EMERGENCY PLANS

PRIMACARE LIVING SOLUTIONS HOMES

primacare™
LIVING SOLUTIONS

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SECTION I: EMERGENCY PLANS OVERVIEW

Document Control and Disclaimer

Document Type:	OPERATIONAL DOCUMENT		
Connected Policies:	POL-0000-Emergency Management Policy		
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Approved By:	Vice President of Operations		

Introduction

Emergency Plan Phases and Objectives

In accordance with the Emergency Management Policy, the plans and procedures provided in these Emergency Plans must be followed by all staff, volunteers and students within the scope of their roles for all 5 phases of an emergency (Prevention, Preparedness, Emergency Response, Recovery and Quality Improvement). The objective of following these Emergency Plans is to protect the health, safety and security of all person and to protect the property of the Home.

Additional Operational Documents

The Executive Director/Administrator is responsible for ensuring the creation of any other operational documents that the Home may require in greater detail to further guide staff in meeting the requirements of the Emergency Management Policy and for supporting, or working in conjunction with, these Emergency Plans. This may include additional contingency plans, required Fire Safety Plans, Home layouts, evacuation routes, meeting points, directives or plans issued by Public Health and/or Provincial/National authorities and any other operational documents as needed. The Executive Director/Administrator will need to ensure that any additional operational documents are stored and organized with these Emergency Plans in the Home's emergency management binder and updated, managed and communicated to all relevant staff.

Occupational Health and Safety

The Home is committed to continuously assessing risk in the environment and to taking preventive measures to reduce/eliminate risk. These Emergency Plans were developed with the protection of the health, safety and security of all persons in mind. If an emergency occurs in the Home, staff, volunteers and students are advised to follow these Emergency Plans to the best of their ability for the dual purpose of protecting others while also protecting themselves.

Required Reporting

An emergency that occurred in the Home must be reported once the emergency is over and everyone has been made safe and secure. Reporting is required according to the specific legislative requirements for:

- Ministry of Long-Term Care (MLTC)
- Ministry of Labour, Immigration, Training and Skills Development (MLTSD) inspectors

- Joint Health and Safety Committee (JHSC)
- Privacy Commissioners
- Public Health

The specific reporting requirements depend on the type of emergency and who was involved and the extent of the emergency. Check all reporting policies, operational documents and current legislation for guidance.

Emergency Plans and Quality Improvement

This Emergency Plan is living document that is continuously updated based on new information, lessons learned from regular training, testing and drills, individual community hazard assessments, actual emergencies that have occurred, environmental factors that are evolving, changes to legislation, and policy changes that meet best practice guidelines.

Accessibility and Assistance Requirements

- The Home must ensure that emergency response and recovery activities consider the needs of persons with disabilities, including those with mobility, sensory, communication, and cognitive needs.
- The Home must provide individualized workplace emergency response information to employees, volunteers, and other individuals working within the Home who require assistance due to a disability, as soon as practicable after becoming aware of the need.
- With the individual's consent, this information must be shared with persons designated to assist them in an emergency.
- Individualized emergency response information must be reviewed and updated when the individual's needs or work location changes.
- If anyone requires these Emergency Plans in an accessible format, they may contact the Executive Director/Administrator at the following contact information for the relevant Home:

Henley Place

Executive Director: Rae Ajayi

1961 Cedarhollow Boulevard
London, ON
N5X 0K2

Phone: 519-951-0220, ext. 220
Email: RAjayi@primacareliving.com

Henley House

Executive Director: Danielle Kirkpatrick

20 Ernest Street
St. Catharines, ON
L2N 7T2

Phone: 905-937-9703, ext. 220
Email: DKirkpatrick@primacareliving.com

Burton Manor

5 Sterritt Drive
Brampton, ON
L6Y 5P3

Executive Director: Bidarekere Swamy

Phone: 905-455-1601, ext. 502
Email: BSwamy@primacareliving.com

King Nursing Home

49 Sterne St.
Bolton, ON
L7E1B9

Administrator: Hinaben Patel

Phone: 905-857-4117, ext. 224
Email: hinaben.patel@kingnursinghome.com

Emergency Code List

This Emergency Plan utilizes the following Ontario Hospital Association (OHA) Emergency Colour Code list:

Code Black:	**Bomb Threat**
Code Blue:	**Medical Emergency**
Code Brown:	**Hazardous Chemical Spill**
Code Green:	**Precautionary Evacuation**
Code Green Stat:	**Crisis Evacuation**
Code Green Partial	**Partial Evacuation**
Code Green Partial Stat:	**Crisis Partial Evacuation**
Code Grey:	**Loss of Essential Services**
Code Orange :	**External Disaster/Natural Disaster**

*Outbreaks/Epidemics/Pandemics	Outbreaks/Epidemics/Pandemics
Code Purple:	Hostage Situation
Code Red:	Fire Emergency
Code Silver:	Person with weapon
Code White :	Violent Person
Code Yellow:	Missing Resident

***NOTE:** While there is currently no official emergency code for Outbreaks/Epidemics/Pandemics, emergency plans for this type of emergency are included in this document.

How this Emergency Plan is Organized

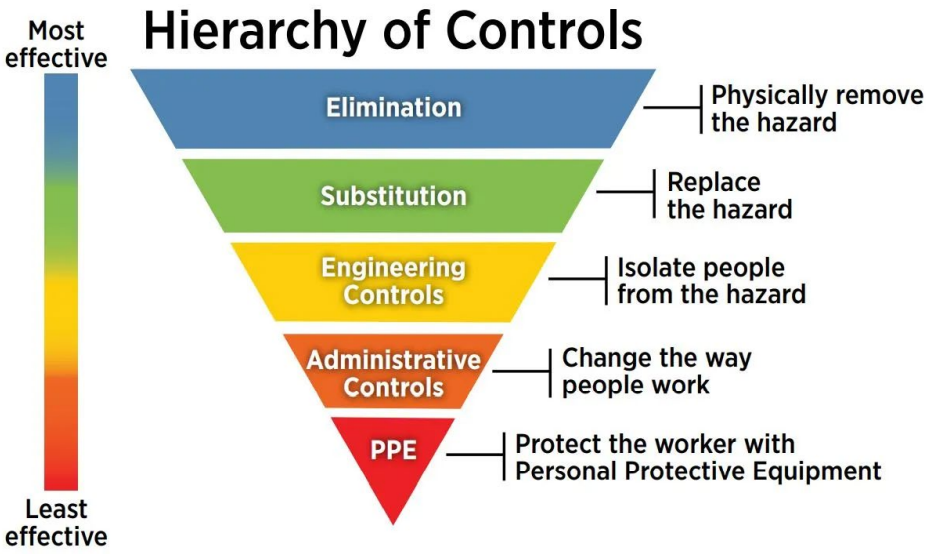
The five phases of this Emergency Plan include **EMERGENCY PREVENTION, EMERGENCY PREPAREDNESS, EMERGENCY RESPONSE, RECOVERY and QUALITY IMPROVEMENT**:

- Details of the phases of **EMERGENCY PREVENTION**, **EMERGENCY PREPAREDNESS and QUALITY IMPROVEMENT** are covered in this section and this contains broad enough information that may be applied to several emergency types.
- The phases of **EMERGENCY RESPONSE** and **RECOVERY** are provided **under each specific type of emergency code listed.**

EMERGENCY PREVENTION PHASE

Hierarchy of Hazard Controls

The Home regularly reviews all hazards, risks, vulnerabilities, threats, potential severity, likely consequences, and overall impact on the long-term care community. The following hierarchy of hazards controls are used to prevent and mitigate hazards:



Hazard Identification and Risk Assessment

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

HIRA Steps Include:

- Risk Identification
- Risk Assessment
- Identification of Controls
- Implement Priority Controls
- Compliance Monitoring
- Outcomes Review

Three risk questions utilized using the HIRA:

- Hazard/Risk – What can go wrong?
- Consequences – How bad could it be?
- Likelihood – How often might it happen?

Each Home has reviewed the neighborhood around the community for likely risks regarding bodies of water, chemical plants, train stations etc. in order to know the risks associated with these and to implement a plan in the event those incidents occur.

Physical and Chemical Hazards

Engineering Controls

- The Home maintains fire safety equipment as required according to a preventative and remedial maintenance program. The Executive Director/Administrator is notified of any problems.
- The Home checks residents' appliances annually to ensure that they are CSA or ULC approved.

Flammable liquids are not stored in the building unless they are stored:

- In the approved safety cans
- In an approved storage cabinet.

Combustible liquids are not stored in the building unless they are stored:

- In the approved safety cans
- In an approved storage cabinet.
- Non-combustible garbage containers with non-combustible covers are used in all service areas (excludes waste baskets used in resident rooms).
- A preventative maintenance program is in place.
- Sump pump is inspected and cleaned as required. Grease traps are cleaned as required.
- All fire exits are kept free of ice, snow and other obstructions.
- No gasoline powered equipment is stored inside the building unless stored in a room with a minimum fire resistance rating of 1-1/2 hours if sprinkled and 2 hours if not sprinkled.
- Heating units are cleaned and maintained and are part of the preventative maintenance.
- NO PARKING signs are posted by main entrance and emergency exits and remain unobstructed.
- All incidents of fire are reported to administration.
- Emergency supplies in disaster box are maintained and updated.
- Any breaks in fire or smoke barriers (i.e., walls) are repaired with the appropriate material to maintain the integrity of the separation. For example, if an electrician must run a new conduit through a wall, the hole is replastered to provide a proper seal around the conduit or caulked with an approved fire proof sealer.
- Security of the Home – required secure doors are in place and locked or ability to be locked, kiosk log working, mag locks, alarms are working, elevator access is

controlled to areas where residents cannot go, window openings meet the regulations in how far they can be opened.

- Fire pulls are in good condition and functional.
- Nurse call system maintained and operational, emergency power system maintained. and operational with preventative maintenance logs.
- Electrical and Mechanical Rooms secure and free of combustibles.
- Chemicals stored in a locked area and MSDS Sheets are readily available.
- Sprinkler valves monitored and are functioning.
- Hazardous energy policies/procedures and Lock-out / Tag-out Process in place for equipment that is not functioning.

Administrative Controls

- The Fire Safety Plan is updated annually and approved by the fire chief
- Pandemic planning and outbreak management.
- Joint Health and Safety Committee – meetings, inspections and minutes up to date and posted as required.
- Hot Weather Policy in place, Rooms are being monitored as per regulations.
- Contractor Agreements up to date.
- Shelter agreements in place in case of the need for evacuation.
- Occupational Health and Safety Policies and Procedures for Hazard Control
- Workplace Violence and Harassment Program
- Safe Physical Support for Residents Policy

Daily Inspection

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

Monthly Inspections

- Voice communication system.
- Stand-by batteries.
- Hose cabinets.
- All portable fire extinguishers.
- Kitchen range hood extinguisher.
- Control and annunciator panels.

- Sprinkler system.
- Emergency lighting.
- Exit lighting.
- Fire blankets.
- Flammable liquid storage.
- Fire/smoke doors.
- Unoccupied storage rooms.
- Trash collection rooms.
- Maintenance shop and mechanical/electrical room.
- Laundry dryers.

Annual Review

- Fire Safety Plan
- Emergency Plan

Personal Protective Equipment

Maintenance staff wear personal protective equipment when providing maintenance services and repairs.

Biological Hazards

The Home deploys infection prevention and controls designed to prevent and/or mitigate the development of outbreaks/epidemics/pandemics in collaboration with environmental service measures including:

Engineering Controls

- Hand hygiene stations.
- Signage indicating IPAC precautions, outbreak notifications and other instructions.

Administrative Controls

- Limiting of entrance points to the Home.
- Vaccination of residents, corporate staff, Home staff, volunteers and students.
- Infectious disease screening of visitors, new and existing residents, staff, volunteers and students.
- Education regarding social distancing and isolation of residents.

- Use of a risk stratification matrix to determine routine and outbreak cleaning frequencies in the Home, especially high touch points.
- Limiting the amount of time that staff spend in areas of the Home deemed high-risk for infections.
- Regular audits are conducted to ensure proper technique for handwashing and cleaning.

Personal Protective Equipment

- Corporate staff and Home staff use of personal protective equipment such as masking/gloves/face shields.
- Masking for residents and visitors.
- Additional precautionary masking prior to and during outbreaks.

EMERGENCY PREPAREDNESS PHASE

Emergencies are a multidimensional type of hazard that requires preparedness measures as a type of hazard control. The Home uses emergency preparedness measures to support the community's readiness and response to various emergencies. The following emergency preparedness measures are used to ensure that when an emergency does happen people are prepared and organized thereby reducing the likelihood that the impact of an emergency will be severe as a result of unpreparedness.

Engineering Controls

Fire Extinguishers, Smoke Detectors

The Home has Class ABC Fire extinguishers for all areas and Class K Fire extinguishers in the kitchen for Grease fires. The Fire extinguishers are checked on a monthly by in-house Maintenance and signed off on a tab that is attached on the extinguisher. The Fire extinguishers are also tested annually by the fire safety company.

Emergency Backup Generators

The Home has an emergency backup power generator. In case of an outage, the generator must power at a minimum emergency lighting and specific resident health equipment (oxygen tanks, air mattresses etc). Health equipment can be used on a generator by plugging the equipment into a wall outlet coloured red. The number of hours/days that the backup generator can supply power to the Home must be known by

the Executive Director/Administrator and will be used to calculate any further contingencies.

If the Home backup generator in inadequate to provide power for equipment required to maintain essential services such as kitchen equipment, laundry equipment and/or medication refrigerators, the Home will have an alternative Home-specific operational plan for providing these essential services until power can be restored.

All generators must be inspected at least weekly by in-house Maintenance and monthly, quarterly, semi-annually, annually and every 5 years by a licensed contractor.

Maintaining Stockpiles of Emergency Supplies

The Home must ensure that emergency supplies are stockpiled and maintained on an ongoing basis. The amount of emergency supplies must be enough to sustain essential Home operations in the event of an emergency for **a minimum of 96 hours (4 days) with 5-7 days recommended.** The Home's stockpile of emergency supplies must include at least 24-hours worth of perishable food and 72 hours worth of shelf-stable food (no cold storage or cooking required) that can also support residents with high-risk diets (such as therapeutic and modified diets), fluids (including bottled water), medications (especially high-risk medications), hand hygiene, cleaning products, personal protective equipment (PPE), and backup solutions for charting as well as any other necessities for maintaining daily operations. Total quantities of supplies stockpiled and maintained should be based on the total census of the Home (number of residents, staff, volunteers, students etc.) and high-usage scenarios. The following roles are responsible for maintaining adequate stockpiles:

- **The IPAC Lead**
  Hand Hygiene Products
  Personal Protective Equipment (PPE)
- **The Environmental Services Manager**
  Cleaning Supplies
- **Food and Nutrition Manager**
  Food and Fluids
- **DOC/ADOC/RN**
  Medications

Home Emergency Box

The Home must maintain readily accessible emergency supply boxes ("emergency kits") that are appropriate to the size, layout, and risk profile of the Home and capable of

supporting operations during emergency situations, including situations involving disruption of essential services.

Emergency kits must be organized and maintained to support, at a minimum:

- **Resident care and safety**, including the ability to meet basic care needs.
- **IPAC**, where applicable.
- **Access to essential information**, including critical resident and operational information necessary to support continuity of care.
- **Communication**, including the ability to communicate internally and externally during system disruptions.
- **Environmental safety and operations**, including response to hazards or infrastructure failure.
- **Staff support**, to enable staff to safely carry out their duties during an emergency.

The Home must ensure that:

- Emergency kits are maintained in a state of readiness at all times
- Contents are regularly inspected, reviewed, and updated to ensure usability, completeness, and alignment with current risks and operational needs
- Expiry dates, functionality, and condition of supplies are monitored and addressed
- Emergency kits are readily accessible and can be deployed without delay

Emergency supplies must be aligned with:

- The Home's emergency plans and identified risks
- Anticipated duration and type of emergency scenarios
- The needs of the resident population

The Home must establish clear responsibility for:

- Oversight and maintenance of emergency kits
- Routine inspection and documentation of readiness
- Replacement and replenishment of supplies as required

Communications Equipment

In the event of a power outage that affects communications equipment, staff, volunteer and student cell phones are used for communications and for obtaining emergency assistance. Staff, volunteers and students must be trained on how to coordinate the use

of cell phones during an emergency and must be provided essential contact information for such an event.

Administrative Controls

Emergency Preparedness Training and Education

The Home trains and educates all new Staff, volunteers and students, existing Staff, volunteers and students, residents and families on following this Emergency Plan. Testing is performed with every new update of the Emergency Plan. Drills are performed to ensure adequate staff preparedness and compliance with the Emergency Plan.

- The Executive Director/Administrator and the Environmental Services leads ensure that staff training, Emergency Plans testing and drills are completed.
- All Emergency Plan training, testing and drills are documented. Records are available to review upon request.
- The Executive Director/Administrator ensures an up to date and accurate emergency contact list is developed and maintained.
- The Home ensures that there is an emergency on-call list that contains all the staff, volunteers and students contact details, department worked and emergency contacts in case of injury.
- The Home ensures that family and SDM information is kept current and up to date and that there is a process for designated staff to follow for making calls to the families in the event of an emergency.

Schedule of Testing Emergency Codes

Code Black: Bomb Threat	**On orientation and annually**
Code Blue: Medical Emergency	**On orientation and annually**
Code Brown: Hazardous Chemical Spill	**On orientation and annually**
Code Green **Code Green Partial**	**Vertical Evacuation: On orientation and annually**
Code Green Stat **Code Green Partial Stat**	**Horizontal Evacuation- once every 3 years.**
Code Grey : Loss of Essential Services	**On orientation and annually**
Code Orange : External Disaster/Natural Disaster	**On orientation and annually**
Outbreaks/Epidemics/Pandemics	**On orientation and annually**

Code Purple: Hostage Situation	**On orientation and annually**
Code Red: Fire Emergency	**Mandatory on orientation and annually with drills:** **One drill per shift/month** **Fire Department to observe one drill annually**
Code Silver: Person with weapon	**On orientation and annually**
Code White : Violent Person	**On orientation and annually**
Code Yellow: Missing Resident	**On orientation and annually**

Emergency Contact

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

EMERGENCY RESPONSE PHASE AND RECOVERY PHASE

Organized According to Emergency Type in Section II

These Emergency Plans would be a type of Administrative hazard control designed to ensure an orderly, safe and secure emergency response and recovery for the protection of the health, safety and security of all people in the Home. Specific plans for the **EMERGENCY RESPONSE PHASE** and **RECOVERY PHASE** have been organized according to emergency type in Section II. The following explains the use of an Incident Management System and the contact information and roles and responsibilities of local emergency response services referred to in these plans.

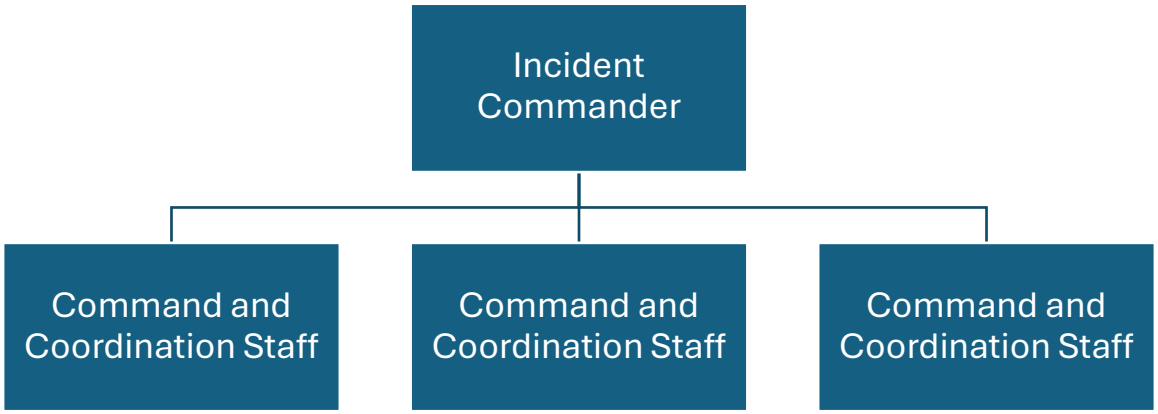
Objective of the EMERGENCY REPONSE PHASE and the RECOVERY PHASE

The objective for each emergency type is to protect and secure the health and safety of all people within the Home at all times.

Use of an Incident Management System (IMS)

Coordination of the **Emergency Response Phase** and **Recovery Phase** for each emergency type may utilize a structure known as an Incident Management System (IMS) depending on if an IMS is recommended by IMS Guidance Version 2.0. An IMS is a hierarchy of authority designed to assign roles and responsibilities for coordinating the response to an emergency. It is created to give communities and organizations a common framework to communicate, coordinate and collaborate during an incident response.

It is designed to be scalable according to the specific needs of an emergency response and the type of emergency. These roles and responsibilities are divided into **Incident Commander** and **Command and Coordination Staff.**



Incident Commander: Responsible for the overall management of an incident response effort at the site and specifically the command and coordination functions.

1. **Charge Nurse**

In the initial identification of an emergency and activation of the emergency plan, the Charge Nurse temporarily assumes the role of Incident Commander until the Executive Director/Administrator arrives on the scene and takes over as Incident Commander.

2. **Charge Nurse or Executive Director/Administrator**

   Assumes the role of Incident Commander for the Home, transferred from the Charge Nurse upon arriving on site.

Command and Coordination Staff: Work directly with the Incident Commander to carry out the command and coordination functions. The number of command and coordination staff needed and the specific functions that they carry out depend on the nature of the emergency. For example, in one type of emergency the command and coordination staff may include personnel from Dietary, Environmental and Infection Prevention and Control (IPAC) while a different emergency type might include personnel from Maintenance and Nursing. Hence, the specific structure of the IMS and the functions it is designed to perform have been tailor-fit according to the needs and type of emergency as outlined under each emergency type found in this Emergency Plan and may not necessarily be needed in every type of emergency.

See Incident Management System (IMS) Guidance Version 2.0

Local Emergency Service Entities: Contacts, Roles and Responsibilities

Primacare Living Solutions Owned Homes

Burton Manor

5 Sterritt Drive, Brampton, ON
L6Y 5P3
905-455-1601

Local Fire Department

For Emergencies
Call 911
Non-Emergency Contact

Brampton Fire and Emergency Services: 905-874-2700
Role and Responsibility
Provides Emergency Services for Fire.

Local Police

For Emergencies
Call 911
Non-Emergency Contact
Peel Regional Police: 905-453-3311
Role and Responsibility
Provides Emergency Services to Protect the Public from Criminal Activity.

Local EMS

For Emergencies
Call 911
Non-Emergency Contact
Peel Region Paramedic Services: 905-791-7800 ext. 3951
Role and Responsibility
Provides Emergency Services for Medical Emergencies.

Local Public Health Unit

Contact
Region of Peel Public Health: 905-799-7700
Medical Officer of Health: Dr. Monica Hau
Role and Responsibility
Provides infectious disease surveillance, notifications and declarations of public health incidents and risks such as outbreaks, epidemics and pandemics.

Spills Action Centre

Contact
1-800-268-6060
Role and Responsibility
Provides direction and support regarding hazardous spills.

Utilities Companies

Water

Peel Region Water: 905-791-7800

Natural Gas
Enbridge: 1-877-362-7434

Electricity
Hydro One: 905-840-6300

Mechanical
Brightside Electric: 647-880-2653 – Nafeez Ali: 416-898-5893
HVAC/Boilers/Water Temp: Parkaire: 905-874-1611

Backup Power Generator Support
Genrep Ltd. (Province-Wide)
24/7 Emergency Response
1-888-462-4737

Total Power (Province-Wide, GTA)
24/7 Emergency Dispatch
1-888-870-9152

T&T Power Group
Rentals and Emergency (Province-Wide)
1-800-221-3432

VCM Solutions
866-351-4361
24/7 Rentals/Service (Brampton Region)
866-971-8927 Secondary Line

Communications

Information Technology Company
IT Company: ManagePoint: 1 (844) 914-1706
Role and Responsibility
Provides IT services support and cybersecurity.

Internet Service Provider
Bell: 1866-310-2355
Rogers: 1888-764-3771

Role and Responsibility
Provides Internet Access.

Telephone Company Provider
Fibernetics: Mike Klich - mklich@corp.fibernetics.ca
Role and Responsibility
Provides Telephone Service,

Transportation Company

Dignity Transportation, Inc.
900 Magnetic Drive - Toronto M3J 2C4
Main | Text | Fax: (416) 398 - 2222
Toll Free: 1 (866) 398 - 2109(416) 830-8181
Role and Responsibility
Provides emergency transportation service.

External Evacuation Site

St. Monica's Catholic School (can take 128 residents)
60 Sterritt Drive, Brampton, ON L6Y 5B6
905-454-6346
Contact Person: Joceline Adusei
After Hours: Tony Tran
Summer/Weekends: Percy Plummer

Henley House

20 Ernest St, St. Catharines, ON
L2N 7T2
905-937-9703

Local Fire Department

For Emergencies
Call 911
Non-Emergency Contact
St. Catharines Fire and Rescue: 905-688-5600
Role and Responsibility

Provides Emergency Services for Fire.

Local Police

For Emergencies
Call 911
Non-Emergency Contact
Niagara Regional Police Service: 905-688-4111
Role and Responsibility
Provides Emergency Services to Protect the Public from Criminal Activity.

Local EMS

For Emergencies
Call 911
Non-Emergency Contact
Niagara Emergency Medical Services: 905-984-5050
Role and Responsibility
Provides Emergency Services for Medical Emergencies.

Local Public Health Unit

Contact
Niagara Region Public Health: 905-688-3762
Medical Officer of Health: Dr. Azim Kasmani
Role and Responsibility
Provides infectious disease surveillance, notifications and declarations of public health incidents and risks such as outbreaks, epidemics and pandemics.

Spills Action Centre

Contact
1-800-268-6060
Role and Responsibility
Provides direction and support regarding hazardous spills.

Utilities Companies

Water
Alectra Utilities: 905-684-8111

Natural Gas
Enbridge: 1-866-763-5427

Electricity
Alectra Utilities: 905-684-8111

Mechanical
Heating: ABD Construction: 289-244-5599
Plumbing: Base Mechanical: 905-941-2978
Electrical: R A Jones: 905-732-8920

Backup Power Generator Support
Genrep Ltd. (Province-Wide)
24/7 Emergency Response
1-888-462-4737

Total Power (Province-Wide, GTA)
24/7 Emergency Dispatch
1-888-870-9152

T&T Power Group
Rentals and Emergency (Province-Wide)
1-800-221-3432

Niagara Generators (O.S. Electric – Niagara Region)
905-228-3055

Twelve Cities Equipment Rental
905-354-7777 (Niagara Falls location)

Communications

Information Technology Company
IT Company: ManagePoint: 1 (844) 914-1706
Role and Responsibility
Provides IT services support and cybersecurity.

Internet Service Provider
Bell: 1866-310-2355

Role and Responsibility
Provides Internet Access.

Telephone Company Provider
Fibernetics: Mike Klich - mklich@corp.fibernetics.ca
Role and Responsibility
Provides Telephone Service.

Transportation Company

CTG Medical
1357 Niagara Stone Rd,
Niagara-on-the-Lake, ON L0S 1J0
(877) 967-0888
Role and Responsibility
Provides emergency transportation service.

Switzer-Carter Transportation
10-12 Keefer Rd. St. Catharines, ON L2M 7N9
(905) 934-1124
Role and Responsibility
Provides emergency transportation service.

Niagara Transit Commission
8208 Heartland Forest Rd, Niagara Falls ON L2H 0L7
(905) 356-1179
Role and Responsibility
Provides emergency transportation service.

External Evacuation Sites

Network of Homes Receiving Residents:

Albright Manor
5050 Hillside Drive, Lincoln, ON L3J 2A7
905-563-8252

D.H. Rapelje Lodge
277 Plymouth Rd., Welland, ON, L3B 6E3
905-714-7428

Deer Park Villa
150 Central Ave, Grimsby ON L3M 4Z3
905-945-4164

Extendicare St. Catharines
283 Pelham Road, St. Catharines ON L2S 1X7
905-688-3311

Garden City Manor
68 Scott Street, St. Catharines ON L2R 1C9
905-934-3321

Gilmore Lodge
60 King Street, Fort Erie, ON L2A 0G6
289-320-8239
Heidehof
600 Lake Street, St. Catharines, ON L2N 4J4
905-935-3344

Maple Park Lodge
6 Hagey Ave., Fort Erie, ON L2A 1W3
905-994-8330

The Meadows of Dorchester
6632 Kalar Rd, Niagara Falls, ON L2H 2T3
905-357-1911

Millennium Trail Manor
6861 Oakwood Drive, Niagara Falls, ON L2S 2X4
905-356-5005

Niagara Health Welland Site ECU and ILTC
65 Third St, Welland, ON L3B 4W6
905-378-4647 Ext. 33506 (Charge Nurse)

Niagara Long Term Care Residence
120 Wellington Street, Niagara-on-the-Lake, ON L0S 1J0
905-468-2111

Northland Pointe
2 Fielden Ave, Port Colborne, ON L3K 6G4
905-835-9335

Oakwood Park Lodge
6747 Oakwood Drive, Niagara Falls ON L2E 6S5
905-356-8732

Radiant Care Pleasant Manor
15 Elden Street, P.O. Box 500, Virgil, ON L0S 1T0
905-468-1111

Radiant Care Tabor Manor
7 Tabor Drive, St. Catharines, ON L2N 1V9
905-934-2548

Royal Rose Place
635 Prince Charles Dr. North, Welland, ON L3C 0C7
289-480-0400

The Salvation Army – R. H. Lawson Eventide Home
5050 Jepson Street, Niagara Falls, ON L2E 1K5
905-356-1221

Shalom Manor
12 Barlette Ave, Grimsby ON L3M 4N5
905-945-9631

United Mennonite Home
4024 Twenty Thirds St., Vineland, ON L0R 2C0
905-562-7385 ex 5006

Valley Park Lodge
6400 Valley Way, Niagara Falls, ON L2E 7E3
905-358-3277

West Park Health Centre
103 Pelham Rd., St. Catharines, ON L2S 1S9

905-688-1031

Henley Place

1961 Cedarhollow Blvd, London, ON
N5X 0K2
519-951-0220

Local Fire Department

For Emergencies
Call 911
Non-Emergency Contact
London Fire Department: 519-661-2489
Role and Responsibility
Provides Emergency Services for Fire.

Local Police

For Emergencies
Call 911
Non-Emergency Contact
London Police: 519-661-5670
Role and Responsibility
Provides Emergency Services to Protect the Public from Criminal Activity.

Local EMS

For Emergencies
Call 911
Non-Emergency Contact
Middlesex Paramedic Services: 519-679-5466
Role and Responsibility
Provides Emergency Services for Medical Emergencies.

Local Public Health Unit

Contact
Middlesex-London Health Unit: 519-663-5317
Medical Officer of Health: Dr. Alex Summers
Role and Responsibility
Provides infectious disease surveillance, notifications and declarations of public health incidents and risks such as outbreaks, epidemics and pandemics.

Spills Action Centre

Contact
1-800-268-6060
Role and Responsibility
Provides direction and support regarding hazardous spills.

Contracted Utilities Companies

Water
City of London Water: 519-661-4739
After Hours: 519-661-5800 ext. 5585

Natural Gas
Union Gas: 1-877-969-0999

Electricity
London Hydro (Outages and Emergency Services): 519-661-5555

Mechanical
Heating and Refrigeration: Art Blake:519-659-5808
Electrical Equipment: Pro Electrical: 519-451-8740

Backup Power Generator Support
Genrep Ltd. (Province-Wide)
24/7 Emergency Response
1-888-462-4737

Total Power (Province-Wide, GTA)
24/7 Emergency Dispatch
1-888-870-9152

T&T Power Group
Rentals and Emergency (Province-Wide)
1-800-221-3432

Little Electric
519-914-5890 (London office)
1-877-548-2500 (toll-free)

Communications

Information Technology Company
IT Company: ManagePoint: 1 (844) 914-1706
Role and Responsibility
Provides IT services support and cybersecurity.

Internet Service Provider
Bell: 1866-310-2355
Role and Responsibility
Provides Internet Access.

Telephone Company Provider
Fibernetics: Mike Klich - mklich@corp.fibernetics.ca
Role and Responsibility
Provides Telephone Service,

Transportation Company

Voyago (947465 Ontario Ltd.)
573 Admiral Crt
London, ON, N5V 4L3
519-455-4579
Role and Responsibility
Provides emergency transportation service.

External Evacuation Sites

Network of Homes Receiving Residents:

AgeCare London
2000 Blackwater Rd, London, ON N5X 4K6
519-434-2727

AgeCare Parkhill
250 Tain St, Parkhill, ON N0M 2K0
519-294-6342

Babcock Community Care Centre
196 Wellington St, Wardsville, ON N0L 2N0
519-693-4415

Chelsey Park Long-Term Care
310 Oxford St West, London, ON N6H 4N6
519-432-1885 ext. 225

Country Terrace Nursing Home
10072 Oxbow Dr, Komoka, ON N0L 1R0
519-657-2955

Craigwiel Gardens
221 Ailsa Craig Main St, Ailsa Craig, ON N0M 1A0
519-293-3215

Dearness Home
710 Southdale Rd, London, ON N6E 1R8
519-661-0400

Earls Court Village
1390 Highbury Ave North, London, ON N5Y 0B6
519-601-5088

Elmwood Place
3400 Morgan Ave, London, ON N6L 0G7
519-433-7259

Extendicare London
860 Waterloo St, London, ON N6A 3W6
519-433-6658

Kensington Village
1340 Huron St, London, ON N5V 3R3
519-455-3910

McCormick Home
2022 Kains Rd, London, ON N6K 0A8
519-432-2648

McGarrell Place
355 McGarrell Dr, London, ON N6G 0B1
519-672-0500

Meadow Park London Long-Term Care
1210 Southdale Rd East, London, ON N6E 1B4
519-686-0484

Middlesex Terrace
2094 Gideon Dr, Delaware, ON N0L 1E0
519-652-3483

Mount Hope Centre for Long-Term Care
21 Grosvenor St, London, ON N6A 1Y6
519-646-6100

Oakcrossing Long-Term Care
1242 Oakcrossing Rd, London, ON N6H 0G2
519-641-0021

Southbridge London
3715 Southbridge Ave, London, ON N6L 0G3
226-289-3731

Sprucedale Care Centre
96 Kittridge Ave East, Strathroy, ON N7G 2A8
519-245-2808

Strathmere Lodge
599 Albert St, Strathroy, ON N7G 3J3

519-245-2520

Village of Glendale Crossing
3030 Singlton Ave, London, ON N6L 0B6
519-668-5600

Westmount Gardens
590 Longworth Rd, London, ON N6K 4X9
519-472-6424

Primacare Living Solutions Managed Homes

King Nursing Home

49 Sterne St, Bolton, ON
L7E 1B9
905-857-4117

Local Fire Department

For Emergencies
Call 911
Non-Emergency Contact
Caledon Fire and Emergency Services: 905-584-2272 ext. 4303
Role and Responsibility
Provides Emergency Services for Fire.

Local Police

For Emergencies
Call 911
Non-Emergency Contact
Ontario Provincial Police Caledon Detachment: 1-888-310-1122
Role and Responsibility
Provides Emergency Services to Protect the Public from Criminal Activity.

Local EMS

For Emergencies
Call 911
Non-Emergency Contact

Peel Region Paramedic Services: 905-791-7800 ext. 3951
Role and Responsibility
Provides Emergency Services for Medical Emergencies.

Local Public Health Unit

Contact
Region of Peel Public Health: 905-584-2216
Medical Officer of Health: Dr. Monica Hau
Role and Responsibility
Provides infectious disease surveillance, notifications and declarations of public health incidents and risks such as outbreaks, epidemics and pandemics.

Spills Action Centre

Contact
1-800-268-6060
Role and Responsibility
Provides direction and support regarding hazardous spills.

Contracted Utilities Companies

Water
Peel Region Water: 905-791-8711

Natural Gas
Enbridge: 1-877-362-7434

Electricity
Modern Niagara (Currently Contracted): 416-748-3882
Bolton Electric: 905-951-3333

Mechanical
Heating and Refrigeration: Art Blake:519-659-5808
Electrical Equipment: Pro Electrical: 519-451-8740

Backup Power Generator Support
Genrep Ltd. (Province-Wide)
24/7 Emergency Response
1-888-462-4737

Total Power (Province-Wide, GTA)
24/7 Emergency Dispatch
1-888-870-9152

T&T Power Group
Rentals and Emergency (Province-Wide)
1-800-221-3432

VCM Solutions
866-351-4361
24/7 Rentals/Service (Brampton Region)
866-971-8927 Secondary Line

Communications

Information Technology Company
IT Company: WW Works: 1-877-999-6757 / 905-332-5844
Role and Responsibility
Provides IT services support and cybersecurity.

Internet Service Provider
Telus: 1-416-940-5995
Role and Responsibility
Provides Internet Access.

Telephone Company Provider
Bell (Landlines): 1-866-310-2355
Rogers (Floor Cellphones): 1-888-764-3771
Role and Responsibility
Provides Telephone Service,

Transportation Company

Dignity Transportation, Inc.
900 Magnetic Drive - Toronto M3J 2C4
Main | Text | Fax: (416) 398 - 2222
Toll Free: 1 (866) 398 - 2109(416) 830-8181
Role and Responsibility
Provides emergency transportation service.

External Evacuation Sites

Network of Homes Receiving Residents:

Burton Manor (can take 6 Residents)
5 Sterritt Drive, Brampton, ON
L6Y 5P3
905-455-1601

Avalon Care Centre Long-Term Care (can take 5 Residents)
355 Broadway
Orangeville, ON
L9W 3Y3
519-941-5161

Downsview Long-Term Care (can take 10 Residents)
3595 Keele St, North York, ON M3J 1M7
416-633-3431

Hawthorn Woods Care Community (can take 5 Residents)
9257 Goreway Drive
Brampton, Ontario L6P 0N5
905-799-7502

Sherwood Court Long-Term Care (can take 10 Residents)
300 Ravineview Drive
Maple, Ontario L6A 3P8
905-303-3565

Sorrento Retirement Home (can take 62 residents)
10 Station Rd, Bolton, ON L7E 4L3
647-317-7242

Tullamore Community (can take 6 Residents)
133 Kennedy Road South
Brampton, Ontario L6W 3G3
905-459-2324

Vera M. Davis Community Care Centre (can take 20 Residents)
80 Allan Drive
Bolton, Ontario L7E 1P7
905-857-0975

QUALITY IMPROVEMENT PHASE

Following each emergency, the Executive Director/Administrator meets with all IMT roles and departments that were involved in the emergency to discuss what went well and what could have been done differently.

Areas of quality improvement within all five phases of the Emergency Plans are identified, an action plan is created and quality improvement processes are implemented as a continuous quality improvement initiative which may involve:

- Revision of the Emergency Plans
- Realignment of Emergency Practices
- Re-training
- Re-testing
- Additional Preparedness Drills

All changes to Emergency Plans and Practices are communicated to Resident and Family Council as well as Staff, volunteers and students.

SECTION II: EMERGENCY RESPONSE PHASE AND RECOVERY PHASE ACCCORDING TO EMERGENCY TYPE

EMERGENCY RESPONSE PHASE

Code Black (Bomb Threat)

Code Black Definition

A CODE BLACK is defined as any verbal (in person or through the telephone), written or electronic communication that indicates a bomb will be sent to the Home or is within the Home or any package within the Home that is suspected as being a bomb.

Plan Activation

Who or Which Entity Declares there is a Code Black Emergency

The emergency is declared by anyone who encounters a bomb threat sent by verbal (in person or through telephone), written or electronic communications or anyone who encounters a suspicious package that is believed to be a bomb and shouts out “CODE BLACK” and the location (if suspicious package)and/or calls “CODE BLACK” and the location (if suspicious package) over the intercom system.

Who or Which Entity Declares that the Code Black Emergency is Over

The local police declare when the emergency is over. Following this, the Charge Nurse is responsible for communicating “CODE BLACK ALL CLEAR” on the intercom system.

Lines of Authority, Roles and Responsibilities

Charge Nurse

- The **Charge Nurse** is the person onsite at the Home who has the most authority until the Police arrive.
- The Charge Nurse is responsible for ensuring that a CODE BLACK has been called and that 911 is called immediately if responding Staff have not already done so, and for providing direction to all persons in the area.
- Coordinating/delegating communications to all Staff, volunteers, students, residents/SDMs/families and resident/family council.

- Following the local police declaring the emergency over, the Charge Nurse is responsible for communicating “CODE BLACK ALL CLEAR” over the intercom.

Staff, Volunteers and Students

- **All staff** take direction from the Charge Nurse and are to call 911 for dispatch of local police immediately who then take control of the scene.
- **Volunteers and students** who discover an emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks with the scope of their role but are not responsible for managing the emergency.

External Emergency Provider: Local Police

- The **local police** must be called to the Home for a CODE BLACK and they become the entity with the most authority upon arrival.
- Local police are responsible for responding to calls to 911 regarding bomb threats and they may bring in the bomb squad to detonate a suspicious package.

External Emergency Service Provider: Local Emergency Medical Services

- If assault, injury or death is caused by a bomb explosion, the responding **local EMS** would be second in command to the **police**.
- If assault or injury is caused by a bomb, local EMS are responsible for responding to calls to 911 by providing immediate medical assistance to the injured.

Communications Plan

Communication at the Beginning of the Emergency

Upon activation of a code purple, responding Staff or the Charge Nurse establishes contact with 911 for dispatch of local police and possibly EMS the Charge Nurse maintains communication with all responding Staff and any external emergency service providers.

Communication During the Emergency

Responding Staff or the Charge Nurse calls 911 for dispatch of local police and possibly EMS to the Home and maintains communication with all external emergency service providers.

Communication at the End of the Emergency

The Charge maintains communication with external emergency service providers and ensures debriefing communication is provided to staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils.

Emergency Response Procedure

Upon Discovering a Bomb Threat

- If the bomb threat is in the form of verbal (in person or through the telephone), written or electronic communications call “CODE BLACK” over the intercom system and then call 911 immediately.
- If you encounter a suspicious package believed to be a bomb shout out and/or call “CODE BLACK” and location of the suspected bomb over the intercom system and call 911 immediately.
- Staff, volunteers and students are not to go near any packages suspected of being a bomb. Take measures to protect your own safety and the safety of people around you such as removing residents and staff, volunteers, students and visitors from the immediate area of a suspected bomb to a safe location.
- When the police arrive, provide them the details of the bomb threat and/or the location of any suspicious packages.

When the Emergency is Declared Over

- Upon the local police declaring the emergency over, the Charge Nurse calls “CODE BLACK ALL CLEAR” over the intercom system and the recovery phase begins.

RECOVERY PHASE

Debriefing of Residents, SDMs, Staff, Volunteers and Students

The Charge Nurse organizes debriefing communications for all affected staff, volunteers, students and visitors of the Home. Charge Nurse also organizes debriefing

communications for any affected residents/SDMs/families in coordination with the DOC/ADOC and Social Workers.

How to Resume Normal Operations

Once the CODE BLACK emergency has been declared over, any residents/Staff, volunteers and students who were removed from the area of the hostage situation may return and any affected services that were temporarily suspended may resume.

How to Support People in the Home Who Experience Distress in a Code Black Emergency

The Charge Nurse and DOC/ADOC coordinates with Resident Care staff to assess the impact of the CODE BLACK on the mental and physical health of residents. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any residents who have experienced distress due to the CODE BLACK emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.

EMERGENCY RESPONSE PHASE

Code Blue (Medical Emergency)

Code Blue Definition

Code Blue is used for all medical emergencies. A medical emergency is defined as any sudden illness or injury that threatens life or vital functions and requires immediate action, including stabilizing the ABCs—Airway, Breathing, and Circulation —to prevent severe harm, permanent disability, or death" Code Blue is called for all medical emergencies. Code Blue is used for any medical emergency.

Plan Activation

Who or Which Entity Declares there is a Code Blue Emergency

A Code Blue emergency is declared by anyone who discovers a person experiencing a medical emergency and shouts out "CODE BLUE" and the location and/or calls "CODE BLUE" and the location over the intercom system.

Who or Which Entity Declares that the Code Blue Emergency is Over

The local emergency medical services (EMS) declares when the emergency is over. Following this, the Charge Nurse is responsible for communicating "CODE BLUE ALL CLEAR" on the intercom system.

Lines of Authority

Charge Nurse

- The **Charge Nurse** is the person onsite at the Home who has the most authority until the EMS arrives.
- Ensures that Code Blue is called over the intercom system and that 911 has been called and providing medical intervention for cases in which a person is found to be in cardiac arrest, respiratory arrest or unconscious.
- Responds to the location of the Code Blue immediately to direct the resuscitation effort and to manage the situation.

- Coordinating/delegating communications to all Staff, volunteers, students, residents/SDMs/families and resident/family council.

Staff, Volunteers and Students

- **All staff** take direction from the Charge Nurse.
- All **staff** are responsible for communicating the discovery of any person who is experiencing a medical emergency by calling “CODE BLUE” and the location over the intercom and beginning CPR.
- **Volunteers and students** who discover an emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks within the scope of their role but are not responsible for managing the emergency.

Registered Staff

- **Registered Nurses** who are trained in CPR take direction from the Charge Nurse.
- Registered Nurses who respond to the Code Blue are responsible for providing CPR. Registered Nurses are responsible for having up to date knowledge of the DNR status (No CPR status) of their residents.

External Emergency Service Provider: Local Emergency Medical Services (EMS)

- The **local EMS** takes control from the Charge Nurse as the entity with the most authority upon arrival to the Home.
- The local EMS are responsible for responding to all calls from the Home indicating CODE BLUE and for resuscitating the person who is found to be in cardiac arrest, respiratory arrest or unconscious.

Communications Plan

Communication at the Beginning of the Emergency

Upon activation of the Code Blue emergency the Charge Nurse establishes communication with the Registered Nursing Staff and 911.

Communication During the Emergency

The Charge Nurse, Registered Nursing Staff and EMS maintain communication during the Code Blue emergency.

Communication at the End of an Emergency

The Charge Nurse and Nursing Staff maintain communication with EMS and with hospital staff regarding the status of the patient if taken to hospital. The Charge Nurse ensures debriefing communication is provided to staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils.

Emergency Response Procedure

Upon Discovering a Person in a Code Blue Emergency

- If the person experiencing the medical emergency is a resident who has provided informed consent for a Do Not Resuscitate Order (DNR) then a registered staff member calls a CODE BLUE and all necessary medical interventions are provided **except CPR as per the DNR (No-CPR) order**.
- If the person experiencing the medical emergency is a non-resident or is a resident who has NOT provided informed consent for a DNR (No-CPR) order then a registered staff member calls a CODE BLUE and all necessary medical intervention is provided immediately including CPR if clinically indicated.
- Pull the nearest call bell and alert nearby staff by shouting “CODE BLUE” and the location and/or by calling “CODE BLUE” and the location over the intercom system.
- Ensure a registered staff member remains with the person experiencing the medical emergency.

Responding to a Code Blue Emergency

- Registered staff respond immediately to the location of the Cde Blue and begin CPR.
- The Charge Nurse goes immediately to the Code Blue and directs the emergency scene until EMS personnel arrive who then will take over resuscitation efforts.
- A registered staff member is delegated to call 911, who communicates the following information to the dispatcher:
    - the nature of the emergency.
    - the affected person’s name.
    - the age and sex of the affected person.

- address of the Home.
- provide the location of the emergency within the Home and follow the instructions of the dispatcher.
- ask for a Ministry of Health OASIS number or other identifying information for the dispatcher if this can be provided.
- The dispatcher may ask if there is a registered health professional with the patient and if there is, no prearrival instructions will be given. If there is no registered health professional with the affected person, the dispatcher will be given post-dispatch instructions (medical directions that the non-registered health professional should follow to care for the person while the ambulance is enroute) and pre-arrival instructions.

- A staff member will be assigned to put the elevator on service and wait for EMS personnel on the main floor. If the fire department is dispatched for any reason and they arrive prior to the paramedics, the staff member will ensure the elevator is sent back and will wait for the paramedics to arrive.

Delegated Registered Staff

- Complete the transfer and referral record and ambulance DNR(No-CPR) validity form (for residents only) if time permits.
- Obtain the affected person's Ontario Health Card.
- Give complete report to EMS personnel prior to transfer to hospital.
- Charge Nurse completes a structured progress note in the resident's health record.
- Charge Nurse completes a report in PCC risk management.
- Executive Director or delegate sends a high-risk alert email to corporate personnel.

When the Emergency is Declared Over

- Upon local EMS declaring the emergency over, the Charge Nurse calls "CODE BLUE ALL CLEAR" over the intercom system and the recovery phase begins.

RECOVERY PHASE

Debriefing of Residents, SDMs, Staff, Volunteers, Students and Visitors

The Charge Nurse organizes debriefing communications for all affected staff, volunteers, students and visitors of the Home. Charge Nurse also organizes debriefing

communications for any affected residents/SDMs/families in coordination with the DOC/ADOC and Social Workers.

How to Resume Normal Operations

Once the Code Blue emergency has been declared over, any resident care activities that were temporarily suspended as a result of Staff responding to the Code Blue may resume.

How to Support People in the Home Who Experience Distress in a Code Blue Emergency

The Charge Nurse and DOC/ADOC coordinates with Resident Care staff to assess the impact of the Code Blue emergency on the mental and physical health of residents. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any residents who have experienced distress due to the Code Blue emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.

EMERGENCY RESPONSE PHASE

Code Brown (Hazardous Chemical Spill)

Code Brown Definition

A Code Brown is defined as a breach of any hazardous chemical from its normal secure containment that potentially poses a risk to people within the Home.

Plan Activation

Who or Which Entity Declares there is a Code Brown Emergency

The emergency is declared by anyone who discovers a hazardous material that poses a risk to others within the Home and calls “CODE BROWN” and the location over the intercom system.

Who or Which Entity Declares that the Code Brown Emergency is Over

The Environmental Services Lead or the local Fire Department declares when the emergency over and the Incident Commander calls “CODE BROWN ALL CLEAR” over the intercom system.

Lines of Authority, Roles and Responsibilities

Incident Management Team (IMT) Structure for Outbreaks/Epidemics/Pandemics

All or part of the following IMT structure may be activated for a coordinated response to Hazardous Material Incidents:

Incident Commander

The **Charge Nurse** by default is the Incident Commander for hazardous chemical spills until the **Executive Director/Administrator** is available and onsite in which case the **Executive Director/Administrator** assumes the Incident Commander Role. The Incident Commander is responsible for the following:

- Coordinating the Command and Coordination Staff to remove residents and staff, volunteers and students from any areas of the Home affected by the hazardous chemical spill.
- Coordinating communications to all staff, volunteers, students, visitors, residents/SDMs/families and resident/family council and media (if applicable).

Command and Coordination Staff

Environmental Services

- **The Environmental Services Lead** assesses the hazardous chemical spill, determines a containment response and recommends to the incident commander escalation to external emergency providers if necessary. If after hours, contact the on-call manager.

Staff, Volunteers and Students

- All **staff** are responsible for communicating the discovery of a Code Brown emergency and for enacting the emergency plan.
- **Volunteers and students** who discover an emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks within the scope of their role but are not responsible for managing the emergency.

External Emergency Service Provider: Local Fire Department

- Provides rescue for any persons within the Home from the hazardous chemical spill if needed. Will not assist with cleanup of the hazardous chemical spill.

External Emergency Service Provider: Spills Action Centre

- Provides information and assistance regarding how to respond to spills and how to cleanup spills available 24/hours a day.

External Emergency Service Provider: Local EMS

- Provides emergency medical services for anyone affected by the hazardous chemical spill.

Communications Plan

Communication at the Beginning of the Emergency

Upon activation of the Code Brown, the IMT establishes communication. External emergency service providers are contacted as needed.

Communication During the Emergency

The IMT maintains communication and updates within its structure, with external emergency service providers and with residents, Staff, volunteers and students.

Communication at the End of the Emergency

The IMT maintains communication with external emergency providers and the Incident Commander ensures debriefing communication is provided to staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils.

Emergency Response Procedure

Upon Discovering a Hazardous Chemical Spill

- Any person who discovers a hazardous chemical spill is to contact the nearest staff member who will call a “CODE BROWN” and the location using the intercom system.
- The Incident Commander organizes the IMT structure.

Assessing the Hazardous Chemical Spill

The Environmental Services Lead assesses the following:

- Type of chemical spill – consult Workplace Hazardous Materials Safety Information System (WHMIS).
- Volume of chemical.
- Type of danger associated with the specific chemical – consult the Material Safety Data Sheets (MSDS).
- Location of the chemical spill.
- Determine if the spill is major or minor.

If at any point there is uncertainty about the type, extent, or nature of the risk associated with a hazardous chemical spill during the assessment phase, call 911 emergency services who will dispatch the local Fire Department and potentially EMS if human health is affected.

The Fire Department will be able to determine:

- Type of chemical spill.
- Rate of spread.
- Method to control it.
- Damage it poses to the Home.
- Whether to evacuate the building.

The incident Commander consults the Spills Action Centre if further information/assistance is required for assessing and responding to the spill.

Responding to the Spill

- Evacuate the immediate area of the hazardous chemical spill.
- If the hazardous chemical spill is determined to be minor (small and low risk to people) Environmental Services will organize a cleanup of the hazardous chemical spill using the Spills Cleanup Kit available at the Home.
- If it is suspected that the hazardous chemical spill is major and/or poses a large-scale risk to people in the Home, call 911 and report any effects of the spill on the health of people in the Home to dispatch the Fire Department and potentially EMS.
- The Incident Commander will make the decision to Call a “CODE GREEN” on the intercom system and evacuate the Home if necessary based on consultation with the Fire Department and Environmental Services. Refer to CODE GREEN Emergency Plan if this occurs.

Cleanup

- The Spills Kit in the Home may be used for low-risk spills.
- The Incident Commander will arrange for a local spill cleanup company for spills of any unknown chemicals or large/high risk spills of known chemicals.

When the Emergency is Declared Over

- Environmental services/local emergency service providers declare when the emergency is over and the Charge Nurse then calls “CODE BROWN ALL CLEAR” over the intercom system.

RECOVERY PHASE

The recovery phase from a Code Brown begins when either the Incident Commander or the local Fire Department declares that the emergency is over. During the recovery phase a debrief and review period begins that includes a quality improvement review. communicate any changes that are needed to improve the emergency response plan for CODE BROWN to the Executive Director who ensures any updates for improvement are added to the emergency response plan for future emergencies.

Debriefing of Residents, SDMs, Staff, Volunteers, Students and Visitors

The Incident Commander organizes debriefing communications for all affected Staff, volunteers and students of the Home. The Incident Commander also organizes debriefing communications for any affected residents/SDMs/families in coordination with the DOC/ADOC and Social Workers.

How to Resume Normal Operations

Once the Code Brown emergency has been declared over, any residents, staff, volunteers, students and visitors that have been removed from their area may return if safe to do so and any resident care activities that were temporarily suspended as a result of Staff responding to the CODE BROWN may resume.

How to Support People in the Home Who Experience Distress in an Emergency

The Incident Commander and DOC/ADOC coordinates with Resident Care staff to assess the impact of the Code Brown on the mental and physical health of any affected residents. The DOC/ADOC assigns social workers to provide additional

debriefing/counselling for any residents who have experienced distress due to the Code Brown emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.

EMERGENCY RESPONSE PHASE

Code Green (Evacuation)

Code Green Definition

A Code Green is defined as any emergency situation that requires an evacuation of people from the Home. There are 4 types of Code Green:

- **Code Green Stat Partial** indicates a rapid and partial evacuation of a section of the Home is necessary to protect the health and safety of people in the Home.
- **Code Green Partial** indicates a partial evacuation of the Home is required to protect the health and safety of people in the Home.
- **Code Green Stat** indicates a rapid and total evacuation of the entire Home is necessary to protect the health and safety of people in the Home.
- **Code Green**: indicates an non-urgent, orderly evacuation of the entire Home is necessary to protect the health and safety of people in the Home.

IMPORTANT NOTE: Each Home must ensure that their Home layouts, evacuation routes, meeting points, and other Home-specific operational documents are available within their emergency management binder to support and guide staff in evacuation of the Home.

Plan Activation

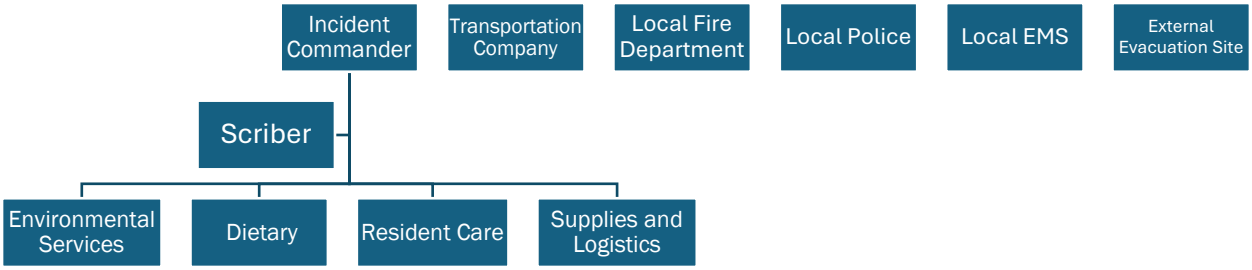
Who or Which Entity Declares there is an Emergency

The Incident Commander declares there is a Code Green emergency and calls “CODE GREEN PARTIAL”, CODE GREEN PARTIAL STAT”, “CODE GREEN STAT” or “CODE GREEN” over the intercom system.

Who or Which Entity Declares that the Emergency is Over

The Incident Commander declares when the Code Green emergency is over.

Lines of Authority, Roles and Responsibilities



Incident Commander

The **Charge Nurse** by default is the Incident Commander for Code Green emergencies until the **Executive Director/Administrator** is available and onsite in which case the **Executive Director/Administrator** or assumes the Incident Commander Role. The Incident Commander is responsible for the following:

- Ensuring that “CODE GREEN” is called over the intercom system.
- Coordinating the command and communication staff and developing/implementing alternative plans for maintaining operations in the Home if necessary.
- Coordinating/delegating communications to all Staff, volunteers, students, residents/SDMs/families and resident/family council and media (if applicable).
- Declaring when the Code Orange emergency is over and calling “CODE GREEN ALL CLEAR” over the intercom system.

Command and Coordination Staff

Environmental Services

The **Environmental Services Lead** for the Home is responsible for the following:

- Assesses environmental risks that might require a Code Green to protect the health and safety of people in the Home and communicating recommendations for a response to the **Incident Commander**.
- Coordinating the evacuation and transportation of residents from the Home to the external evacuation site at the direction of the **Incident Commander**.

Dietary

The **Dietary Manager** is responsible for:

- Coordinating with the **Incident Commander** and the **Environmental Services Lead** to develop and implement alternative plans for meeting the nutritional and hydration needs of residents at the external evacuation site if needed.
- Coordinating the transfer and distribution of food and fluids to residents from stockpiles with **Supplies and Logistics** at the external evacuation site if needed.

Supplies and Logistics

The **Director of Care (DOC) and Associate Director of Care (ADOC)** are responsible for communicating to, and coordinating with, each of the following roles tasked with maintaining stockpiles of emergency supplies:

- **The IPAC Lead**
  Hand Hygiene Products
  Personal Protective Equipment (PPE)
- **The Environmental Services Manager**
  Cleaning Supplies
- **Food and Nutrition Manager**
  Food and Fluids
- **DOC/ADOC/RN**
  Medications

Resident Care

- The **DOC** and **Medical Director** are responsible for ensuring continuity of resident care during evacuation and at the external evacuation site.
- DOC is responsible for communicating and coordinating all supply needs for residents to the **Supplies and Logistics** function.

Staff, Volunteers and Students

- All **staff** are responsible for communicating the discovery of a Code Green emergency and for enacting the emergency plan.
- **Volunteers and students** who discover an emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks within the scope of their role but are not responsible for managing the emergency.

External Emergency Service Provider: Local Fire Department

- Depending on the reasons for the Code green evacuation, the local Fire Department may be contacted to provide search and rescue within the Home.

External Emergency Service Provider: Local Police

- Depending on the reasons for the Code green evacuation, the local Police may be contacted to provide security and traffic control for the Home.

External Emergency Service Provider: Local Emergency Medical Services (EMS)

- Depending on the reasons for the Code Green evacuation, the local EMS may be contacted to provide emergency medical services for any injured residents/ Staff, volunteers and students.

Communications Plan

Communication at the Beginning of the Emergency

Upon activation of the Code Green, the Incident Commander establishes communication with the IMT and external entities.

Communication During the Emergency

Communication between the IMT, Incident Commander and external entities is maintained throughout the course of the Code Green emergency. The Incident Commander ensures ongoing communication is provided to all Staff, volunteers, students, residents/SDMs/families and resident/family councils regarding the status of the Code Green.

Communication at the End of the Emergency

The IMT maintains communication and the Incident Commander ensures debriefing communication is provided to Staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils.

Emergency Response Procedure

Upon Discovering a Code Green Emergency

- Contact the Incident Commander who will assess the situation and call a “CODE GREEN STAT PARTIAL”, or “CODE GREEN PARTIAL” or “CODE GREEN STAT” or “CODE GREEN” over the intercom system.
- The Incident Commander organizes the IMT and contacts 911 to dispatch any local emergency service providers that may be necessary, the contracted Transportation Company and the External Evacuation Site to arrange for the movement of people and supplies from the Home.

Resident Accounting System

- Use the updated resident list found within the emergency disaster box to ensure all residents are accounted for during the code green evacuation process.

Evacuation

- The Incident Commander in coordination with the Resident Care function organizes the evacuation process according to the Home’s established evacuation routes, floor plans and assembly points noted in the Home’s emergency management binder and operational documents. Residents must be accounted for and evacuated from the Home to an established muster point across the parking lot of the Home and away from the main entrance of the Home to make way for local emergency service providers. If the Home has a sign posted, look for the muster point, depicted below:

External Emergency Response Providers

- The local Fire Department, local Police and/or local EMS may be dispatched by 911 services depending on the nature of the emergency that triggered the Code Green.

Triage (if applicable)

- If EMS is involved due to a large number of injured residents/ Staff, volunteers and students, the Incident Commander coordinates a triage plan with EMS and Resident Care.

Transportation Plan

- The Incident Commander coordinates with the Command and Coordination staff and the contracted Transportation Company to transport residents, Staff, volunteers and students from the muster point to the external evacuation site.

Moving Residents, Staff, Volunteers and Students

- Department managers organize Staff to assist residents to move to the muster point where transportation will meet to move residents to the external evacuation site.
- Supplies necessary for mitigating weather conditions when moving residents outdoors must be provided (blankets for cold weather and extra water for hot weather, etc.).
- The Incident Commander coordinates with Resident Care to organize Resident Care staff to provide requirements for residents with special mobility needs to move to the muster point and onto the transportation vehicle.

Moving Emergency Supplies

- Any emergency supplies that are needed during the evacuation are communicated by Supplies and Logistics to the appropriate person responsible for stockpiling the particular items.
- Supplies and Logistics and Dietary coordinates with the noted responsible people for stockpiles to obtain and transport all necessary food, fluids, medications, hand hygiene products, PPE, and cleaning supplies to the external evacuation site.
- Supplies and Logistic coordinates with Resident Care to transport any other medical equipment and supplies required by residents to the external evacuation site.

IPAC Consideration

- The IPAC Lead will be consulted regarding any necessary IPAC precautions/protocols that are to be enacted during the process of evacuating to

an external evacuation location and for resident care operations at the external evacuation location.

External Evacuation Location

- The external evacuation site for the Home is listed at the beginning of this Emergency Plan document under “Local Emergency Service Providers”. The external evacuation site is notified as soon as the Code Green is called and made to prepare to accept residents, Staff, volunteers, students and supplies from the Home.

When the Emergency is Declared Over

- Based on consultation with external emergency service providers, the Incident Commander declares when the emergency is over and residents, Staff, volunteers and students return to the Home.

RECOVERY PHASE

Debriefing of Residents, SDMs, Staff, Volunteers, Students and Visitors

The Incident Commander organizes debriefing communications for all affected staff, volunteers, students and visitors of the Home. The Executive Director/Administrator also organizes debriefing communications for any affected residents/SDMs/families in coordination with the DOC/ADOC and Social Workers.

How to Resume Normal Operations

Once the Code Green emergency has been declared over, the Incident Commander in consultation with the command and coordination staff and any external emergency service providers, assist with making arrangements with the Transportation Company and the External Evacuation Site to return residents, staff, volunteers, students and visitors back to the Home. Any operations, services and resident care activities that were modified/suspended may be restored to pre-emergency processes/resumed.

How to Support People in the Home Who Experience Distress in a Code Green Emergency

The Incident Commander and Resident Care function assess the impact of the Code Green on the mental and physical health of residents. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any residents who have

experienced distress due to the Code Green emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.

EMERGENCY RESPONSE PHASE

Code Grey (Loss of Essential Services)

Code Grey Definition

A Code Grey emergency is defined as any loss of essential service for the Home which may include a loss of one or more of the following:

- Natural gas service due to an outage or gas leak.
- Water service due to a boil water advisory or water leak that potentially results in flooding.
- Carbon monoxide leak.
- Electrical service due to a power outage.
- Shutdown of HVAC service due to external air exclusion (contaminated air external to the Home).
- Mechanical breakdown of essential Home equipment such as HVAC system, food production equipment or laundry equipment.
- Staff Internet/IT services due to cyberattack.

The loss of any one of these services leads to additional loss of services that are essential for normal operations and for the provision of resident care within the Home.

Plan Activation

Who or Which Entity Declares there is a Code Grey Emergency

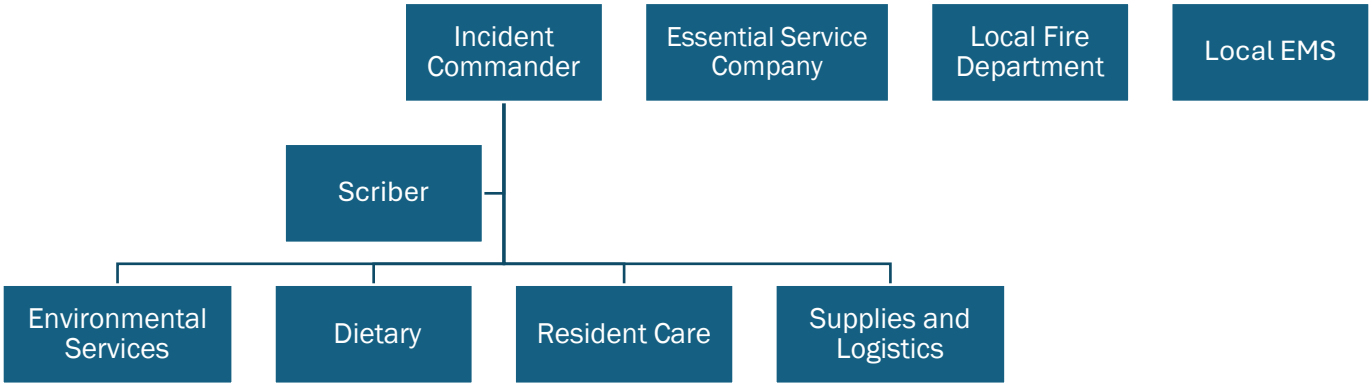
A Code Grey emergency is declared by the Incident Commander. One exception to this is Boil Water Advisories which are issued by the local Public Health Unit. The Incident Commander calls “CODE GREY” over the intercom system.

Who or Which Entity Declares that the Code Grey Emergency is Over

The Incident Commander declares when a Code Grey emergency is over. For Boil Water Advisories, the Public Health Unit declares when the emergency is over. The Incident Commander calls “CODE GREY ALL CLEAR” over the intercom system.

Lines of Authority, Roles and Responsibilities

The following IMT structure may be activated for the emergency response to a Code Grey emergency to keep key operations of the Home functioning:



Incident Commander

The **Charge Nurse** by default is the Incident Commander for Code Grey emergencies until the **Executive Director/Administrator** is available and onsite in which case the **Executive Director/Administrator** or assumes the Incident Commander Role. The Incident Commander is responsible for the following:

- Ensuring that “CODE GREY” is called over the intercom system.
- Establishing contact with the **Essential Service Company** that provides the essential service to the Home that was lost/interrupted/affected.
- Coordinating the command and communication staff and developing/implementing alternative plans for maintaining operations in the Home if necessary.
- Coordinating/delegating communications to all Staff, volunteers, students, residents/SDMs/families and resident/family council and media (if applicable).
- Declaring when the Code Grey emergency is over and calling “CODE GREY ALL CLEAR” over the intercom system.

Command and Coordination Staff

Scriber

- The **Office Manager** is designated as the scriber who takes notes and minutes of the Home's coordinated emergency response to the Code Grey.

Environmental Services

The **Environmental Services Lead** for the Home is responsible for the following:

- In coordination with the **Essential Service Company**, assessing the environmental impact of the loss of the essential service(s) on the Home's operations services that are necessary for providing a safe and secure Home and resident care and communicating recommendations for a response to the **Incident Commander**. The assessment and recommendation will depend on the type of essential service lost which may affect any of the following: laundry service, toilets, showers/bathing, food service, fluids provision, HVAC heating and cooling, clinical documentation and resident safety.

Dietary

The **Dietary Manager** is responsible for:

- Coordinating with the **Incident Commander** and the **Environmental Services Lead** to develop and implement alternative plans for meeting the nutritional and hydration needs of residents if essential service(s) loss affects food and fluid provision to residents.
- Coordinates with **Supplies and Logistics** the distribution of food and fluids from stockpiles for residents.

Resident Care

The **DOC** and **Medical Director** are responsible for:

- Maintaining continuity of resident care during any loss of essential service(s) affecting the Home.

Supplies and Logistics

The **Director of Care (DOC) and Associate Director of Care (ADOC)** are responsible for communicating to, and coordinating with, each of the following roles tasked with maintaining stockpiles of emergency supplies:

- **The IPAC Lead**
  Hand Hygiene Products
  Personal Protective Equipment (PPE)
- **The Environmental Services Manager**
  Cleaning Supplies
- **Food and Nutrition Manager**
  Food and Fluids
- **DOC/ADOC/RN**
  Medications

Staff, Volunteers and Students

- All **staff** are responsible for communicating the discovery of a Code Green emergency and for enacting the emergency plan.
- **Volunteers and students** who discover an emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks within the scope of their role but are not responsible for managing the emergency.

External Entity: Essential Services Company

The **Essential Services Company** is determined by the type of essential service that is affected during the Code Grey emergency. The Essential Services Company is responsible for:

- Responding to any communications from IMT regarding the essential service that is affected during the Code Grey.
- Working to resolve/restore the essential service to the Home if it is within the company's power to do so.
- Meeting all terms of service outlined in the service contract with the Home.

External Emergency Service: Local Fire Department

- Responding to 911 calls regarding Code Grey emergencies that have the potential to affect human health and safety (e.g. gas leaks, carbon monoxide leaks, floods, etc.).

External Emergency Service: Emergency Medical Services (EMS)

- Responding to 911 calls regarding Code Grey emergencies that have affected human health (e.g. gas leaks, carbon monoxide leaks, floods, etc.).

Communications Plan

Communication at the Beginning of the Emergency

The Incident Commander establishes communication with the IMT and external entities. Emergency communications equipment is activated if the Code Grey has affected communication lines.

Communication During the Emergency

Communication between the IMT, Incident Commander and external entities is maintained throughout the course of the Code Grey emergency. The Incident Commander ensures ongoing communication is provided to all staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils regarding the status of the Code Grey.

Communication at the End of the Emergency

The IMT maintains communication and the Incident Commander ensures debriefing communication is provided to staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils.

Emergency Response Procedure

Upon Discovering a Loss of Essential Service(s)

The initial response to a Code Grey emergency depends to some extent on the type of Code Grey with some types of emergencies requiring a more urgent response due to the risk it poses to human health and safety within the Home. Follow the procedure for when a Code Grey emergency is discovered, then proceed to the next step in the procedure for responding to the specific type of Code Grey emergency.

Natural Gas Leaks

- If you smell natural gas, call “CODE GREY” over the intercom system.
- Call 911 immediately to contact the Fire Deprtment.
- Contact the Incident Commander to activate the IMT.
- Call CODE GREEN STAT over the intercom system and activate the plan for CODE GREEN STAT (Immediate Evacuation).
- The Incident Commander contacts the contracted local Natural Gas service provider immediately.

Carbon Monoxide Leaks

- If the alarm for a carbon dioxide is activated, call “CODE GREY” over the intercom system.
- Call 911 immediately to contact the Fire Department.
- Contact the Incident Commander to activate the IMT.
- Call CODE GREEN STAT over the intercom and activate the plan for CODE GREEN STAT (Immediate Evacuation).
- The Incident Commander contacts the contracted natural gas company for the Home immediately.

Water Leak/Flooding

- If you discover a water leak, evacuate the immediate area of the leak, find and shut off the water main for the Home and call “CODE GREY” over the intercom system.
- Contact the Incident Commander to activate the IMT.
- If the water leak has led to flooding in the Home find and shut off the water main for the Home. Evacuate the immediate area of the flooding. If flooding has affected a large area or presents high risk to residents and staff, call CODE GREEN over the intercom and activate the plan for CODE GREEN (Evacuation).
- Call 911 immediately.
- The Incident Commander contacts the Home’s municipal water company immediately.

Boil Water Advisory

- If the local Public Health Unit issues a Boil Water Advisory, call “CODE GREY” over the intercom system.
- Contact the Incident Commander to activate the IMT.

Electrical Outage

- If the Home experiences an electrical power outage, backup generators will engage to keep power to the Home running. If the backup power generators have been activated call “CODE GREY” over the intercom system.
- If the backup generator fails to engage or if the backup power is inadequate to cover the essential areas and operations of the Home, call “CODE GREY” over the intercom system and contact the Incident Commander to activate the IMT and proceed to the response step.
- If the backup generator or main electrical power cannot be restored in a reasonable time frame during months of severe hot or cold weather to the point that a delay poses a risk to resident health, a CODE GREEN STAT must be called to evacuate the residents to safety.

External Air Exclusion

- Call “CODE GREY” over the intercom system.
- Report immediately to the Incident Commander who will coordinate with the Environmental Services Lead to shut off the HVAC system.

Mechanical Failure of HVAC, Food Production Equipment or Laundry Equipment

- Call “CODE GREY” over the intercom system.
- Contact the Incident Commander to activate the IMT.

Staff IT/Internet Outage/Cyberattack

- Call “CODE GREY” over the intercom system.
- Contact the Incident Commander to activate the IMT.
- The Incident Commander contacts the IT company (ManagePoint) and the Internet Service Provider for staff IT.
- If a cyberattack occurs, the Incident Commander contacts the Privacy Officer (VP of Operations) immediately and follows all Privacy and Confidentiality Policy and Procedures.

Assess the Impact to Home Operations, Services and Resident Care

- The Incident Commander consults with the Essential Service Company and the Command and Coordination Staff to assess the impact of the Code Grey on the Home’s operations, services and resident care.

- If at any point it is determined that residents/staff are at risk by remaining in the Home as a result of the Code Grey, call “CODE GREEN STAT” over the intercom and activate the plan for CODE GREEN STAT (Evacuation).

Response Guidelines

The IMT organizes and implements a response according to the type of Code Grey divided by the functions of the command and coordination staff:

Natural Gas Leak

Incident Commander

Evacuate the Home until the Fire Department determines the emergency is over.

Carbon Monoxide Leak

Incident Commander

Evacuate the Home until the Fire Department determines the emergency is over.

Boil Water Advisory

Incident Commander

- Ensure the boil water advisory is communicated to all departments of the Home.
- Ensure signage is posted at the entry to the Home and at all water taps/sources in the Home.

Environmental Services

- For Home cleaning, use boiled water only if needed.
- Laundry service using municipal water is safe - consult with boil water advisory to check for any alternative instructions.

Dietary

- Shut off all appliances that use tap water including any drink machines and ice making machines.
- Bottled water must be provided in place of tap water for resident drinking water.
- Discard any food products that may have been contaminated just prior to the boil water advisory notice.
- Switch to using disposable dishes and cutlery.

Resident Care

- Use bottled water for brushing teeth.
- Boiled and cooled water must be used for all bathing/showering of residents. Disposable wet clothes may also be used for washing.
- Disconnect any medical equipment from the municipal water main.
- If using water for skin wounds, use only bottled water or water that has been boiled and cooled.

Supplies and Logistics

- Stockpile and distribute adequate supplies of bottled water to residents.

Electrical Outage

Incident Commander

- If the backup generator is functional, continue to use backup power generators until the electrical outage is resolved. The number of hours/days that the backup generator can supply power to the Home must be known by the Incident Commander and will be used to calculate any further contingencies. Assess any areas of the Home not covered by the backup power generator.
- If at any time the backup power generators fail, run out of power, or if the existing backup generator cannot support areas such as resident care, cold storage of food and equipment for food production, cold storage of medications/vaccines and laundry equipment, and Home access point monitoring, a backup power generator company will be contacted to provide portable backup generator power to areas such as resident care, kitchen equipment and laundry equipment.
- Until the portable generator company arrives to the Home, the Incident commander must coordinate with the relevant department leads to implement operational plans for providing adequate care, food and medications and laundry services to residents until power is restored. Nursing and Personal Care staff must monitor the doors leading to the outside of the Home.
- Operational plans may include relying on emergency supplies for food/fluids, medications, etc., utilizing outside food/fluid, medication and laundry services. The timing of the elements and escalation of the operational plan will be determined by how long the Home can sustain essential services based on the amount of emergency supplies available to the Home which should be at a minimum of **72 hours**. The Incident Commander must contact the contracted electrical company to determine how long it will take to restore power as part calculating the necessary timing and escalation of the operational plan.

- If at any time the risk to resident/staff, volunteer and student health is high call a “CODE GREEN STAT” and evacuate the Home.

External Air Exclusion

- Ensure that the HVAC ventilation system is shut down to prevent outside air from entering the Home.
- If at any time the risk to residents/Staff, volunteers and students is high due to lack of HVAC service call “CODE GREEN” over the intercom system and evacuate the Home.

Mechanical Failure of HVAC, Food Production Equipment or Laundry Equipment

- The Incident Commander consults with contracted the service repair company to determine length of time that Home will be without service of the equipment and plans accordingly.
- If HVAC fails during months of extreme cold or extreme heat, assess the risk to residents/Staff, volunteers and students and call a “CODE GREEN STAT” over the intercom system and evacuate the Home if indicated.
- For food production or laundry equipment failure, the Incident commander will consult with Environmental Services Lead and Dietary to organize and implement alternative plans for delivering these services to residents until the equipment is repaired/replaced.

Staff IT/Internet Outage/Cyberattack

Incident Commander

- The Incident Commander consults with IT/Internet company to determine when service will be restored.
- Report any information security and privacy incidents to the Privacy Officer (VP, Operations).
- Utilize emergency communications equipment if phone lines are down.

Resident Care

- Switch to using paper-based charting until IT/Internet service is restored.

When the Emergency is Declared Over

- Based on consultation with external emergency service providers and external essential service companies the Incident Commander declares the emergency

over and calls “CODE GREY ALL CLEAR” over the intercom system and the recovery phase begins.

RECOVERY PHASE

Debriefing of Residents, SDMs, Staff, Volunteers, Students and Visitors

The incident Commander organizes debriefing communications for all affected Staff, volunteers and students of the Home. The Incident Commander also organizes debriefing communications for any affected residents/SDMs/families, students, volunteers and visitors in coordination with the DOC/ADOC and Social Workers.

How to Resume Normal Operations

Once the CODE GREY emergency has been declared over, any operations, services and resident care activities that were temporarily modified/suspended as a result of the Code Grey may be restored to pre-emergency processes/resumed.

How to Support People in the Home Who Experience Distress in a Code Grey Emergency

The Incident Commander and the Resident Care function coordinate with Resident Care staff to assess the mental and physical impact of the CODE GREY on residents. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any residents who have experienced distress due to the Code Grey emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.

EMERGENCY RESPONSE PHASE

Code Orange (External Community Disasters and Natural Disasters)

Code Orange Definition

A Code Orange is defined as any external community disaster or natural disaster.

- Community disasters are human-caused incidents and include radiological, chemical, biological or nuclear disasters, mass casualty incidents such as multiple vehicular accidents, train derailment/collision, plane crashes or other large-scale human-caused disasters.
- Natural disasters are naturally occurring incidents and include lightening, thunderstorms, blizzards, floods, extreme heat, extreme cold, tornados, earthquakes, etc.

A Code Orange may result in the need to transform the Home into an emergency shelter for any people external to the Home who are affected by the disaster. A Code Orange may also result in or a loss of essential services in the Home in which case a CODE GREY is called.

Plan Activation

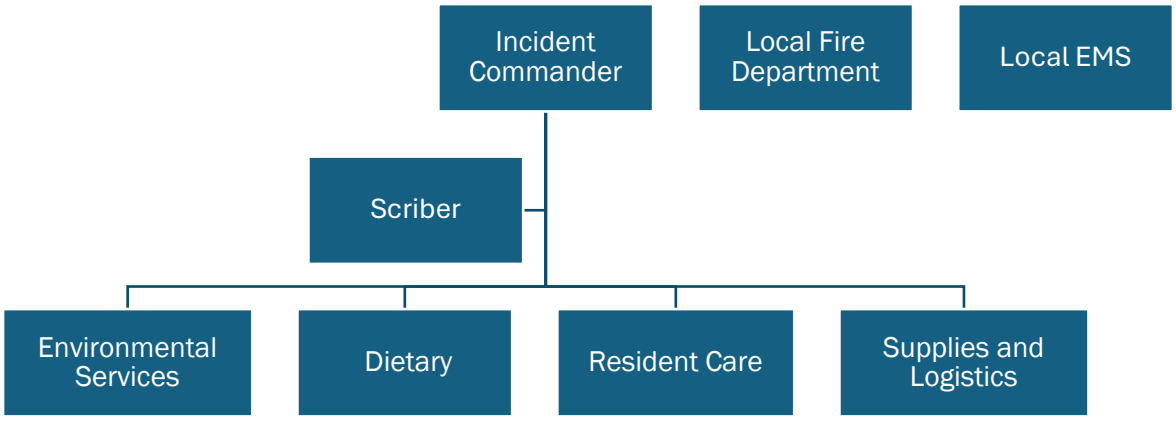
Who or Which Entity Declares there is a Code Orange Emergency

Any staff member, volunteer or student who discovers a Code Orange emergency declares the emergency.

Who or Which Entity Declares that the Code Orange Emergency is Over

The Incident Commander declares when the Code Orange emergency is over.

Lines of Authority, Roles and Responsibilities



Incident Commander

The **Charge Nurse** by default is the Incident Commander for Code Orange emergencies until the **Executive Director/Administrator** is available and onsite in which case the **Executive Director/Administrator** assumes the Incident Commander Role. The Incident Commander is responsible for the following:

- Ensuring that “CODE ORANGE” is called over the intercom system.
- Coordinating the command and communication staff and developing/implementing alternative plans for maintaining operations in the Home if necessary.
- Coordinating/delegating communications to all Staff, volunteers, students, residents/SDMs/families and resident/family council and media (if applicable).

- Declaring when the Code Orange emergency is over and calling “CODE ORANGE ALL CLEAR” over the intercom system.

Command and Coordination Staff

Scriber

- The **Office Manager** is designated as the scriber who takes notes and minutes of the Home’s coordinated emergency response to the Code Orange.

Environmental Services

The **Environmental Services Lead** for the Home is responsible for the following:

- In coordination with the **Essential Service Company**, assessing the environmental impact of the loss of the essential service(s) on the Home’s operations services that are necessary for providing a safe and secure Home and resident care and communicating recommendations for a response to the **Incident Commander**.

Dietary

The **Dietary Manager** is responsible for:

- Coordinating with the **Incident Commander** and the **Environmental Services Lead** to develop and implement alternative plans for meeting the nutritional and hydration needs of residents if essential service(s) loss affects food and fluid provision to residents.
- Coordinates the distribution of food and fluids from stockpiles for residents with **Supplies and Logistics** if needed.

Resident Care

The **DOC** and **Medical Director** are responsible for:

- Maintaining continuity of resident care during a Code Orange.

Supplies and Logistics

The **Director of Care (DOC) and Associate Director of Care (ADOC)** are responsible for communicating to, and coordinating with, each of the following roles tasked with maintaining stockpiles of emergency supplies:

- **The IPAC Lead**
  Hand Hygiene Products
  Personal Protective Equipment (PPE)
- **The Environmental Services Manager**
  Cleaning Supplies
- **Food and Nutrition Manager**
  Food and Fluids
- **DOC/ADOC/RN**
  Medications

Staff, Volunteers and Students

- All **staff** are responsible for communicating the discovery of a Code Green emergency and for enacting the emergency plan.
- **Volunteers and students** who discover an emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks within the scope of their role but are not responsible for managing the emergency.

Communications Plan

Communication at the Beginning of the Emergency

The Incident Commander establishes communication with the IMT and external entities.

Communication During the Emergency

Communication between the IMT, Incident Commander and any external entities is maintained throughout the course of the Code Orange emergency. The Incident Commander ensures ongoing communication is provided to all staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils regarding the status of the Code Orange.

Communication at the End of the Emergency

The IMT maintains communication and the Incident Commander ensures debriefing communication is provided to staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils.

Emergency Response Procedure

Upon Discovering an External Community Disaster/Natural Disaster

- Call “CODE ORANGE” over the intercom system.
- Notify the Incident Commander who will organize the IMT.

If the Home is to be Used as an Emergency Shelter for External People

- The Incident Commander will direct the command and coordination staff to organize the influx of external people to the Home and will also re-organize the Home to act as an emergency shelter.

If Home Operations, Services or Resident Care is Directly Affected by the Disaster

- If at any point the external disaster directly affects the essential services of the Home, call “CODE GREY” over the intercom system and activate the Code Grey plan.
- If at any point there is high risk to Home operations or resident care as a result of the external disaster, call “CODE GREEN STAT” and activate the Code Green plan.

When the Emergency is Declared Over

- Based on consultation with external emergency service providers, the Incident Commander declares when the emergency is over and calls “CODE ORANGE ALL CLEAR” over the intercom system.

RECOVERY PHASE

Debriefing of Residents, SDMs, Staff, Volunteers, Students and Visitors

The Incident Commander organizes debriefing communications for all affected Staff, volunteers and students of the Home. The Executive Director/Administrator also organizes debriefing communications for any affected residents/SDMs/families in coordination with the DOC/ADOC and Social Workers.

How to Resume Normal Operations

Once the Code Orange emergency has been declared over, the Incident Commander in consultation with the command and coordination staff assist with making arrangements for transferring any external people from the Home back to their place of residence. If Code Grey and/or Code Green were called also, follow the recovery plan outlined in those plans. Any operations, services and resident care activities that were modified/suspended may be restored to pre-emergency processes/resumed.

How to Support People in the Home Who Experience Distress in a Code Orange Emergency

The Incident Commander and Resident Care function coordinates with Resident Care staff to assess the impact of the Code Orange on the mental and physical health of any affected residents. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any residents who have experienced distress due to the Code Orange emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.

EMERGENCY RESPONSE PHASE

Outbreaks/Epidemics/Pandemic

Outbreak/Epidemic/Pandemic Definitions

- An outbreak is defined as an increase in cases of communicable disease beyond what is normally expected within a given time frame, including respiratory infections, gastrointestinal infections and any other infectious diseases.
- An epidemic is an outbreak that disproportionally affects a large group of individuals within a given population, community or region at the same time and may last for several months.
- A pandemic is defined as an epidemic that has spread to the level of entire countries or the entire world and may last around 18 months or more.
- There is currently no official emergency code designated for outbreaks/epidemics/pandemics.

IMPORTANT NOTE: The following Emergency Response Phase applies to outbreaks, epidemics and pandemics by use of the combined term “Outbreak/Epidemic/Pandemic” where indicated. While it is acknowledged that outbreaks are markedly different from epidemics and pandemics in scale and intensity, this Emergency Response Phase was developed using a basic structure designed to apply to all three possibilities with the caveat that the same measures taken for outbreaks would be intensified, scales up, and prolonged for epidemics and pandemics and/or partial or entirely modified by protocols, plans, directives or orders issued by Public Health, Ministry of Health, Provincial strategy under the Ontario Emergency Management and Civil Protection Act (EMCPA) and National strategy under the Federal Quarantine Act the details of which cannot be

known ahead of time. Hence the use of single Response Plan Phase for Outbreaks/Epidemics/Pandemics.

Plan Activation

Who or Which Entity Declares There is an Outbreak/Epidemic/Pandemic

The Public Health Unit declares outbreaks. Epidemics and Pandemic would be communicated by the Ministry of Health in coordination with Public Health.

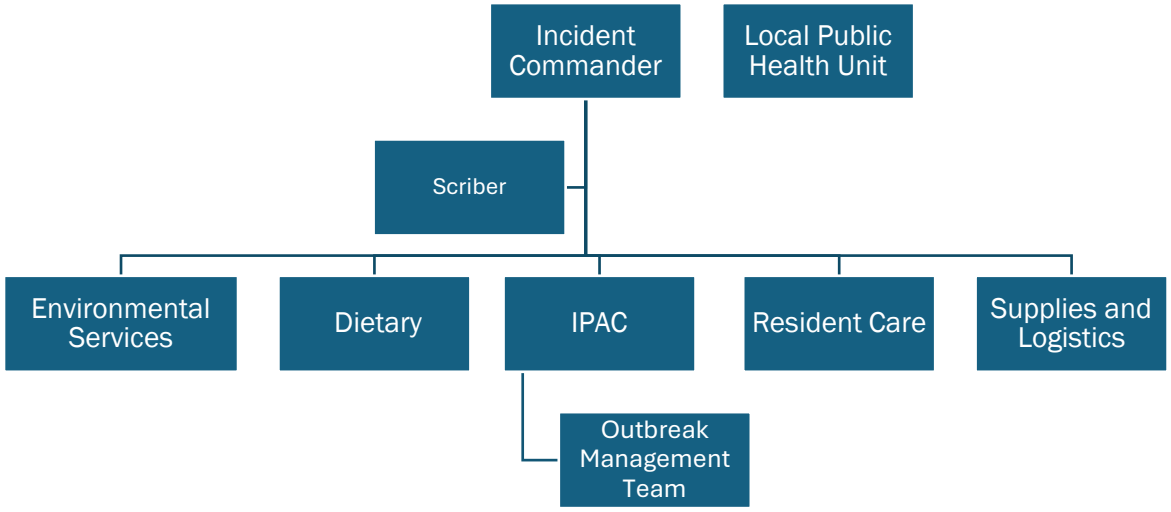
Who or Which Entity Declares that the Outbreak/Epidemic/Pandemic is Over

The Public Health Unit declares the end of an outbreak. Ministry of Health in coordination with Public Would declare the end of an Epidemic or Pandemic.

Lines of Authority, Roles and Responsibilities

Incident Management Team (IMT) Structure for Outbreaks/Epidemics/Pandemics

The following IMT structure may be activated for the emergency response to an outbreak/epidemic/pandemic to keep key operations functioning. Note that the Outbreak Management Team is led by the IPAC Lead of the home as a functional subunit within the IMT.



Incident Commander

The **Charge Nurse** by default is the Incident Commander for outbreaks/epidemics/pandemics until the **Executive Director/Administrator** is available and onsite in which case the **Executive Director/Administrator** assumes the Incident Commander Role. The Incident Commander is responsible for the following:

- Implements the Outbreak Emergency Response Plan in the Home with support and direction from IPAC Lead and Public Health Unit.
- Coordinates the following command and coordination staff:
  - Environmental Services
  - Dietary
  - IPAC
  - Resident Care
  - Supplies and Logistics
- Participates in planning and coordination with the Outbreak Management Team.
- Implements latest directives regarding admissions and resident returns.
- Coordinating/delegating communications to all staff, volunteers, students, residents/SDMs/families and resident/family council and media (if applicable).

Command and Coordination Staff

Scriber

- The **Office Manager** is designated as the scriber who takes minutes of all IMT meetings and all major developments in the Home's emergency response to outbreaks/epidemics/pandemics.

Environmental Services

The **Environmental Services Lead** for the Home is responsible for the following:

- Ensure the outbreak/epidemic/pandemic status and IPAC best practices transmission-based protocols are communicated to all housekeeping, maintenance and laundry staff as directed by the Incident Commander/OMT/IPAC lead.

Dietary

The **Dietary Manager** for the Home is responsible for the following:

- Ensure the outbreak/epidemic/pandemic status and IPAC best practices transmission-based protocols are communicated to all Dietary Services staff and implemented as directed by the Incident Commander/OMT/IPAC lead.

IPAC

The **IPAC Lead** in coordination with the **Public Health Unit** is responsible for the following:

- Report all suspected and confirmed cases of communicable infectious diseases to the Public Health Unit.
- Liaise with Public Health Department and communicate outbreak/epidemic/pandemic declaration to the Outbreak Management Team (OMT) and Incident Commander.
- Provide recommendations, directions and advice to the Incident Commander for the implementation of all IPAC best practices transmission-based protocols recommended by Public Health, the OMT and based on the expertise of the IPAC lead.

Resident Care

The **Director of Care (DOC) and Medical Director** are responsible for the following:

- Ensure the outbreak/epidemic/pandemic status and IPAC best practices transmission-based protocols are communicated to all Dietary Services staff and implemented as directed by the Incident Commander/OMT/IPAC lead.

Supplies and Logistics

The **Director of Care (DOC) and Associate Director of Care (ADOC)** are responsible for communicating to, and coordinating with, each of the following roles tasked with maintaining stockpiles of emergency supplies:

- **The IPAC Lead**
  Hand Hygiene Products
  Personal Protective Equipment (PPE)
- **The Environmental Services Manager**
  Cleaning Supplies
- **Food and Nutrition Manager**
  Food and Fluids
- **DOC/ADOC/RN**
  Medications

Outbreak Management Team (OMT)

Outbreaks are monitored and managed through the coordinated effort of the OMT which meets daily during the course of the outbreak/epidemic/pandemic. The infection control program includes, but is not limited to: sanitation practices, monitoring and surveillance, outbreak management protocols, implementation of outbreak policies and procedures, legislated requirements and education and consultations with health authorities. Applicable infection prevention and control (IPAC) practices are reviewed and implemented as appropriate to prevent further transmission amongst residents and staff.

Membership:

- Infection Control Lead
- Executive Director/Administrator (Incident Commander)
- Medical Advisor
- Department Managers
- Public Health Representative (NOTE: may not attend meetings if outbreak is controlled or near completion)

The Outbreak Management Team is responsible for the following:

- Facilitate early communication of outbreaks/epidemics/pandemics within the Home in coordination with the local Public Health Unit and Ministry of Health.
- Advise the Incident Commander of all outbreak management Plans, protocols and updates and ensure that recommendations from Public Health Unit are implemented.

- Monitor and surveil case counts including the on-going assessment of residents/staff for potential inclusion in the line-list.
- Implement protocols and ongoing recommendations from Public Health.

External Emergency Provider: Public Health Unit

The local **Public Health Unit** is responsible for the following:

- Enacting legislative authority to declare the start and end of an outbreak.
- Coordinating with the Medical Officer of Health, Incident Commander, IPAC Lead and Outbreak Management Team of the Home.
- Assisting in epidemiological investigation of outbreaks.
- Monitoring specimen analysis and recommend IPAC best practices transmission-based protocols.
- Inspect areas and observe practices and processes.
- Follow up contacts in the community as necessary.

Staff, Volunteers and Students

- All **staff** are responsible for communicating the discovery of an outbreak emergency and for enacting the emergency plan.
- Volunteers and students may be asked by staff to assist with certain tasks but are not responsible for enacting or managing the emergency plan.

Communications Plan

Communication at the Beginning of Outbreak/Epidemic/Pandemic

When an outbreak is declared by the local Public Health Unit and the Emergency Response Plan is activated, communication among the IMT and residents/substitute decision makers (SDMs)/families keeps everyone informed and updated to ensure the proper actions are taken to mitigate the outbreak. Visitor screening and check-in is enacted as per visitor policy and signage is posted in the Home providing notification of the outbreak/epidemic/pandemic.

Communication During Outbreak/Epidemic/Pandemic

Ongoing communication between the IMT and the residents/SDMs/family is vital to outbreak/epidemic/pandemic management and for ensuring that all relevant stakeholders follow all transmission-based precautions/protocols that are necessary to control and eliminate the communicable disease from the Home.

Communication at the End of Outbreak/Epidemic/Pandemic

Communication at the end of an outbreak begins once the Public Health Unit declares the outbreak is over to the IPAC Lead/Outbreak Management Team who then communicates this information to the Incident Commander. The IPAC Lead/Outbreak Management team communicates recommendations for the suspension of any transmission-based precautions/protocols to the Incident Commander who then communicates and implements these changes to the Home. Visitor screening and check-in and signage is modified accordingly. The Incident Commander coordinates debriefing for Staff, volunteers, students and residents/SDMs/families and resident/family council.

Emergency Response Procedure

Determining an Outbreak

- The ongoing pre-emergency role of the IPAC Lead is to continuously monitor and report all suspected and confirmed cases of infectious disease to the Public Health Unit.
- The responsibility of the Public Health Unit is to analyze all reported cases and make the determination as to whether an outbreak exists. Once the determination is made, the Public Health Unit declares an outbreak.

Upon Declaration of an Outbreak

IPAC Lead

- Upon Public Health declaring an outbreak, notify the Incident Commander who will establish communication with the IMT.
- Assemble and chair the OMT and ensure that meetings take place daily until the outbreak is declared over.
- Perform outbreak best practices audit within 24 hours of declaration of an outbreak.

Limit Visitors to Essential Caregivers

Incident Commander

- Prohibit general visitors from all non-essential visits to residents within the outbreak area for the duration of the outbreak.

- Essential caregivers/visitors should be directed to the reception desk prior to visiting residents.
- Ensure that signage is in place, that visitors to home sign into log book and that visitor restrictions are communicated. Report any violations of protocol to IPAC lead.
- Ensure essential caregivers/visitors are educated on the potential risk of exposure when visiting a symptomatic resident. If an essential caregiver/visitor is symptomatic, they are recommended not to enter the setting.
- Ensure essential caregivers/visitors visiting symptomatic residents wear appropriate PPE (mask, gown, gloves, appropriate eye protection, depending on symptoms) according to precautions in place and perform hand hygiene with an alcohol-based hand rub before donning and doffing PPE.
- Ensure all donning and doffing procedures and use of appropriate alcohol-based hand rub are reviewed with essential caregivers and visitors.

Implement Masking, Additional PPE and Hand Hygiene

Incident Commander

- At the recommendation of Pubic Health and the OMT, implement masking for all Staff, volunteers and students within the Home in the suspected outbreak area at minimum, but this may be expanded to universal masking at the recommendation of Public Health and the OMT.
- Implement requirements for social distancing for Staff, students and volunteers as recommended by Public Health and the OMT.
- Implement requirements for use of additional PPE for Staff, students and volunteers as recommended by Public Health and the OMT.
- Implement increased auditing and training of hand hygiene practices as recommended by Public Health and the OMT for Staff, students and volunteers.

IMT Activities and Department Modifications

Incident Commander

- Coordinate implementation of all other IPAC best practices transmission-based protocols with communication and coordination staff and other affected departments based on OMT recommendations.
- Assesses risks to residents, staff, volunteers and students and supplies daily, escalating to VP of Operations as needed.

- Handle all general inquiries from residents, SDMs, families, resident/family council, ensuring that approved information is communicated consistently and accurately.
- Implement additional IPAC measures for unvaccinated or otherwise non-protected individuals, including antiviral prophylaxis requirements, reassignment, exclusion from affected areas, or temporary work restrictions, in accordance with applicable public health guidance, outbreak management requirements, and associated IPAC policies.

IPAC Lead

- Ensure all outbreak protocols are in place, continually assessing the outbreak protocol and make any changes as necessary.
- Monitor the use of all outbreak/epidemic/pandemic signage.
- Oversee the management of symptomatic residents and Staff, volunteers and students as part of the emergency response plan.
- Oversee the Cohort Plan for residents and Staff, volunteers and students as part of the emergency response plan.
- Monitor that signs and symptoms for residents and Staff, volunteers and students are properly recorded on line listing and review at least daily.
- Collect and report outbreak/epidemic/pandemic metrics to daily IMT meetings.
- Provide daily updates to local Public Health Unit and clear cases with local Public Health Unit.
- Conduct audits of hand hygiene, PPE, screening, surveillance/line list and laundry practices.
- Ensure that the outbreak investigation checklist is completed and minutes of each meeting are recorded including follow-up to identified actions.
- Arrange any laboratory transportation.
- Identify and address any training needs for Staff, volunteers and students related to the outbreak.
- Ensure that any death attributed to the outbreak is identified as a coroner's case.
- Monitor the completion of any required reports.

Outbreak Management Team

- Ensure daily communication between the home and the Public Health Unit.
- Recommend to Incident Commander any specific communications that are to be delivered to residents, SDMs, families, Staff, volunteers and students regarding the outbreak/epidemic/pandemic.

- Review line listing for residents and Staff, volunteers and students and determine if cases on line listing meet the definition provided by health authorities.
- Confirm and review ongoing numbers of cases for residents and Staff, volunteers and students, including dates of onset.
- Review all infection control measures and ensure ongoing surveillance and infection control.
- Review posting of appropriate signs and their placement and ensure implementation.
- For influenza outbreaks, discuss antiviral prophylaxis/medication with staff, volunteers and students exclusion.
- Review collection of specimens as recommended by health authorities.
- Complete all Outbreak Management record keeping (checklists, forms, etc.)
- Ensure sufficient PPE and supplies of appropriate cleaning/disinfectant solutions are available in the Home through consultation with Supplies and Logistics.
- Evaluate laboratory reports if available.

Environmental Services

- Suspend or postpone non-essential environmental services and processes.
- Increase cleaning requirements and schedule in outbreak areas, including implementing an increased cleaning/disinfection schedule for high-touch surface areas.
- Supply approved chemicals that are effective against the viral agent to front line team.
- Conduct weekly audits for cleaning products and cleaning protocols.
- Educate housekeeping staff on PPE requirements for cleaning rooms with probable or confirmed cases in collaboration with Home-specific IPAC lead or corporate IPAC lead.
- Reinforce need for frequent handwashing to all Staff, volunteers and students.
- Increases garbage pickup to twice per week.

Dietary

- Symptomatic residents or those on additional precautions receive tray meal service in their rooms, where possible.
- Implement modifications to menus following at the direction of the OMT.
- Implement Outbreak/Epidemic/Pandemic Menu when:

  - Dietary Services staffing levels are not sufficient to execute two menu choices and/or extreme staff shortage means use of ready-to-serve products are needed.
  - Public Health Directive is issued to implement tray service and use individually portioned beverages, snacks, etc.
  - Conduct audits of residents requiring meal assistance and any diet adjustments that may be required as recommended by Registered Nurse.
- Follow all IPAC lead recommendations for suspected foodborne illness if outbreak/epidemic/pandemic is identified as food borne.
- Consult with IPAC Lead who will in turn consult with public health regarding submission of food samples for microbiological testing where indicated.
- Transform all dietary department protocols for menu and meal service delivery in response to outbreak/epidemic/pandemic conditions in the home.
- Conduct audits weekly to ensure adherence to IPAC protocols with Dietary team, including:
  - Audits of Food Package Delivery & Disinfecting
  - Audits of Tray Delivery & Pickup
  - Audits of Cooks and Team Members Preparing Food

Resident Care

- Restrict admissions and resident leaves of absence if indicated by Incident Commander/OMT.
- Discontinue any non-essential specialists/services, and ensures all essential services continue for resident care.
- Review resident health status and IPAC best practices transmission-based protocols with Staff, volunteers and students each shift.
- Ensure Registered Nursing staff implement contact, droplet or airborne precautions and isolation of any affected residents and informs IPAC lead, DOC or ADOC.
- If any residents are placed in isolation, ensure resident's SDM/family are notified.
- Ensure all staff, volunteers and students use appropriate donning/doffing of PPE, maintain physical distancing and hand hygiene.
- Ensure all staff, volunteers and students perform a point-of-care risk assessment before any resident interaction.
- Ensure essential care is maintained under all circumstances.
- Work with staff, volunteers and students to follow recommendations to promote mental health and well-being.
- Collect specimens to identify causative organisms and report results promptly.

- Complete line-listing reports accurately and fully and communicate new cases promptly.
- Notify any outside facility to which an affected resident is transferred of outbreak status and transmission-based precautions.
- Restrict staff, volunteer and student movement between units as much as possible to achieve proper cohorts.
- Ensure there is no interaction between the affected unit(s) and participants in non-affected unit(s).
- Conduct regular audits.

Life Enrichment

- Discontinue group outings from the affected units and if facility wide outbreak, restricting meetings or activities in the entire facility.
- Restrict visits by outside groups, such as entertainers, volunteer organizations, and community groups.
- Virtual/essential visitors where possible.
- Share visitor screening records with IPAC lead/local Public Health Unit.
- Limit recreation activities to 1:1 in any outbreak area with Staff, volunteers and students wearing appropriate PPE.

Process to Manage Symptomatic Residents and Staff, Volunteers and Students

Managing Symptomatic Residents

If a resident fails screening or presents symptoms compatible with the infectious disease outbreak/epidemic/pandemic, the following steps must be taken immediately:

- IPAC Lead to assist home area in placing residents on contact, droplet or airborne precautions.
- IPAC Lead to inform Leadership Team.
- IPAC Lead to contact the local Public Health Unit.
- If IPAC Lead unavailable, On-Call Manager to contact the local Public Health Unit.
- Symptomatic residents are recommended to stay within their rooms and receive any treatments in their rooms. Symptomatic residents will be isolated until resolved.
- Symptomatic residents may attend medically necessary appointments and are recommended to wear a mask.

- Asymptomatic residents are free to participate in daily activities during an outbreak/epidemic/pandemic, however, for probable high-risk exposures to any resident, it is recommended to isolate additional residents as a precautionary measure.
- Follow instructions from Public Health regarding any required resident or team member testing.
- Implement resident and team member cohort to limit spread, according to the Cohort Plan outlined in the following section below.
- Maintain line list for all probable cases for residents, Staff, volunteers and students and send update to local Public Health Unit daily (or as directed).
- Initiate 'Hot Issue' Alert to Outbreak Management Team and the Incident Management Team and provide regular updates.
- Collect Metrics.

Managing Symptomatic Staff, Volunteers and Students

If a team member fails screening or presents symptoms compatible with the infectious disease outbreak/epidemic/pandemic, the following steps must be taken immediately:

- IPAC Lead to inform team member's supervisor, and leadership team; Team Member's supervisor to advise staff, volunteers and students member to go to their place of residence, self-isolate, and complete testing as soon as possible.
- Provide outbreak number, if applicable, to staff, volunteers and students if seeking testing outside.
- IPAC Lead to contact Public Health and Ministry of Health.
- If IPAC Lead unavailable, On-Call Manager to contact Public Health and Ministry of Health.
- IPAC Lead to conduct Contact Tracing.
- For probable high-risk exposures to any Staff, volunteers and students, it is recommended to keep Staff, volunteers and students at home in isolation as a precautionary measure or if they become symptomatic during their shift they will be sent home.
- If probable, high-risk exposure to any team member; recommend sending Staff, volunteers and students for testing and isolation while awaiting results.
- IPAC lead to work with ED or designate to notify following:
- Ministry of Labour in writing within 4 days
- Workplace joint health & safety committee
- WSIB, within 72 hours
- Where applicable, notify the union

- Follow instructions from Public Health regarding any required resident or staff, volunteer and student testing.
- Implement resident and staff, volunteer and student cohort to limit spread, according to the Cohorting Plan outlined in the following section below.
- Maintain line list for all probable cases for residents, Staff, volunteers and students.
- Initiate 'Hot Issue' Alert to Outbreak Management Team and the Incident Management Team and provide regular updates.
- Collect Metrics.

Managing Staff, Volunteers and Students Who May Have Been Exposed to an Infectious Disease

This section is derived and adapted from:

- Workforce occupational health program policy
- IPAC screening, surveillance and reporting policy

All staff, volunteers and students have a responsibility to immediately report any instances of possible exposure to infectious diseases to their supervisor/manager/occupational health staff who must in turn report this to the IPAC lead. Workforce occupational health staff (or the IPAC lead) must conduct an exposure risk assessment considering:

- Type of organism involved
- Nature and duration of the exposure
- PPE used during exposure
- Vaccination or immunity status
- Current outbreak status in the Home

The response taken will be based on the risk assessment:

Low Risk Exposure = If appropriate PPE was worn, the staff, volunteer or student may continue working but must perform self-monitoring for symptoms and must report any symptoms immediately. Masking, hand hygiene and avoiding work in other units may be recommended.

Moderate Risk Exposure = If a possible PPW breach occurred, actions may include enhanced symptom monitoring, masking while working, possible testing and limiting movement between units. Work restrictions may be considered depending on the disease.

High Risk Exposure = If exposure occurred without PPE, possible measures include temporary work exclusion, testing, monitoring for symptoms, return to work after incubation period or negative test. Public health may provide direction.

Exposed workforce members should monitor symptoms for the full incubation period, report symptoms immediately and no report to work if symptoms develop. Exposed staff, volunteers or students must not work with high-risk residents.

Shift scheduling managers must be notified of any temporary changes to staffing levels and schedules. If a confirmed case is discovered, it will be added to the surveillance line list and reported to public health.

Area of the Home Used for Isolating Residents

Each Home uses each resident's currently assigned room for isolation. A private room may be used for isolation if available.

Cohort Process for Residents, Staff, Volunteers and Students

While resident placement in isolation rooms is the preferred method of limiting transmission for contact, droplet and airborne infectious diseases, if isolation rooms are unavailable or when the number of cases exceeds the availability and feasibility of this option, resident cohorting will be utilized. Staff, volunteer and student cohorting will also be initiated for all people working with residents placed on additional precautions and for all residents with a suspected/confirmed infection. Cohorting may be initiated before laboratory confirmation when clinical or epidemiological indicators suggest an increased risk of transmission.

Residents

Residents may be grouped according to infection status or exposure risk in order to reduce opportunities for transmission. Resident cohorting decisions will consider:

- The resident's clinical condition
- Transmission characteristics of the organism
- Resident safety and quality of life
- Operational capacity of the Home

Resident cohorts may include:

- Confirmed cases of the same infection
- Symptomatic residents with suspected infection
- Exposed residents

If resident cohorting is implemented, the IPAC lead will ensure the following:

- Residents in different cohorts are separated as much as reasonably possible.
- Try to keep residents of the same gender together if possible.
- Limit 2 residents to a room where possible.
- Ensure SDM/family is notified of cohorted residents.
- Movement between cohorts is limited where necessary to reduce transmission risk.
- Signage must be added to the door of the room alerting others of the presence of an infectious disease. Equipment and supplies used for residents are dedicated to the cohort where feasible or cleaned and disinfected between uses.

Staff, Volunteers and Students

The IPAC lead may recommend staff, volunteer and student cohorting to the relevant departmental managers involved in shift scheduling and assignment. The IPAC lead should oversee cohort implementation which is designed to reduce the risk of transmission between resident groups. Staff, volunteer and student cohorting may also apply to non-clinical departments including Environmental Services, Dietary Services, etc. and where feasible. When staff, volunteers and student cohorting is implemented, the following must be considered:

- Staffing availability and operational needs
- IPAC requirements
- Safety and well-being of residents, staff, volunteers and students

When staff, volunteer and student cohorting is implemented:

- Assign to specific resident cohorts, units or areas
- Limit movement between resident cohorts during the same shift
- Minimize cross-coverage between affected and unaffected areas
- Staff, volunteers and students caring for infected residents should not provide care to non-affected resident during the same shift wherever possible
- Wherever possible, staffing assignments should progress from the lower-risk residents to high-risk residents where cross-coverage cannot be avoided.

Ongoing Surveillance and Response

All Staff, Volunteers and Students

All staff, volunteers and students monitor and report symptoms observed in residents, staff, volunteers and students to Resident Care staff and the IPAC lead for the purposes of monitoring the spread of the outbreak/epidemic/pandemic in the Home.

IPAC Lead

The IPAC Lead provides ongoing surveillance and data collection regarding infectious disease cases using line listing and reports this data to the OMT and the Public Health Unit.

Outbreak Management Team

Under the leadership of the IPAC Lead, the OMT reviews infectious diseases cases and modifies transmission based protocols and emergency response measures as needed.

Staffing Contingency Plans: Burton Manor

Administration

Executive Director – In the absence of the Executive Director, the DOC will assume control of the home.
Business Manager – In the absence of the Business Manager, Nursing Clerk will assume essential, delegated responsibilities as assigned by the ED or DOC.
Nursing Clerk – In the absence of the Nursing Clerk, nursing department will assume essential responsibilities and delegate responsibility as needed.

Registered Nurses

All efforts must be made to replace staff when an absence has been reported. There must be 1 RN in the building at all times:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift then offer staff on days/evenings/nights to work a 12 hours shift.
- If unable to cover shift contact Agency.
- If unable to cover check availability to see of there is any part time or casual RPN staff available.
- If unable to cover shift offer overtime to RPN by seniority.
- If unable to cover entire shift with RPN offer staff on days/evenings/nights to work a 12 hour shift.
- Contact Manager on Call

Things to consider:

- When there is only 1 RN in the building they act as the Facility Charge for the entire building. Have the RPN's working in office settings been reassigned. Educator, RAI, Restorative, BSO

- Is the DOC, DOCQ or ADOC able to pick up an assignment such as monitoring the dining rooms for med delivery, treatments, family calls, physician follow up

Registered Practical Nurses

All efforts must be made to replace staff when an absence has been reported:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings/nights to work a 12 hours shift.
- If unable to cover shift contact Agency – Cover with an RPN
- If unable to cover check availability to see if there is any part time or casual RN staff available.
- If unable to cover shift offer overtime to RN by seniority.
- If unable to cover entire shift with RN offer staff on days/evenings/nights to work a 12 hour shift.
- If the vacancy is on 1nd, 2nd or 3rd Floor: RN from will fill the vacancy, remaining RN will assume Facility Charge.

Things to consider:

- Have the RPN's working in office settings been reassigned. Educator, RAI, Restorative, BSO
- Is the DOC, DOCQ or ADOC able to pick up an assignment such as monitoring the dining rooms for med delivery, treatments, family calls, physician follow up

Personal Support Workers

Home Area Name: Professor Lake
Days: 06.30- 14.30 pm. 32 residents on each home area Team 1-7, Team 2-7, Team 3-6
Team 4- 6, Team 5-6
Evenings: 14.30 – 22.30 pm 32 residents on each home area Assignment 1- 6 residents
Night: 22.30-06.30 am. Assignment 1- 6 residents 2 PSW one on each floor

Home Area Name: Sunny Orchard
Days: 06.30- 14.30 pm. 32 residents on each home area Team 1-6, Team 2-7, Team 3-6
Team 4- 7, Team 5-6
Evenings: 14.30 – 22.30 pm 1- 6 residents, Team 1-6 PSW, Team 2-7, Team 3-6
Team 4- 7, Team 5-6

Night: 22.30-06.30 am- 2 PSW one on each floor

Home Area Name: Gage Park
Days: 06.30- 14.30 pm. 32 residents on each home area Team 1-6, Team 2-7, Team 3-6
Team 4- 7, Team 5-6

All efforts must be made to replace staff when an absence has been reported:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift then offer staff on days/evenings/nights to work a 12 hours shift.
- If unable to cover shift look at how assigns can change to accommodate the shortage.
- 32 Residents – Assignment 1 = 8 Residents, Assignment 2 = 8 Residents, Assignment 3 = 8 Residents, Assignment 4 = 8 Residents.
- 32 Residents – Assignment 1 = 10 Residents, Assignment 2 = 11 Residents and Assignment 3 = 11 Residents.
- All available Nursing Clerks will be pulled from their duties to assist with resident care
- All staff assigned to office type work will be utilized on the front line to assist with safety checks, tray delivery, extra cleaning.

Things to consider:

- Is one floor busier than another?
- How many residents require a 2 person transfer or assist?
- How many baths are scheduled?
- Should a PSW be brought in on the next shift to assist with providing any care that may have missed on the shift previous?
- What other staff are available in other departments? Housekeeping, laundry, front office staff, physio, activities?

Facility Charge

Registered Nurses are assigned Facility Charge by the DOC for the following shifts:

- Evenings/Nights – Monday – Friday
- Days/Evenings/Nights – Saturday – Sunday

Days: Monday – Friday:

- It is assumed the DOC is responsible for the Home and will be considered the Facility Charge.
- In the event the DOC is away from the building Facility Charge will be delegated to the Associate Director of Care.
- If the Associate Director of Care is away at the same time as the DOC, Facility Charge will be assigned by the DOC to the most senior nurse working the Day shift.
- Facility Charge may require staffing assistance, Nursing Clerks should be contacted for support.
- Office staff should be utilized to assist with communication and staffing.

Dietary

Role	Home area	Shift Schedule
Cook 1	Kitchen	6.30 am to 2.30 pm
Cook 2	Kitchen	11am to 7pm
Dietary Aide 1	Sunny Orchard	7am to 2:30pm
Dietary Aide 2	Sunny Orchard	4pm to 8pm
Dietary Aide 1	Butterfly lane	7am to 2:30pm
Dietary Aide 2	Butterfly lane	4pm to 8pm
Dietary Aide 1	Professor Lake	11:30pm to 7:00pm
Dietary Aide 1	Gage Park/Professor Lake	7pm to 12 pm
Dietary Aide 1	Gage Park	11:30am to 7:00pm

All efforts must be made to replace staff when an absence has been reported. There must always be a minimum of 2- cooks and 4 dietary aides for days and 2 dietary aide for evenings the building:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift then offer staff on days/evenings to work an extended shift.
- If unable to cover consider staff that are crossed trained to work in other departments.
- If unable to cover check availability to see of there is any part time or casual PSW staff available.
- Contact Manager on Call

Environmental

Role	Resident Home Area	Shift Schedule
Housekeeper	Butterfly Lane	8am to 4pm
Housekeeper	Gage Park	8am to 4pm

Housekeeper	Sunny Orchard	8am to 4pm
Housekeeper	Professor Lake	8am to 4pm
Housekeeper	Common Areas	8am to 4pm
Janitor 1	Common Areas	

All efforts must be made to replace staff when an absence has been reported. There must be ? in the building at all times:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover consider staff that are crossed trained to work in other departments.
- Contact Manager on Call

Things to consider:

- Identify and maintain a list of staff who are cross trained in both housekeeping and laundry. This will provide flexibility to fill shifts as needed without compromising service in either department.
- Contact staff within the list on scheduled off, to check if they are available to cover the discrepancy.
- Define a list of high-priority areas (e.g., resident rooms, bathrooms, dining rooms) that must be cleaned daily, even during staffing shortages, to maintain health and safety standards.

Laundry

Laundry Aide 1: 7am-3pm

All efforts must be made to replace staff when an absence has been reported. There must always be one staff minimum in the laundry:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover shift contact Agency.
- Contact Manager on Call

Things to consider:

- Check Availability of Part-Time or Casual Staff – Look for part-time or casual staff who may be available to cover the shift immediately.
- Offer Overtime to Full-Time Staff – Contact full-time laundry staff and offer overtime, following seniority and a rotational basis.

- Utilize Cross-Trained Staff – If no laundry staff are available, call on cross-trained staff from other departments, such as housekeeping, to handle essential laundry tasks.
- Contact Staffing Agency – If internal options are exhausted, reach out to a staffing agency for temporary support to cover the shift.
- Notify Manager on Call – Inform the on-call manager of the staffing shortage and the actions taken to ensure continued laundry operations.

Housekeeping

Role	Resident Home Area	Shift Schedule
Housekeeper	Butterfly Lane	8am to 4pm
Housekeeper	Gage Park	8am to 4pm
Housekeeper	Sunny Orchard	8am to 4pm
Housekeeper	Professor Lake	8am to 4pm
Housekeeper	Common Area	8am to 4pm
Janitor 1	Common Areas	11am to 9pm

All efforts must be made to replace staff when an absence has been reported. There must be 6 staff in the building at all times:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover consider staff that are crossed trained to work in other departments.
- If unable to cover shift contact Agency.
- Contact Manager on Call

Things to consider:

- Define a list of high-priority areas (e.g., resident rooms, bathrooms, dining rooms) that must be cleaned daily, even during staffing shortages, to maintain health and safety standards.

Maintenance

Maintenance Aide: 07:30am-03:30pm

All efforts must be made to replace staff when an absence has been reported. There must be one in the building between 07:30am to 03:30pm:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover, consider staff that are crossed trained to work in other departments.
- Contact Manager on Call

Things to consider:

- Prioritize Essential Tasks: Identify and complete the most urgent maintenance tasks first, focusing on those critical to resident safety, comfort, and regulatory requirements.
- Utilize Cross-Trained Staff: Ensure that cross-trained Staff are ready to step in when needed. Regular cross-training sessions will allow staff to cover key maintenance functions in the event of an absence.
- Maintain an Overtime Availability List: Keep a rotating list of staff willing to work overtime in emergencies. Update this weekly to ensure we have options ready for immediate response.
- Ensure Equipment and Supplies Readiness: Maintain an adequate stock of essential tools and materials to handle critical tasks if there is a delay due to reduced staffing.
- Conduct Post-Coverage Review: After any shift shortage, gather feedback from staff and review the effectiveness of our response. Adjust protocols as needed to continuously improve our contingency plan.

Life Enrichment

Home Area Name: Professor Lake- 1staff 8am to 4 pm
Home Area Name: Sunny Orchard-1 staff 8 am to 4 pm
Home Area Name: Butterfly Lane- 1 staff 8 am to 4 pm
Home Area Name: Gage Park - 1 staff 8 am to 4 pm. 1 staff 12 -8 pm
Float: 1 Staff 12-8 pm
Common Areas: 2 PT float all home areas

All efforts must be made to replace staff when an absence has been reported. There must be in the building at all times:

- Contact Manager on Call

Use of Agency Staff

Agency staff may be used for supplementing any gaps in staffing.

Staffing Contingency Plans: Henley House

Administration

Executive Director – In the absence of the Executive Director, the DOC-Operations will assume control of the home.
Business Manager – In the absence of the Business Manager, Nursing Clerk will assume essential, delegated responsibilities as assigned by the ED or DOC.
Nursing Clerk – In the absence of the Nursing Clerk, nursing department will assume essential responsibilities and delegate responsibility as needed.

Registered Nurses

Days: 0630-1430 -2 RN's (1 Lancaster,1 Float)
Evenings: 1430-2230- 2 RN's (1 Lakeside,1 Float)
Nights: 2230-0630 2 RN's (1 assigned to 1st floor-Lakeside, Lancaster, Montebello, 1 assigned to 2nd floor, Morningstar, Centennial, Woodend)

All efforts must be made to replace staff when an absence has been reported.
There must be 1 RN in the building at all times:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings/nights to work a 12-hour shift.
- If unable to cover shift contact Agency.
- If unable to cover check availability to see if there is any part time or casual RPN staff available.
- If unable to cover shift offer overtime to RPN by seniority.
- If unable to cover entire shift with RPN offer staff on days/evenings/nights to work a 12-hour shift.
- Contact Manager on Call
- If the shift cannot be covered after exhausting all available resources, the critical contingency plan must be initiated. Under this plan, the vacant unit will be covered by the nurses on duty to ensure resident safety and continuity of care. Consider scheduling an additional nurse for the subsequent shift to complete any outstanding tasks.

Things to consider:

- When there is only 1 RN in the building they act as the Facility Charge for the entire building. Have the RPN's working in office settings been reassigned Educator/RAI,Wound RN working to be reassigned

- Is the DOC or ADOC able to pick up an assignment such as monitoring the dining rooms for med delivery, treatments, family calls, physician follow up.

Registered Practical Nurses

Days: 0630-1430 -5 RPNs in total (Centennial, Woodend, Morningstar, Montebello, Lakeside)
Evenings: 1430-2230-5 RPNs in total (Centennial, Woodend, Morningstar, Montebello, Lancaster)
Nights: 2230-0630-No RPNs

All efforts must be made to replace staff when an absence has been reported:

- Check the availability to see if there is any part-time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings/nights to work a 12-hour shift.
- If unable to cover shift, contact Agency – Cover with an RPN
- If unable to cover, check availability to see if there is any part time or casual RN staff available.
- If unable to cover shift offer overtime to RN by seniority.
- If unable to cover entire shift with RN offer staff on days/evenings/nights to work a 12-hour shift.
- If the vacancy is on 1st or 2nd floor Float RN will fill the vacancy, remaining RN will assume Facility Charge.
- If the shift cannot be covered after exhausting all available resources, the critical contingency plan must be initiated. Under this plan, the vacant unit will be covered by the nurses on duty to ensure resident safety and continuity of care. Consider scheduling an additional nurse for the subsequent shift to complete any outstanding tasks

Things to consider:

- Have the RPN's working in office settings been reassigned. Educator, RAI, Wound RN if working to be reassigned
- Is the DOC, or ADOC able to pick up an assignment such as monitoring the dining rooms for med delivery, treatments, family calls, physician follow up.

Personal Support Workers

Days: 0630-1430-32 PSW's
Lakeside-4(Team 1-6 residents, Team 2-7 residents, Team 3-6 residents, Team 4-7 residents)
Lancaster-4 Team 1-7 residents, Team 2-7 residents, Team 3-7 residents, Team 4-7 residents)

Montebello-4 PSW (Team 1-6 residents, Team 2-6 residents, Team 3-6 residents, Team 4-7 residents)
Morningstar-4PSW's (Team 1-7 residents, Team 2-7 residents, Team 3-7 residents, Team 4-6 residents)
Centennial-4 PSWs (Team 1-6 residents, Team 2-7 residents, Team 3-7 residents, Team 4-7 residents)
Woodend-4PSWs (Team 1-6 residents, Team 2-7 residents, Team 3-6 residents, Team 4-7 residents)

Evenings: 1430-2230-32 PSWs
Lakeside-4 PSWs (Team 1-6 residents, Team 2-7 residents, Team 3-6 residents, Team 4-7 residents)
Lancaster-4 PSWs (Team 1-7 residents, Team 2-7 residents, Team 3-7 residents, Team 4-7 residents)
Montebello-4 PSW (Team 1-6 residents, Team 2-6 residents, Team 3-6 residents, Team 4-7 residents)
Morningstar-4PSW's (Team 1-7 residents, Team 2-7 residents, Team 3-7 residents, Team 4-6 residents)
Centennial-4 PSWs (Team 1-6 residents, Team 2-7 residents, Team 3-7 residents, Team 4-7 residents)
Woodend-4PSWs (Team 1-6 residents, Team 2-7 residents, Team 3-6 residents, Team 4-7 residents)
Nights:2230-0630- 9 PSWs (6 on each home area,2 floats plus second PSW on Montebello Unit)

All efforts must be made to replace staff when an absence has been reported:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings/nights to work a 12 hours shift.
- If unable to cover shift look at how assigns can change to accommodate the shortage(Change to 3 Teams assignment)
- All available Nursing Clerks will be pulled from their duties to assist with resident care
- All staff assigned to office type work will be utilized on the front line to assist with safety checks, tray delivery, extra cleaning.

Things to consider:

- Is one floor busier than another?
- How many residents require a 2 person transfer or assist?
- How many baths are scheduled?

- Should a PSW be brought in on the next shift to assist with providing any care that may have missed on the shift previous?
- What other staff are available in other departments? Housekeeping, laundry, front office staff, physio, activities?

Facility Charge

Registered Nurses are assigned Facility Charge by the DOC for the following shifts:

- Evenings/Nights – Monday – Friday
- Days/Evenings/Nights – Saturday – Sunday
- Days/Evenings/Nights – Statutory Holidays

Days - Monday – Friday:

- It is assumed the DOC is responsible for the Home and will be considered the Facility Charge.
- In the event the DOC is away from the building Facility Charge will be delegated to the Associate Director of Care.
- If the Associate Director of Care is away at the same time as the DOC, Facility Charge will be assigned by the DOC to the most senior nurse working the Day shift.
- Facility Charge may require staffing assistance, Nursing Clerks should be contacted for support.
- Office staff should be utilized to assist with communication and staffing.

Critical Level Contingency Plan(*Must be approved by ED/DOC***)**

- Confirm that at least one (1) RN is present in the building at all times.
- Notify the Manager on Call immediately upon confirmation that a unit cannot be staffed.
- The vacant unit will be temporarily covered by the five nurses on duty. Any staffing level below this will be covered by nursing leadership (On call clinical)
- Each nurse will be assigned specific residents from the uncovered unit to ensure clear accountability.
- Assignments must be communicated clearly during handover and documented.
- The medication pass for the uncovered unit will be divided among the five nurses on duty.
- High-risk medications (e.g., insulin, anticoagulants, narcotics) must be prioritized and double-checked per policy.
- Each nurse is responsible for documenting medications administered under their assigned residents.

Prioritization of Care

- Care activities must be prioritized as follows:
- Medication administration
- Time-sensitive treatments and assessments
- Safety checks and urgent resident needs

- Non-urgent tasks may be deferred if required

Any deferred care must be:

- Documented
- Communicated to the oncoming shift
- Addressed as soon as staffing permits

Support and Escalation

The RN in charge will oversee coordination, monitor workload, and provide clinical support and escalate concerns to the Manager on Call

Next Shift Planning

- Consider scheduling an additional nurse for the subsequent shift to:
- Complete outstanding or deferred clinical and documentation tasks
- Provide resident follow-up as needed
- .

Dietary

Role	Home area	Shift Schedule
Cook 1	Kitchen	6am to 2pm
Cook 2	Kitchen	10 am to 6pm
Dietary Aide	Montebello	7:30am to 2:30pm
Dietary Aide	Lancaster	7:30am to 3:30pm
Dietary Aide	Lakeside	7:00am to 2:30pm
Dietary Aide	Lakeside	4pm to 8pm
Dietary Aide	Woodend	7:30am to 2:30pm
Dietary Aide	Morningstar	11:30pm to 7:30pm
Dietary Aide	Centennial	12:30pm to 8:30pm
Dietary Aide	Centennial	12:30pm to 8:30pm

All efforts must be made to replace staff when an absence has been reported. There must always be a minimum of 2- cooks and 4 dietary aides for days and 2 dietary aide for evenings the building:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings to work an extended shift.

- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover shift contact Agency.
- If unable to cover check availability to see of there is any part time or casual PSW staff available.
- Contact Manager on Call

Things to consider

- In the absence of the FNM, the FSS can complete food orders, nutrition referrals, and low/moderate risk RAI MDS.
- In the absence of the FNM and FSS, the RD can complete all clinical work including all referrals and high/moderate risk RAI assessments.
- In the absence of the RD, coverage can be requested via Seasons Care to complete high risk referrals and RAI MDS with imminent deadlines.

Laundry

Laundry Aide 1: 6am-2pm
Laundry Aide 2: 4pm-9pm

All efforts must be made to replace staff when an absence has been reported. There must always be one staff minimum in the laundry:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover the entire shift, then offer staff on days/evenings to work an extended shift.
- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover shift contact Agency.
- If unable to cover check availability to see if there is any part time or casual PSW staff available.
- Contact Manager on Call

Things to consider:

- Check Availability of Part-Time or Casual Staff – Look for part-time or casual staff who may be available to cover the shift immediately.
- Offer Overtime to Full-Time Staff – Contact full-time laundry staff and offer overtime, following seniority and a rotational basis.
- Utilize Cross-Trained Staff – If no laundry staff are available, call on cross-trained staff from other departments, such as housekeeping, to handle essential laundry tasks.
- Contact Staffing Agency – If internal options are exhausted, reach out to a staffing agency for temporary support to cover the shift.

- Notify Manager on Call – Inform the on-call manager of the staffing shortage and the actions taken to ensure continued laundry operations.

Housekeeping

Role	Resident Home Area	Shift Schedule
Housekeeper	Montebello	7:30am to 2:30pm
Housekeeper	Lakeside	7:30am to 2:30pm
Housekeeper	Woodend	7:30am to 2:30pm
Housekeeper	Centennial	7:30am to 2:30pm
Housekeeper	Morningstar	10am to 5pm
Janitor 1	Common Areas	6:30am to 2:30pm

All efforts must be made to replace staff when an absence has been reported. There must always be 5 staff day time and 1 Janitors

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days to work an extended shift.
- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover shift contact Agency.
- If unable to cover check availability to see if there is any trained part time or casual PSW staff available.
- Contact Manager on Call

Things to consider:

- Identify and maintain a list of staff who are cross trained in both housekeeping and laundry. This will provide flexibility to fill shifts as needed without compromising service in either department.
- Contact staff within the list on scheduled off, to check if they are available to cover the discrepancy.
- Define a list of high-priority areas (e.g., resident rooms, bathrooms, dining rooms) that must be cleaned daily, even during staffing shortages, to maintain health and safety standards.

Maintenance

Maintenance Aide: 8am-4pm (Monday to Friday)

All efforts must be made to replace staff when an absence has been reported. There must be one in the building between 8am to 4pm (Monday to Friday):

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings to work an extended shift.
- If unable to cover, Service Manager will cover.
- Contact Manager on Call

Things to consider:

- Prioritize Essential Tasks: Identify and complete the most urgent maintenance tasks first, focusing on those critical to resident safety, comfort, and regulatory requirements.
- Utilize Cross-Trained Staff: Ensure that cross-trained employees are ready to step in when needed. Regular cross-training sessions will allow staff to cover key maintenance functions in the event of an absence
- Ensure Equipment and Supplies Readiness: Maintain an adequate stock of essential tools and materials to handle critical tasks if there is a delay due to reduced staffing.
- Conduct Post-Coverage Review: After any shift shortage, gather feedback from staff and review the effectiveness of our response. Adjust protocols as needed to continuously improve our contingency plan.

Life Enrichment

Role	Resident Home Area	Shift Schedule
Life Enrichment Aide	Montebello	8am to 4pm
Life Enrichment Aide	Lancaster	8am to 4pm
Life Enrichment Aide	Lakeside	8am to 4pm
Life Enrichment Aide	Woodend	8am to 4pm
Life Enrichment Aide	Morningstar	8am to 4pm
Life Enrichment Aide	Centennial	8am to 4pm

All efforts must be made to replace staff when an absence has been reported. There must be 2 in the building at all times:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings to work an extended shift.
- If unable to cover shift have staff from other floors engage in cross floor large group activities.

- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover check availability to see if there is any part time or casual Life Enrichment staff available.
- Contact Manager on Call

Staffing Contingency Plans: Henley Place

Administration

Executive Director – In the absence of the Executive Director, the DOC will assume control of the home.
Business Manager – In the absence of the Business Manager, Nursing Clerk will assume essential, delegated responsibilities as assigned by the ED or DOC.
Nursing Clerk – In the absence of the Nursing Clerk, nursing department will assume essential responsibilities and delegate responsibility as needed.

Registered Nurses

Days: 0630-1430 -2 RN's
Evenings: 1430-2230- 2 RN's
Nights: 2230-0630 2 RN's (1 assigned to 1st floor, meadway and springbank, 1 assigned to 3rd floor, Gibbons and Harris)
Ratio: 2:62

All efforts must be made to replace staff when an absence has been reported. There must be 1 RN in the building at all times:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings/nights to work a 12-hour shift.
- If unable to cover shift contact Agency.
- If unable to cover check availability to see if there is any part time or casual RPN staff available.
- If unable to cover shift offer overtime to RPN by seniority.
- If unable to cover entire shift with RPN offer staff on days/evenings/nights to work a 12-hour shift.
- Contact Manager on Call

Things to consider:

- When there is only 1 RN in the building they act as the Facility Charge for the entire building. Have the RPN's working in office settings been reassigned. Educator, RAI, Restorative, BSO.
- Is the DOC or ADOC able to pick up an assignment such as monitoring the dining rooms for med delivery, treatments, family calls, physician follow up.

Registered Practical Nurses

Days: 0630-1430 -1 RPN for each home area 1:32 ratio (6 RPNs in total) and 1 skin and wound RPN
Evenings: 1430-2230-1 RPN for each home area 1:32 ratio (6 RPNs in total)
Nights: 2230-0630-1 RPN on second floor (Victoria and Fanshawe) 1:64

All efforts must be made to replace staff when an absence has been reported:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings/nights to work a 12 hour shift.
- If unable to cover shift contact Agency – Cover with an RPN
- If unable to cover check availability to see if there is any part time or casual RN staff available.
- If unable to cover shift offer overtime to RN by seniority.
- If unable to cover entire shift with RN offer staff on days/evenings/nights to work a 12-hour shift.
- If the vacancy is on 1st, 2nd or 3rd Floor: RN from will fill the vacancy, remaining RN will assume Facility Charge.

Things to consider:

- Have the RPN's working in office settings been reassigned. Educator, RAI, Restorative, BSO
- Is the DOC, or ADOC able to pick up an assignment such as monitoring the dining rooms for med delivery, treatments, family calls, physician follow up.

Personal Support Workers

Days: 0630-1430-32 residents on each home area Assignment 1- 8 residents, Assignment 2- 8 residents, Assignment 3- 8 residents, Assignment 4- 8

Evenings: 1430-2230-32 residents on each home area Assignment 1- 8 residents, Assignment 2- 8 residents, Assignment 3- 8 residents, Assignment 4- 8 residents

Nights: 2230-0630- 2 PSWs on each home area with one additional one on Springbank (13)

All efforts must be made to replace staff when an absence has been reported:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings/nights to work a 12 hours shift.
- If unable to cover shift look at how assigns can change to accommodate the shortage.
- 32 Residents – Assignment 1 = 8 Residents, Assignment 2 = 8 Residents, Assignment 3 = 8 Residents, Assignment 4 = 8 Residents.
- 32 Residents – Assignment 1 = 10 Residents, Assignment 2 = 11 Residents and Assignment 3 = 11 Residents.
- All Restorative PSWs will be pulled from their duties to assist with resident care
- All available Nursing Clerks will be pulled from their duties to assist with resident care
- All staff assigned to office type work will be utilized on the front line to assist with safety checks, tray delivery, extra cleaning.

Things to consider:

- Is one floor busier than another?
- How many residents require a 2 person transfer or assist?
- How many baths are scheduled?
- Should a PSW be brought in on the next shift to assist with providing any care that may have missed on the shift previous?
- What other staff are available in other departments? Housekeeping, laundry, front office staff, physio, activities?

Facility Charge

Registered Nurses are assigned Facility Charge by the DOC for the following shifts:

- Evenings/Nights – Monday – Friday
- Days/Evenings/Nights – Saturday – Sunday
- Days/Evenings/Nights – Statutory Holidays

Days - Monday – Friday:

- It is assumed the DOC is responsible for the Home and will be considered the Facility Charge.
- In the event the DOC is away from the building Facility Charge will be delegated to the Associate Director of Care.
- If the Associate Director of Care is away at the same time as the DOC, Facility Charge will be assigned by the DOC to the most senior nurse working the Day shift.
- Facility Charge may require staffing assistance, Nursing Clerks should be contacted for support.
- Office staff should be utilized to assist with communication and staffing.

Dietary

Role	Home area	Shift Schedule
Cook 1	Kitchen	6am to 2pm
Cook 2	Kitchen	8:30am to 4:30pm
Cook 3	Kitchen	10:30am to 6:30pm
Dietary Aide 1	Medway	6:30am to 2:30pm
Dietary Aide 2	Medway	3:30pm to 8:30pm (0.5)
Dietary Aide 1	Springbank	7:30am to 3:30pm
Dietary Aide 2	Springbank	3:30pm to 8:30pm (0.5)
Dietary Aide 1	Victoria	6:30am to 2:30pm
Dietary Aide 2	Victoria	3:30pm to 8:30pm (0.5)
Dietary Aide 1	Fanshawe	7:30am to 3:30pm
Dietary Aide 2	Fanshawe	3:30pm to 8:30pm (0.5)
Dietary Aide 1	Harris	6:30am to 2:30pm
Dietary Aide 2	Harris	3:30pm to 8:30pm (0.5)
Dietary Aide 1	Gibbon	7:30am to 3:30pm
Dietary Aide 2	Gibbon	3:30pm to 8:30pm (0.5)

Dietary Aide (0.5) shared between adjacent dining areas per floor

All efforts must be made to replace staff when an absence has been reported. There must always be a minimum of 2- cooks and 4 dietary aides for days and 2 dietary aide for evenings the building:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings to work an extended shift.
- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover shift contact Agency.
- If unable to cover check availability to see of there is any part time or casual PSW staff available.
- Contact Manager on Call

Things to consider

- In the absence of the FNM, the FSS can complete food orders, nutrition referrals, and low/moderate risk RAI MDS.
- In the absence of the FNM and FSS, the RD can complete all clinical work including all referrals and high/moderate risk RAI assessments.

- In the absence of the RD, coverage can be requested via Seasons Care to complete high risk referrals and RAI MDS with imminent deadlines.

Laundry

Laundry Aide 1: 7am-3pm
Laundry Aide 2: 10am-6pm

All efforts must be made to replace staff when an absence has been reported. There must always be one staff minimum in the laundry:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover the entire shift, then offer staff on days/evenings to work an extended shift.
- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover shift contact Agency.
- If unable to cover check availability to see if there is any part time or casual PSW staff available.
- Contact Manager on Call

Things to consider:

- Check Availability of Part-Time or Casual Staff – Look for part-time or casual staff who may be available to cover the shift immediately.
- Offer Overtime to Full-Time Staff – Contact full-time laundry staff and offer overtime, following seniority and a rotational basis.
- Utilize Cross-Trained Staff – If no laundry staff are available, call on cross-trained staff from other departments, such as housekeeping, to handle essential laundry tasks.
- Contact Staffing Agency – If internal options are exhausted, reach out to a staffing agency for temporary support to cover the shift.
- Notify Manager on Call – Inform the on-call manager of the staffing shortage and the actions taken to ensure continued laundry operations.

Housekeeping

Role	Resident Home Area	Shift Schedule
Housekeeper	Springbank	8am to 4pm
Housekeeper	Medway	8am to 4pm
Housekeeper	Victoria	8am to 4pm
Housekeeper	Fanshawe	8am to 4pm
Housekeeper	Harris	8am to 4pm
Housekeeper	Gibbons	8am to 4pm

Janitor 1	Common Areas	12pm to 8pm
Janitor 2	Common Areas	12pm to 8pm

Janitor 1 is in the process of changing from 12pm to 8pm to 8am to 4pm

All efforts must be made to replace staff when an absence has been reported. There must always be 6 staff 8am to 4pm and 2 Janitors from 12pm – 8pm in the building:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days to work an extended shift.
- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover shift contact Agency.
- If unable to cover check availability to see if there is any trained part time or casual PSW staff available.
- Contact Manager on Call

Things to consider:

- Identify and maintain a list of staff who are cross trained in both housekeeping and laundry. This will provide flexibility to fill shifts as needed without compromising service in either department.
- Contact staff within the list on scheduled off, to check if they are available to cover the discrepancy.
- Define a list of high-priority areas (e.g., resident rooms, bathrooms, dining rooms) that must be cleaned daily, even during staffing shortages, to maintain health and safety standards.

Maintenance

Maintenance Aide: 07:30am-03:30pm

All efforts must be made to replace staff when an absence has been reported. There must be one in the building between 07:30am to 03:30pm:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings to work an extended shift.

- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover shift contact Agency.
- If unable to cover check availability to see of there is any part time or casual PSW staff available.
- Contact Manager on Call

Things to consider:

- Prioritize Essential Tasks: Identify and complete the most urgent maintenance tasks first, focusing on those critical to resident safety, comfort, and regulatory requirements.
- Utilize Cross-Trained Staff: Ensure that cross-trained Staff are ready to step in when needed. Regular cross-training sessions will allow staff to cover key maintenance functions in the event of an absence.
- Maintain an Overtime Availability List: Keep a rotating list of staff willing to work overtime in emergencies. Update this weekly to ensure we have options ready for immediate response.
- Ensure Equipment and Supplies Readiness: Maintain an adequate stock of essential tools and materials to handle critical tasks if there is a delay due to reduced staffing.
- Conduct Post-Coverage Review: After any shift shortage, gather feedback from staff and review the effectiveness of our response. Adjust protocols as needed to continuously improve our contingency plan.

Life Enrichment

Role	Resident Home Area	Shift Schedule
Life Enrichment Aide	Springbank	8am to 4pm
Life Enrichment Aide	Medway	8am to 4pm
Life Enrichment Aide	Victoria	8am to 4pm
Life Enrichment Aide	Fanshawe	8am to 4pm
Life Enrichment Aide	Harris	8am to 4pm
Life Enrichment Aide	Gibbons	8am to 4pm
Life Enrichment Aide	Floor 1	12pm to 8pm
Life Enrichment Aide	Floor 2	12pm to 8pm
Life Enrichment Aide	Floor 3	12pm to 8pm

All efforts must be made to replace staff when an absence has been reported. There must be 3 in the building at all times:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings to work an extended shift.

- If unable to cover shift have staff from other floors engage in cross floor large group activities.
- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover check availability to see of there is any part time or casual Life Enrichment staff available.
- Contact Manager on Call

Use of Agency Staff

Agency staff may be used for supplementing any gaps in staffing.

Staffing Contingency Plans: King Nursing Home

Administration

Admin/DOC – In the absence of the Admin/DOC, the senior ADOC will ressume control of the home.

ADOC – In the absence of the ADOC, the ADOC/IPAC or Quality/Educator will support the nursing department.

Activation Manager – In the absence of the Activation Manager, the social worker will support the activity department.

Social worker- in absence if social worker, Activation manager will assume essential follow up.

RAI Coordinator and Quality/Educator will back each other.

Business Manager – In the absence of the Business Manager, scheduling clerk/Nursing Clerk will assume essential, delegated responsibilities as assigned by the Admin/DOC.

Scheduling Clerk – In the absence of the scheduling Clerk, department manager will assume essential responsibilities and delegate responsibility as needed.

BSO- in absence of BSO, social worker will assume essential responsibilities

Nutrition manager and **Environmental supervisor** will back each other

Registered Nurses

Days: 1 RN; Evenings: 1 RN; Nights: 1 RN

All efforts must be made to replace staff when an absence has been reported:

- There must always be 1 RN in the building
- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift with RN offer staff on days/evenings/nights to work a 12-hour shift.
- If unable to cover shift, contact Agency

Things to consider:

- When there is only 1 RN in the building they act as the Facility in-charge for the entire building.
- Have the RPN's working in office settings been reassigned as needed. Educator, RAI, Restorative, BSO
- The manager on call is to be called immediately for further direction.
- The RN must remain in the home until relieved by an on-coming RN.
- In certain situation if no RN/experience RPN is available then ADOC or Admin/DOC or NP will be the backup RN in charge of the building.
- Agency RN use can be used as a last resource with experienced RPN as 'in-charge.'
- Additional experience RPN can work as a in charge if DOC/ADOC are present in building or on call and can come in as needed.

Registered Practical Nurses

1st Floor: Days 1 Evening 1 Nights 1(share 1st and 2nd floor)

2nd Floor: Days 1 Evening 1(share 1st and 2nd floor)

3rd Floor: Days 1 Evening 1

All efforts must be made to replace staff when an absence has been reported:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings/nights to work a 12-hour shift.
- If unable to cover shift offer overtime to RPN by seniority.
- If unable to cover shift contact Agency – Cover with an RPN

Things to consider:

- Have the RPN's working in office settings been reassigned. Staff educator, RAI Coordinator, BSO, Student placement co-ordinator will resume as needed on rotational basis.
- ADOC to pick up an assignment such as monitoring the dining rooms for med delivery, treatments, family calls, physician follow up as needed

- We may utilize on duty RN to replace as an RPN and request to work on floor if there is no Doctor's round or admission.
- ADOC to oversee rest of two floor when RN is working on any one floor.
- If there is no RPN replacement on nights, then RN to handle all floors and additional PSW can be booked to float around all floors and help with care/rounds etc.
- Keep IPAC practice in mind before booking an additional person to work as a float.
- If no additional home RPN is available, then additional RN can be requested to work night shift. DOC/ADOC to be on call and available to come in as needed
- Adhere to collective agreement staff (RPN) may be required to stay for 12-hour shift if all other options are not successful.
- 1 RPN for any two-floor medication administration (1st and 2nd floor and as needed based on operational needs)

Personal Support Workers

1st Floor: Days 2 Evenings 2 Nights 1

2nd Floor: Days 3 Evenings 3 Nights 2

3rd Floor: Days 3 Evenings 3 Nights 2 + 1 float PSW 11am-7pm shift

All efforts must be made to replace staff when an absence has been reported:

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings/nights to work a 12-hour shift.
- If unable to replace a PSW, home areas are assessed for acuity of care and staffing is adjusted in the building to ensure resident care and safety on all home areas.
- Other departments will be utilized to assist transport, dining assist, laundry, garbage etc. as needed.

Things to consider:

- PSW Care assignments/locations will be adjusted by the RN in charge on duty and RN will delegate care assignments to PSW as per priority.
- Resident safety, ADL's and Eating are priorities.
- Care routines may be adjusted. Consider the adjustments to bath and showers within 24hrs to alternate shift (note: residents must have bath/shower twice per week).
- If PSW are short staff, then RPN to help with bathing and other tasks as required.
- Agency PSW can be used if KNH staff list exhausted.
- RN/RPN to make sure 2 agency staff are not working on same floor and RN to change the care assignments respectively.

- Not to use Float PSW position (share floor) during any outbreak situation
- 1st floors require both PSWs from KNH staff if possible, during day and evening shift. In a situation 1 agency PSW and 1 king experience PSW can work on 1st floor.

Dietary

Shift Code	Shift Time
A	6:15AM - 2:00 PM
B	6:30AM - 2:30PM
C	9:30AM - 5:30PM
E	4:00PM – 8:30PM
M	11:30AM – 7:00PM

Worst Case Scenario Basis

- On a worst-case scenario basis, should there be bad weather and the breakfast cook is not able to come in, there is a shift that start at 6:15am, either one can jump into position to cover the breakfast cook, while the nurse tries to get someone to cover their shift. However, should the above-mentioned individuals not be present, then M and A shift can at least start breakfast, as she was exposed to some amount of training.

- In addition, in prior times when staffing was limited within the department, the psw's would assist on getting breakfast started until a dietary aide got arrived. This was usually in instances of last minute call-in by staff and as such, getting someone to cover within a short time span proved difficult.

- At this time, they would just prepare already purchased boiled eggs. This will be in fridge. Thus, PSW/trained staffs staff will simply steam egg in steamer or if unable to use steamer, boil egg on stove, use liquid egg boxes in walk in fridge to make scrambled egg for mince and pureed texture. Also, they can make cream of wheat cereal – this is easier to make and does not have to be texturized but can be served for all.

All efforts must be made to replace staff when an absence has been reported. There must always be a minimum of 1- cooks and 2 dietary aides for days and 2 dietary aide for evenings the building:

- Check the availability to see if there is any part time or casual staff available.

- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover entire shift, then offer staff on days/evenings to work an extended shift.
- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover check availability to see of there is any part time or casual PSW staff available.
- Contact Manager on Call

Environmental/Housekeeping/Laundry/Maintenance

Staff	Shift Time
Laundry Aide 1	7:00AM – 2:00PM
Housekeeping Staff	7:00AM – 2:00PM
Janitor	8:00AM – 4:00PM

Housekeeping

1st Floor: 1 housekeeper

2nd Floor: 1 housekeeper

3rd Floor: 1 housekeeper

All efforts must be made to replace staff when an absence has been reported:

- Check the availability to see if there is any part time or casual staff available.
- 2 housekeepers will go to the floor with the missing staff member to do all high touch points, clean garbage, clean after each meal.
- Define a list of high-priority areas (e.g., resident rooms, bathrooms, dining rooms) that must be cleaned daily, even during staffing shortages, to maintain health

Laundry Staff

- In the event the laundry staff calls in, check the availability to see if there is any part time or casual staff available. If not all housekeeping staff are cross trained on laundry, we would pull a housekeeper from the floor to do laundry, 2 housekeepers from the other floors could cover the floor where the staff was removed from.
- There must always be one staff minimum for laundry services.

Maintenance Staff

- Call-in part-time maintenance worker – if unable ESM to ensure all Maintenance work is complete that day

All efforts must be made to replace staff when an absence has been reported.

- Check the availability to see if there is any part time or casual staff available.
- If unable to cover shift offer overtime by seniority on a rotational basis.
- If unable to cover, consider staff that are crossed trained to work in other departments.
- If unable to cover shift contact Agency.
- Contact Manager on Call

Activation Staff

In the event that an Activation staff member calls in sick, the following contingency plan will be implemented to ensure resident programs continue smoothly:

Activation Staff Calling in Sick:

- Check the schedule posted at the 1st-floor nursing station to see which Activation staff is working.
- Contact other staff from the list below to see if anyone who is off can come in to cover the shift

If No Activation Staff is Available:

- Instruct the remaining Activation staff to divide their time equally between the floors.
- Ensure the uncovered floor is prioritized by rotating staff to provide support.
- Where possible, combine floor programs to maximize coverage and ensure residents continue to have a positive experience.

All efforts must be made to replace staff when an absence has been reported. There must be one staff in the building at all times:

- Contact Manager on Call

Use of Agency Staff

Agency staff may be used for supplementing any gaps in staffing.

When the Outbreak/Epidemic/Pandemic is Declared Over

Upon declaration of an end to the outbreak by Public Health, the Incident Commander communicates this information to residents/SDMs, families, Staff, students and volunteers and resident/family council.

RECOVERY PHASE

The IMT enters a period of debriefing and coordinating the resumption of normal operations in the Home, modification/suspension of transmission-based precautions/protocols at the direction of the Outbreak Management Team and a debriefing period.

Debriefing of Residents, SDMs, Staff, Volunteers, Students and Visitors

The Incident Commander organizes outbreak/epidemic/pandemic debriefing communications for all Staff, volunteers and students of the Home. A debriefing Document is shared with staff on the IPAC Board. The Incident Commander in coordination with the DOC/ADOC organizes outbreak/epidemic/pandemic debriefing communications for all residents/SDMs/families.

How to Resume Normal Operations

All members of the IMT coordinate the resumption of normal operations. The Incident Commander coordinates with the command and coordination staff to implement the latest directives from Public Health/Outbreak Management Team regarding the resumption of admissions and resident returns/transfers as well the modification/suspension of any transmission-based precautions/protocols. The IPAC Lead works with DOC/ADOC and Environmental Services department to return Residents to the rooms where they resided prior to implementation of the cohort plan. In coordination with HR the Incident Commander ensures that the staffing contingency/cohort plan is gradually adjusted/deactivated to bring staffing levels/areas of work to normal.

How to Support People in the Home Who Experience Distress in an Outbreak/Epidemic/Pandemic

The Incident Commander and Resident Care function assess the impact of the outbreak/epidemic/pandemic on the mental and physical health of Residents both during and following the emergency. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any Residents who have experienced distress due to the outbreak/epidemic/pandemic both during and following the emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.

References

Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings

EMERGENCY RESPONSE PHASE

Code Purple (Hostage Situation)

Code Purple Definition

A Code Purple is defined as a situation in which a person seizes another person(s) by force thereby preventing their free movement/communication for the purpose of fulfilling a demand or condition.

Plan Activation

Who or Which Entity Declares there is a Code Purple Emergency

The emergency is declared by anyone who encounters a person who has taken hostage(s) and shouts out “CODE PURPLE and the location and/or calls “CODE PURPLE” and the location over the intercom system.

Who or Which Entity Declares that the Code Purple Emergency is Over

The local police declare when the emergency is over. Following this, the Charge Nurse is calls “CODE PURPLE ALL CLEAR” on the intercom system.

Lines of Authority, Roles and Responsibilities

Charge Nurse

- The **Charge Nurse** is the person onsite at the Home who has the most authority until the Police arrive.
- The Charge Nurse is responsible for ensuring that a CODE PURPLE has been called and that 911 is called immediately if responding Staff have not already done so, and for providing direction to all persons in the area.
- Coordinating/delegating communications to all Staff, volunteers, students, Residents/SDMs/families and Resident/family council.
- Following the local police declaring the emergency over, the Charge Nurse is responsible for communicating “CODE PURPLE ALL CLEAR” over the intercom.

Staff, Volunteers and Students

- **All Staff** take direction from the Charge Nurse and are to call 911 for dispatch of local police immediately who then take control of the scene.
- **Volunteers and students** who discover an emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks within the scope of their role but are not responsible for managing the emergency.

External Emergency Provider: Local Police

- The **local police** must be called to the Home for a Code Purple.
- Local police are responsible for responding to calls to 911 regarding a hostage taker and may use lethal force to remove the threat of the hostage taker in order to protect others.

External Emergency Service Provider: Local Emergency Medical Services

- If assault, injury or death is caused by a person with a weapon, the responding **local EMS** would be second in command to the **police**.
- If assault or injury is caused by a violent person, local EMS are responsible for Communications Plan

Communication at the Beginning of the Emergency

Upon activation of a code purple, responding Staff or the Charge Nurse establishes contact with 911 for dispatch of local police and possibly EMS. The Charge Nurse maintains communication with all responding Staff and any external emergency service providers.

Communication During the Emergency

Charge Nurse maintains communication with responding Staff and external emergency service providers.

Communication at the End of the Emergency

The Charge Nurse maintains communication with external emergency service providers and ensures debriefing communication is provided to staff, volunteers, students, visitors, Residents/SDMs/families and Resident/family councils.

Emergency Response Procedure

Upon Discovering a Hostage Situation

- Use any available staff alert systems (panic button, etc.) or shout out “CODE PURPLE” and the location and/or call “CODE PURPLE” and the location of the hostage taker over the intercom system and/or call “CODE SILVER” over the intercom system if the hostage taker has a weapon.
- Call 911 immediately to report the hostage situation and whether the hostage taker has a weapon.
- Staff, volunteers and students are not to confront a person with a weapon.
- Take measures to protect your own safety and the safety of people around you such as removing Residents and staff from the immediate area of the hostage situation to a safe location.

When the Emergency is Declared Over

- Upon the local police declaring the emergency over, the Charge Nurse calls “CODE PURPLE ALL CLEAR” over the intercom system and the recovery phase begins.

RECOVERY PHASE

Debriefing of Residents, SDMs, Staff, Volunteers and Students

The Charge Nurse organizes debriefing communications for all affected Staff, volunteers and students of the Home. Charge Nurse also organizes debriefing communications for any affected Residents/SDMs/families in coordination with the DOC/ADOC and Social Workers.

How to Resume Normal Operations

Once the CODE PURPLE emergency has been declared over, any Residents, staff, students, volunteers and visitors who were removed from the area of the hostage situation may return and any affected services that were temporarily suspended may resume.

How to Support People in the Home Who Experience Distress in a Code Purple Emergency

The Charge Nurse and DOC/ADOC coordinates with Resident Care staff to assess the impact of the CODE PURPLE on the mental and physical health of any affected Residents and staff. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any Residents who have experienced distress due to the CODE PURPLE emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.

EMERGENCY RESPONSE PHASE

Code Red (Fire)

IMPORTANT NOTE:

Each Primacare Living Solutions owned Home and managed Home has their own Home-specific Fire Safety Plan in a separate document as required by the Ontario Fire Code O. Reg. 213/07, which can be provided upon request. This Emergency Response Plan for Code Red is intended to be followed as a simplified reference as the Fire Safety Plan for each Home will provide additional information such as floor plans, escape routes and other Home-specific details for Fire Safety. If any information in this Emergency Response Plan for Code Red conflicts with information in the Fire Safety Plan of the Homes, the Fire Safety Plan should be considered the correct source by default.

Code Red Definition

A Code Red is defined as combustion or burning of matter that produces flame, smoke, light and heat within any area of the Home, resulting in an emergency.

Plan Activation

Who or Which Entity Declares there is a Code Red Emergency

Anyone within the Home who detects smoke/fire within the Home who shouts out “CODE RED” and the location and/or calls “CODE RED” and the location over the intercom system if able or activation of the Fire Alarm.

Who or Which Entity Declares that the Code Red Emergency is Over

The Fire Department declares when Fire emergency is over to the Incident Commander. The Incident Commander communicates “CODE RED ALL CLEAR” over the intercom system.

Lines of Authority, Roles and Responsibilities

Incident Management Team (IMT) Structure for Fire

The following IMT structure is designed for an emergency response to a Fire. This structure may change, however, when the Fire department arrives and after the Fire Department declares the Fire emergency over as detailed below.

Incident Commander

The **Charge Nurse** or the **Executive Director/Administrator (if onsite)** is by default the Incident Commander for Fire Emergencies until the local Fire Department arrives to the Home. During this time frame, the Incident Commander is responsible for the following:

- Upon receiving notification of a suspected or known fire, ensures 911 was called and provides complete details of the emergency if this has not already been done.
- Coordinates the command and coordination staff in assisting with moving all Residents and Staff, volunteers and students from the affected area to safety.
- Communicates the details of the fire incident with arriving local Fire Department personnel and hands off command to the local Fire Department.
- Coordinating/delegating communications to all Staff, volunteers and students, Residents/SDMs/families and Resident/family council and media (if applicable).
- Ensures “CODE RED ALL CLEAR” is communicated over the intercom system after the Fire department declare the Fire emergency over.

Once the **First-Arriving Officer (Firefighter)** arrives at the Home, he/she may take over as Incident Commander and coordinate the response with EMS if dispatched:

During this time frame, the First-Arriving Officer as Incident Commander is responsible for the following:

- Ensures procedures to extinguish the fire are enacted and ensures the safety of all people in the Home.

External Emergency Provider: Local Fire Department

- Provides emergency fire response to 911 calls made by the Home.
- Takes the role of Incident Commander upon arrival to the Home.
- Enacts procedures to extinguish the fire and ensure the safety of all people in the Home.
- Declares the end of the Fire emergency.

External Emergency Service Provider: Local Emergency Medical Services (EMS)

- Local EMS may be dispatched upon discovery of any injured people at the Home.
- Coordinates emergency response with the local Fire Department.

Staff, Volunteers and Students

- **All staff** must immediately enact the emergency response plan in response to detecting smoke/fire that occurs within the Home using the R.E.A.C.T. system as outlined in the Emergency Response Plan below.
- **Volunteers and students** who discover an emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks within the scope of their role but are not responsible for managing the emergency.

Communications Plan

Communication at the Beginning of the Emergency

Communication at the beginning of a fire emergency is critical protecting the lives of everyone in the Home. Communication should involve alerting everyone in the Home, getting people to safety and immediately calling 911 for help. The chain of communication must be immediate and orderly with securing the safety of all people in the Home as the priority.

Communication During the Emergency

The lines of communication should have reached the Incident Commander of the Home as well as 911 and the Fire Department. When the Fire Department arrives, they will establish command and enact further communication and coordination strategies.

Communication at the End of the Emergency

Communication at the end of a Fire emergency consists of the Fire Department declaring that the Fire emergency is over at the Home. In coordination with the Incident Commander, the Home Administration/Management ensures that this information is communicated to all Residents, staff, students, volunteers and visitors of the Home.

Emergency Response Procedure

Upon Discovering Smoke/Fire in the Home

Use the R.E.A.C.T. System

- **R: Remove.** Move all those in danger, including all Residents and Staff, volunteers and students from the immediate area of the Fire.
- **E: Ensure.** Ensure doors and windows are closed.
- **A: Alert.** Activate the building alarm.
    - Alert the Incident Commander who will organize the IMT.
- **C: Call** the Fire Department by calling 911. Shout out “CODE RED” and/or call “CODE RED over the intercom system if able.
- **T: Trained Staff:** Try to extinguish the Fire if it is small and if you are trained to do so.
    - Consult with the Incident Commander who may call a CODE GREEN over the intercom system to evacuate part or the entire building.

If You Hear the Fire Alarm

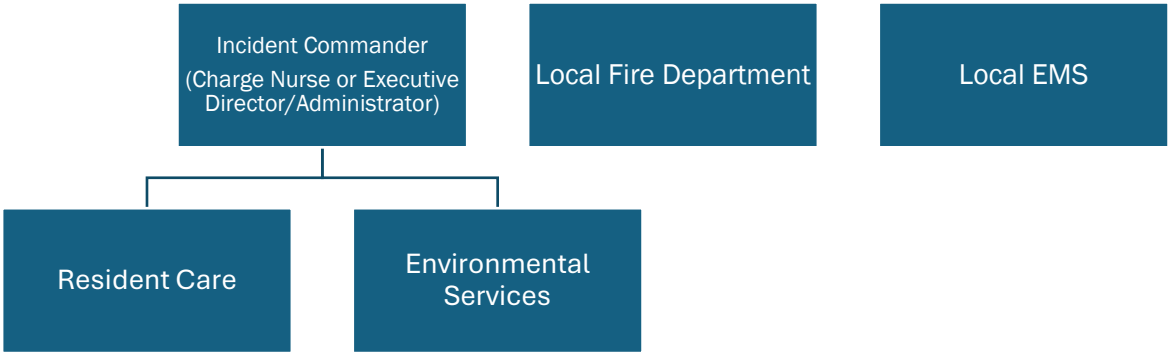
- Listen carefully to where the fire is being called.
- Check to see if the activation is in your home area by completing a room-to-room search (follow fire procedure if doors are closed before you open them).
- Keep corridors clear.
- The Incident Commander will assign Staff to areas of the home and to doors and stairwells to prevent residents from exiting the stairwells.
- Elevators will not be used until directed by Fire department that they are safe to utilize.
- The Incident Commander in coordination with the local Fire Department may evacuate the building directly or call a Code Green to evacuate part or the entire the building. (See CODE GREEN).

When the Emergency is Declared Over

- Once the Fire Department declares the emergency over, the Fire Department hands off the Incident Commander role back to the Charge Nurse or Executive Director/Administrator who calls “CODE RED ALL CLEAR” over the intercom system and takes control of the recovery phase.

RECOVERY PHASE

The following IMT structure is implemented during the recovery phase:



Incident Commander

The **Charge Nurse** or **Executive Director/Administrator** (if onsite) coordinates the command and coordination staff to enact the recovery phase and is responsible for:

- In coordination with the local Fire Department and the Command and Coordination Staff, activating a Code Green if indicated for the transfer of residents and Staff, volunteers and students to a temporary shelter if Fire damage prevents the resumption of normal operations.
- Informing head office and corporate leadership regarding the full details of the Fire incident.
- In coordination with corporate leadership, contacting the insurance company for the Home to report the Fire incident.
- Coordinating/delegating communications to Staff, volunteers, students, residents/SDMs/families and resident/family council.
- Bringing the Home back to full functioning of normal operations.

Command and Coordination Staff

Resident Care

- Coordinates the transfer of resident care for any residents that are required to move to a temporary shelter.
- In coordination with the Incident Commander, the **DOC/ADOC** assesses all residents for the psychosocial impact of the Fire incident.
- Coordinates and communicates with local hospital regarding the status of any injured residents.

Environmental Services

In coordination with the Incident Commander, the **Environmental Services Lead** is responsible for:

- Coordinating with the Fire Department to assess any damage to the Home.
- Communicates with the Executive Director/Administrator about the findings of the Fire Report.
- Implementing directions by the Incident Commander for the recovery effort.
- Assists in coordinating a Code Green if called for the relocation of residents to a temporary shelter if Fire damage prevents return to their area of the Home.

Debriefing of Residents, SDMs, Staff, Volunteers, Students and Visitors

The Incident Commander organizes debriefing communications for all staff, volunteers, students and visitors of the Home. The Incident Commander in coordination with the

DOC/ADOC, Social Workers and the Life Enrichment Manger organizes Fire emergency debriefing communications for all residents/SDMs/families.

How to Resume Normal Operations

The Incident Commander in coordination with Environmental Services oversees the recovery plan for the Home and ensures that any departments that have been affected are supported and brought back to functional status.

How to Support People in the Home Who Experience Distress in a Code Red Emergency

The Incident Commander and Resident Care function assess the impact of the Code Red on the mental and physical health of residents. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any residents who have experienced distress due to the emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.

EMERGENCY RESPONSE PHASE

Code Silver (Person with a Weapon)

Code Silver Definition

A CODE SILVER is defined as any person who brandishes a weapon that poses a threat to other people within the Home. A weapon could include a firearm, knife, blunt object, hazardous chemical, combustible, and/or an explosive.

Plan Activation

Who or Which Entity Declares there is a Code Silver Emergency

The emergency is declared by anyone who encounters a person with a weapon within the Home and shouts out “CODE SILVER” and the location and/or calls “CODE SILVER” and the location over the intercom system.

Who or Which Entity Declares that the Code Silver Emergency is Over

The local police declare when the emergency is over. Following this, the Charge Nurse communicates “CODE SILVER ALL CLEAR” over the intercom.

Lines of Authority

Charge Nurse

- The **Charge Nurse** is the person onsite at the Home who has the most authority until the Police arrive.
- The Charge Nurse is responsible for ensuring that a CODE SILVER has been called and that 911 is called immediately if Staff have not already done so, and for providing direction to all persons in the area.
- Coordinating/delegating communications to all Staff, volunteers, students, residents/SDMs/families and resident/family council.
- Following the local police declaring the emergency over, the Charge Nurse is responsible for communicating “CODE SILVER ALL CLEAR” over the intercom.

All Staff, Volunteers and Students

- **All staff** take direction from the Charge Nurse and are to call 911 for dispatch of local police immediately who then take control of the scene.
- **Volunteers and students** who discover an emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks within the scope of their role but are not responsible for managing the emergency.

External Emergency Provider: Local Police

- The **local police** must be called to the Home for a CODE SILVER and they become the entity with the most authority upon arrival.
- Local police are responsible for responding to calls to 911 regarding a person with a weapon in the Home and may use lethal force to remove the threat of the person with a weapon in order to protect others.

External Emergency Service Provider: Local Emergency Medical Services

- If assault, injury or death is caused by a person with a weapon, the responding **local EMS** would be second in command to the **police**.
- If assault or injury is caused by a violent person, local EMS are responsible for responding to calls to 911 by providing immediate medical assistance to the injured.

Communications Plan

Communication at the Beginning of the Emergency

Upon activation of a code silver, responding Staff or the Charge Nurse establishes contact with 911 for dispatch of local police and possibly EMS the Charge Nurse maintains communication with all responding Staff and any external emergency service providers.

Communication During the Emergency

The Charge Nurse maintains communication with Staff and all external emergency service providers.

Communication at the End of the Emergency

The Charge Nurse maintains communication with external emergency service providers and ensures debriefing communication is provided to staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils.

Emergency Response Procedure

Upon Discovering a Person with a Weapon

- Use any available staff alert systems (panic button, etc.) or shout “CODE SILVER” and the location of the violent person and/or call “CODE SILVER” over the intercom system if able.
- Call 911 immediately to report the person with a weapon.
- Staff, volunteers and students are not to confront a person with a weapon.
- Take measures to protect your own safety and the safety of people around you such as removing residents Staff, volunteers and students from the immediate area of the person with a weapon to a safe location.
- If at any time during the emergency the person with a weapon takes hostage(s), shout “CODE PURPLE” and the location and/or call “CODE PURPLE” and the location over the intercom if able and inform the police immediately. See Hostage Situation (CODE PURPLE) for additional information.

When the Emergency is Declared Over

- Upon the local police declaring the emergency over, the Charge Nurse calls “CODE SILVER ALL CLEAR” over the intercom system and the recovery phase begins.

RECOVERY PHASE

Debriefing of Residents, SDMs, Staff, Volunteers, Students and Visitors

The Charge Nurse organizes debriefing communications for all affected staff, volunteers, students and visitors of the Home. Charge Nurse also organizes debriefing communications for any affected residents/SDMs/families in coordination with the DOC/ADOC and Social Workers.

How to Resume Normal Operations

Once the CODE SILVER emergency has been declared over, any residents/ Staff, volunteers and students who were removed from the area of the violent person may return and any affected services that were temporarily suspended may resume.

How to Support People in the Home Who Experience Distress in a Code Silver Emergency

The Charge Nurse and DOC/ADOC coordinates with Resident Care staff to assess the impact of the CODE SILVER on the mental and physical health of any affected residents, staff, volunteers, students and visitors. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any residents who have experienced distress due to the CODE SILVER emergency. Any Staff, volunteers or students requiring support/counselling are referred to HR to arrange for additional support.

EMERGENCY RESPONSE PHASE

Code White (Violent Person)

Code White Definition

A Code White is defined as any person within the Home who displays behaviour indicating an imminent threat of violence such as verbal or physical aggression or who is actively violent toward people within the Home.

Plan Activation

Who or Which Entity Declares there is a Code White Emergency

The emergency is declared by anyone who encounters a person posing a threat of violence (verbal or physical threats of violence), or is actively behaving violently within the Home, and shouts out “CODE WHITE” and the location and/or calls “CODE WHITE” and the location over the intercom system.

Who or Which Entity Declares that the Code White Emergency is Over

If it was not necessary to call local police to de-escalate the violent person, then the Charge declares the emergency over. If the local police were dispatched to de-escalate the violent person then the Charge Nurse consults with the local Police and then declares when when the emergency is over. Following the emergency being declared over, the Charge Nurse communicates “CODE WHITE ALL CLEAR” over the intercom system.

Lines of Authority, Roles and Responsibilities

Charge Nurse

- The **Charge Nurse** is the person onsite at the Home who has the most authority unless Police are called.
- The Charge Nurse is responsible for ensuring that a CODE WHITE has been called if responding staf have not already done so, and for providing direction to all responding persons to the violent person.

- Coordinating/delegating communications to all Staff, volunteers, students, residents/SDMs/families and resident/family council.
- The Charge Nurse may escalate the situation by calling 911 if the violent person is not deescalating and/or if the Charge Nurse feels the situation is beyond the control of the Home.
- If it was not necessary to dispatch local police to de-escalate the violent person then the Charge Nurse declares when the emergency is over. Once the emergency is declared over, the Charge Nurse is responsible for communicating “CODE WHITE ALL CLEAR” over the intercom system.

All Staff, Volunteers and Students

- **All staff** take direction from the Charge Nurse and are to call 911 for dispatch of local police immediately who then take control of the scene.
- **Volunteers and students** who discover an emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks within the scope of their role but are not responsible for managing the emergency.

Responding Staff

- Remove any people from within the vicinity of the violent person.
- At the direction of the Charge Nurse, responding Staff are responsible for attempting to de-escalate the violent person. It is preferred that Staff trained in de-escalation techniques assist with de-escalation of the violent person.

External Emergency Provider: Local Police

- If the **local police** are called to the Home, they become the entity with the most authority.
- Local police are responsible for responding to calls to 911 regarding a violent person in the Home.
- Local police are responsible for de-escalating/neutralizing the violent person, which may include removal from the Home if required.

External Emergency Service Provider: Local Emergency Medical Services

- If assault, injury or death is caused by a violent person, the responding **local EMS** would be second in command to the **police**.

- If assault or injury is caused by a violent person, local EMS are responsible for responding to calls to 911 by providing immediate medical assistance to the injured.

Communications Plan

Communication at the Beginning of the Emergency

Upon activation of a Code White, the Charge Nurse communicates with any Staff responding to the situation and attempts to communicate with the violent person.

Communication During the Emergency

The Charge Nurse leads the communication effort along with responding Staff in de-escalating the violent person. The Charge Nurse communicates with local police if the situation requires contact with 911 to dispatch local police to the Home.

Communication at the End of the Emergency

The Charge Nurse maintains communication with external emergency service providers and ensures debriefing communication is provided to staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils.

Emergency Response Procedure

Upon Discovering a Violent Person

- Anyone who discovers a violent person should stay calm.
- Use any available staff alert systems (panic button, etc.) or shout “CODE WHITE” and location of the violent person or call “CODE WHITE” and the location over the intercom system if able.
- Unit Staff immediately respond to the area of concern.
- Take measures to protect your own safety and the safety of people around you such as removing residents and Staff, volunteers and students from the immediate area to a safe location.
- Implement interventions to de-escalate the violent person:
- Begin steps to de-escalate early.
- Deal with the expressed feelings of the violent person first.
- Be assertive and provide non-violent options that the violent person can take.
- Stay a few steps away from the violent person at a 45 degree angle with palms in front of thighs facing out and avoid leaning forward or backward.

- Step to the side if violent person responds physically.
- Establish and maintain eye contact.
- Talk in a slow re-assuring voice, using phrases like “can I help you right now?”
- Try to keep the violent person engaged in conversation.
- Offer a snack or drink (avoid providing hot drinks).
- Do not agitate, patronize or ridicule the violent person.
- Ask basic questions.
- Suggest sitting down.
- Offer to contact family.
- If the violent person is in a wheelchair:
- Get to their level by kneeling on one knee if able or pull up a chair with one leg positioned in front for quick movement if needed.
- Position hands on lap with palms out.

Additional Arriving Staff

- Ensure the violent person is isolated away from other individuals.
- Monitor traffic and direct people away from the area of the violent person.
- Determine if necessary to call local police. If so, call 911 immediately.
- Delegate a person to meet police and provide a briefing of the situation.

Upon Arrival, the Charge Nurse Assigns the Following Tasks to Responding Staff

- Remove any residents from the area.
- Remove objects that could be used as a weapon from the area.
- Remove any visitors from the area.
- Establish a safe perimeter.
- Review the chart of the violent person (if a resident) for orders or family/representative to contact.
- Contact physician/Nurse Practitioner.
- Contact the local police by calling 911 if needed.

If the Violent Person Takes Hostage(s)

- If at any time during the emergency the violent person takes hostage(s), shout “CODE PURPLE” and the location and/or call “CODE PURPLE” and the location over the intercom if able and inform the police immediately. See Hostage Situation (CODE PURPLE) for additional information.

If the Violent Person Assaults or Causes Injury to Anyone

- Charge Nurse or Responding Staff will assist the injured person(s) by removing them from the situation if possible and calling 911 immediately to dispatch local police and local EMS if not already called.

When the Emergency is Declared Over

- Once the Charge Nurse or the local police declares the emergency over and the Charge Nurse calls “CODE WHITE ALL CLEAR” over the intercom system, the recovery phase begins.

RECOVERY PHASE

Debriefing of Residents, SDMs, Staff, Volunteers, Students and Visitors

The Charge Nurse organizes debriefing communications for all affected staff, volunteers, students and visitors of the Home. Charge Nurse also organizes debriefing communications for any affected residents/SDMs/families in coordination with the DOC/ADOC and Social Workers.

How to Resume Normal Operations

Once the CODE WHITE emergency has been declared over, any residents/ Staff, volunteers and students who were removed from the area of the violent person may return and any affected services that were temporarily suspended may resume.

How to Support People in the Home Who Experience Distress in a Code White Emergency

The Charge Nurse and DOC/ADOC coordinates with Resident Care staff to assess the impact of the CODE WHITE on the mental and physical health of any affected residents. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any residents who have experienced distress due to the emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.

EMERGENCY RESPONSE PHASE

Missing Resident (Code Yellow)

Code Yellow Definition

A Code Yellow is defined as any situation in which a resident is missing/unaccounted for by Staff, volunteers, and students.

Plan Activation

Who or Which Entity Declares there is a Code Yellow Emergency

The Charge Nurse declares a Code Yellow Emergency and calls “CODE YELLOW” over the intercom system.

Who or Which Entity Declares that the Code Yellow Emergency is Over

The Charge Nurse (or the local police if called) declares when a Code Yellow emergency is over and the Charge Nurse calls “CODE YELLOW ALL CLEAR” over the intercom system.

Lines of Authority, Roles and Responsibilities

Charge Nurse

The **Charge Nurse** is the person onsite at the Home who has the most authority and directs Staff, students and volunteers in the search for missing residents.

All Staff, Volunteers and Students

- **All staff** are responsible for reporting any missing residents to the Charge Nurse and take direction from the Charge Nurse.
- **Volunteers and students** who discover a missing resident emergency are required to alert the nearest staff member, or if no staff member is present, call 911 immediately for assistance.
- **Volunteers and students** may be asked by staff to assist with certain tasks within the scope of their role but are not responsible for managing the emergency.

External Emergency Service Provider: Local Police

Local Police coordinates with the Charge Nurse and provides emergency response to 911 calls for missing residents. The local police assist in the reporting, search and rescue effort for missing residents.

External Emergency Service Provider: Local Emergency Medical Services (EMS)

The **local EMS** coordinates with the Charge Nurse and provides emergency response to 911 calls for missing residents. The local EMS is dispatched if the missing resident is found and requires medical assistance.

Communications Plan

Communication at the Beginning of the Emergency

The Charge Nurse establishes communication with responding staff regarding the missing resident.

Communication During the Emergency

The Charge Nurse, responding Staff and local police/EMS (if applicable) maintain communication during the search for the missing resident. SDM/family are notified and provided ongoing updates.

Communication at the End of the Emergency

The Charge Nurse maintains communication with responding staff and local police/EMS (if applicable) and ensures debriefing communication is provided to staff, volunteers, students, visitors, residents/SDMs/families and resident/family councils.

Emergency Response Procedure

Upon Discovering a Resident is Missing

- Immediately contact the Charge Nurse who will call “CODE YELLOW” and the location and room number of the missing resident over the intercom system.
- The Charge Nurse, with the help of Staff who know the resident well, gathers information about the last known location of the missing resident and any known wandering risk factors.

Search for the Missing Resident

In the Home

- The Charge Nurse organizes a search team drawn from available Staff.
- Floor plans of the Home are consulted to develop a search plan.

- The search team first checks the area in which the missing resident was last seen.
- The search team is then given floor plans and divides into pairs beginning at the end of the unit, moving toward the middle, floor by floor, area by area and room by room.
- Staff are posted at any unlocked exits to prevent the missing resident from wandering away from the Home during the search.
- Search the Following in Each Room **Twice**:
    - On/under/beside beds
    - In each bathroom
    - Behind privacy curtains
    - Closets
    - Behind doors
    - Shower stalls
    - Bathtubs
    - Scan room for any area that may hide a resident from view.
- Search the Following Areas:
    - Utility rooms.
    - Linen closets.
    - Stairwells.
    - Lift rooms.
    - Electrical rooms.
- Search Non-Resident Areas:
    - Obtain the master key for the elevators and bring the elevators down to the main floor and put on service with the doors open.
    - Starting with front reception area, search all offices and rooms in a systematic fashion.
    - Request the manager unlock all rooms and relock the doors again once the room search is completed.

Outside of the Home

- A search team for searching outside of the Home is organized and provided a map of the grounds and an emergency cellphone.
- Search the outside perimeter of the Home systematically.

Guidelines for Search Team

- Call out the missing resident's name during the search (Be aware they may not

respond to their name).

- Use your senses carefully, trying to remain silent during the search and listening for any sign of the missing resident.
- Ask others if they have seen the missing resident and look for any clues of their presence.

Initial Home Interior/Exterior Search Result

If the missing resident is found during the Home's interior and exterior search:

- Notify the Charge Nurse.
- Assist the resident with returning to their room.
- The Charge Nurse ensures the physical and mental health of the resident is assessed immediately.
- Call 911 immediately to dispatch EMS if the resident has sustained any injuries and/or has experienced a decline in health status.
- The Charge Nurse calls "CODE YELLOW ALL CLEAR" over the intercom system.

If the Missing resident is **NOT** found:

- Move to the next step and escalate the search for the missing resident immediately.

Escalate the Search for the Missing Resident

If the missing resident is not found after the initial interior/exterior Home search, the Charge Nurse will immediately:

- Call 911 and file a missing persons report with the local police. At a minimum, provide the police the following information regarding the missing resident:
    - Last known time and location resident was seen.
    - A recent photograph.
    - A description (include description of clothing).
    - Current health status/history, including any history of wandering/previous wandering locations.
    - Family/Friends in the community/previously frequented locations in the community.
    - Any known clues as to where the resident might be located.

- Inform the Executive Director/Administrator and DOC of the Home. The Executive Director/Administrator informs the President/Vice President of Primacare.
- Inform the missing resident's SDM/family.
- In consultation and coordination with police, consider involving local media and general public in the search for the missing resident.

If the Resident is Found During Escalation

- The Charge Nurse ensures the physical and mental health of the resident is assessed immediately.
- Call 911 immediately to dispatch EMS if the resident has sustained any injuries and/or has experienced a decline in health status.
- The Charge Nurse calls "CODE YELLOW ALL CLEAR" over the intercom system.
- Ensure the Charge Nurse, Executive Director/Administrator, Corporate Leadership, SDM/family are notified.

When the Emergency is Declared Over

- If the resident is found prior to calling local police then the Charge Nurse declares when the emergency is over and calls "CODE YELLOW ALL CLEAR" over the intercom system.
- If local police were called, then the local police declare when the emergency is over and the Charge Nurse then calls "CODE BROWN ALL CLEAR" over the intercom system.

RECOVERY PHASE

Debriefing of Residents, SDMs, Staff, Volunteers, Students and Visitors

The Executive Director/Administrator organizes debriefing communications for all affected staff, volunteers, students and visitors of the Home. The Executive Director/Administrator also organizes debriefing communications for any affected residents/SDMs/families in coordination with the DOC/ADOC and Social Workers.

How to Resume Normal Operations

Once the Code Yellow emergency has been declared over, any resident care activities that were temporarily suspended as a result of Staff responding to the Code Yellow may resume.

How to Support People in the Home Who Experience Distress in a Code Yellow Emergency

The Charge Nurse and the DOC/ADOC coordinates with Resident Care staff to assess the impact of the Code Yellow emergency on the mental and physical health of any affected residents. The DOC/ADOC assigns social workers to provide additional debriefing/counselling for any residents who have experienced distress due to the Code Yellow emergency. Any staff, volunteers, students and visitors requiring support/counselling are referred to HR to arrange for additional support.