff to care for Residents
- In collaboration with scheduling ensure staff available over a 24-hour period for the duration of the relocation.
- Ensure that some records are kept on Residents during their relocation.

## Maple View Lodge Emergency Preparedness Plan

Assistant Director of Care/Resident Services Supervisor will:

- Resume notification of families and friends when Resident transferred to receiving facilities.
- Maintain accurate log on Residents who are absent, contacting neighbouring hospital to check if any Residents have been admitted.

Medical Director will:

- Be available for assessment of Residents at receiving facility and contact emergency physician in the event that Residents require transfer to hospital.

All Staff (Other than Nursing and Managers) will:

- Be on standby in the event that they may be needed at the receiving facility, and that they may be available when Residents are due to return to MVL.

### **AFTER 24 HOURS:**

When it has been ascertained that the Residents cannot return to Maple View within 24 Hours:

The Administrator will:

- Maintain communications with all relevant stakeholders including contact of any receiving facility (Phase 2).
- Coordinate transfer of Residents to other locations if necessary with the Support Services Supervisor.

The Director of Care will:

- Coordinate Residents' transfer to other facility.
- Designate and schedule staff to accompany and care for Residents at the new facility, including a nurse in charge per facility.
- Ensure the Care Plan, medications and belongings accompanies Resident to the new facility
- Maintain contact with all receiving facilities.

## Maple View Lodge Emergency Preparedness Plan

Nurse in Charge at the New Facility will:

- Coordinate nursing care of Residents.
- Ensure that medicine/nursing records are maintained on each Resident.

Assistant Director of Care/Resident Services Supervisor will:

- Maintain contact with families and friends.
- Maintain contact with hospitals in the event that a Resident is to be discharged from a hospital.

Medical Director will:

- Ensure medical care of Residents at receiving facility.

All other staff except for nursing or management, remain on standby.

**Stage 4 - Planned evacuation/relocation** - Assumes some time to prepare.

In the event of planned total relocation, residents will be moved in three (3) groups:

1. Residents needing ambulance transport:
2. Residents needing bus transport:
3. Residents being picked up by families:

It is important that all residents be tagged with their Emergency I.D. tag as soon as possible. In a planned relocation this shall occur prior to evacuation. The Nurse in Charge will be responsible to initiate this process.

- The Nurse in Charge will lock up all emergency stock medication/narcotics during a relocation.
- All medication needed by Residents will be delivered by pharmacy to the relocation site, upon request.
- The decision to medicate Residents prior to relocation will be made by consultation of the DOC, Charge Nurse and Medical Director.

## **Maple View Lodge Emergency Preparedness Plan**

In the event of relocation, the DOC or Designate is responsible to ensure that Residents' destination and means of transport is logged before they are moved from the Home. She/he will direct staff and will be responsible for logging.

At the end of the process of relocation, all Residents should be accounted for. If necessary, initiate a systematic search to ensure that all Residents have left. The logging lists should then be given to the Administrator.

N.B. A supply of logging forms will be kept with the Emergency I.D tags, and at each Care Center/Nursing Station RHA.

## **Code Black – Bomb Threat**

### Purpose:

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

*For further information, please contact the Administrator*

### Code Blue – Cardiac Arrest/ Medical Emergency - Adult

#### Purpose

To ensure all medical emergencies are responded to by designated staff carrying out the procedures consistent with CODE BLUE.

CODE BLUE will be used to alert individuals in the Home of a medical emergency and provide a systematic approach of response. A medical emergency is defined as any situation where urgent clinical assistance is needed.

#### Plan Activation

The person noticing the medical emergency will activate the nearest call bell; if unable to do so, will call out for help. If there is no one in the immediate area to assist, go and make the page overhead then return to the resident.

If persons at the scene are capable, care will be provided until more trained staff arrive. The second person on scene will announce overhead Code Blue using the pager system, announce CODE BLUE – ROOM # (or Location) – Repeat three (3) times.

If unable to provide care, attempt to make the person comfortable through reassurance. Other staff available to assist will ensure all residents and visitors are cleared from the area.

#### Lines of Authority

The Registered Nurse on duty will assume primary responsibility and will direct the Code ensuring appropriate resuscitation directing a 911 call if appropriate.

#### Process

The Registered Nurse will ensure immediate attention will be paid to basic life needs.

If the injured is a staff member or visitor, 9-911 will be called to transport the person to the hospital.

If the injured is a resident the Registered Nurse will act according to the Residents specific advance directives.

## Maple View Lodge Emergency Preparedness Plan

If the medical emergency is beyond the scope of the capabilities of staff, 9-911 will be called to transport the person to the hospital.

The Registered Nurse on duty will direct the appropriate nurse to:

- Complete the transfer form and give a complete report to ambulance attendants prior to transfer to hospital
- Notify the substitute decision maker
- Inform physician of transfer

Emergency Medical Services (EMS) will assume responsibility upon arrival.

The in-charge RN/RPN will ensure all emergency equipment is replenished/cleaned following the emergency (i.e. oxygen tanks, suction machines etc.)

The in-charge nurse will complete an incident report and all relevant documentation.

### Communications

The Director of Care will be notified after the Code Blue has been concluded. All required incident and critical reports are completed as required.

### Specific Staff Roles

Staff are to follow the directions of the Registered Nurse.

Provide assistance and reassurance to residents and/or visitors.

### **References:**

LTCHA 2021 Regulation 79/10 S. 230 (1), (2), (3), (4), (5), (6), (7), (8)

### Code Brown – In Facility Hazardous Spill:

#### Purpose:

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

#### Definitions:

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

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

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

#### Carbon Monoxide:

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

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

## Maple View Lodge Emergency Preparedness Plan

### Symptoms of Carbon Monoxide (CO) Exposure:

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

### Plan Activation:

Any person who suspects exposure to Carbon Monoxide will:

- 1) Call the fire department using 911 immediately.
- 2) Inform Charge Person immediately.

### The Charge Person will:

- 1) Contact the Manager of Environmental Services to identify proper shutdown of gas to equipment.
- 2) Shut down gas to equipment if Maintenance not available. Location of main shutoff valves must be identified in Building Map/Profile.
- 3) Assign team members to provide for medical attention to those who need help, paying particular attention to anyone with a respiratory ailment (i.e. asthma).
- 4) Take direction from local fire department

### All Team Members will:

- 1) Open windows to ventilate the area.
- 2) Relocate residents, team members, visitors, and volunteers from the affected area immediately.
- 3) Take direction from the Charge Person.

### **NATURAL GAS LEAK:**

Any person who suspects exposure to a natural gas leak will:

- 1) Call 911 from a phone located well away from the source of the leak.
- 2) Inform the Charge Person immediately.

### The Charge Person will:

## Maple View Lodge Emergency Preparedness Plan

- 1) Instruct Maintenance or designate to immediately shut off the gas at the main valve and any secondary valves if necessary.
- 2) Shut off the valves if Maintenance not available. Location of shutoff valves identified in Building Map/Profile.
- 3) Instruct team members to relocate residents, visitors, and themselves from the affected area of the building following the fire emergency procedures.
- 4) Notify the gas company from a phone located well away from the source of the leak.
- 5) Take direction from Emergency Services personnel.

All Team Members will:

- 1) Not smoke anywhere or use electrical devices including cell phones.
- 2) Not turn the power on and off.
- 3) Advise visitors/volunteers to not smoke anywhere or use electrical devices including cell phones.
- 4) Take direction from the Charge Person.

### **BIOLOGICAL/CHEMICAL THREAT:**

Any person who becomes aware of a chemical, biological, or radiological accident will:

- 1) Immediately ensure all persons are relocated to an area away from the release.
- 2) Call 911.
- 3) Inform the Charge Person immediately.

The Charge Person will:

- 1) Direct team members to evacuate as many residents from the contaminated area as possible if it can be done without become a victim.
- 2) Direct team members to evacuate everyone in the building outside if it is safe to do so.
- 3) Organize a calm evacuation as per Code Green evacuation process.
- 4) Check that building is secure.
- 5) If an evacuation outside of the building is not possible, move everyone in the building upwards to an interior room on a higher floor (many agents are heavier than air) or to an adjacent fire compartment if movement to a higher floor is not practical.

## Maple View Lodge Emergency Preparedness Plan

- 6) Direct team members to seal off the contaminated area: seal gaps under doorways, windows, and other building openings.
- 7) Direct maintenance team to turn off heating, air conditioning, and ventilation systems.
- 8) Take direction from Emergency Services personnel.

All Team Members will:

- 1) Take direction from the Charge Person.
- 2) If splashed with a chemical agent, immediately wash it off using ONLY water.

### **LIQUID / CHEMICAL / GAS SPILL:**

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

- 1) Inform the Charge Person immediately.

### **The Charge Person will:**

- 1) Keep team members, residents, volunteers, and visitors clear of the area.
- 2) Contact the Director of Environmental Services or designate to investigate and together determine the appropriate actions.
- 3) If no leak or spill, complete Incident Report.
- 4) If leak/spill found:
  - Instruct maintenance team to shut off liquid chemical/gas at main valve of container;
  - Determine the nature, extent, and cause of the spill/leak;
  - Instruct maintenance team to use the Spill Kit stored in the Receiving area (suggested location) or in the \_\_\_\_\_ room (additional location) in order to contain the leak.
- 5) If required, advise the Administrator that a Code Brown should be called. This may involve evacuation of the affected area.
- 6) If required, call 911 to get Emergency Services assistance.
- 7) Take direction from emergency services personnel.
- 8) When the situation is under control, announce "Code Brown – All Clear".
- 9) Complete Incident Report (with assistance from maintenance team involved).
- 10) Contact environmental company to arrange proper disposal in keeping with the type of spill collected in the spill kit pail.

## Maple View Lodge Emergency Preparedness Plan

The Director of Environmental Services or designate will:

- 1) Attend on scene of spill/leak as directed by the Charge Person.
- 2) Complete directions as per step 2 of Charge Person's procedures.
- 3) If required, assist to announce code and then "All Clear" signal.
- 4) Assist emergency services as required.
- 5) Assist Charge Person in completion of Incident Report.

Team Members in the affected area will:

- 1) Keep team members, residents, volunteers, and visitors out of the area until the situation is investigated and evaluated by the IM or DES/designate.
- 2) Take directions from the Charge Person.

All Team Members will:

- 1) Take directions from the Charge Person.
- 2) Keep out of the area.
- 3) Reassure residents, visitors, and volunteers as appropriate.

NOTE: Spill Kit contents include:

- Instructions
- 10x15x19" Sorbent Pads
- 10x3"x4' Sorbent Socks
- 1x Pair Nitrile Gloves
- 26.5x31" 3 ml Disposal Bag
- 5 Gal. UN screw top pail

### Code Grey – Infrastructure Loss or Failure

#### Purpose:

In the event of any loss or failure of a major infrastructure component of the building i.e. mag locks, elevator entrapment/failure, loss of utility, life safety system, etc., Code Grey will be called to alert team members, residents, and visitors and prompt an appropriate response in accordance with the location's Code Grey Emergency Plan. Repair service contracts (where applicable) will include priority response time.

#### Plan Activation:

#### **ELEVATOR ENTRAPMENT/FAILURE:**

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

- 3) Inform the Charge Person immediately.

#### **The Charge Person will:**

- 1) Contact the Director of Environmental Services and the elevator service company immediately and determine their estimated response time.
- 2) Attempt to determine where the elevator is stopped.
- 3) Designate a team member to be stationed outside of the elevator door on the floor where it has stopped to reassure the occupant(s) that help is on the way.
- 4) Reinforce to occupants to not force the doors open and remain calm.
- 5) Prevent anyone from overriding the system. Overriding the system may put occupant(s) at risk and may prevent the elevator technician from being able to determine the cause of the malfunction.
- 6) Call 911 if the occupant(s) is in distress.
- 7) Follow the directions of the elevator service technician or emergency services when they arrive on scene.
- 8) Take the elevator out of service until the necessary repairs are made.

#### **ROOF COLLAPSE:**

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

- 1) Inform the Charge Person immediately.

## **Maple View Lodge Emergency Preparedness Plan**

The Charge Person will:

- 6) Instruct building maintenance personnel to immediately assess the situation i.e. snow or ice on roof needing to be removed immediately, etc.
- 7) Direct team members to relocate residents, visitors, and themselves from the affected area(s) of the building following the fire emergency procedures.
- 8) Call 911 from a phone located well away from the area affected.
- 9) Take direction from Emergency Services personnel.

### **All Team Members will:**

- 1) Take direction from the Charge Person.

### **ELECTRICAL POWER FAILURE:**

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

- 1) Notify the Charge Person immediately.

The Charge Person will:

- 1) Notify the local hydro service provider of the power failure and ask for expected duration of the outage.
- 2) Direct team members to monitor all doors and high risk residents for elopement.

### **The registered staff will (where applicable):**

- 1) Identify needs of residents for power (G-Tube, IV, Oxygen, Air Mattresses, etc.).

### **All Team Members will:**

- 1) Carry a flashlight.
- 2) Provide residents with night light/lantern as needed.
- 3) Take direction from the Charge Person.

In locations with Emergency Generator backup, the Maintenance Team will:

- 1) Activate the Emergency Generator immediately and monitor it to see that it is working correctly.
- 2) Ensure that all lights and Generator powered equipment is working.

## Maple View Lodge Emergency Preparedness Plan

- 3) Where applicable, direct team members to use the "RED PLUG" Generator outlets (in resident areas, these are marked with RED DOT).
- 4) Maintain an adequate supply of flashlights, batteries, and extension cords that are readily available to team members.
- 5) Check fuel supply and activate procedure for delivery of additional fuel as needed.
- 6) Once power is restored and systems are operating normally, fill out an "Unanticipated Diesel Generator Run" report form and send to Administrator.

### **FIRE PROTECTION SYSTEM FAILURE:**

Any person who suspects that the Fire Protection System is not working will:

- 1) Inform the Charge Person immediately.

### **The Charge Person will:**

- 1) Notify all team members that a fire watch has been initiated.
- 2) Give verbal instruction to team members and visitors that fire watch means that our normal fire detection systems such as heat detectors and pull stations may not work – if a fire is suspected you must call 911 directly.
- 3) Assign team member(s) to monitor/complete Fire Watch Checklist for all areas of the building by doing thirty-minute walk about for the duration of the fire watch.
- 4) Assign one team member to post Fire Watch signs at all entrance doors, nursing stations & main kitchen, laundry, and in elevators.
- 5) Notify Director of Environmental Services and Administrator.

### **All Team Members will:**

- 4) Complete monitoring and Fire Watch Checklist as assigned.
- 5) Take direction from the Charge Person.

The Director of Environmental Services or Administrator will:

- 1) Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.

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

Any person who becomes aware of a major or total failure of the building's heating system will notify the Charge Person immediately.

### **The Charge Person will:**

- 1) Notify the local HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
- 2) Request an estimated time to correct the problem following initial investigation by heating contractor.
- 3) Review Evacuation plan and prepare to institute if estimated time for repair is greater than 24 hours.
- 4) Notify Environmental Services Manager and Administrator.
- 5) Review and implement policy on required interventions during Extreme Cold Conditions.
- 6) Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure temperature does not drop below 20°C in any occupied area until heating system is fully restored.
- 7) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- 8) Direct team members to move residents to inner core of building away from exterior walls if temperatures drop to less than 20°C.
- 9) Implement evacuation plan if building temperatures fall below 15°C.

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

Any person who becomes aware of a major or total failure of the building's cooling system will notify the Charge Person immediately.

### **The Charge Person will:**

- 1) Notify the local HVAC system contractor service provider of the failure and ask for expedited service call to correct.
- 2) Request an estimated time to correct following the initial investigation by heating contractor.
- 3) Notify the Environmental Services Manager.
- 4) Review Evacuation plan and prepare to institute if time to correct is greater than 24 hours.
- 5) Notify the Administrator.
- 6) Review and implement Management of Risk Associated with Extreme Heat policy.
- 7) Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure Humidex does not exceed 39°C in any occupied area until cooling system is fully restored.

## **Maple View Lodge Emergency Preparedness Plan**

- 8) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- 9) Direct Maintenance to place in operation any fans available to provide additional comfort to residents.
- 10) Direct team members to move residents to inner core of building away from exterior walls.

### **LOSS OF POTABLE WATER (Boil Water Advisory):**

Any person who becomes aware of a major or total failure of the building's water system will notify the Charge Person immediately.

#### **The Charge Person will:**

- 1) Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
- 2) Request an estimated time to correct following the initial investigation.
- 3) Notify the Environmental Services Manager.
- 4) Review Evacuation plan and prepare to institute if time to correct is greater than 24 hours.
- 5) Notify Administrator.
- 6) Direct Maintenance to search for leaks / shut off water i.e. at localized appliance.
- 7) Implement emergency water rations for residents as required (boil water advisory).

### **BOIL WATER ADVISORY:**

#### **Purpose:**

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

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

## Maple View Lodge Emergency Preparedness Plan

Do not use tap water to:

- Drink
- Prepare foods
- Make juice
- Make ice
- Wash fruits or vegetables
- Brush teeth
- Give to pets or animals in pet therapy programs

### Plan Activation:

#### **The Charge Person:**

- 1) Ensure all team members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
- 2) Advise the Management Team for the duration of the advisory.
- 3) Ensure alternate sources of water are provided to residents, team members, and visitors that is safe for drinking.

#### **The Infection Prevention & Control Lead or designate will:**

- 1) Post signage at entrance to the location and at all faucets, including the kitchen area, washrooms, and hand sinks, as a reminder that a boil water advisory is in effect and that the water is not safe to drink. Boil Water Advisory Signage.
- 2) Post signage advising team members, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels. Boil Water Advisory Handwashing Signage.

#### **The Director of Environmental Services or designate will:**

- 1) Disconnect all drinking water fountains, soda dispensers with post-mix service, and ice making machines from the affected water supply.
- 2) Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks.
- 3) Post Cleaning & Sanitizing Practices During a Boil Water Advisory.

**The Manager of Dietary Services will:**

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

**The Nursing team will:**

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

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

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

**The Environmental Services team:**

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

## **Maple View Lodge Emergency Preparedness Plan**

- 2) Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations.

### **The Manager of Environmental Services or designate will:**

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

### **The Administrator or designate will:**

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

### **The Infection Prevention & Control Lead or designate will:**

- 1) Remove signage.

### **Dietary Preparing Food During Boil Water Advisory:**

#### **Immediate Steps to Take When a Boil Water Advisory is Issued:**

- DO NOT use the water for drinking, making juices or ice, washing fruits or vegetables, or preparing ready-to eat foods.
- Turn off drinking water fountains.
- Discard ice and beverages that may have been prepared with the affected water supply.
- Discontinue making ice; use ice from a commercial ice supplier made with safe water.
- Disconnect ice cream machines, dipper wells, and any other food preparation equipment connected to the water supply.
- Post signs at all faucets, including kitchen area and washrooms, as a reminder of the boil water advisory and not to drink the water.
- To make the water safe, bring to a rapid rolling boil for at least one minute.

## Maple View Lodge Emergency Preparedness Plan

- Boil only as much water in the pot that one can comfortably lift without spilling.
- Ensure water is cooled appropriately before using or direct handling to prevent scalds.

### **What sources of water are approved to be used during a boil water advisory:**

- Water that has been boiled for one full minute (water can be boiled the night before, cooled overnight, and stored in a covered disinfected container). Always ensure water is cooled appropriately before use or direct handling to prevent scalds.
- Commercially bottled water (consult with IPAC Lead or designate to confirm brand used has not been affected by the Boil Water Advisory)
- Hauled water from an alternate approved supply not affected by the Boil Water Advisory

### **Can the cold beverage dispensing machine be used:**

No. Beverage machines connected to the cold water supply used to dispense cold drinks (juice, carbonated beverages, iced cappuccino, etc.) must not be used during the boil water advisory.

### **Can tap water be used in commercial coffee brewers and hot tea towers during a boil water advisory:**

Yes. Ensure the coffee maker/hot tea tower produces water at 70°C/160°F. This temperature is sufficient to inactivate disease-causing microorganisms. It is recommended that the coffee pot be held for at least five minutes on the burner prior to consumption.

- Verify temperature using a probe thermometer

### **Can tap water be used to prepare food products that use water as an ingredient without cooking:**

No. Use boiled, bottled, or an alternate safe water source in the preparation of food products such as powdered drinks, puddings, jellies, sauces, etc.

### **Can tap water be used to prepare food that will be boiled:**

Yes. Tap water can be used to prepare foods that will be boiled as long as the water is brought to a rolling boil for one minute.

### **Can tap water be used to wash dishes by hand:**

Yes. Follow 3-compartment sink dishwashing procedure, and ensure dishes have enough time for complete air drying to take place.

**Can the commercial dishwasher be used to clean and disinfect dishes:**

Yes. Follow normal dishwashing procedures, and ensure dishes have enough time for complete air drying to take place.

**Can glass washer with cold water rinse be used**

No. Glass washers with a cold water rinse must not be used during the boil water advisory.

- Use a hot water sanitizing cycle to wash and sanitize glasses.
- For further information, discuss with Public Health.
- Single-use glasses/cups may also be used.

**Can tap water be used for cleaning and disinfecting counter tops, cutting boards, and other kitchen surfaces:**

- Wash kitchen surfaces with soap, then rinse and sanitize with bleach solution.
- To prepare the bleach solution (sanitizer strength of 200mg/L chlorine solution), add one teaspoon of liquid household bleach (5.25% sodium hypochlorite) to one litre of room temperature water that has either been previously boiled, is from a safe bottled water source, or has been hauled from a safe public supply.
- Spray or pour solution onto food contact surfaces and let sit for a minimum of 2 minutes.
- Make a new bleach solution every day (bleach breaks down quickly once it is mixed with water).
- Note: vinegar is not an acceptable disinfectant.

**Reference:**

Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supplies: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/guidance-issuing-rescinding-boil-water-advisories-canadian-drinking-water-supplies.html>

## **PERSONAL HYGIENE DURING A BOIL WATER ADVISORY**

### **Can tap water be used to wash hands?**

Yes, tap water can be used for handwashing, but an alcohol-based hand sanitizer must be applied to hands afterwards.

- Wash hands with warm tap water and soap; lather for at least 20 seconds.
- Rinse hands well under running water and dry them with a paper towel.
- When hands are dry, apply an alcohol-based hand sanitizer containing at least 70% alcohol.

### **Can tap water be used for showering or bathing?**

Yes. Residents may take showers or baths with tap water, but must be careful to avoid the face, and avoid swallowing any of the water.

- The use of hand-held showerheads is recommended to assist with this concern.
- Open wounds, cuts, blisters, or recent surgical wounds must be covered with a waterproof covering prior to showering or bathing, and care must be taken not to contaminate these areas during bathing, showering, or towel-bathing.
- Pre-boiled water, sterile water, or water from a safe alternative source may also be used if towel-bathing is required.
- Residents with weakened immune systems may require special consideration; discuss with physician/NP.

### **Can tap water be used for brushing teeth?**

No. During a boil water advisory, tap water is NOT safe for brushing teeth.

- Only pre-boiled water that is cooled, bottled water, or water from another safe source may be used for brushing teeth.

### **Reference:**

Best Practices for Hand Hygiene in All Health Care Settings:

[https://www.publichealthontario.ca/-/media/Documents/B/2014/bp-hand-hygiene.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/B/2014/bp-hand-hygiene.pdf?sc_lang=en)

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

Any person who becomes aware of an internal flood will notify the Charge Person immediately.

#### **The Charge Person or designate will:**

- 1) Direct Maintenance to turn off water supply at main valve and shut off electricity to affected parts of the building.
- 2) Notify Administrator.
- 3) Contact a plumber.
- 4) Direct Maintenance to turn on faucets and flush toilets to drain pipes and relieve pressure.
- 5) Implement emergency water rations for residents as required (i.e. boil water advisory).
- 6) Remove electronics, furnishings, equipment, files, etc. in danger of water damage.
- 7) Determine whether to initiate partial or full Code Green evacuation.

#### **Environmental Services Team Members will:**

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

### **MAG LOCKS FAILURE:**

Any person who suspects that the Mag Locks are not working will:

- 1) Inform the Charge Person immediately.

#### **The Charge Person will:**

- 1) Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
- 2) Assign team members to monitor exit doors until the problem is resolved.
- 3) Notify Environmental Services Manager and Administrator.
- 4) Assign team members to complete a resident room check using fire plan checklist and to do ongoing walk about every fifteen minutes until system is reactivated.

## **Maple View Lodge Emergency Preparedness Plan**

### **All Team Members will:**

- 1) Complete room check and monitor exits as assigned.
- 2) Take direction from the Incident Manager.

### **The Manager of Environmental Services or Administrator will:**

- 1) Obtain immediate assistance (service response) from mag lock (security system) supplier.

### **TELEPHONE SYSTEM FAILURE:**

Any person who becomes aware of a telephone system failure will inform the Charge Person mediately.

### **The Charge Person will:**

- 1) Notify Administrator or designate.
- 2) Use cell phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service)
- 3) Notify residents and post signage.

### Code Orange – Community Disaster

#### Purpose:

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

#### Plan of Action:

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

- 1) Notify the Charge Person immediately.
- 2) Notify the Administrator

#### **The Charge Person will:**

- 1) Assess the type of persons the location is able to receive and inform the caller if the location can accept them if they are not a prearranged "reception partner".
- 2) Notify Administrator and County Operations, and others as appropriate i.e. provincial regulatory authority, health authority.
- 3) Inform team members of the upcoming reception.
- 4) Determine the number of team members to be called back should additional team members be required to support the emergency situation.
- 5) Meet the evacuated public or residents in the main lobby upon their arrival.
- 6) Delegate team members to designated areas of the building where public/residents will be accommodated. The following two areas will need to be established:
  - Assessment Area
  - Holding Area
- 7) Appoint one team member to identify each individual or resident by placing a temporary identification bracelet on their wrist and completing the Emergency Reception Registration Log.
- 8) Appoint team members/volunteers to escort individuals to the assessment, holding, and temporary accommodation areas.
- 9) Direct team members to provide beverages/light snack to evacuated public or residents.
- 10) Direct Dietary team to make necessary adjustments to eating times, meal numbers, and eating locations to accommodate extra individuals within the location.

## Maple View Lodge Emergency Preparedness Plan

- 11) Direct care and support teams as applicable to provide supplies, comfort needs (blankets, pillow, bed, chair, personal – toothbrush, Kleenex, etc.).

### **Team Members will:**

Take direction from the Charge Person.

## **Code Purple/Code Silver-weapons, hostage**

### **Purpose:**

In the event of an intrusion by an armed person, an active shooter, or a hostage taking incident, Code Purple or Silver procedures will be enacted to prompt an appropriate response in accordance with the location's Code Emergency Plan.

Note: The code will not result in other team members coming to assist, as it is designed to keep people away from harm. Police will be contacted as soon as the code is called. When this code is initiated, all team members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area, following the procedures set out below.

### **Plan of Action:**

*For further information, please contact the Administrator*

## Code White – Responsive Resident (Violent Outbursts)

### Definition:

A Code White response is intended for a situation in which a resident, staff or visitor is behaving in a potentially dangerous manner toward residents, staff, volunteers, visitors or self and indicates that there is potential for the behaviour to escalate beyond the abilities of the staff to control the situation.

**Any staff member in a situation in which there is a real or perceived risk of harm to themselves, another staff member, a resident or a visitor can call a CODE WHITE.** This is an indication that urgent help is required in the location announced.

One of the goals in the management of aggressive behaviours with in the healthcare setting is to address the behaviour in a respectful, caring, safe manner. The focus of the CODE WHITE is to de-escalate a threatening situation before an individual(s) is injured or property is damaged.

### Purpose:

1. To regain control of an emergency situation in which a person's escalating behaviours are beyond the staff's abilities to control.
2. To provide the aggressive person with the best and safest care until they regain control of their behaviour.
3. To ensure safety by preventing injury to the aggressive person, other residents, staff and visitors.
4. To prevent property damage.

### Calling a Code White- Procedure:

If a situation occurs and a staff member has tried to defuse and regain control however the situation continues to escalate **or** the staff arrives on the scene and perceives that the current interventions will not end the aggressive behaviour, **or** if the person in question has been asked to leave an area and refuses, the staff or designate should initiate a CODE WHITE. Using the paging system Dial 2222 and clearly state:

**"CODE WHITE ROOM # OR A SPECIFIC AREA (i.e. Meadowview Tub Room)" – repeat three (3) times**

When a CODE WHITE is announced the first Registered Staff member to attend will take a leadership role of the situation (**Intervention Leader**). Designated response team members shall report to the location as soon as possible.

The **Intervention Leader** will assume control and attempt to de-escalate the situation. **Only one person can be the Intervention Leader.**

The **Intervention Leader** will call or direct another staff member to call Police (9-911) if the situation escalates beyond staff's abilities. Police officers deal with violent individuals and matters under the Criminal Code.

### **A CODE WHITE call becomes a "911" call or emergency call to Police:**

- Whenever there is a real or perceived threat that lives are in danger.
- When the Intervention Lead determines the situation is beyond their abilities.
- Whenever an 'edged' weapon or firearm is involved. (CODE SILVER).
- When the aggressive behaviour occurs outside the limits of pursuit established by the organizations (off the home's grounds), example, threats.
- When the aggressor is not a resident and threatens staff and resident safety and other means of intervention are not available.

Please note: Police will require certain information when a request for their assistance is made. Staff making the call should not tell the police it is a 'CODE WHITE' as this does not adequately describe the situation to the police. Staff should be prepared to answer questions such as:

- What is the nature of the incident? (person out of control, person with a knife, etc)
- Where exactly is the incident occurring?
- What exactly is the person doing?
- Does the person have a weapon? Describe what it is? What is the person doing with the weapon?
- Has anyone been injured?
- How many people besides the person are in the room?
- Can the victim safely leave?
- Describe the person (name if known, race, sex, age, height, weight, colour/style of hair).
- If the person leaves, what is the direction of travel? How long ago did the person leave? Describe the vehicle?
- Who is the witness/contact person and where is he/she? (Police will want to talk to the nurse in charge as soon as possible when they arrive)

It is suggested that if staff are unable to stay on the phone and answer their questions, they are to leave the phone off the hook (e.g. if staff need to return to the situation to assist, etc.)

**When police arrive on the scene, they assume control of the situation directing staff and others as necessary.**

### Code White Follow-up Procedures:

#### **A) Debrief:**

This is a debriefing lead by the **Nurse in Charge** with all staff involved immediately following the incident. It provides the opportunity to complete/collect information for the OH&S Team documentation and address concerns and/or improvements regarding the Code White response. The situation shall be documented by the **Intervention Lead**. Debriefing must be documented by **Nurse in Charge** and then shared with the OH&S team. On review the debriefing and OH&S recommendations for improvement (if any) shall be shared with all internal staff for educational/learning purposes.

Follow-up is required if a staff member suffers and injury in a Code White intervention or if any staff member becomes distressed over the incident.

Emotional Follow-up includes:

- Provision for EAP
- Provision of support (JHSC staff, union steward, family member, other staff, etc.)

#### **B) Documentation:**

Documentation is required to be completed by the **Intervention Lead** for all Code White responses. Documentation shall include the following:

- Demographics (e.g. date, time, location of incident, resident involved, etc.)
- Description of incident
- Precipitating factors (or triggers) if known
- Behaviours witnessed (compliant; passive resistance; active resistance; assaultive, etc.)
- Type of intervention (e.g. stand by; verbal de-escalation; escort, physical restraint; chemical restraint; environmental restraint, etc)
- Medications administered
- Names of team members present at time of event
- Staff injuries (if any occurred, staff need to document these on Incident Report forms)
- Names of external responders (e.g. police, paramedic, physician, etc.)
- Debriefing session details
- Recommendations

### Health Record / Resident's Chart:

In addition to the above, documentation is required in the resident's electronic health record in both behavioural documentation note and **risk management** (to be completed by registered staff). **Behavioural focus Interventions** in the resident's care plan are to be reviewed and updated to include the following (to be completed by registered staff or designate such as behavioural support worker). Documentation shall include:

- Who was involved; who was the recipient of the aggressive / violent behaviour
- What behaviour was witnessed (shouting, pushing, crying, etc.)
- What were the triggers (if known)
- When the event occurred; include the first indication of escalation and any actual act of violence
- Where the event occurred
- Why the incident occurred; what event(s) may have set off the incident
- How was control regained; what interventions were used
- What the outcome was; did anyone get hurt
- How did the resident respond

### Education and Training:

The employer will provide relevant training on orientation and on an annual basis thereafter. The designated Code White training differs from general violence awareness training and is to prepare staff to play a primary role in safely using non-violent intervention strategies to defuse an aggressive situation in which there is the potential or actual danger of harm.

### The Code White Intervention Leader:

- **Intervention Leader:** The first responding registered staff member will act as the **Intervention Leader**.
  - Acts as the spokesperson for the team and the **ONLY PERSON TALKING** unless an alternate is delegated by **Intervention Leader**.
  - Obtains information about the situation including:
    - Reason for Code White call (details of current situation)
    - Review with team interventions that have worked in past.
    - Reviews interventions attempted (e.g. medication, removal from over stimulation, etc.)
    - Informs and directs team members about the plan of action, including approach to be used, type of intervention, specific tasks

- / positions, required numbers present and how each member will exit from room (if pertinent).
  - Ensures safety of team by having all team members remove items such as watches, glasses if not safety glasses, pens, ties, pagers, scissors, stethoscopes, or name tags etc.
  - Ensures personal protection equipment (PPE) are used by team where applicable.
  - Communicates with acting out individual.
  - In the event medication is to be administered ensure medication orders have been received, medication has been prepared and is ready.
  - In the event the resident or individual requires to be placed in a secluded location to ensure safety of others or themselves, ensure the location is ready to receive the resident or individual.
  - Ensures defusing / debriefing takes place as soon as possible following the incident and that staff know about and are able to access all available support if necessary (i.e. EAP).
  - If an injury occurs to a staff member, ensure staff member seeks proper first aid or medical attention and follow the Incident and WSIB Reporting procedures when applicable.
  - Ensures appropriate follow-up documentation and huddle is completed as per Maple View Lodge's protocols.
- **Code White responders:** carry out tasks assigned by **Intervention Leader** and any other additional tasks as needed such as:
    - Crowd control
    - Clearing area of hazardous objects
    - Supporting other team members
    - Preparing medications/restraints
    - Use of GPA techniques

### Required Skills, Knowledge and Abilities for Registered Team Members:

Ability to function as a leaders includes:

- Rapid and accurate assessment skills of team's capacity to respond to the situation.
- Appropriate and effective decision making skills.
- Competence to perform Code White techniques.
- Accountability and responsibility.

## Maple View Lodge Emergency Preparedness Plan

- Ability to respond and effectively participate in Code White calls.
- Ability to function professionally in a stressful situation.
- Verbal de-escalation skills.
- Recognition of personal limitations, if presented with a specific situation.

### Code Yellow – Missing Resident

In a Code Yellow there are three (3) separate stages of searches. The Registered Nurse will initiate each search stage.

- The Registered Nurse will announce "**Code Yellow, Stage One**", the name and last known location of the missing resident; available staff will report to the Nursing Office for further instruction.
- The Registered Nurse will designate staff to search for the resident in the building; instructing all staff to report back within ten (10) minutes.
- If resident is not found within 30 minutes, notify the police (9-911).
- If the resident is not found within three (3) hours, a Critical Incident will be immediately reported to the Ministry of Long-Term Care. If the resident is found within the three (3) hours and has no injury or adverse change in condition, a Critical Incident Report will be completed within one (1) business day.

### Stage One – Initial Search on Resident Wing (Duration Ten Minutes)

- All available staff are assigned in pairs to search the resident's wing and are to mark off areas searched on search forms.
- Staff are to report back to Registered Nurse within ten (10) minutes.
- The Registered Nurse to distribute flashlights, walkie-talkies as appropriate.
- The Registered Nurse to note time and areas searched on Missing Person Incident Procedure Form.

#### Zone One:

- Includes resident bedrooms, closets, under beds, and inside bathrooms. One person stands by the door to monitor hallway for missing person while the second person searches the room.

#### Zone Two:

- Includes dining room, lounges, activity rooms, tub rooms, common washrooms, and sun rooms.

#### Zone Three:

- All locked areas including clean and dirty utility rooms and the medication room.

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Once staff have searched their assigned areas, report back to the Registered Nurse with results of the search.

If resident is found, confirm with the Registered Nurse who will then announce "**Cancel Code Yellow, Discontinue Search, Resident Found.**"

If resident has not been found, the Registered Nurse will move to **Stage Two** and announce "**Code Yellow, Stage Two**" with name of missing person.

### Stage Two – Expanded Search of Entire Interior of Building (Duration Ten Minutes)

The Registered Nurse will assign staff to search as follows:

#### Zone One:

- Two staff will perform a second search of the missing resident's room and wing.

#### Zone Two:

- All staff on the other wing will commence an immediate search of their assigned work areas.
- Areas to search include resident's bedrooms, bathrooms, closets, under beds, dining rooms, tub rooms and common washrooms, activity rooms, sunrooms, lounges and sitting areas.

#### Zone Three:

- All staff will participate in the search, including all centre core areas, reception, offices, hair salon, tuck shop, bathroom, chapel, private dining room, kitchen and loading dock area.

#### Zone Four:

- Includes stairwells, elevator, all basement level rooms and all upstairs rooms

Staff are to report back to Registered Nurse within ten (10) minutes. Once staff have completed this extensive search of their assigned areas, report back to the Nursing Office and inform any findings to the Registered Nurse.

If resident is found, confirm with the Registered Nurse who will then announce "**Cancel Code Yellow, Discontinue Search, Resident Found.**"

If resident has not been found, the Registered Nurse will move to **Stage Three** and announce "**Code Yellow, Stage Three**" with name of missing person.

The Registered Nurse is to notify the On Call Manager, who will inform the Administrator of Long-Term Care regarding the missing resident.

The On Call Manager will check the security cameras to assist in search focusing on which door the resident used to exit the building.

### **Stage Three – Expanded Search to Extend to Exterior of Building (Duration Ten Minutes):**

The Registered Nurse will announce "**Code Yellow, Stage Three**" and the name of the missing person.

The Registered Nurse will assign staff to search the following areas:

#### Zone One:

- Includes all stairwells, elevators and exit doors.

#### Zone Two:

- Assigned staff will search outside each exit door and walk around the building, and will also check around the outbuildings and vehicles.

#### Zone Three:

- The Registered Nurse will assign two (2) staff to walk 500 feet North, South, East and West of the building, and will check the topographical map with these staff to determine the hazards within this area that staff should check carefully.

***Avoid crossing the same area multiple times as this may contaminate a scent trace that a police canine can use to track the resident.***

Staff are to report back to Registered Nurse within ten (10) minutes.

Once staff have completed the extensive search of their assigned areas, they are to report back to the Nursing Office and report any findings to the Registered Nurse.

## Maple View Lodge Emergency Preparedness Plan

If resident is found, confirm with the Registered Nurse who will then announce ***"Cancel Code Yellow, Discontinue Search, Resident found."***

If resident has not been found, the Registered Nurse will move to **Stage Four** and announce ***"Code Yellow, Stage Four" with name of missing person.***

It should take approximately thirty (30) minutes to complete all three (3) initial search stages

### **Stage Four – Expanded Search to Involve Police and Extend Beyond the Home's Grounds:**

***The Registered Nurse will call 9-911 and request police assistance.***

- The Registered Nurse will call the family contact to notify them of the missing resident, and be their contact throughout the search.
- The Registered Nurse will send two (2) staff to drive two (2) kilometers in each direction on Highway 42 and report back to Nursing Office.

The Administrator, Long-Term Care, or Director of Care will notify the CAO regarding the missing resident.

The Registered Nurse will organize the following in anticipation of the police arriving:

- Wandering resident profile or MARS sheet.
- Missing Person Incident Procedure Form-refer to missing resident template in appendix
- Map with areas searched clearly marked.
- Extra maps of Maple View Lodge.
- Extra maps of the surrounding area.

Once the Police arrive, the Registered Nurse will provide them with this information, and the Police will then take over the responsibilities of the search. Staff are then to assist as requested by Police. Police will also notify Registered Nurse, Administrator, or Director of Care of the results of their search.

### **Missing Person Procedure for Night Staff:**

***The front doors of the building are to be locked from 9:00 p.m. until 7:00 a.m.***

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Once a staff member has reported that they are unable to locate a resident, the Registered Nurse is to commence the following procedure:

- The Registered Nurse will immediately confirm all exit door codes are set to lock.
- The Registered Nurse will be the Search Coordinator.
- If the resident has dementia or is known to wander, Refer to Elopement Assessment in Point Click Care

The Registered Nurse is to gather the following information:

### Search Binder, Search Kit and Maps

- Missing Person Incident Procedure Form.
- Resident Wandering Profile Information from PCC.
- Any previous missing person incidents information.
- Full description including clothing they were wearing.
- The time and place the resident was last seen.

The Registered Nurse will notify staff on the opposite wing by phone or in person that a resident is suspected missing.

### Stage One – Initial Search of Resident (Duration 10 Minutes):

- The Registered Nurse will monitor the hallway of the wing being searched to ensure the missing resident does not enter the area already searched, while the staff assigned to the wing search the rooms.
- Staff will report back within ten (10) minutes.

### Stage Two Search – Expanded Search of Entire Interior of Building (Duration 10 Minutes):

- If resident is not discovered, the Registered Nurse will contact the (DOC) On Call Manager and the Administrator, Long-Term Care prior to initiating Stage Three.
- Staff will report back within ten (10) minutes.

### Stage Three Search – Expanded Search to Extend to Exterior of Building (Duration 10 Minutes):

## Maple View Lodge Emergency Preparedness Plan

- Two (2) staff will be directed to search outside each exit door and walk around the building, and will also check around the outbuildings and vehicles.
- Staff will report back within ten minutes.
- If resident is not discovered, the Registered Nurse will initiate Stage Four.

### Stage Four Search – Expanded Search to Involve Police and Extend to Beyond Grounds of Home:

#### ***The Registered Nurse will call 9-911 and request police assistance.***

- Staff are to await further direction from the Director of Care, Administrator, Long-Term Care or Police. ***Due to limited staffing on nights, the safety of the other residents must be maintained as well.***
- The Registered Nurse will call the family contact to notify them of the missing resident, and be their contact throughout the search.

### Procedure After Resident is Found:

- The Registered Nurse will make an announcement that the resident has been found and that the Code Yellow is cancelled.
- The Registered Nurse will check resident for injury.
- The Registered Nurse will call the family contact to notify them the missing resident has returned.
- The Registered Nurse will contact the physician to address any concerns regarding the resident's health.
- The Registered Nurse will notify the Administrator, Long-Term Care and the Director of Care/designate
- The Registered Nurse will notify the Ministry of Health if they were contacted.
- The Registered Nurse will complete a Ministry of Health Unusual Occurrence Form and forward to the Director of Care. The Director of Care will ensure completion of the Critical Incident Form and forward it to the appropriate Ministry of Health L
- The Registered Nurse will notify the Ministry of LTC (see conditions described on page 2).
- The Director of Care will review the resident's care plan with appropriate staff to ensure that potential for exit seeking behavior is documented and there are sufficient interventions to address the issue(s).
- The Director of Care will review all safety features that are in place to maintain the resident's safety and security.

### People with Dementia are Hard to Find:

- People with dementia who become lost outside will likely die from exposure or hypothermia if not found within the first 12 hours.
- People with dementia will not follow the path of least resistance. (i.e. follow the driveway); they will walk straight across fields, creeks, and climb over obstructions rather than follow the path of least resistance. If they are unable to continue on their path, they will become 'stuck' (they are unable to change their path), and will remain where they are.
- It is very helpful to know which door the lost person with dementia used to exit because they have most likely walked in a straight line from that exit.
- People with dementia may be in a heightened state of anxiety and are often fearful of the people who are searching for them. They will hide from the people who are searching for them. They often will not respond to searchers calling their name and will not call out for help themselves.
- People with dementia are often found by people not involved in the official search, but by neighbors or people driving by.
- People with dementia will climb into areas where no one else would go including trunks of cars, inside containers and into private garages.

### ONGOING FIRE PREVENTION TASKS

All staff are to be constantly alert to ensure fire prevention tasks are followed. All areas of concern are to be brought to the attention of the Nurse in Charge or Environmental Services staff.

#### Staff must

- Participate in fire drills a minimum twice yearly, and records are kept.
- Fire extinguisher training every 2 years.
- Ensure fire department inspections are routinely carried out and all areas of concern are responded to efficiently.
- Ensure fire routes and entrances to building are free of obstructions.
- Ensure safe storage of combustibles.
- Ensure residents doors are able to close securely.
- Ensure storage room doors are closed and locked when not in use.
- Ensure Maple View Lodge smoking policy is followed.
- Ensure adequate supply of generator diesel fuel available at all times.
- Ensure safe storage and use of O<sub>2</sub>.
- All rooms with O<sub>2</sub> are to have a sign on room door and window.
- RN's are to be aware of residents who do not cooperate during routine fire drills and there is to be a notation of this on residents care plan.

#### Employee Fire Safety Orientation

All staff, including student placements, will have an orientation to the Fire Safety Policy and Procedures during their orientation period before they proceed with their position of responsibility and/or authority. Each employee is provided with Fire Prevention and Safety Procedures/Emergency Planning training by Environmental Services. This includes Emergency Plan and the Associated Codes including a tour of emergency related station locations and systems. A signed declaration is completed at the end of the training.

#### Employee Health and Safety Orientation

- Eye wash station
- Explanation of the two-stage alarm system and sprinklers.
- Locations of pull stations and how to use.
- Location of fire panel.
- Location of fire extinguishers.

## Maple View Lodge Emergency Preparedness Plan

- Exit locations. Do not re-enter the facility when the alarm is active, unless instructed by the RN.
- Explanation and location of fire walls.
- Explanation and location of fire doors.
- Location of annunciator panels.
- Elevator use unavailable during a fire.
- Explanation on how to use "EvacuCheck" system.
- Each employee is informed of their responsibility for on-going fire prevention and steps to be taken when they observe an area of concern.
- Introduction of different Code Procedures.

## FIRE DRILL PROCEDURES

### Staff Responsibilities

#### All Departments:

- Proceed with responsibilities as per fire procedure.

#### Environmental Services:

- Call Fire Department and Monitoring Company (Falcon Security) inform them of a planned fire drill.
- Activate alarm.
- Post fire drill discussion with the RN and Staff.

#### Registered Nurse:

- The staff person in charge during the drill will announce that "Code Red All Clear".
- Reset Mag Locks
- Reset Elevator

#### Environmental Services:

- Call Fire Department and Monitoring Company (Falcon Security) when drill completed.
- Write a report on fire drill using drill details, observations, staff debriefing comments. Save in appropriate T-Drive location.
- Restart roof top units.

## Maple View Lodge Emergency Preparedness Plan

- Debrief any relevant findings to the appropriate staff members.

### **FIRE ALARM SYSTEM BATTERY TEST**

This test is conducted annually by a company with a licenced technician.

- Call Falcon Security (613-342-0521) and inform them that Customer 5290, Maple View Lodge will be performing a system test.
- Call Fire Department (613-498-1261 ext. 0) and inform them that a Maple View Lodge will be performing a system test.
- Will turn off breaker in electrical panel.
- Will activate alarm.
- Will turn on breaker in electrical panel.
- Call Falcon Security and Fire Department to inform them that the test is complete.

Will record date and results of test, and provide a copy to the Support Services Supervisor.  
Save record in appropriate T-Drive location

### Plan Testing

Maple View Lodge will:

- Test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis. Every three (3) years, the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency will be done.
- Test all other emergency plans at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.
- Conduct a planned evacuation at least once every three years; and
- Keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

## Communicable Disease Outbreak/Epidemic/ Pandemic Plan

### Purpose:

The location will be prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance.

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

### **DEFINITIONS:**

**Outbreak:** An outbreak is a sudden rise in the number of cases of a disease and it carries the same definition of epidemic, but is often used for a more limited geographic area.

**Endemic:** the usual incidence of a given disease within a geographical area during a specified time period.

**Epidemic:** an excess over the expected incidence of disease within a given geographical area during a specified time period. If the expected number of cases of a disease in a province is 8 per year, and 16 occur in 1 year, this indicates an epidemic. It should be noted that an epidemic is not defined on the absolute number of cases but on the number of cases in comparison to what is expected.

**Pandemic:** an epidemic spread over a wide geographical area, across countries or continents, usually affecting a large number of people. It differs from an outbreak or epidemic because it:

- affects a wider geographical area, often worldwide.
- is often caused by a new virus or a strain of virus that has not circulated among people for a long time. Humans usually have little to no immunity against it. The virus spreads quickly from person-to-person worldwide.
- causes much higher numbers of deaths than epidemics.
- often creates social disruption, economic loss, and general hardship.

### Plan of Action:

#### **The Charge Person will:**

- 1) Reference the respective Infection Prevention & Control manual for detailed outbreak preparation and response requirements.
- 2) Ensure an area(s) of the location is identified to be used for isolating residents as required.
- 3) Ensure a process is in place to divide both team members and residents into cohorts as required.
- 4) Ensure staffing contingency plans are in place and kept current.
- 5) Ensure annual practice/testing of communicable disease outbreaks and pandemic preparedness, inclusive of any arrangements with external entities who may be involved in or provide emergency services in the area where the care community/residence is located (including, without being limited to, health service providers, partner facilities and resources that will be involved in responding to the emergency).

#### **The Infection Prevention & Control Lead or designate will:**

- 1) Participate in developing, updating, evaluating, testing, and reviewing the location's emergency plans as related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
- 2) Involve the Medical Director (as applicable) and Public Health Unit in development and annual review of the location's emergency plans as related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
- 3) Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.

## COMMUNICABLE DISEASE OUTBREAK/EPIDEMIC/PANDEMIC SUPPLIES

Preparing for and responding to an outbreak, epidemic, or pandemic requires critical supplies outlined below. The location should determine its par supply (daily usage) and use a risk factor to calculate minimum quantities to have on hand; consider increased usage when calculating this (e.g. more frequent cleaning).

In addition, supplies for which demand will surge once there are positive cases should be identified and minimum quantities account for this (e.g. disposable cutlery).

Authorities may require reporting of inventory on hand for critical supplies (PPE, ABHR, etc.) – ensure processes are in place.

Ensure Regional Hubs are available to access additional supplies in the event of an outbreak.

### **PPE SUPPLY**

Category	Supplies	Recommended Min. Quantity
PPE	Surgical Masks	14-day supply
	N95 respirators	14-day supply
	Gloves (all sizes)	14-day supply
	Gowns – reusable and disposable (all sizes)	14-day supply
	Face shields – reusable and disposable	14-day supply
	Goggles – reusable and disposable	14-day supply

### **DINING/ SUPPLY**

Category	Supplies	Recommended Min. Quantity
In-room dining supplies	Individual tables / overbed tables	1 per bed
	Paper / disposable plates, cups and cutlery	7-day supply
	Trays	Min. 1 per home area
	Additional carts to allow use of separate equipment for each floor / home area	1 per home area
	Hot carts	1 per home area
	Additional food containers	As needed
Food supplies	Pandemic menu	14-day supply
	Thickeners	14-day supply
	Supplements	14-day supply

**NURSING / CARE SUPPLY**

Category	Supplies	Recommended Min. Quantity
<b>Supplies and Equipment</b>	Government stock	As directed
	Thermometers (no contact preferred)	Screener x2 Care team +20%
	Thermometer tip covers (account for higher usage) (if applicable)	14-day supply
	Bloodwork equipment	14-day supply
	Wound care supplies	14-day supply
	Tube feeding equipment	14-day supply
	Oxygen tanks (if applicable)	14-day supply
	Additional equipment (e.g. pressure cuffs, heart monitor, etc.) to allow use of separate equipment for each floor / home area and positive / negative residents	1 per home area + 20% extra
<b>Pharmacy</b>	Symptom management medication	14-day supply
	Medication carts	1 per home area + 20% extra
<b>Emergency Supplies</b>	Swab kits / Testing kits	14-day supply
	Palliative kits	14-day supply
	Shrouds	10% of beds
	Body bags	10% of beds
<b>In-room Supplies</b>	Bedside commodes (if required to avoid sharing bathrooms or for isolation plans)	10% of shared beds
	Personal basin for each resident (for bedside bathing)	1 per bed
	Helical basin for each resident	1 per bed
	Plastic bins for personal belongings if resident needs to be relocated / distanced or storage of belongings	20% of beds

**ENVIRONMENTAL SUPPLY**

Category	Supplies	Recommended Min. Quantity
<b>Cleaning / disinfectant products</b>	High level disinfectant (account for higher consumption)	14-day supply
	Disinfecting wipes (account for higher consumption)	14-day supply
	Other cleaning / disinfecting agent used in the home	14-day supply
<b>Laundry products</b>	Laundry chemicals	14-day supply
	Laundry hamper liner / plastic bags	14-day supply
	Laundry bags / hampers	1 set per home area
<b>Hand Hygiene supplies</b>	Hand soap	14-day supply
	Alcohol based hand rub (ABHR) min 70% alcohol	14-day supply
	ABHR dispensers (extra may be required to put in all recommended locations)	As needed
	Paper towels	14-day supply
	Paper towel dispensers (extra may be required to put in all recommended locations)	As needed
	Batteries if dispensers are battery powered	14-day supply

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Category	Supplies	Recommended Min. Quantity
Linen	Extra bed linen	14-day supply
	Extra towels	14-day supply
Supplies and Equipment	Positive particle disinfectant sprayers	If needed
	No touch receptacles for PPE, min. 12L capacity	1 per bed + as needed around home
	PPE plastic carts	1 per bed + as needed around home
	Plastic bags – clear, biohazard	14-day supply
	Walk behind floor scrubber (recommended over mops / vacuums)	1 for home
	Additional cleaning supplies to account for higher consumption and use of separate equipment for each floor / home area (e.g. cloths, wipes, etc.)	14-day supply
	Additional carts to allow use of separate equipment for each floor / home area (for cleaning team, nursing/wellness team, laundry team, recreation/resident engagement team, etc.)	1 per home area + 20%
	Physical barriers (e.g. curtains, Plexiglas, etc.)	All shared beds