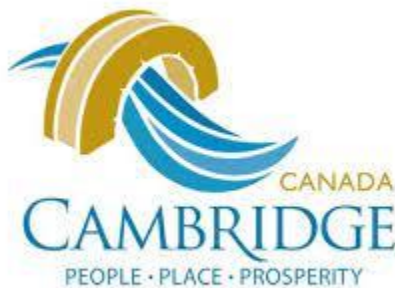




EMERGENCY RESPONSE PLAN (WEBSITE VERSION)

**IN COOPERATION WITH
THE CITY OF CAMBRIDGE EMERGENCY PLAN**



Saint Luke's Place

Hazard Identification and Risk Assessment

Hazard	Policy Binder	Policy Number
Air Contamination		
Forms	Emergency Plan	EP-IV-03a
Policy	Emergency Plan	EP-IV-03
Bomb Threat		
Forms	Emergency Plan	EP-III-02a
Policy	Emergency Plan	EP-III-02
Chemical Spill		
Forms	Emergency Plan	EP-XI-01a
Preventative Maintenance	Maintenance Policy	M-111/ M-047
Foodservice Equipment		
Preventative Maintenance	Maintenance Policy	M-112
Electrical Safety		
Preventative Maintenance	Maintenance Policy	M-069 M-108
Elevator Emergencies		
Policy	Emergency Plan	EP-IV-01
Preventative Maintenance	Maintenance Policy	M-062
Employee Mass Resignation/ Sickness		
Policy	Emergency Plan	EP-IV-10
Evacuation		
Forms	Emergency Plan	EP-V-11a EP-V-13g-i
Policy	Emergency Plan	EP-V-01
Fire		
Policy	Emergency Plan	EP-X-01
Preventative Maintenance	Maintenance Policy	M-080-087 M-115
Floods, Prolong Power Failure		
Forms	Emergency Plan	EP-IV-04a
Policy	Emergency Plan	EP-IV-04 EP-VI-02
Preventative Maintenance	Maintenance Policy	M-105
Heating and Cooling Emergencies		
Forms	Emergency Plan	EP-IV-09b
Policy	Emergency Plan	EP-IV-09 EP-IV-09a
Preventative Maintenance	Maintenance Policy	M-101-105
Kitchen/ Servery Fires		
Policy		EP-IV-16
Medical Emergencies		
Forms	Emergency Plan	EP-XIII-02
Policy	Emergency Plan	EP-XIII-01

Missing Resident		
Forms	Emergency Plan	EP-IX-02 EP-IX-02b
Policy	Emergency Plan	EP-IX-01
Natural Gas Leak		
Forms	Emergency Plan	EP-IV-07a-b
Policy	Emergency Plan	EP-IV-07
Nursing Equipment		
Preventative Maintenance	Maintenance Policy	M-116
Outbreaks, Epidemics and Pandemics		
Forms	Emergency Plan	EP-XIII-03a-c
Policy	Emergency Plan	EP-XIII-03
Pest Control		
Preventative Maintenance	Maintenance Policy	M-119
Power Failures		
Forms	Emergency Plan	EP-IV-04a
Policy	Emergency Plan	EP-IV-04
Slip and Fall Hazards		
Preventative Maintenance	Maintenance Policy	M-042
	Environmental Policy	E-070
Tornado Watch and Warnings		
Policy	Emergency Plan	EP-VI-04
Unwanted Visitor/ Violent Incident		
Forms	Emergency Plan	EP-VIII-02a
Policy	Emergency Plan	EP-VIII-02 EP-VIII-03
Water Advisory/ Loss of Water		
Forms	Emergency Plan	EP-IV-02a
Policy	Emergency Plan	EP-IV-02
Preventative Maintenance	Maintenance Policy	M-104
Water Temperature		
Preventative Maintenance	Maintenance Policy	M-070

Emergency Phone Numbers

Name	Position	Contact Number
David Bakker	Chief Executive Officer	
Maureen Toth	Long Term Care Administrator	
Mirielle Tessier	Director of Nursing and Personal Care	
Michael Goddard	Associate Director of Nursing and Personal Care	
Jennifer Coburn	Director of Infection Prevention and Control/ Health and Safety/ Environmental	
Karen Jolley	Director of Finance	
Trevor Trimble	Maintenance and Facility Manager	
David Krueger	Housing and Community Manager	
Susan Jones-McAleese	Foodservice and Nutrition Manager	
Rachel Feil	Life Enrichment and Program Manager	
Sarah McArthur	Director of Human Resource	
Heather Campbell	Clinical Documentation and Information Manager	
Nyree Wilson	Executive Assistant	

Evacuation Emergency Phone Numbers

Company	Description	Contact Number
Ministry of Health and Long-Term Care	Reporting	
Grand River Hospital	Transition Wing	
Dr. J. Baker	Medical Director	
Grand River Transit	Transportation	
St. Andrews Terrace	Receiving Facilities	
Fairview Mennonite Home	Receiving Facilities	
Cambridge Country Manor	Receiving Facilities	
Jacob Hespeler Secondary School	Receiving Facilities	
Hespeler Public School	Receiving Facilities	
MediSystem	Nursing Supplies	
Cardinal Health	Nursing Supplies	
ProResp	Nursing Supplies	
Medical Mart	Nursing Supplies	
Gordon Foodservices	Food Supplies	
Sysco Foodservice	Food Supplies	
Culligan Water	Food Supplies	
Westons	Food Supplies	
Agropur (milk/dairy products)	Food Supplies	

Other Emergency Numbers

Company	Description	Contact Number
Taylor Fuels	Diesel Fuel Delivery/ Spills	
Ministry of Environment	Environmental Emergencies	
Cambridge Fire Department	Panel # 118 Saint Luke's 1 & 2 Panel # 87 Saint Luke's 2	
Cambridge Police Department		
Waterloo Public Health Unit		
Regional Coroner	Coroner	
Cambridge River Transit	Transportation	
Poison Control	Poison	
Energy + Inc.	Hydro	
Union Gas		
Cambridge Water and Sewer	Water/ Sewer	
Delta Elevator Co Ltd.	Elevators	
Aatel	Nursing Call Bell System	
Arjo Inc	Bathtubs/ Mechanical Lifts/ Ceiling Lifts	
SFI Medical	Ceiling Lifts	
KR Communications Ltd.	Security Door Key Pads	
Network Telecom	Telephones	
Blackcreek Technologies Ltd.	Information Technology and Services	
Conestogo Mechanical	HVAC/ Heating-Cooling/ Plumbing	
Gencare Generator Repair	Generators	
Waste Management	Garbage Removal	
Compactor Plus	Garbage Compactor	
Global Pest Control	Pest Management	
Safeguard Access Products Inc.	Automatic Entrance Doors	
Service Response Centre	Fire Response Centre	
Troy Life & Fire Safety Ltd.	Fire and Life Safety Repair/ Inspections	
Richardson's Fire and Safety Inc	Fire and Life Monitoring	
ESA- Graham Gilbert	Electrical Inspections	
PCS Security Systems	Key/ Lock Security Systems	
Mobility in Motion	Van Conversion Service	
Tower Automotive Specialists	Van Repair	
Speedside Contracting Inc	Snow Removal/ Lawn Maintenance	
Franks Maintenance	Housekeeping Supplies	
GR Garrity	Foodservice Equipment Services	

EMERGENCY FORMS



Table of Contents

Evacuation Forms

Corresponding Policy	Subject
EP-V-11a	Resident Registry
EP-V-13g	Command Post Task List
EP-V-13g	Command Post Telephone Calls
EP-V-13h	Holding Area Task List
EP-V-13h	Holding Area Resident Registry
EP-V-13i	Receiving Facility Task List
EP-V-13i	Receiving Facility Resident Registry
EP-V-12a	Staff and Volunteer Registration

Specific Emergency Forms

Corresponding Policy	Subject
EP-IX-02/ EP-IX-02b	Missing Resident
EP-VIII-02a	Unwanted Visitors
EP-IV-02a	Water Contamination/ Water Loss
EP-IV-03a	Air Quality Checklist- HVAC Shut down
EP-III-02a	Bomb Threat
EP-IV-04a	Power Failures
EP-IV-09b	Heating and Cooling Emergencies
EP-XII-03a-c	Enteric, Respirator & Covid-19 Outbreaks
EP-IV-07a-b	Natural Gas Leaks

SECTION	Emergency Planning- Evacuation	POLICY #	EP-V-11a
SUBJECT	Resident Registry	Page	1 of 1

Resident Registry

Resident Unit _____

	Resident Name	Evacuated to		Notes
		Stenhouse Hall	Coffee Shop	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
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24				
25				
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28				
29				
30				
31				
32				
33				
34				
35				

SECTION	Emergency Planning- Evacuation	POLICY #	EP-V-13g
SUBJECT	Command Post Task List/ Documentation Notes FORM	Page	1 of 2

COMMAND POST TASK LIST/ DOCUMENTATION NOTES:

Task	Designated Person	Time Initiated	Notes
Location of command post			
Person in Charge of Command Post			
911 call			
Code Green announcement			
Fan out call-in procedure initiated			
Phone call to each unit - Nature of situation - Type of evacuation			
Evacuation Phone Calls o Transportation Receiving Facilities o St. Andrews Terrace [REDACTED] o Fairview Mennonite Home [REDACTED] o Cambridge Country Manor [REDACTED] o Jacob Hespeler Secondary School [REDACTED] o Hespeler Public School [REDACTED] Medical Director: Dr. J. Baker o Office: [REDACTED]			
Person to Answer phones/keep phones clear			
Designated person to document events			
Clipboard for Registration of Staff & volunteers			
Fire Lead Person on Site			
Ambulance Lead Person on Site			
Police Lead Person on Site			
Nursing and Dietary leaders to receiving facility			
Resident list received – A Main			
Resident list received – A Second			
Resident list received – A Lower			
Resident list received – E Wing			
LTC Resident list received - Receiving facility			
Resident list received – T Wing			
T Wing Resident list received - Receiving facility			
Tenant list received – C & D Wing			
Tenant list received - Receiving facility			
All resident's accounted for?			
Command Post closed and moved to Receiving facility			
Emergency declared over			
MOHLTC (Unusual Occurrence) [REDACTED]			

SECTION	Emergency Planning- Evacuation	POLICY #	EP-V-13g
SUBJECT	Telephone Calls Received at Command Post	Page	2 of 2

TELEPHONE CALLS RECEIVED AT COMMAND POST

Date: _____

Time	Caller and Phone Number	Issues	Response

SECTION	Emergency Planning- Evacuation	POLICY #	EP-V-13h
SUBJECT	Holding Area Task List and Documentation Notes	Page	1 of 2

HOLDING AREA TASK LIST/ DOCUMENTATION NOTES:

Task	Designated Person	Time	Notes
Location of Holding Area			
Persons in Charge of Holding Area			
Time First Resident arrives at holding area			
Time first transport arrives at holding area			
Names & Destinations of Residents recorded. 1 staff member for every 10 residents must be transported with residents and staff member's name recorded with resident's register			
Time last Resident/ transported			
Time Charge Person reported to Command Post with Resident lists			
When all Residents transported, front line staff to report to receiving facility.			

SECTION	Emergency Planning- Evacuation	POLICY #	EP-V-13h
SUBJECT	Holding Area Resident Registry	Page	2 of 2

HOLDING AREA RESIDENT REGISTRY

Date:	Holding Area:
--------------	----------------------

	Resident Name	Receiving Facility	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
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32			
33			
34			
35			

SECTION	Emergency Planning- Evacuation	POLICY #	EP-V-13i
SUBJECT	Receiving Area Task List and Documentation Notes	Page	1 of 2

RECEIVING FACILITY TASK LIST/ DOCUMENTATION NOTES:

Task	Designated Person	Time	Notes
Location of Receiving Facility			
Persons in Charge of Receiving Facility			
Time of arrival at receiving facility			
Foyer – chairs ready to receive			
Room for wanderers designated			
Room for Emergency Care designated			
Person to register Residents as residents arrive			
Persons to do triage as residents arrive			
Time First Resident arrives at receiving area			
Registering Staff & Volunteer Registrar			
Nursing: <ul style="list-style-type: none"> • MARS received from units • TARS received from units • Charts received from units 			
DOC– all Residents accounted, and results reported to CEO			
Phone calls to families			
Person in charge of kitchen & auditorium			
Arrange for delivery Food Supplies			
Arrange for delivery Nursing Supplies			
Calls to be placed: MOHLTC (unusual occurrence): [REDACTED] [REDACTED] Public Health: [REDACTED] MediSystem Pharmacy: [REDACTED] ProResp (oxygen): [REDACTED] Cardinal Healthcare: [REDACTED] GFS: [REDACTED] Sysco Foodservice: [REDACTED] Westons: [REDACTED] Culligan Water: [REDACTED] Red Cross: [REDACTED]			
Clean towels, blankets, face cloths, pillows & linen bags delivered to receiving facility			
CEO informed of task list completion			

SECTION	Emergency Planning- Evacuation	POLICY #	EP-V-13i
SUBJECT	Receiving Area Resident Registry	Page	2 of 2

RECEIVING FACILITY RESIDENT REGISTRY

Date:	Facility:
--------------	------------------

	Resident Name	Receiving Holding Area	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
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34			
35			

SECTION	Emergency Planning- Evacuation	POLICY #	EP-V-12a
SUBJECT	Staff/ Volunteer Registration	Page	1 of 1

STAFF- VOLUNTEER REGISTRATION

Location	Date
-----------------	-------------

	Name	Assigned Location	Arrival Time	Depart Time
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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18				
19				
20				
21				
22				
23				
24				
25				
26				

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02
SUBJECT	Missing Resident	Page	1 of 2

This form is a control document that will detail the pertinent information concerning the situation at hand. It must be completed by the Search Coordinator/Charge Nurse until the Long-Term Care Administrator/ CEO or delegate arrives to oversee the search process and notification of relevant parties.

PERSONAL DATA

Question	Response			
Resident Name				
Height				
Weight				
Hair Colour				
Picture Available	Yes		No	
Distinguishing Features				
Attire				
Diagnosis				
Cognition				
Essential Medication				
Circumstances of Departure (if any)				
Time Resident Last Seen		By Whom		

NOTIFICATION (AS DESIGNATED)

Name Position	Phone	Date and Time
CEO	Work ext. [REDACTED]	
	Cellular: [REDACTED]	
Long Term Care Administrator	Work ext. [REDACTED]	
	Cellular: [REDACTED]	
Director of Nursing and Personal Care	Work ext. [REDACTED] Cellular: [REDACTED]	

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02a
SUBJECT	Missing Resident Report FORM	Page	1 of 1

MISSING RESIDENT REPORT

Question	Response	
Date and Time		
Resident Name		
Room Number		
Date and Time noticed missing		
Individual reporting missing resident		

CHECKLISTS TO BE DISTRIBUTED

- a) A Lower
- b) A Main
- c) A Second
- d) E Main West and Core
- e) E Main South and East
- f) E Lower
- g) B Main
- h) B Lower
- i) C Wing
- j) D Wing

The Search Coordinator will distribute a checklist to staff (individual or team) ensuring that all areas will be thoroughly searched. If additional staff is required, the CEO and/or Long-Term Care Administrator and Director of Nursing and Personal Care will be contacted.

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02b
SUBJECT	Missing Resident Checklist FORM	Page	1 of 10

AREA: A-Lower	OUTCOME	SEARCHED BY:
Elevator room		
Activity room		
Storage room		
Corridor Washroom		
Dining Room/Lounge		
Lounge/Offices		
Stairwell "G"		
Telephone room		
Housekeeping room		
Boiler room		
Linen room		
Utility room		
Nursing Medical Supply Room		
Tub room		
Shower room		
Stairwell "H"		
Soiled linen room		
HK Storage rooms		
Nursing Storage room		
Resident rooms (1 - 14)	(Check-off list below)	

A-L01		A-L06		A-L11			
A-L02		A-L07		A-L12			
A-L03		A-L08		A-L13			
A-L04		A-L09		A-L14			
A-L05		A-L10					

Date and Time Completed		
Signatures of Staff completing Search		

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02b
SUBJECT	Missing Resident Checklist FORM	Page	2 of 10

AREA: A-Main	OUTCOME	SEARCHED BY:
Nurses Station, Med. Room		
Office (Nurses Station)		
Clean Linen Room		
Storage Room		
Shower/Washroom		
Cozy Corner Lounge		
Housekeeping Room		
Soiled Linen Room		
Tub Room		
Shower Room		
Stairwell "H"		
Stairwell "G"		
Dinette		
Stairwell "E"		
Activity Den		
Resident rooms (1 - 26)	(Check-off list below)	

A-M01		A-M08		A-M15		A-M22	
A-M02		A-M09		A-M16		A-M23	
A-M03 activity den		A-M10		A-M17		A-M24	
A-M04		A-M11		A-M18		A-M25	
A-M05		A-M12		A-M19		A-M26	
A-M06		A-M13		A-M20			
A-M07		A-M14		A-M21			

Date and Time Completed		
Signatures of Staff completing Search		

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02b
SUBJECT	Missing Resident Checklist FORM	Page	3 of 10

AREA: A-Second	OUTCOME	SEARCHED BY:
Tub Room		
Soiled Linen Room		
Medication Room		
Clean Linen Room		
Housekeeping Room		
Small Recreation office		
Lounge		
Washroom		
Tub Room		
Shower Room		
Stairwell "H"		
Stairwell "G"		
Dinette		
Stairwell "E"		
Activity Den		
Resident rooms (1 - 26)		
Large Recreation Office		

A-201		A-208		A-215		A-222 (Activity Den)	
A-202		A-209		A-216		A-223	
A-203		A-210		A-217		A-224	
A-204		A-211		A-218		A-225	
A-205		A-212		A-219		A-226	
A-206		A-213		A-220			
A-207		A-214		A-221			

Date and Time Completed		
Signatures of Staff completing Search		

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02b
SUBJECT	Missing Resident Checklist FORM	Page	4 of 10

AREA: E-Main West		OUTCOME				SEARCHED BY:	
Resident rooms (29 - 41)		(Check-off list below)					
Soiled Linen Room							
Housekeeping Rooms (2)							
Clean Linen Room							
Bath/Shower Room							
Storage Room							
E-M29		E-M33		E-M37		E-M41	
E-M30		E-M34		E-M38			
E-M31		E-M35		E-M39			
E-M32		E-M36		E-M40			

AREA: E-Main Core		OUTCOME				SEARCHED BY:	
Resident rooms (42 - 45)		(Check-off list below)					
Stairwell "J"							
Elevator							
Medication Room							
Nursing office							
Examination Room							
Corridor Washroom							
Laundromat							
Hairdressing Salon							
Activation Lounge							
Soiled Linen Room							
Dining Room							
Link							
Managers Offices x5							
Housekeeping storage Room							
Tub/ Bath Room							
E-M42		E-M44					
E-M43		E-M45					
Date and Time Completed							
Signatures of Staff completing Search							

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02b
SUBJECT	Missing Resident Checklist FORM	Page	5 of 10

AREA: E-Main South	OUTCOME	SEARCHED BY:
Resident rooms (16 - 28)	(Check-off list below)	
Stairwell "L"		
Solarium		
Clean Linen Room		
Bath/Shower Room		
Housekeeping Room		
Storage Room		

E-M16		E-M21		E-M26			
E-M17		E-M22		E-M27			
E-M18		E-M23		E-M28			
E-M19		E-M24					
E-M20		E-M25					

AREA: E-Main East	OUTCOME	SEARCHED BY:
Resident rooms (1 - 15)	(Check-off list below)	
Stairwell "K"		
Old Retirement Lounge		
Clean Linen Room		
Bath/Shower Room		
Housekeeping Room		

E-M01		E-M05		E-M09		E-M13	
E-M02		E-M06		E-M10		E-M14	
E-M03		E-M07		E-M11		E-M15	
E-M04		E-M08		E-M12			

Date and Time Completed		
Signatures of Staff completing Search		

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02b
SUBJECT	Missing Resident Checklist FORM	Page	6 of 10

AREA: E-Lower			OUTCOME			SEARCHED BY:	
Resident rooms (1 - 11)			(Check-off list below)				
Stairwell "I"							
Male Staff Washroom							
Female Staff Washroom							
Staff Lounge							
Electrical Room							
Laundry Rooms (4)							
Elevator Room							
Elevator							
Stairwell "J"							
Auditorium							
Auditorium storage room							
Male Washroom							
Female Washroom							
Private Dining room							
Mechanical Room							
Chapel							
Chaplain / Social Worker office							
Boardroom							
Conference Room							
Serving							
Old Retirement Coord. Office							
Old RAI/BSO office							
Physio room							
Generator Room							
Storage Room							
Holding Room							
Stair "K"							
(Exit to outside)							
E-L01		E-L04		E-L07		E-L10	
E-L02		E-L05		E-L08		E-L11	
E-L03		E-L06		E-L09			

Date and Time Completed		
Signatures of Staff completing Search		

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02b
SUBJECT	Missing Resident Checklist FORM	Page	7 of 10

AREA: B-Main	OUTCOME	SEARCHED BY:
Corridor Link to E-Wing		
Fridge/Freezer Area		
Kitchen		
Stairwell "F"		
Outside Courtyard		
ADOC Office		
Housekeeping Room		
Director of Care Office		
Coat hanging area		
Stenhouse Hall dining room		
Food Storage room		
Elevator		
Programs Storage Room		
Coffee Shop		
General Store		
Billiards Room		
Administrator Office		
Female Washroom		
Male Washroom		
General Office		
Administration Lounge		
Finance Office		
Executive Secretary's Office		
CEO Office		
Front Entrance Lobby		

Date and Time Completed		
Signatures of Staff completing Search		

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02b
SUBJECT	Missing Resident Checklist FORM	Page	8 of 10

AREA: B-Lower	OUTCOME	SEARCHED BY:
Stairwell "F"		
Mechanical Room		
Kitchen Storage Room		
Maintenance Workshop		
Maintenance Storage		
Director of Maintenance Office		
Female Staff Washroom		
Male Staff Washroom		
Staff Lounge		
General Storage Room		
Electrical Room		
Cleanup Room (Paint)		
Elevator Equipment Room		
Elevator		

Date and Time Completed		
Signatures of Staff completing Search		

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02b
SUBJECT	Missing Resident Checklist FORM	Page	9 of 10

AREA: C-Wing	OUTCOME	SEARCHED BY:
Fitness Centre & Rooms		
Elevator		
Stairwell "D"		
Washroom		
Laundry Room		
Housekeeping Room on 2 nd		
C-Wing Main Floor Corridor		
C-Wing Main Lounge Area		
C-Wing 2 nd Floor Corridor		
C-Wing 2 nd Floor Lounge		
C-Wing 3 rd Floor Corridor		
C-Wing 3 rd Floor Lounge		
Stairwell "C"		
Stairwell "B"		
Stairwell "A"		

Date and Time Completed		
Signatures of Staff completing Search		

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-02b
SUBJECT	Missing Resident Checklist FORM	Page	10 of 10

AREA: D-Wing	OUTCOME	SEARCHED BY:
Elevator		
Stairwell "M"		
Housekeeping Room on Lower		
D-Wing Lower Floor Corridor		
D-Wing Lower Lounge Area		
D-Wing Woodworking Shop		
Storage Room		
Washroom		
D-Wing 2 nd Floor Corridor		
D-Wing 2 nd Floor Lounge		
D-Wing 3 rd Floor Corridor		
D-Wing 3 rd Floor Lounge		
D-Wing 4 th Floor Corridor		
D-Wing 4 th Floor Lounge		
Stairwell "N"		

Date and Time Completed		
Signatures of Staff completing Search		

SECTION	Emergency Planning- Code White	POLICY #	EP-VII-02a
SUBJECT	Unwanted Visitor/ Violent Incident Checklist FORM	Page	1 of 1

This form is a control document that will detail the pertinent information concerning the situation at hand. It must be completed and retained by the Charge Nurse until the CEO/ Long Term Care Administrator and/or delegate directs the action to be taken arising from the circumstances.

Record an accurate description of the person(s)

Question	Response
Time Individual Observed	
By Whom	
Appearance	
Height/ Weight	
Hair Colour/ Description	
Facial Markings	
Distinguishing Features	
Specific Clothing	
Is this person known to anyone	
Action	
What was the individual doing	
What location of the facility	
What communication occurred	
Arrival and Departure	
How did the individual arrive	
How did the individual leave	
Did he/she leave in a vehicle	
If so, make/model/ license plate	
Time individual last seen	
By Whom	
Emergency Service Attendance	
Time Cambridge Police Services Notified (911)	
Time Cambridge Police Services Responded	
Officer's Name	
Officer's Name	

Form Completed By: _____

SECTION	Emergency Planning- Internal Disasters	POLICY #	EP-IV-02a
SUBJECT	Water Advisory/ Loss of Water Checklist FORM	Page	1 of 1

This form is a control document that will detail the pertinent information concerning the situation at hand. It must be completed and returned to the Director of Nursing and Personal Care.

Refer to the manager on call document available in the Charge Nurse Office for all contact information

Question	Response	
Date of Water System Failure		
Time of Water System Failure		
	Check (v)	Time Completed
Maintenance Person Informed of system failure		
Director of Nursing and Personal Care informed of system failure		
Support Services Manager informed of system failure		
Cambridge Water Services		
Public Health informed of system failure		
Residents informed not to use water system		
Maintenance person on site		
Water system bled and taps left in closed position		
Bottled water delivered to facility		
Dietary to boil water at full rolling boil for 1 minute if consuming/cooking		
Sponge bath protocol put in place		
Dietary menu change (hot/ cold food and beverages)		
Disposable plates and cups utilized		
Estimated time system will be back online		
Director of Nursing and Personal Care notified of estimated time system will be back online		
Public health/ water works approved start-up of system (if applicable)		
Comments on back of form		
Date System Back Online		
Time System Back Online		

SECTION	Emergency Planning- Internal Disasters	POLICY #	EP-IV-03a
SUBJECT	Air Contamination Checklist FORM	Page	1 of 2

Upon determining that the external air may present a hazard to the health and safety of the building occupants, it is necessary to exclude external air from the buildings. The following steps shall be initiated.

Refer to the manager on call document available in the Charge Nurse Office for all contact information

A LOWER	Completed	Initial
Maintenance Informed- ext. [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Resident Room windows closed		
TV Lounges and Cozy Corner windows closed		
Nursing Station window closed		
Ensure staff and residents remain inside		

A MAIN	Completed	Initial
Maintenance Informed- ext. [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Resident Room windows closed		
TV Lounges and Cozy Corner windows closed		
Nursing Station/office window closed		
Dining Room windows closed		
Ensure staff and residents remain inside		

A SECOND	Completed	Initial
Maintenance Informed- [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Resident Room windows closed		
TV Lounges windows closed		
Nursing Station window closed		
Dining Room windows closed		
Ensure staff and residents remain inside		

E WING (Main Level)	Completed	Initial
Maintenance Informed- ext. [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Resident Room windows closed		
TV Lounges and Cozy Corners windows closed		
MD office window closed		
Dining Room windows closed		
Ensure staff and residents remain inside		

SECTION	Emergency Planning- Internal Disasters	POLICY #	EP-IV-03a
SUBJECT	Air Contamination Checklist FORM	Page	2 of 2

T WING	Completed	Initial
Maintenance Informed- ext. [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Resident Room windows closed		
TV Lounge windows closed		
Nursing Station window closed		
Staff Room windows closed		
Ensure staff and residents remain inside		

E LOWER	Completed	Initial
Maintenance Informed- ext. [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Salaried/ Contract Personal Office windows closed		
Staff Room windows closed		
Ensure staff and residents remain inside		

ADMINISTRATION AREA/ OFFICES	Completed	Initial
Maintenance Informed- ext. [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Salaried/ Contract Personal Office windows closed		
Stenhouse Hall exterior doors closed		
Coffee Shop/ Wellness Centre windows/ doors closed		
Ensure staff and residents remain inside		

C & D Wing Apartments	Completed	Initial
Maintenance Informed- ext. [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Tenants apartment windows/ doors closed		
Lounge windows/doors closed		
Salaried personal offices doors closed		
Ensure staff and tenants remain inside		

MAINTENANCE	Completed	Initial
ROOFTOP AIR HANDLING UNIT #1-8 (Turn breaker #9-12 off)		
Breaker Panels located in main hallway on wall beside EM26-EM31		
Emergency over and systems returned to ON		

Date and Time Completed: _____

Signature(s) of staff completing checklist: _____

SECTION	Emergency Planning- Code Black	POLICY #	EP-III-02a
SUBJECT	Bomb Threat Checklist FORM	Page	1 of 1

Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does. Listen carefully. Be polite and show interest. Do not hang up the phone even if the caller does.

QUESTION TO ASK CALLER				DATE AND TIME OF CALL					
1. Where is the bomb located?									
2. When will it explode?									
3. What does it look like?									
4. What kind of bomb is it?									
5. What will make it explode?									
6. Did you place the bomb?									
7. Why?									
8. What is your name?									
Call your manager and 9-1-1 immediately after the call									
Background Noise/ Sound (check all that apply)				Caller's Voice (check all that apply)					
<input type="checkbox"/>	Office Machines	<input type="checkbox"/>	Children	<input type="checkbox"/>	Male	<input type="checkbox"/>	Excited	<input type="checkbox"/>	Deep
<input type="checkbox"/>	Street Noises	<input type="checkbox"/>	Machines	<input type="checkbox"/>	Female	<input type="checkbox"/>	Angry	<input type="checkbox"/>	High
<input type="checkbox"/>	Voices	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Slurred	<input type="checkbox"/>	Cracking
<input type="checkbox"/>	Dishes	<input type="checkbox"/>	Static	<input type="checkbox"/>	Soft	<input type="checkbox"/>	Nasal	<input type="checkbox"/>	Stutter
<input type="checkbox"/>	Music	<input type="checkbox"/>	No Noise	<input type="checkbox"/>	Loud	<input type="checkbox"/>	Lisp	<input type="checkbox"/>	Laughing
<input type="checkbox"/>	Radio	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Fast	<input type="checkbox"/>	Raspy	<input type="checkbox"/>	Crying
<input type="checkbox"/>	Airport	<input type="checkbox"/>	Crowd	<input type="checkbox"/>	Slow	<input type="checkbox"/>	Familiar?	<input type="checkbox"/>	Altered
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	Calm	<input type="checkbox"/>	Accent/ Type	<input type="checkbox"/>	
Exact Wording of Threat:									
Notes:									

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-04a
SUBJECT	Power Outages Checklist FORM	Page	1 of 1

This form is a control document that will detail the pertinent information concerning the situation at hand. It must be completed and returned to the Director of Nursing and Personal Care.

Question	Response	
Date of Power Outage		
Time of Power Outage		
	Check (√)	Initial Complete
Emergency generator engaged providing emergency power		
Fire panel functioning		
Elevators checked for trapped residents/staff		
Magnetic locks reset		
Magnetic doors checked and are secure		
Call bell system functioning		
Informed on-call maintenance person of power outage		
Emergency flashlights picked up		
Residents checked and are informed of the power outage		
Director of Nursing and Personal Care informed if the power outage is longer than 1 hour		
Discussed meal service with dietary department		
Discussed generator and building functions with maintenance department		
Staff checked building temperature each half hour of the outage		
Comments on back of form		
Date of power returning to facility		
Time of power returning to facility		

Notification: Please review management on call document for contact information available in the Charge Nurse office

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-09b
SUBJECT	Heating and Cooling System Emergency Checklist FORM	Page	1 of 1

HEATING AND COOLING EMERGENCIES

This form is a control document that will detail the pertinent information concerning the situation at hand. It must be completed and returned to the Director of Nursing and Personal Care.

Refer to the manager on call document available in the Charge Nurse Office for all contact information

QUESTION	RESPONSE	
Date of Heating/ Cooling System Failure		
Time of Heating/ Cooling System Failure		
Temperature in Resident Room		
Temperature in Hallway		
	Check (V)	Time Completed
Informed on-call maintenance person of system failure		
Director of Nursing and Personal Care informed of system failure		
Maintenance person onsite		
Residents moved from their room to common space		
All windows closed		
Control residents temperature (blankets/ lighter clothing/ fans etc.)		
Dietary menu changed (hot/ cold food and beverages)		
Residents checked (heat/cold symptoms)		
Estimated time system will be back online		
Director of Nursing and Personal Care informed of estimated time system will be back online		
Staff check building temperature each half hour of the outage		
Comments on back of form		
Date System Back Online		
Time System Back Online		

Date and Time Completed: _____

Signature(s) of staff completing search: _____

SECTION	Emergency Planning- Medical Emergency	POLICY #	EP-XII-03a
SUBJECT	Enteric Outbreak Checklist- FORM	Page	1 of 3

When a unit has been declared in outbreak, please use the following checklist as a guide

Resident Care

- ☐ Ensure all ill residents have an isolation cart set up outside their room
- ☐ Ensure all ill residents have a fuchsia pink “contact” precautions sign posted
- ☐ Draw privacy curtain in a shared room, but do not isolate roommates who are asymptomatic
- ☐ Contact the POA of all residents on the unit to inform them of the outbreak and visitor restrictions (delegate to reception, if available)
- ☐ Document the initial symptoms in the progress notes
- ☐ Assess the resident every shift and chart in PCC
- ☐ Residents should not leave the unit as long as it is declared ‘in outbreak’
- ☐ Visitation by outside groups is not permitted on the affected unit
- ☐ Group activities are discouraged
- ☐ Any death on the unit will be a Coroner’s case
- ☐ Non-urgent resident appointments should be rescheduled
- ☐ Dedicated equipment for symptomatic residents
- ☐ Update and fax a line listing (for residents and staff) with cover sheet to the Health Unit daily, before noon
- ☐ Healthy residents should be discouraged from visiting affected areas

Health Unit

- ☐ Determine a “case definition” with the Health Unit. Include this definition on the line listing
- ☐ Take stool specimens as directed by the Health Unit. The Health Unit will pick them up for delivery.
- ☐ Food samples may be required
- ☐ Consult daily with the Health Unit. Call Public Health if there is a sudden increase of residents with enteric symptoms, any line listed residents are hospitalized or there are any deaths.

Affected Unit

- ☐ Unit doors should be closed
- ☐ Post a sign indicating the unit is in outbreak and the visitor restrictions that are in place
- ☐ Place the portable hand sanitizer stand outside the unit
- ☐ New admissions or hospital re-admissions are not normally allowed during a confirmed outbreak

Visitors

- ☐ Visitors should not visit if they are ill
- ☐ Visitors should visit in the rooms, and avoid communal areas

SECTION	Emergency Planning- Medical Emergency	POLICY #	EP-XII-03a
SUBJECT	Enteric Outbreak Checklist- FORM	Page	2 of 3

- ☐ Visitors may only visit 1 resident if they are visiting on the affected unit. They may visit the resident and then leave the building directly (i.e., cannot visit other residents, go to the cafe', join an activity, etc.)
- ☐ Visitors should wear appropriate PPE when visiting a resident in isolation
- ☐ Visitors need to sanitize their hands before entering and after leaving the unit

Staff

- ☐ Staff are cohorted to the unit, as much as possible
- ☐ Other staff should not be on the unit. There should be no visiting between units
- ☐ Staff may leave the unit for breaks but not visit other areas of the home
- ☐ Reinforce hand hygiene and PPE with staff, visitors, and volunteers
- ☐ Diligent hand sanitizing at the 4 moments; and before entering and after leaving the unit
- ☐ Change out of uniform to go home
- ☐ Staff calling in sick need to report any enteric symptoms

Managers

- ☐ Screen all sick calls for enteric symptoms and alert registered staff to put them on a staff line listing if they have 2 or more enteric episodes/symptoms
- ☐ Ensure staff, students and volunteers with any enteric symptoms are off for 48 hours from their last symptom
- ☐ Report outbreak to the Ministry of health

Notification

- ☐ Send a general email to all staff to inform them of the outbreak
- ☐ Update the board at main elevators in LTC and ensure a large 'stop' sign is posted at other entrances.
- ☐ Notification to the Administrator, DOC, ICP, Advisory Physician and Pharmacist

IPAC, Long Term Care Administrator or delegate

- ☐ Email all families on the affected units (except isolated residents) when the outbreak is declared. Website is updated by the Long Term Care Administrator.
- ☐ Notify outside service providers of outbreak
- ☐ Screen visitors on entry. Question them to verify they are not sick. Review the visitor restrictions with them if they are visiting an area of outbreak. Review the required use of PPE while visiting. Instruct them to sanitize hands before entry and on leaving
- ☐ Email all families of residents on the affected units when the outbreak is declared over. Website is updated by the Long-Term Care Administrator.

Housekeeping

- ☐ Frequent cleaning with an accelerated hydrogen peroxide cleaner
- ☐ Focus on washrooms and high-touch surfaces and objects (handrails, tables, door knobs, call bells, elevator buttons, dining room chairs, etc.)
- ☐ Use disposable toilet brushes and dedicate 1 brush per toilet and discard during terminal cleaning

SECTION	Emergency Planning- Medical Emergency	POLICY #	EP-XII-03a
SUBJECT	Enteric Outbreak Checklist- FORM	Page	3 of 3

- ☐ Take care to avoid creating splashes or aerosols during clean up
- ☐ Immediately cover spills with dry disposable paper towels; clean the area using disposable paper towels to remove all vomit and feces. Discard used paper towels into plastic lined garbage
- ☐ Remove all organic material before disinfecting the area. Disinfect using accelerated hydrogen peroxide.

Dietary

- ☐ Do not use disposables for residents in isolation

Resolution

- ☐ The outbreak is declared over by the Medical Officer of Health when we have had no new cases for 5 days from the onset of symptoms of the last resident case\
- ☐ Terminal cleaning of each symptomatic resident room is required
- ☐ Notify the MOH and the MOL when outbreak is over.

SECTION	Emergency Planning- Medical Emergency	POLICY #	EP-XII-03b
SUBJECT	Respiratory Outbreak Checklist- FORM	Page	1 of 3

When a unit has been declared in outbreak, please use the following checklist as a guide

Resident Care

- ☐ Ensure all ill residents have an isolation cart set up outside their room
- ☐ Ensure all ill residents have a green “droplet” precautions sign posted
- ☐ Draw privacy curtain in a shared room, but do not isolate roommates who are asymptomatic
- ☐ Contact the POA of all residents on the unit to inform them of the outbreak and visitor restrictions (delegate to reception, if available)
- ☐ Document the initial symptoms in the progress notes
- ☐ Assess the resident every shift and chart in PCC
- ☐ Residents should not leave the unit as long as it is declared ‘in outbreak’
- ☐ Visitation by outside groups is not permitted on the affected unit
- ☐ Group activities are discouraged
- ☐ Any death on the unit will be a Coroner’s case
- ☐ Non-urgent resident appointments should be rescheduled
- ☐ Dedicated equipment for symptomatic residents
- ☐ Update and fax a line listing (for residents and staff) with cover sheet to the Health Unit daily, before noon
- ☐ Healthy residents should be discouraged from visiting affected areas

Health Unit

- ☐ Determine a “case definition” with the Health Unit. Include this definition on the line listing
- ☐ Take nasopharyngeal swabs as directed by the Health Unit. The Health Unit will pick them up for delivery.
- ☐ Consult daily with the Health Unit. Call Public Health if there is a sudden increase of residents with respiratory symptoms, any line listed residents are hospitalized or there are any deaths.

Affected Unit

- ☐ Unit doors should be closed
- ☐ Post a sign indicating the unit is in outbreak and the visitor restrictions that are in place
- ☐ Place the portable hand sanitizer stand outside the unit
- ☐ New admissions or hospital re-admissions are not normally allowed during a confirmed outbreak

Visitors

- ☐ Visitors should not visit if they are ill
- ☐ Visitors should visit in the rooms, and avoid communal areas
- ☐ Visitors may only visit 1 resident if they are visiting on the affected unit. They may visit the resident and then leave the building directly (i.e., cannot visit other residents, go to the cafe’, join an activity, etc.)

SECTION	Emergency Planning- Medical Emergency	POLICY #	EP-XII-03b
SUBJECT	Respiratory Outbreak Checklist- FORM	Page	2 of 3

- ☐ Visitors should wear appropriate PPE when visiting a resident in isolation
- ☐ Visitors need to sanitize their hands before entering and after leaving the unit

Staff

- ☐ During a confirmed influenza outbreak, only immunized staff should be working on the affected area(s)
- ☐ Staff who have had flu vaccination from less than 2 weeks will be encouraged to take Tamiflu
- ☐ Staff who refuse their flu vaccination should be excluded from working on the affected area(s). Allowances will be made for staff unable to receive vaccination due to documented medical reasons.
- ☐ Staff are cohorted to the unit, as much as possible
- ☐ Other staff should not be on the unit. There should be no visiting between units
- ☐ Staff may leave the unit for breaks but not visit other areas of the home
- ☐ Reinforce hand hygiene and PPE with staff, visitors, and volunteers
- ☐ Diligent hand sanitizing at the 4 moments; and before entering and after leaving the unit
- ☐ Change out of uniform to go home
- ☐ Staff calling in sick need to report any respiratory symptoms

Managers

- ☐ Screen all sick calls for respiratory symptoms and alert registered staff to put them on a staff line listing if they have 2 or more respiratory episodes/symptoms
- ☐ Ensure staff, students and volunteers with any respiratory symptoms are off for 5 days from onset or symptoms; or 24 hours symptom free
- ☐ Report outbreak to the Ministry of health and Ministry of Labour

Notification

- ☐ Send a general email to all staff to inform them of the outbreak
- ☐ Update the board at main elevators in LTC and ensure a large 'stop' sign is posted at other entrances.
- ☐ Notification to the Administrator, DOC, ICP, Advisory Physician and Pharmacist

IPAC, Long Term Care Administrator or delegate

- ☐ Email all families on the affected units (except isolated residents) when the outbreak is declared. Website is updated by the Long Term Care Administrator.
- ☐ Notify outside service providers of outbreak
- ☐ Screen visitors on entry. Question them to verify they are not sick. Review the visitor restrictions with them if they are visiting an area of outbreak. Ask if they have had the flu vaccine and provide information to those who have not. Review the required use of PPE while visiting. Instruct them to sanitize hands before entry and on leaving
- ☐ Email all families of residents on the affected units when the outbreak is declared over. Website is updated by the Long-Term Care Administrator.

SECTION	Emergency Planning- Medical Emergency	POLICY #	EP-XII-03b
SUBJECT	Respiratory Outbreak Checklist- FORM	Page	3 of 3

Housekeeping

- ☐ Frequent cleaning with an accelerated hydrogen peroxide cleaner
- ☐ Focus on washrooms and high-touch surfaces and objects (handrails, tables, doorknobs, call bells, elevator buttons, dining room chairs, etc.)

Resolution

- ☐ The outbreak is declared over by the Medical Officer of Health when we have had no new cases for 5 days from the onset of symptoms of the last resident case
- ☐ Terminal cleaning of each symptomatic resident room is required
- ☐ Notify the MOH and the MOL when outbreak is over.

SECTION	Emergency Planning- Medical Emergency	POLICY #	EP-XII-03c
SUBJECT	COVID-19 Outbreak Checklist- FORM	Page	1 of 3

Refer to the COVID-19 Outbreak Checklist created by Public Health Ontario at:
<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/covid-19-ipack-checklist-ltcrh.pdf?la=en>

When a unit has been declared in outbreak, please use the following checklist as a guide

Resident Care

- ☐ Ensure all ill residents have an isolation cart set up outside their room
- ☐ Ensure all ill residents have a green “droplet” precautions sign posted
- ☐ Draw privacy curtain in a shared room, but do not isolate roommates who are asymptomatic
- ☐ Contact the POA of all residents on the unit to inform them of the outbreak and visitor restrictions (delegate to reception, if available)
- ☐ Document the initial symptoms in the progress notes
- ☐ Assess the resident every shift and chart in PCC
- ☐ Residents should not leave the unit as long as it is declared ‘in outbreak’
- ☐ Visitation by outside groups is not permitted on the affected unit
- ☐ Group activities are discouraged
- ☐ Any death on the unit will be a Coroner’s case
- ☐ Non-urgent resident appointments should be rescheduled
- ☐ Dedicated equipment for symptomatic residents
- ☐ Update and fax a line listing (for residents and staff) with cover sheet to the Health Unit daily, before noon
- ☐ Healthy residents should be discouraged from visiting affected areas

Health Unit

- ☐ Determine a “case definition” with the Health Unit. Include this definition on the line listing
- ☐ Take nasopharyngeal swabs as directed by the Health Unit. The Health Unit will pick them up for delivery.

Affected Unit

- ☐ Unit doors should be closed
- ☐ Post a sign indicating the unit is in outbreak and the visitor restrictions that are in place
- ☐ Place the portable hand sanitizer stand outside the unit
- ☐ New admissions or hospital re-admissions are not normally allowed during a confirmed outbreak

Essential Visitors

- ☐ Essential Visitors will be screened prior to being permitted to visit with the resident. If the screen positive, they will not be permitted to enter the home
- ☐ Essential Visitors should not visit if they are ill

SECTION	Emergency Planning- Medical Emergency	POLICY #	EP-XII-03c
SUBJECT	COVID-19 Outbreak Checklist- FORM	Page	2 of 3

- ☐ Essential Visitors should visit in the rooms, and avoid communal areas
- ☐ Essential Visitors may only visit 1 resident if they are visiting on the affected unit. They may visit the resident and then leave the building directly (i.e., cannot visit other residents, go to the cafe', join an activity, etc.)
- ☐ Essential Visitors should wear appropriate PPE when visiting a resident in isolation
- ☐ Essential Visitors need to sanitize their hands before entering and after leaving the unit

Staff

- ☐ Staff are cohorted to the unit, as much as possible
- ☐ Other staff should not be on the unit. There should be no visiting between units
- ☐ Staff may leave the unit for breaks but not visit other areas of the home
- ☐ Reinforce hand hygiene and PPE with staff, visitors, and volunteers
- ☐ Diligent hand sanitizing at the 4 moments; and before entering and after leaving the unit
- ☐ Change out of uniform to go home
- ☐ Staff calling in sick need to report any COVID-19 symptoms

Managers

- ☐ Screen all sick calls for COVID-19 symptoms and alert registered staff to put them on a staff line listing if they have 2 or more respiratory episodes/symptoms
- ☐ Refer to Decision Tree or Dir. of Infection Prevention and Control to determine appropriate time frame for staff returning to work after testing positive for COVID-19
- ☐ Report outbreak to the Ministry of health and Ministry of Labour

Notification

- ☐ Send a general email to all staff to inform them of the outbreak
- ☐ Update the board at main elevators in LTC and ensure a large 'stop' sign is posted at other entrances.
- ☐ Notification to the Administrator, DOC, ICP, Advisory Physician and Pharmacist

IPAC, Long Term Care Administrator or delegate

- ☐ Email all families on the affected units (except isolated residents) when the outbreak is declared. Website is updated by the Long-Term Care Administrator.
- ☐ Notify outside service providers of outbreak
- ☐ Email all families of residents on the affected units when the outbreak is declared over. Website is updated by the Long-Term Care Administrator.

Housekeeping

- ☐ Frequent cleaning with an accelerated hydrogen peroxide cleaner
- ☐ Focus on washrooms and high-touch surfaces and objects (handrails, tables, doorknobs, call bells, elevator buttons, dining room chairs, etc.)
- ☐ Review Environmental Policy- Best Practice Cleaning

SECTION	Emergency Planning- Medical Emergency	POLICY #	EP-XII-03c
SUBJECT	COVID-19 Outbreak Checklist- FORM	Page	3 of 3

Resolution

- ☐ After collaborating with Public Health, the outbreak will be declared over after there are no new cases in residents or staff after 14 days from the latest of:
 - a) Date of isolation of the last resident case; OR
 - b) date of illness onset of the last resident case; OR
 - c) date of last shift at work for last staff
- ☐ Notify the MOH and the MOL when outbreak is over.

SECTION	Emergency Planning- Internal Disasters	POLICY #	EP-IV-07a
SUBJECT	Exterior Natural Gas Leak Checklist- FORM	Page	1 of 2

Upon determining the possibility of a natural gas leak which is hazardous to the safety of the building occupants, it is necessary to exclude external air from the building. The Emergency Services may have you evacuate to the Stenhouse Hall or Evacuate the facility. See evacuation checklist.

Refer to the manager on call document available in the Charge Nurse Office for all contact information

A LOWER	Completed	Initial
Maintenance Informed- [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Resident Room windows closed		
TV Lounges and Cozy Corner windows closed		
Nursing Station window closed		
Ensure staff and residents remain inside		

A MAIN	Completed	Initial
Maintenance Informed- ext. [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Resident Room windows closed		
TV Lounges and Cozy Corner windows closed		
Nursing Station/office window closed		
Dining Room windows closed		
Ensure staff and residents remain inside		

A SECOND	Completed	Initial
Maintenance Informed- ext. [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Resident Room windows closed		
TV Lounges windows closed		
Nursing Station window closed		
Dining Room windows closed		
Ensure staff and residents remain inside		

E WING (Main Level)	Completed	Initial
Maintenance Informed- ext. [REDACTED] after hours		
CEO and/or Long-Term Care Administrator notified		
Resident Room windows closed		
TV Lounges and Cozy Corners windows closed		
MD office window closed		
Dining Room windows closed		
Ensure staff and residents remain inside		

SECTION	Emergency Planning- Internal Disasters	POLICY #	EP-IV-07a
SUBJECT	Exterior Natural Gas Leak Checklist- FORM	Page	2 of 2

T WING	Completed	Initial
Maintenance Informed- ext. [redacted] after hours		
CEO and/or Long-Term Care Administrator notified		
Resident Room windows closed		
TV Lounge windows closed		
Nursing Station window closed		
Staff Room windows closed		
Ensure staff and residents remain inside		

E LOWER	Completed	Initial
Maintenance Informed- ext. [redacted] after hours		
CEO and/or Long-Term Care Administrator notified		
Salaried/ Contract Personal Office windows closed		
Staff Room windows closed		
Ensure staff and residents remain inside		

ADMINISTRATION AREA/ OFFICES	Completed	Initial
Maintenance Informed- ext. [redacted] after hours		
CEO and/or Long-Term Care Administrator notified		
Salaried/ Contract Personal Office windows closed		
Stenhouse Hall exterior doors closed		
Coffee Shop/ Wellness Centre windows/ doors closed		
Ensure staff and residents remain inside		

C & D Wing Apartments	Completed	Initial
Maintenance Informed- ext. [redacted] after hours		
CEO and/or Long-Term Care Administrator notified		
Tenants' apartment windows/ doors closed		
Lounge windows/doors closed		
Salaried personal offices doors closed		
Ensure staff and tenants remain inside		

MAINTENANCE	Completed	Initial
Main Gas Valve #1 and #2 located in Boiler Room A-Lower- Turn off in event of leak		
Main Gas Valve to building located in Mechanical Storage Room off A Lower F Stairwell		
Main Kitchen Gas Valve located on floor behind Cooktop- Turn off in the event of leak		
ROOFTOP AIR HANDLING UNIT #1-8 E Wing hallways (Turn breaker #9-12 off) Breaker Panel located in main hallway beside EM26 and EM31		
Emergency over and systems returned to ON		

Date and Time Completed: _____

Signature(s) of staff completing checklist: _____

SECTION	Emergency Planning- Internal Disasters	POLICY #	EP-IV-07b
SUBJECT	Internal Natural Gas Leak Checklist- FORM	Page	1 of 1

Internal building Gas Lines

Main Gas Valve #1 and #2 located in Boiler Room A-LOWER- Turn off in the even of leak
Main Gas Valve to building located in Mechanical Storage Room off A LOWER- “F” Stairwell
Main Gas Valve to Main Kitchen located on floor level in main kitchen behind cooktop- Turn off in the event of a leak

	Check (√)	Initial Complete
A Lower Boiler Room- close valve		
A Lower Mechanical Room- close valve		
Main Kitchen- did the valve close automatically		
Call 9-1-1		
Call Maintenance and Facility Manager or Maintenance on call ext. 367 or on maintenance on-call: 519-501-3050		
Call your manager		

Date and Time Completed: _____

Signature(s) of staff completing search: _____



INTRODUCTION

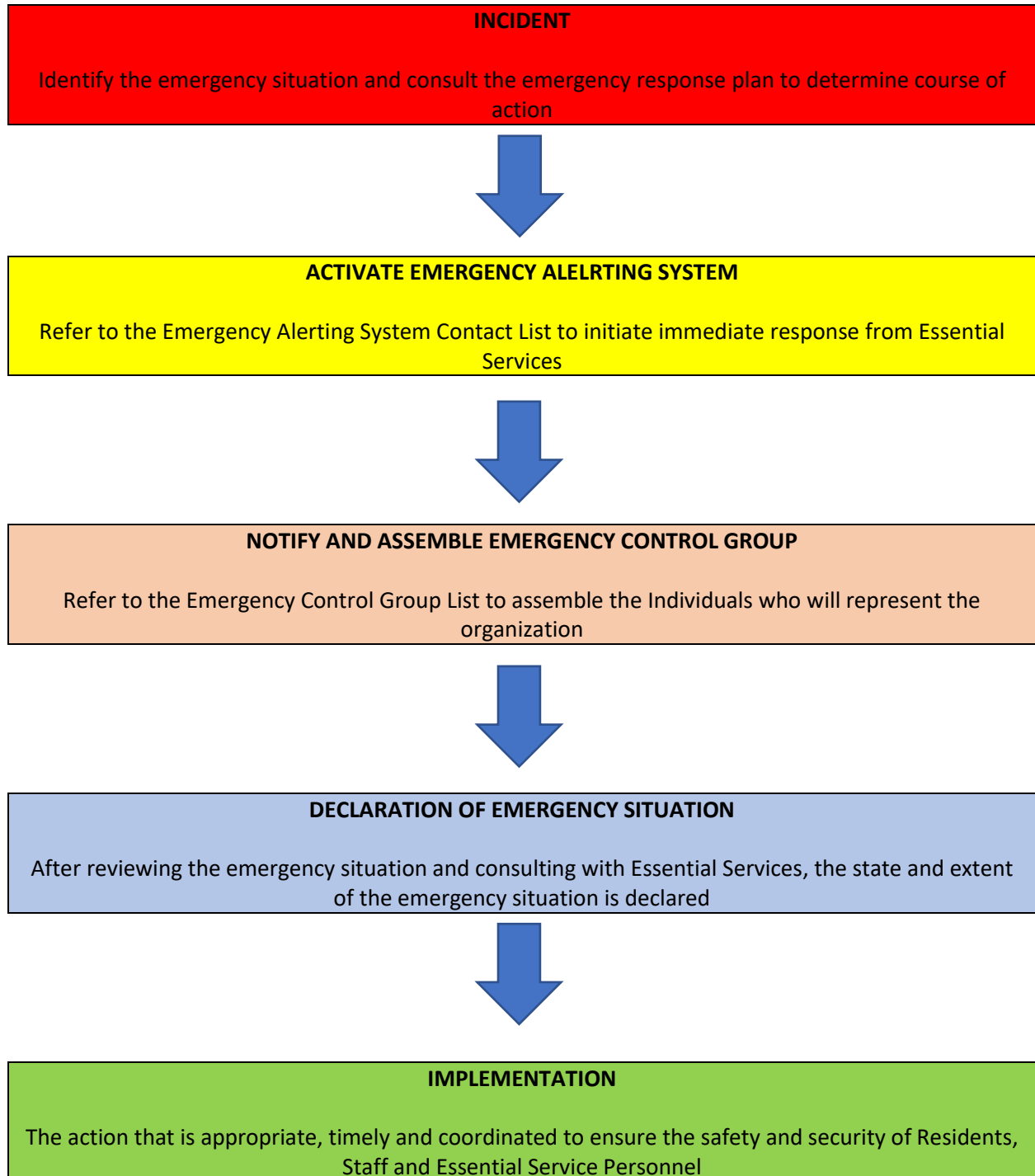
It is known that when people are not prepared for an emergency situation they usually panic, and their responses are not very effective. This Emergency Plan, which has been developed in consultation with employees' input, provides the guidelines and expectations of Saint Luke's Place to emergencies.

The information in this plan is organized so that it can be used as a reference or as the working document in emergency situations. The development and implementation of this plan demonstrates Saint Luke's Place intention to meet its responsibilities in emergency situations. It is a plan for the coordination of services required in the event of a real or anticipated emergency that will ensure:

- Prompt response by all required services and the establishment of overall control of an emergency situation;
- Elimination of all sources of potential danger in the area of the incident;
- Evacuation of the building considered to be in a hazardous situation;
- Prompt rescue of all persons trapped and the provision of first aid at the site;
- Controlled evacuation and balanced distribution of Residents to hospitals and other care environments;
- Traffic control to minimize crowd convergence at the site so that emergency operations are not impeded, and to prevent additional casualties;
- Prompt factual official information to:
 - All officials involved in emergency operations;
 - News media to allay public anxiety and to reduce the numbers of onlookers at the scene;
 - Concerned individuals and family seeking personal information;
- Restoration of normal services.

SPECIFIC CHECKLISTS OR CONTROL DOCUMENTS CONCERNING SPECIFIC EMERGENCY PROCEDURES ARE COPIED ON YELLOW PAGES AND ARE TO BE REMOVED AND UTILIZED IN THE CASE OF A PARTICULAR EMERGENCY

EMERGENCY RESPONSE STRATEGY





POLICY REVIEW TABLE

FORMS

EVACUATION FORMS

Form	Subject	Review	Revised/ New	Date	Authorization
EP-V-11a	Resident Registry		√	June 2022	Maureen Toth
EP-V-13g	Command Post Checklist		√	June 2022	Maureen Toth
EP-V-13g	Command Post Telephone Calls		√	June 2022	Maureen Toth
EP-V-13h	Holding Area Task List		√	June 2022	Maureen Toth
EP-V-13h	Holding Area Resident Registry		√	June 2022	Maureen Toth
EP-V-13i	Receiving Facility Task List		√	June 2022	Maureen Toth
EP-V-13i	Receiving Facility Resident Registry		√	June 2022	Maureen Toth
EP-V-12a	Staff and Volunteer Registration	√		June 2022	Maureen Toth

SPECIFIC EMERGENCY FORMS

Form	Subject	Review	Revised/ New	Date	Authorization
EP-IX-02 02b	LTC Missing Resident		√	June 2022	Maureen Toth
EP-IX-01a	Transition Wing Missing Resident	√		June 2022	Maureen Toth
EP-VIII-02a	Unwanted Visitor/ Violent Incident	√		June 2022	Maureen Toth
EP-IV-02a	Water Contamination/ Loss of Water		√	June 2022	Maureen Toth
EP-IV-03a	Air Quality Checklist FORM		√	June 2022	Maureen Toth
EP-III-02a	Bomb Threat		√	June 2022	Maureen Toth
EP-XIII-01	Medical Emergencies	√		June 2022	Maureen Toth
EP-IV-04a	Power Failures		√	June 2022	Maureen Toth
EP-IV-09b	Heating and Cooling Emergencies		√	June 2022	Maureen Toth
EP-XII-03a-c	Enteric, Respiratory, and COVID Checklists		√	June 2022	Maureen Toth
EP-IV-07a-b	Natural Gas Leak		√	June 2022	Maureen Toth

INTRODUCTION AND ADMINISTRATION

Form	Subject	Review	Revised/ New	Date	Authorization
EP-I-01	Implementation	√		June 2022	Maureen Toth
EP-I-02	Emergency Alerting System	√		June 2022	Maureen Toth
EP-I-03	Emergency Control Group		√	June 2022	Maureen Toth
EP-I-04	ECG Actions During and Emergency		√	June 2022	Maureen Toth

EP-I-06	Responsibilities Under the Emergency Response Plan		√	June 2022	Maureen Toth
EP-I-07	Maintenance of the Emergency Response Plan		√	June 2022	Maureen Toth
EP-I-08	Training and Testing of the Plan	√		June 2022	Maureen Toth
EP-X-01b	Mock Emergency Evaluation Form		√	June 2022	Maureen Toth

SPECIFIC EMERGENCY RESPONSES

Form	Subject	Review	Revised/ New	Date	Authorization
EP-II-09	Specific Emergency Response		√	June 2022	Maureen Toth
EP-IX-01	Missing Resident		√	June 2022	Maureen Toth
EP-II-03a	Fire Alarm and Evacuation	√		June 2022	Maureen Toth
EP-VIII-02	Unwanted Visitors/ Intruders		√	June 2022	Maureen Toth
EP-IV-01	Elevator Emergencies		√	June 2022	Maureen Toth
EP-IV-02	Water Contamination/ Loss of Water		√	June 2022	Maureen Toth
EP-IV-03	Air Quality Contamination		√	June 2022	Maureen Toth
EP-III-02	Bomb Threat	√		June 2022	Maureen Toth
EP-VIII-04	Violence in the Workplace		√	June 2022	Maureen Toth
EP-IV-10	Employee Mass Resignation & Mass Staff Illness		√	June 2022	Maureen Toth
EP-XI-01	Chemical Spill	√		June 2022	Maureen Toth
EP-VI-02	Natural Disasters-Flood	√		June 2022	Maureen Toth
EP-IV-16	Kitchen and Servery/ Café Fires	√		June 2022	Maureen Toth
EP-IV-04	Power Outages		√	June 2022	Maureen Toth
EP-IV-09	Heating and Cooling Emergencies		√	June 2022	Maureen Toth
EP-VI-04	Tornado Warnings	√		June 2022	Maureen Toth
EP-VIII-03	Armed Intruder		√	June 2022	Maureen Toth
EP-XIII-03	Outbreak, Epidemics, and Pandemics		√	June 2022	Maureen Toth
EP-IV-07	Natural Gas Leaks	√		June 2022	Maureen Toth

EVACUATION MANAGEMENT

Form	Subject	Review	Revised/ New	Date	Authorization
EP-V-01	Evacuation Policy	√		June 2022	Maureen Toth
EP-V-03	Resident Discharge/Transfer		√	June 2022	Maureen Toth
EP-V-05	Transportation		√	June 2022	Maureen Toth
EP-V-06	Media Communication	√		June 2022	Maureen Toth
EP-V-08	Emergency Supplies		√	June 2022	Maureen Toth
EP-V-09	Emergency Menu	√		June 2022	Maureen Toth
EP-IV-10	Emergency Fuel Management	√		June 2022	Maureen Toth
EP-V-12	Volunteer Call List	√		June 2022	Maureen Toth
EP-V-13	CEO/ LTC Administrator's Responsibilities		√	June 2022	Maureen Toth
EP-V-13a	Maintenance and Facility Manager Responsibilities		√	June 2022	Maureen Toth

EP-V-13b	Dir. of Nursing and Personal Care AND Health and Wellness Manager Responsibilities		√	June 2022	Maureen Toth
EP-V-13c	Dir. Of IPAC and Life Enrichment and Program Manager Responsibilities		√	June 2022	Maureen Toth
EP-V-13d	Assoc. Dir. Of Nursing and Personal Care and Support Services Manager Responsibilities		√	June 2022	Maureen Toth
EP-V-13e	Dir. Of Finance Responsibilities	√		June 2022	Maureen Toth
EP-V-13f	Dir. Of Human Resources Responsibilities	√		June 2022	Maureen Toth
EP-I-10	Emergency Telephones		√	June 2022	Maureen Toth

Saint Luke's Place Fire Safety Plan- See CODE RED Policies- FIRE PLAN BINDER

Introduction and Administration



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Introduction and Administration

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EP-I-05	Conclusions of an Emergency
EP-I-06	Responsibilities Under the Emergency Response Plan
EP-I-07	Maintenance of the Emergency Response Plan
EP-I-08	Training and Testing of the Plan
EP-X-01b	Mock Emergency Evaluation Form
EP-I-10	Emergency Communications (Equipment)

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-01
SUBJECT	Plan Implementation	Page	1 of 1

POLICY

Saint Luke's Place will have a written Emergency Plan in place to provide direction and guidance to staff if an emergency occurs.

1. The implementation of the Emergency Response Plan shall be the immediate responsibility of the Charge Nurse on site **only after the residents and staff are in a safe location**.
2. The Charge Nurse will be responsible to contact Essential Emergency Services (see EMERGENCY ALERTING SYSTEMS that follows).
3. Essential Emergency Services will provide direction on the appropriate action to take including location of where the Emergency Control Group will gather. Unless otherwise stated, the emergency control group will assemble at the Coffee Shop by the administration lobby. The staff member that assesses the Emergency and contacts **9-1-1** should be prepared to ask and record the following key directions.
 - I will contact Saint Luke's Place Emergency Control Group; I will be instructing the members to gather at the Coffee Shop. Is this location adequate considering this emergency?
 - We have an Emergency Response Plan; would you like me to begin to initiate the area of our plan immediately?
4. Once completed, the Charge Nurse will contact and gather the EMERGENCY CONTROL GROUP (see below) and notify them of where the Emergency Control Group will gather based on the direction of the Essential Emergency Service.
5. The Emergency Control Group, once assembled, will assume responsibility for the Emergency situation under the direction of the CEO or alternate.

OUTCOMES

This manual provides a written plan for staff at Saint Luke's Place to respond appropriately to emergency situations that occur within the facility and in the community.

The objectives of the emergency plan are to maintain:

1. as safe an environment as possible for residents, staff, volunteers and visitors;
2. continuity of care as close to normal as possible;
3. Orderliness and calmness throughout the emergency situation.

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-02
SUBJECT	Emergency Alerting System	Page	1 of 1

POLICY

1. The purpose the Emergency Alerting System is to ensure that there is a timely response of Essential Services. Saint Luke's Place is a component of a larger municipally based emergency response procedure. The municipal emergency response system will dispatch essential services of Police, Fire, Ambulance and any other such emergency services deemed necessary regarding the emergency situation.
2. Without hesitation, if there is a suspicion of an emergency situation, immediately telephone **9-1-1** and describe clearly, and calmly, the nature, extent, and circumstances of the emergency situation.
3. Should the telephone system be compromised, there is an emergency direct line located in the front business office and can access 911 services.
4. In the event the Business office is inaccessible, and the telephone system is not functioning, immediately dispatch an available staff member to proceed safely to an adjacent resident home area or personal cell phone and seek access to a telephone to contact 911.
5. Once 9-1-1 has been contacted, you will be instructed as to the appropriate action to take awaiting the arrival of essential services. Follow these instructions carefully and when completed, initiate the internal emergency response plan, by assembling the Emergency Control Group.
6. During a large-scale incident or emergency, the City of Cambridge's Emergency Plan would be activated.

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-03
SUBJECT	Emergency Control Group	Page	1 of 2

POLICY

Lines of authority must be clearly stated to ensure a smooth and safe operation during emergencies.

The purpose is to maintain continuity of care, calmness, and orderliness during an emergency situation by having one person in overall authority.

The purpose of the Emergency Control Group (ECG) is to gather a group responsible for the provision of direction to Saint Luke's Place staff, interaction with essential services, and cooperation with the media to minimize the effects of the emergency to the immediate and surrounding affected residents.

PROCEDURE

The Chief Executive Officer or designate has the authority to direct the operation of the internal emergency plan and shall be notified as soon as possible of any emergency situation.

He/she shall be responsible for the implementation of the plan of action and for notification of other key personnel.

During a disaster of major proportion, the Chief Executive Officer or designate in consultation with the appropriate authorities shall give the order to evacuate when required.

The Emergency Control Group (ECG) shall be composed of:

- 1) Chief Executive Officer
- 2) Long Term Care Administrator
- 3) Director of Nursing and Personal Care
- 4) Associate Director of Nursing and Personal Care
- 5) Director of Infection Prevention and Control
- 6) Director of Human Resources
- 7) Director of Finance
- 8) Maintenance and Facility Manager
- 9) Health and Wellness Manager
- 10) Support Services Manager
- 11) Life Enrichment and Program Manager
- 12) Registered Nurse on Duty
- 13) Others as required

N.B. In the absence of any of the above persons, authority is automatically delegated to the next rank.

During non-regular business hours, the Nurse Manager has emergency authority until the arrival of one of the management staff as stated above, or until the arrival of Cambridge Essential Services personnel.

The Nurse Manager will contact the Chief Executive Officer or designate (see Chain of Command above) for direction. An "urgent" call should be made to the Chief Executive Officer/designate. The highest-ranking management staff will automatically assume authority upon arrival. Prior to the arrival of management staff, the highest-ranking Cambridge Firefighter on site has authority with respect to implementation of emergency procedures. The Nurse Manager will address any medical concerns of residents.

Appointment of a duty officer to maintain a permanent log of the actions and decisions made by the Emergency Control Group must be implemented by the ECP Chair

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-03
SUBJECT	Emergency Control Group	Page	2 of 2

The ECG will work cooperatively with the City of Cambridge's Emergency Operations Control Group which will have access and support from officials, services and/or agencies such as:

- General Manager of Human Resources or alternate
- Chief Building Official or alternate
- Director of Cambridge Emergency Services or alternate
- Chief of Police Services or alternate
- Operations Manager of Enbridge Gas Company or alternate
- Superintendent of Cambridge School Boards (Catholic and Public)
- Chairman of the Red Cross or alternate
- Other persons deemed necessary by the Emergency Control Group

Under the direction of the Emergency Services or City of Cambridge Emergency Operations Control Group. There could be an emergency that happens where emergency services may ask you to start bringing staff in. The City's EOCG may not be activated at that time.

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-04
SUBJECT	Actions During an Emergency	Page	1 of 2

POLICY

1. Saint Luke's Place with cooperation from the City of Cambridge's Emergency Operations Control Group or the Emergency Services will commence with emergency procedures designated for the type of emergency identified by the City's ECG
2. The City's EOCG would only order for a larger scale evacuation as the rest would be handled by emergency services
3. Evacuation of those building within the "Emergency Area" which are they themselves considered dangerous or in which the occupants are considered to be in danger from some other source.
4. The selection of a command post at which additional staff and equipment will gather as well as the determination of the inner and outer perimeter areas of the emergency scene.
5. Dispersal of groups of people who by their presence are considered to be in danger, or whose presence hinders in anyway the effective functioning of the operation
6. Arrangement for the accommodation and maintenance on a temporary basis, of any residents who need assistance due to displacement because of the emergency
7. The calling out and deployment of any municipal equipment and personnel
8. Requesting the assistance of personnel and equipment of voluntary and other agencies under municipal control as may be required for emergency operations i.e., St. John's Ambulance, Red Cross, Salvation Army, and local industry
9. Establishment of Medial and Inquiry Centre to provide the residents POA's, resident council, family council, Saint Luke's Place staff, volunteers, public and the media with accurate and timely information throughout the emergency until the emergency is declared over.
10. Establishment of a system to ensure balance distribution of casualties to the hospitals
11. Discontinuance of any service within the "Emergency Area" without notices to the consumer, if such services constitute a hazard
12. To request from the Provincial or Federal Governments, assistance either civilian or military, should the resources of City of Cambridge be insufficient to control the emergency

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-04
SUBJECT	Actions During an Emergency	Page	2 of 2

13. Appointment of an Emergency Site Manager (ESM) from the appropriate department
14. Appointment of a duty officer to maintain a permanent log of the actions and decision made by the Emergency Operations Control Group
15. Determining if additional volunteers are required and if appeals for volunteers are warranted
16. Determining if additional transport is required for evacuation or transport of persons and/or supplies
17. Determining the need to establish advisory group(s) and/or sub committees
18. Authorizing the expenditure of money required to deal with the emergency
19. Ensuring that unaffected areas of the City continue to receive a reasonable level of service having regard to the demands on resources occasioned by the emergency
20. All persons are deemed to be covered for the duration of the emergency under the Workplace Safety Insurance Act

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-05
SUBJECT	Conclusion of an Emergency	Page	1 of 1

1. Begin the long-term operations plan and establish the priorities for the restoration of services and facilities to the community
2. Notifying the service, agency, or group under their direction, of the termination of the emergency
3. The CEO and Long-Term Care Administrator will work with Emergency Services for re-occupying of the facility is accomplished in a timely manner
4. The facility must be inspected and approved for resident re-occupancy by the Long-Term Care Administrator, the Director of Nursing and Personal Care and Director of Infection Prevention and Control as well as relevant local authorities
5. The ECG team will meet to prepare for the return of the residents
6. The CEO and ECG will coordinate how the facility will be re-occupied and have timelines available
7. The CEO will communicate this information to all stakeholders
8. Participating in the debriefing within 30 days following the emergency. The debriefing will include the ECG, residents, POA's, staff and volunteers.

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-06
SUBJECT	Responsibilities Under the Emergency Response Plan	Page	1 of 4

Lines of authority must be clearly stated to ensure a smooth and safe operation during emergencies.

The purpose is to maintain continuity of care, calmness, and orderliness during an emergency situation by having clear roles outlined.

1. The authority identified during an emergency will be the CEO and/or Long-Term Care Administrator
2. Attending and chairing all regular meetings of the Emergency Control Group
3. In consultation with the City of Cambridge's Emergency Operations Control Group, declaring an emergency to exist within a designated area of Saint Luke's Place property
4. Ensuring that this plan has been activated once an emergency has been declared
5. Ensuring that the City of Cambridge's Emergency Operations Control Group, Ministry of Health and Long-Term Care, and public are kept advised of the status of the emergency situation when required
6. The CEO or designate will act as Saint Luke's Place official spokesperson for all public announcements and media conference and Saint Luke's Place Board Members notification of the Emergency
7. Declaring a state of emergency terminated after consultation with the City of Cambridge's Emergency Operational Control Group
8. Call a meeting of Saint Luke's Place Board Members after the termination of the emergency to act on any recommendations of the Emergency Control Group
9. Maintain a record of all his/her action taken

Specific roles and responsibilities by department

Senior Leadership is responsible for gathering the Emergency Control Group and are responsible for the provision of direction to Saint Luke's Place staff and interaction with essential services. These directions include updating information for staff, residents, and family, set up evacuation points internally and externally, transportation, supplies and services during any such evacuation. Each director and/or manager has a key role in the evacuation plan.

CEO or Designate- Establish Command Post, designate Administration staff to carry out evacuation services (transportation etc.) communication with staff and Emergency Services. Works with Emergency Services for re-occupancy of the facility is accomplished in a timely manner.

Long Term Care Administrator or Designate- Take direction from the CEO and assist with dealing with media, ensure and assist with director and managers assignments to ensure efficient process for evacuation while ensuring residents needs are met.

Director of Human Resources or Designate- Take direction from the CEO and assist with dealing with media, ensuring staff payroll and emergency scheduling requirements are overseen.

Director of Finance or Designate- Take direction from the CEO to ensure administrative duties carry on during the emergency until the facility is re-occupied. The Director of Finance will ensure the facilities business needs continue to be addressed throughout the emergency.

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-06
SUBJECT	Responsibilities Under the Emergency Response Plan	Page	2 of 4

Director of Nursing and Personal Care or Designate- Report to the command post for checklist. Assignment of all call-in staff and volunteers. Receives resident census when evacuation of units is completed and reconciles resident census once evacuation is completed. Reports to the receiving facility.

Associate Director of Nursing and Personal Care or Designate- Assist Director of Nursing and Personal Care with assigned duties listed above.

Director of Infection Prevention and Control or Designate- Report to the command post for checklist. Takes Holding Area forms and reports to holding area to set up for receiving residents. Fills out resident census as residents are evacuated to holding area. Ensure residents are ready to be transported to the receiving facility. Records any residents that are being family by family members. Reports to the command centre with the resident census for the DoN&PC to reconcile with the unit census. Reports to the receiving facility.

Health and Wellness Manager or Designated - Assist Director of Infection Prevention and Control with assigned duties listed above.

Maintenance and Facility Manager or Designate- Works with the Emergency Services to ensure their role in in the emergency is achieved quickly and safely. Designates maintenance staff to set up receiving areas for receiving residents. Arranges supplies are delivered to receiving areas. Works with Emergency Services for re-occupancy of the facility is accomplished in a timely manner.

Support Services Manager or Designated- Report to the Command Post for checklist. Report to the receiving facility to be ready to receive residents. Arrange for supplies to be delivered to the receiving facility in anticipation of the needs of the residents. Assign staff and volunteers as they arrive to ensure resident needs are met.

Life Enrichment and Program Manager or Designated- Assist Support Services Manager with assigned duties listed above.

Charge Nurse- The Charge Nurse is responsible for taking charge of the unit's fire and evacuation protocols. Ensures staff are taking steps to contain the fire and smoke, safely evacuating residents from the area moving beyond the fire separation keeping ahead of the smoke. The Charge Nurse must ensure staff are guarding all stairwell doors, sending a staff member after regular business hours with the information from the fire box to make the call to the fire department and waiting at the front entrance for their arrival to direct the Fire Department to the fire area. The Charge Nurse will also ensure the emergency checklists are being completed, as well as ensure a resident census is being done. If the Fire Department is ordering a partial or full evacuation, the following duties must be communicated- Notification to the other units, notify the CEO or designate to initiate the Emergency Control Group call-in procedures. Once the residents have been evacuated off the unit, the Charge Nurse must have the completed resident census sent down to reception/business office and turned over to the Director of Nursing and Personal care.

Team Leaders- The Team Leaders is responsible for taking charge of the unit's fire in evacuation protocols until the charge nurse arrives. Ensure staff are taking steps to contain the fire and smoke, safely evacuating residents from the area moving them beyond the fire separations keeping ahead of the smoke. The Team Leader must ensure staff are guarding all stairwell doors, sending a staff member with the with the information from the fire box to make the call to the fire department and waiting at the front entrance for

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-06
SUBJECT	Responsibilities Under the Emergency Response Plan	Page	3 of 4

their arrival to direct the Fire Department to the fire area. The Team Leader will also ensure the emergency checklists are being completed as well ensure a resident census is being done. Once the Charge Nurse is present the Team Leader will take direction from that person. Once the residents have been evacuated off the unit the Team Leader must have the completed resident census sent down to reception/business office and turned over to the Director of Nursing and Personal Care.

Maintenance Workers- During regular business hours the most senior member will stay with the fire panel to wait for the Fire Department one person will bring the Fire Department to the fire unit while the other person stays with the fire panel to reset the system when the fire department gives the “all clear”. The rest of the maintenance staff will proceed to the fire unit and take directions from the Charge Nurse or Team Leader to ensure smoke is contained and residents are evacuated from the fire area to beyond the fire doors or off the floor. Guarding of stairwell doors and accounting for all the units’ residents and reporting back to the Charge Nurse and or Fire Department. Staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completely successfully. If the alarm is after hours, the maintenance on call will proceed to the Home and take charge of the fire panel and take direction from the Charge Nurse or Fire Department when they arrive if evacuating to another facility report to the Director of Nursing and Personal Care or designate for receiving area set up.

Non-Registered Nursing Staff- Responsible for taking direction from the Charge Nurse or Team Leader to ensure smoke is contained in residents are evacuated from the fire area to beyond the fire doors or off the floor. Guarding of stairwell doors and accounting for all the units’ residents and reporting back to the Charge Nurse and or Fire Department staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully.

Recreation Staff- Responsible for taking direction from the Charge Nurse or Team Leader to ensure smoke is contained in residents are evacuated from the fire area to beyond the fire doors or off the floor. Guarding of stairwell doors and accounting for all the units’ residents and reporting back to the Charge Nurse and or Fire Department staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully.

Foodservice Workers/ Cooks- Cooks are responsible to shut down all kitchen equipment close the doors to the kitchen and will stay behind and check if any residents or family are in the Stenhouse Hall or Coffee Shop and stay with them. The rest of the food service workers will take direction from the Charge Nurse or Team Leader to ensure smoke is contained in residents are evacuated from the fire area to beyond the fire doors or off the floor. Guarding of stairwell doors and accounting for all the units’ residents and reporting back to the Charge Nurse and or Fire Department staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully.

Laundry Staff- Responsible to shut down all laundry equipment close the doors to the laundry room and respond to the fire unit. Report to the charge nurse or team leader and take direction from them to ensure smoke is contained in residents are evacuated from the fire area to beyond the fire doors or off the floor. Guarding of stairwell doors and accounting for all the units’ residents and reporting back to the Charge Nurse and or Fire Department staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully.

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-06
SUBJECT	Responsibilities Under the Emergency Response Plan	Page	4 of 4

Housekeeping Staff- Responsible for taking direction from the Charge Nurse or Team Leader to ensure smoke is contained in residents are evacuated from the fire area to beyond the fire doors or off the floor. Guarding of stairwell doors and accounting for all the units' residents and reporting back to the Charge Nurse and or Fire Department staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully.

Volunteers- Responsible for taking direction from the Life Enrichment and Program Manager during regular business hours or the Charge Nurse after hours. If you oversee a resident, report to the administration lounge with the resident and wait for further instructions. Communicate with the staff at the main fire panel to ensure the staff from the resident's home area can account for the resident's whereabouts.

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-07
SUBJECT	Emergency Plan Maintenance	Page	1 of 1

POLICY

1. It is the responsibility of the CEO and/or Long-Term Care Administrator to review and amend this document as required on at least an annual basis
2. The CEO and/or Long-Term Care Administrator is responsible for the coordination of the Plan and the Emergency Control Group
3. The Emergency Control Group is responsible for updating and approving the Plan. It is the responsibility of each Emergency Control Group member to ensure up-to-date contact names and telephone, cell phone numbers are provided to the CEO and/or Long-Term Care Administrator for circulation to all other members of the group
4. The Emergency plan must be updated within 30 days of an emergency if change is required
5. Any updates to the Fire Plan will be sent for an approval by the Fire Department Chief Fire Prevention Office to ensure any feedback from the Fire Department is captured and changes noted
6. Any updates to the Emergency Plan will be sent for an approval by the City of Cambridge Emergency Management Coordinator, Corporate and Community Safety to ensure any feedback is captured and changes noted

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-08
SUBJECT	Training and Testing of the Plan	Page	1 of 1

POLICY

Education and in-service programs shall be provided to all staff and to residents and families on admission to ensure that everyone is aware of his/her role and as well to ensure effective management of emergency situations.

PROCEDURE

1. It is the responsibility of the CEO and/or Long-Term Care Administrator to:
 - Identify training needs for the Emergency Operations Control Group
 - Evaluate the effectiveness of the training
 - Identify a training provider
2. It is the responsibility of the CEO and/or Long-Term Care Administrator to test the Plan including:
 - a) Communication System- Annually
 - b) Zone Evacuation Simulation- Annually
 - c) Full Evacuation Simulation- Every Three Years as per the LTC act
3. Updating the communications network on a regular basis
4. Reviewing activities during tests to correct deficiencies
5. The CEO and/or Long-Term Care Administrator shall submit the Fire Plan and Spill Response Plan for approval by the Chief Fire Prevention Officer with the Cambridge Fire Department when changes to the plan are made
6. All new staff shall be in-service as to their role in an emergency situation at initial orientation.
7. Emergency Planning Manuals will be accessible on the network drive.
8. Changes to emergency plans shall be communicated to staff in writing in the form of memos or updated policies.
9. Mandatory in-services on all Emergency Codes shall be provided to staff through the Director of Infection Prevention and Control or designate on an annual basis.

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-X-01b
SUBJECT	Mock Emergency Evaluation FORM	Page	1 of 4

Emergency Drill Evaluation
(Please complete accurately and legibly)

Date:	
Alarm Zone	
Time of Drill	
Observation Site	
Length of Drill	

Cambridge Fire Department telephone number: [REDACTED]

SRC Monitoring telephone number: [REDACTED]

NOTE: Observer/Auditor to complete all sections

and forward to Director of Human Resources/ or designate for follow up.

Completed reports to be available to staff via Surge Learning

1. At the sound of the alarm:	Yes	No
Staff searched area for fire		
Hallways were cleared		
Windows and doors were latched and closed		
All rooms were checked and identified as vacant		
Equipment, televisions, etc. were turned off		
Residents and visitors were kept calm		
All staff reacted promptly		

2. If the alarm was on your unit:	Yes	No
All staff returned to the unit via stairwells		
Fire alarm was activated: By whom: _____ Which pull station: _____ Devices: Smoke detector, Heat detector, Pull Station Sprinkler		

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-X-01b
SUBJECT	Mock Emergency Evaluation FORM	Page	2 of 4

Alarm was clearly audible		
Announcement was clearly audible		
Emergency Planning Commander was called with exact location of fire		
People were removed from evacuation areas		
All fire doors closed properly		
Hallways and exits were continually monitored until "All Clear" is sounded.		
All residents and visitors were accounted for		
Staff were calm and followed correct procedures		
Fire Monitoring Services/ Fire Department attend zone		
Person in charge respond to alarm zone		
Did resident evacuation occur to a safe area?		
Fire-fighting equipment made ready or used?		
If yes, please provide details:		

3. If the alarm was not on your unit:	Yes	No
All staff returned to the unit via stairwells		
Alarm was clearly audible		
Announcement was clearly audible		
All fire doors closed properly		
Hallways and exits were continually monitored until "All Clear" is sounded.		
All residents and visitors are accounted for		
Staff were calm and followed correct procedures		

4. Emergency Commander Desk:	Yes	No
Alarm monitoring company were called before drill		

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-X-01b
SUBJECT	Mock Emergency Evaluation FORM	Page	3 of 4

Alarm was clearly audible		
Alarm panel checked and announcement was made		
Elevators grounded to Main Floor		
Second announcement was made after a call from fire scene		
Residents were removed from front entrance area		
All fire doors closed properly		
Hallways and exits were continually monitored until "All Clear" was sounded. Entrance and exit of visitors were restricted		
Outside callers were directed to call back after the drill		
Alarm was reset		
Maglocks and Alarm monitoring panel was reset		
Alarm monitoring company were called after the drill		
Physical Plant equipment was checked to ensure proper re-start		
All Fire separation doors were restored on magnetic holders		
Staff were calm and followed correct procedures		
Management team proceeded to central location for debriefing		

5. List all staff present in audited area (please print legibly):		

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-X-01b
SUBJECT	Mock Emergency Evaluation FORM	Page	4 of 4

6. Comments, Concerns, Suggestions:

Signature of Observer/ Auditor:

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Signature of Director of Human Resources/ or Designate:

--

Signature of CEO or Administrator

--

Date:

--

Corrective Action Required:

SECTION	Emergency Planning- Introduction and Administration	POLICY #	EP-I-10
SUBJECT	Emergency Communications	Page	1 of 1

POLICY

Saint Luke's Place will not rely only on one type of communication technology during an emergency. Emergency communications will have backups to ensure the safety of our residents and staff. They include the following:

Telephone System

The business office is an emergency jack and an emergency telephone. This is available should the regular business phones be compromised. This jack and phone are identified with signage so that they can be easily located in an emergency.

Cell Phone System

All Team Leaders and Charge Nurse have cellular phones that work from WIFI as well as their own personal cellular devices if communication is compromised.

Nurse Call

Resident nurse call system is powered by Saint Luke's Place emergency generator circuits in case of power interruptions. If the call bell system is in-operative, policies are in place for resident safety checks as per the Nursing Policies.

Fire Alarm System

Monitoring of our fire panels are through dedicated cell service. Saint Luke's Place policy during an alarm is to call the Fire Department even when the monitoring company informs the Fire Department. The fire alarms are also monitored for communication failures by the monitoring company, and they inform Saint Luke's Place of these failures when they occur.

Specific Emergencies



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Specific Emergency Responses

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SECTION	Emergency Planning- General Measures	POLICY #	EP-II-09
SUBJECT	Specific Emergencies	Page	1 of 1

POLICY

Saint Luke's Place's Emergency Response Plan is intended to deliver an appropriate and safe response in the care of our residents and staff to the following types of Emergency Situations

Policy	Subject
EP-IX-01	Missing Resident LTC
EP-II-03a	Fire Alarm
EP-VIII-02	Unwanted Visitor/ Intruder
EP-IV-01	Elevator Emergencies
EP-IV-02	Water Contamination/ Loss of Water
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EP-VIII-03	Armed Intruder
EP-XIII-03	Outbreaks, Epidemics and Pandemics
EP-IV-07	Natural Gas Leaks

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-01
SUBJECT	Missing Resident	Page	1 of 3

POLICY

Code Yellow is the term used when it has been determined that a resident that cannot be accounted for and is deemed missing from Saint Luke's Place. It is the policy of Saint Luke's Place to provide a comprehensive search procedure for missing residents to alert all relevant staff of a missing resident and implement a planned procedure promptly, searching thoroughly for the resident.

Saint Luke's Place shall have a Search Kit to be used in the event of a missing resident.

1. The Search Kit will be located in the Nurse Manager's office.
2. The kit shall consist with the following information:
 - Emergency Contact List
 - Missing Resident Incident Procedure
 - Floor Plans
 - Search Area Check Lists for staff
3. The Search Coordinator will procure the Search Kit and allocate specific responsibilities to staff.

PROCEDURE

1. A resident shall be considered missing if he/she cannot be accounted for during any shift, noted specifically at mealtimes or during rounds.
2. If the facility has had a disaster/major event, the search in the disaster area will be authorized, directed, and carried out by persons in charge (Fire Department, Police etc.)
3. The Charge Nurse will assume the role of "Search Coordinator". The Search Coordinator responsibility is to organize and implement the search plan as per procedure. Retrieving the checklist shall be the first duty and be followed
4. The Search Coordinator will call the Director of Nursing and Personal Care and/or designate before completion of Phase 1

PHASE 1

1. When a resident is identified as missing the Search Coordinator will check the sign out book to ensure that the resident has not left the building with a responsible person.

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-01
SUBJECT	Missing Resident	Page	2 of 3

2. When it has been determined that a resident is missing from his/her resident home area or the facility, and the home area has been thoroughly searched, CODE YELLOW will be announced over the public address system. The Charge Nurse shall make the decision to make the announcement as noted below:
Example: CODE YELLOW, Name of the Resident, Home Area in which the resident resides.
Repeat 2 more times.
3. The search coordinator organizes a systematic search utilizing the Missing Resident Checklist, and initiates Phase 1 of the search plan, which includes the surroundings as well as high-risk areas such as stairwells and corridors
4. All available staff will be assigned to the search. It is important to remain calm and objective in order that other residents do not become upset. Staff are asked to remain silent except for essential conversation and listen for the missing resident. DO NOT call the resident's name. [Statistics of searches of missing persons with Alzheimer's disease and related dementia reveal that NONE of these people responded to the calls of the searchers.]
5. One staff member from each resident home area will report to the R.N. office and take direction from the Charge Nurse/ Search Coordinator.
6. Checklists identifying specific search areas are distributed to each staff person involved in the search. This is done so that there is a systematic method of ensuring all areas have been thoroughly searched. Staff must initial all areas designated as checked. The search checklist can be found in the Charge Nurse's nursing office. Staff will sign the form noting all areas checked and return the forms to the R.N./designate within 10 minutes.
7. Upon completion of the search list, staff will return to the nursing station to await further instruction.
8. If Phase 1 is unsuccessful, the Search Coordinator will contact the family, and initiate Phase 2 of the search plan if the resident is not with family.

PHASE 2

1. The search coordinator/ Director of Nursing and Personal Care will contact/ assemble the Emergency Control Group (ECG) if a resident has been established as missing. IT will be contacted to pull video of the resident leaving the facility
2. Notify resident's Physician and Medical Director of the facility
3. A "Missing Resident Report" is completed with all available information and the resident's picture is removed from the medical record and/or the resident's chart.
4. Search teams are organized, and the facility is thoroughly searched again using the checklists. An outside search is initiated for the immediate area surrounding the facility (garden areas, sheds, patio, etc.). All home areas of the facility will be searched using the home area's checklist.

SECTION	Emergency Planning- Code Yellow	POLICY #	EP-IX-01
SUBJECT	Missing Resident	Page	3 of 3

5. If the missing resident is not located within the Home or immediate outside area, the search will be expanded within the community, including the fields surrounding the facility.
6. The search coordinator or designates will call the hospital and both taxi companies and report we have a missing resident and give them a description of the resident.
7. Upon commencing the expanded search, the Administrator/CEO, or delegate, will contact the Cambridge Fire Department and the Cambridge Police services for their assistance. The Cambridge Fire Department has two-way radio equipment and manpower to assist in the search.
8. Each team/person will report back to the search co-coordinator when their search has been completed. Those searching the facility will submit their search checklist, ensuring that the forms have been completed including the time the search was completed and the staff responsible for that area searched.
9. All calls to or from the press, community or family are to be referred to the CEO or designate.
10. Once the resident is located, the search co-coordinator or designate will notify the staff by paging over the Fire Panel PA, i.e., "We thank all for your assistance. You may now resume your normal duties" "Code Yellow, All Clear" three times
11. The search co-coordinator will ensure that the "Missing Resident Report" is completed.
12. If necessary, further actions will be initiated by the Administrator/CEO, or delegate.
13. All reports will be retained on the residents' chart with copies to the Administrator/CEO and Director of Resident Care.
14. The CEO or Designate to approve that the emergency meets the guidelines of reporting it to MOHLTC
15. The ECG will call for a debriefing within an acceptable amount of time and will relay to all staff any changes to the policy that stem from the debriefing.
16. When resident is returned to Saint Luke's Place, he/she is to be monitored every half-hour for the next 24 hours.

SECTION	Emergency Planning- General Measures	POLICY #	EP-II-03a
SUBJECT	Fire Alarms	Page	1 of 1

POLICY

1. The Long-Term Care Residence Specific Fire Plan is contained in a separate FIRE PLAN section
2. The Independent Senior Apartments Specific Fire Plan is contained in a separate FIRE PLAN section

SECTION	Emergency Planning- Code White	POLICY #	EP-VIII-02
SUBJECT	Unwanted Visitor/ Intruder	Page	1 of 1

Policy

1. Remain Calm; signal another staff member that there is a person in the facility that should not be there.
2. Saint Luke's Place is entrusted with the safety and security of the Residents and Staff within The Long-Term Care Residence and the Independent Senior Apartments.
3. Should someone gain access into any of these Buildings and at the CEO, or delegate's discretion, if it is determined that there is a risk of harm, theft or threat, the individual(s) will be asked to leave the premises.
4. The Charge Nurse should remind the individual(s) that there are video surveillance cameras located in the building and that their presence is being recorded.
5. DO NOT ENGAGE IN PHYSICAL CONFLICT WITH THE INDIVIDUAL(S);
 - telephone 9-1-1 and report the incident and await appropriate instruction from Cambridge Police Services.
6. Do not place yourself between the individual(s) and an available exit. Do not place yourself between the individual(s) and an available exit. Conversation with the individual should only be kept to informing the person that the Cambridge Police Service have been notified.
7. In order to assist the investigation, please use the **Unwanted Visitors/ Intruders Checklist** to record the specific information regarding the circumstances of entry, actions while in the building and exit.
8. All completed forms shall be retained by the Long-Term Care Administrator. Please forward any necessary information to the attention of the Long-Term Care Administrator immediately after the Emergency situation.
9. The Long-Term Care Administrator will copy the form and submit the copy to the CEO or designate who in turn will complete a report of the Incident and forward copies to the MOHLTC.

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-01
SUBJECT	Elevator Emergencies/ Failures	Page	1 of 2

POLICY

Saint Luke's Place shall have in place an action plan that will allow ongoing care and service to residents, in the event of failure of one or more elevators.

PROCEDURE

1. In the event of an elevator failure, the Maintenance department will be notified immediately during business hours. After hours, the Maintenance and Facility Manager or Manager-on-call will be notified and direction sought.
2. If the direction given is to call the elevator service technician, the telephone number is recorded on Saint Luke's Place Service Personnel and Technician List located at the RN Office and attached to the Emergency Contact Policy
3. If the B-Wing elevator malfunctions, residents on A-Wing Second Floor can be use the C- Wing elevator to access the main floor.
4. If the E-Wing elevator malfunctions, and residents must get to or from E-Wing Lower Floor, they may be transported via A-Wing Lower Floor to the B-Wing elevator.
5. D-Wing and E-Wing Elevators are also powered by the Emergency Generator.
6. If the C-Wing elevator fails, tenants in that building may use the B-Wing elevator. In the unlikely event that all elevators fail, service will be provided in the following manner:

All available staff will assist with the portering of meals to residents.

Dietary:

- Staff will use portable food containers to deliver meals and carry them to resident home areas
- Disposable dishes and cutlery may be used

Programs:

- Recreational and activity programming will be held on individual resident home areas

Nursing:

- Residents who are able to use the stairs will be assisted by staff

Housekeeping and Laundry:

- Housekeeping supplies will be transported via the stairways as required
- A-Main and E-Wing have laundry chutes
- A-Second will transport dirty linen via the stairs to the A-Main chute if both B and C-Wing elevators fail
- Personal linen will be delivered via the stairs

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-01
SUBJECT	Elevator Emergencies/ Failures	Page	2 of 2

Resident, Staff or Visitor Trapped in the Elevator:

- If a resident, staff, or visitor is trapped in the elevator, the Nurse Manager/designate will immediately inform the Maintenance and Facility Manager or the Manager-on-call for direction.
- If there is an occupant(s), do not try to tamper with the doors or Elevator mechanism.
- Recommend to the occupant(s) to sit in the middle of the Elevator car, loosen tight clothing and remain calm. The Elevator car will not drop the built-in safety features.
- Talk to the individual through the door and instruct him/her to use the telephone in the elevator. It will connect to a staff telephone. Reassure the individual and inform him/her that help is coming.
- When the person is freed from the elevator, the Nurse Manager/designate will accompany the individual to a quiet place and ensure that he/she is in a calm state before allowing him/her to leave the area.
- Provide regular communication with person(s) trapped in the elevator; prepare for the person's release from elevator by having water and a seat available upon their release.
- If necessary, contact emergency services at 911

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-02
SUBJECT	Water Advisory/ Loss of Water	Page	1 of 2

POLICY

Saint Luke's Place shall have in place a contingency plan for an alternate source of water in the event of a total loss of water services, significant or catastrophic occurrence of contamination of the water supply.

This policy is intended to provide direction to staff members who must continue to provide care and services to the residents of our facility when the water supply has been deemed unusable.

PROCEDURE

1. If the water contamination is advised by the Waterloo Region District Health Unit, received via radio station broadcast, or directly from the Water Treatment Facility, the information should be supplied to the CEO/ Long Term Care Administrator or designate immediately.
2. The CEO/ Long Term Care Administrator or designate, will determine when to invoke this water contamination policy. When this has been determined, the following practices will occur immediately.
3. The CEO/ Long Term Care Administrator or designate, will communicate to all staff to ensure the following is done:
4. The Maintenance Staff will be mobilized to turn off all sources of incoming water, via the main water shutoffs located in the basement areas of each affected building.
5. The staff would assemble at the Nursing Station and be advised as to the instructions of the particular circumstances of the contamination, followed by the staff assignments.
6. Staff assigned a particular area of the facility will proceed immediately to that area and ensure that there is no pressure still remaining in the water lines by turning on all of the facets and allowing the system to bleed out any excess water. As Staff moves from area to area, they will clear all toilets and sinks to ensure that there is no standing water remaining that may be mistakenly accessed by someone. All faucets shut-off valves will be closed.
7. Once staff has completed their assigned areas, the building will be considered secure for access to contaminated water and the focus shall transfer to the provision of care, dietary needs and the management of the emergency for the duration of the water contamination period.
8. Dietary will be advised to discontinue the washing of dishes and cutlery and substitute disposable product to continue to serve and prepare meals. An emergency menu would be developed by the Support Services Manager or designate that meets with the intent of the

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-02
SUBJECT	Water Advisory/ Loss of Water	Page	2 of 2

water restriction. In cases where water is necessary for the preparation of meals, the inventory of bottled water will be accessed and utilized to maintain the continuation of dietary services. Any tap water utilized must be brought to a rolling boil for a minimum of 1 minute.

9. Nursing Staff will be instructed as to the proper means of hand washing, toileting, personal cares, and other procedures that would otherwise involve water. Hand sanitizer is stored at the Nursing Stations for the use in these circumstances.
10. Ensure that bottled water is immediately brought onsite and distributed throughout the affected facilities to ensure that it is readily available to staff and residents as needed.
11. Suitable information bulletins will be posted at all entrances to the facility to ensure that the staff, residents, and visitors are kept informed.
12. Ongoing interaction with the Waterloo Region District Health Unit and the City of Cambridge Water Treatment facility will be managed by the CEO/ Long Term Care Administrator or designate.

CONFIRMATION OF SAFE WATER USE

1. The facilities' water supply will be tested by the Waterloo Region District Health Unit and the City of Cambridge to ensure its safety.
2. Once the confirmation has been received from the Waterloo Region District Health Unit and the City of Cambridge Water Treatment facility, the CEO/ Long Term Care Administrator or designate will determine that the Water Contamination Emergency has ended.
3. The CEO/ Long Term Care Administrator or designate, will assigned staff to return to each of the building's areas to ensure that all faucets remain shut off, while re-opening the water valves to the sinks and toilets.
4. Once confirmation has been received that all water faucets and valves have been checked, maintenance staff will slowly re-engage the water source.
5. The CEO/ Long Term Care Administrator or designate will then assign staff to go faucet by faucet throughout the facility and turn on both the hot and cold water supply for a period of 10-15 seconds to flush the system.

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-03
SUBJECT	Air Quality	Page	1 of 1

AIR QUALITY

SMOG ALERT

1. In the case of a broadcast smog alert through the media or from the Waterloo Regional Health Unit, discontinue use of gas-powered equipment such as lawn mowers, tractors, etc.
2. Advise the Residents of the Smog Alert and the dangers of going outside and risking exposure to harsh weather conditions that may affect their respiratory systems by paging, individual contact as well as the posting of notices regarding the Smog Alert Advisory. Postings should be on all exit doors.

CONTAMINATED EXTERNAL AIR

Upon determining that the external air may present a hazard to the health and safety of the building's occupants, an immediate assessment shall be made by the Senior Staff in Charge as to the potential risk. If it is deemed necessary to exclude external air from the facilities, the following steps shall be initiated:

1. Inform the Emergency Control Group by email immediately
2. Coordinate the closing of windows and the closing of external doors. Please use the **AIR CONTAMINATION CHECKLISTS** specific to the building(s) experiencing the contaminated air.
3. Shut down all air circulation fans which draw external air into the Facilities. A detailed location of these air handling units is part of the checklist. Signage is posted outside of the switchgear rooms for easy identification of what to turn off.

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-09a
SUBJECT	Building Climate Emergencies	Page	1 of 1

POLICY

In the case of a heating or cooling break down, the residents and staff safely must be continuously assessed. Advise residents and staff of the emergency and continuously keep them informed.

PROCEDURE

1. In the event of power failure, the A-Wing heating system is powered by the auxiliary generator. The HVAC unit serving E-Wing Main Floor core area is powered by the auxiliary generator in the event of power failure. All rooms at the E-Wing Main Floor core area are heated by the HVAC unit.
2. Advise maintenance and facility manager during business hours or contact maintenance on call. Refer to the manager on call document available in the Charge Nurse Office for all contact information. The Charge Nurse will then inform the Director of Nursing and Personal Care in case the Emergency Control Group (ECG) is required to meet.
3. Maintenance workers will investigate the problem and contact the appropriate service personnel as required.
4. All windows must be checked and closed to ensure the internal temperature is less affected by the outside temperatures. Oxygen concentrators should be put in the resident's washroom and the door closed if this is a heat emergency and lighting dimmed as much as safely possible.
5. Once a repair timeline has been established, the charge nurse will contact the Director of Nursing and Personal Care or designate to inform the Director of the situation to ensure the Director is able to report the emergency to the CEO or designate to approve that the emergency meets the guidelines of reporting it to MOHLTC.
6. During off business hours, the charge nurse will approve any contractor repairs that the maintenance staff requests necessary to ensure the HVAC system returns to normal operations in a timely manner, once informing the Director of Nursing and Personal Care.
7. The charge nurse will inform the dietary department to deliver to the floor any hot/cold refreshments that are required for residents and staff as well as inform maintenance to deliver to the floor fans or small heaters that can help with resident and staff comfort during the emergency. Housekeeping staff will be informed that all floor washing will be stopped until the emergency is over.
8. The charge nurse will notify the dietary department to change the menu to reflect appropriate food for the type of emergency (i.e., cold foods for heat emergencies).
9. The charge nurse will call the maintenance staff throughout the emergency for updates and ensure that maintenance inform the charge nurse of any changes.
10. Hot and cold weather protocols must be followed for residents and staff. Staff must continue to assess any at risk residents and staff throughout the emergency.

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-15
SUBJECT	Carbon Monoxide Detectors	Page	1 of 1

PURPOSE

Saint Luke's Place has 2 C.O. detectors in the facility. These serve to warn staff of the possibility of C.O. build up in the areas where Natural Gas is used. The areas are the main kitchen, and mechanical room.

POLICY

When a C.O. detector is activated, the staff must respond quickly to ensure residents and staff evacuate the area and that the Fire Department is called.

PROCEDURE

Upon hearing the alarm from the C.O. detectors located in the Kitchen and the mechanical room, the staff must react immediately and:

- Check area on your way out to aid any co-workers or residents in evacuating
 - Close all doors to the area.
1. Call 911 and inform them that a C.O. detector has gone off in that area.
 2. Report to the charge nurse of the situation.
 3. Follow the charge nurses' orders.
 4. Keep anyone from entering the area.
 5. Have someone wait for the Fire Department at the front entrance to guide them to the area.

SECTION	Emergency Planning- Code Black	POLICY #	EP-III-02
SUBJECT	Bomb Threat	Page	1 of 2

POLICY

This procedure will be carried out discreetly with a minimum of publicity. The news media should not be notified under any circumstances.

Bomb threats should never be taken lightly. All bomb threats should be taken seriously unless proven otherwise. Please consult the Bomb Threat Checklist

The PERSON RECEIVING CALL will:

1. Remain calm - do not panic.
2. Attempt to prolong the conversation and extract as much information as possible from the caller- i.e.: location of bomb, time limit, and reason for threat. See checklist
3. Pay particular attention to the distinguishing characteristics of the caller's voice, i.e., accent, sex, age, or impediment.
4. Record the exact time of the call and any other information obtained.
5. Immediately advise the CEO or designate, Director of Nursing and Personal Care and the Charge Nurses.
6. Indicate via a signal, to the other staff that the caller is indicating a bomb threat.

The CEO or Designate, Director of Nursing, or Charge Nurse will contact Police and the Cambridge Fire Department.

The SENIOR PERSON ON SITE will meet the police and guide them to the affected area.

The Charge Nurse will ensure

1. Utilize staff in each area that is most familiar with that part of the building.
2. Search area in a systematic fashion moving progressively room by room until each area is complete.
3. Searchers are to be cautioned; be alert for strange objects, especially anything that appears to be out of place.
4. When such an object is found; **it is to be left untouched!!!**
5. Staff is to ensure the safety of the Residents and Staff, once such an object is located, by relocating Residents and Staff to another part of the building.
6. The decision to evacuate will be made by the City of Cambridge's Emergency Operations Control Group.

The CEO or Designate will complete a report of the Incident and forward copies to the Long-Term Care Regional Office.

SECTION	Emergency Planning- Code Black	POLICY #	EP-III-02
SUBJECT	Bomb Threat	Page	2 of 2

How to conduct a search:

- Search public areas first (washrooms, lounges, anywhere a visitor could be unescorted).
- Search semi-private areas second – (resident rooms, nursing stations)
- Search locked areas last.
- In each area make three sweeps. First looking at everything from your waist to the floor; second from your waist to shoulders; and third from shoulders to the ceiling.
- Law enforcement should search the outside of the building. However, a search of the inside of the facility is much more effective if done by the staff. The police are not as familiar with the facility's natural surroundings.
- If nothing suspicious is found, communicate that to the police. Document everything that has been done.
- If a suspicious item is found, calmly inform other staff and residents that you will be evacuating, by which route and where you will gather a safe distance away (at least two hundred yards).
- If the police have already arrived, tell them where you found the suspicious item. Otherwise wait at the evacuation point until police arrive.

If you choose to evacuate:

- The Emergency Control Group will decide how you will communicate that there is an emergency and a need to evacuate the facility. The Stenhouse Hall would be the best option to help protect our residents from the elements.
- Have several pre-planned escape routes. A suspicious item may be in the way of one escape route.
- Did you evacuate all residents? What home area(s) will you evacuate?
- Ensure to bring the resident census (found in the emergency boxes) so you can account for all residents?
- Have a designated meeting point a safe distance from the search area and make sure to notify all staff of which place will be used, prior to evacuating. The Stenhouse Hall would be the best option to help protect our residents from the elements.

SECTION	Emergency Planning- Code White	POLICY #	EP-VIII-04
SUBJECT	Violence in the Workplace	Page	1 of 5

PURPOSE

Saint Luke's Place is committed to providing a safe and healthy work environment for all Saint Luke's Place employees, residents, and visitors and, as such, treats any act of violence within its scope of service as a very serious matter and investigates promptly. Saint Luke's Place takes every reasonable precaution to reduce the risk of workplace violence.

POLICY

As part of our commitment to providing a safe and healthy work environment, and in collaboration with our Abuse Policies this policy addresses the reporting procedures for Saint Luke's Place employees and agents when there is violent behavior on the part of residents and visitors.

Acts of violent behavior by residents or visitors are not acceptable. Such acts are subject to sanctions consistent with the seriousness of the incident and may include but are not limited to:

- Supervised visits,
- Prosecution consistent with the law, or
- Other legal remedies.

All acts of violent behavior by residents or visitors shall be identified and recorded.

Incidents of aggressive or violent behavior by a resident are to be noted on the resident's health record. Any remedial actions which are implemented and that may affect the resident's care or access are also to be recorded in the resident's health record.

Gentle Persuasive Approach (GPA) training shall be made available for Saint Luke's Place staff members that work in areas where they may reasonably expect to encounter violent behavior.

Guiding Principles

1. Ensuring personal safety and that of others is the primary concern when addressing incidents of violent behavior.
2. In health care environments, residents may experience stress and anxiety associated with their illness and may direct frustration, anger, or aggression toward others. These individuals, however, need to be made aware that violent behavior is unacceptable.
3. Reporting acts of violent behavior is the responsibility of all employees.

DEFINITIONS

Workplace Violence: Any action, incident, or behavior that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of his or her work.

Workplace violence includes:

- Threatening behavior - such as shaking fists, destroying property or throwing objects.
- Verbal or written threats - any expression of an intent to inflict harm.
- Harassment - any behavior that demeans, embarrasses, humiliates, annoys, alarms, or verbally abuses a person that the individual engaging in the behavior knew or ought reasonably to have

SECTION	Emergency Planning- Code White	POLICY #	EP-VIII-04
SUBJECT	Violence in the Workplace	Page	2 of 5

known would be unwelcome or would cause offence or harm. This could include words, gestures, intimidation, bullying, or other inappropriate activities.

- Verbal abuse - swearing, insults or condescending language.
- Physical attacks - hitting, shoving, pushing, or kicking.

Employee: refers to any employee, other practitioner, volunteer, student, and contractor, associate Saint Luke's Place Campus, or employee of Saint Luke's Place.

Resident: refers to any individual receiving care while residing in Saint Luke's Place.

Visitor: refers to any individual who is not an Employee or a Resident, who is on the Saint Luke's Place property or is contacting an Employee in their work capacity.

Workplace: means any place where an employee is or is likely to be engaged in any occupation and includes any vehicle or mobile equipment used or likely to be used by an employee in an occupation.

PROCEDURE

Immediate Intervention and Reporting of Violent Behavior

Employee Responsibility

Where involved in or encountering violent behavior:

1. Assess the safety of self and others in the area of the incident. Based on the assessment of the situation inform the Charge Nurse immediately.
2. Remain calm and do not escalate the situation by being confrontational.
3. If no immediate danger exists, notify the aggressor that his/her behavior is unacceptable and unwelcome.
4. Be specific about the exact behavior to be stopped as this ensures the aggressor knows what conduct is unacceptable.
5. Avoid being placed in a position of unnecessary physical risk and engage the help of the team where possible.
6. If the situation becomes physical, if there is a weapon involved, or the situation is life threatening, leave the situation and get help as follows:
 - Go to the nearest Nursing Station and CALL 911
 - Contact the Charge Nurse and advise.
 - Contact the Director of Nursing and Personal Care, who contacts the CEO
7. As per Guiding Principle Statement #2, consider the underlying cause behind abusive behavior and manage the situation in a professional manner.
8. If experiencing violent behavior from a resident or visitor, notify your supervisor or manager.

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Manager/Supervisor Responsibility

Take whatever reasonable measures are necessary to ensure a safe workplace. When aware of an incident of violent behavior:

1. Contact the treating or on-call physician where the violent behavior is exhibited by a resident.
2. Document and report the occurrence as required.
3. As soon as possible, investigate and discuss the situation with relevant staff and directors to determine the extent of the violent behavior and whether additional measures are required.
4. Review the resident/client care plan to ensure controls identified in the investigation for safety of employees and residents are included.
5. Ensure the care plan and the status of the resident/client is monitored.
6. Determine if Employees require post-incident support or help coping with the event.
7. Determine if there is a need for a formal review and action to be taken to prevent reoccurrence.
8. Where the violent behavior is by a visitor, set behavioral limits and expected outcomes; where the visitor does not comply, contact police and have the visitor removed.
9. If there exists - or there is potential for - on-going danger to an employee, or the staff, manager, employee or team is considering the bringing of criminal charges in respect of the violent behavior, contact the CEO for immediate determination of protective steps to be taken.

Management Formal Review

Where the Manager has completed a risk assessment and determines:

- The hazard or risk of workplace violence continues to be high,
- Additional support is required, and
- Occurrences are ongoing,

The Manager may request a formal review. The Manager makes the appropriate contacts to convene a review team comprised of participants from all or some of the following to provide long term preventive measures or programs to ensure a safe and healthy work environment:

- Safety Programs
- Risk Management
- Professional Practice
- Resident Representative
- Department Manager
- Workplace Safety Team Member or Member of the Joint Occupational Health & Safety Committee (JHSC)
- Human Resources Consultant
- Physician attending resident where appropriate
- Legal Services (General Counsel or Associate Legal Counsel)

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Results may include issuance of a warning letter, supervised visits or involvement of the police as appropriate.

Review Team's Responsibility

1. Review teams consult with health care providers as appropriate to obtain the team's assessment as to the cause of continuing violent behavior and whether the acts are intentional. These care providers may also assist with developing recommendations to prevent reoccurrence of incidents or injury.
2. The review team meets to review the findings of the manager's investigation and makes a recommendation as to the appropriate action plan or sanctions.
3. In managing violent behavior, it is essential to consider whether the behavior is intentional or not intentional, as a consequence of the medical or psychological status of the resident.
4. Recommended sanctions may include an order for Protection of Property.
5. The review team prepares a report that:
 - Identifies the recommended actions to prevent recurrence; and
 - Ensures that these recommendations are forwarded to the appropriate persons/manager for consideration and implementation.
6. The Review Team ensures that:
 - The report is reviewed, and a copy of the report is sent to the appropriate parties.

Threats of Violent Persons other than Residents and Staff

To ensure the safety of both staff and residents in the face of personal violence, the following must be remembered:

- All doors to Saint Luke's Place building remain secured or monitored 24 hours a day. The Independent D wing apartments operate with telephone entry systems while the remaining Campus operates with a secured building from 9:00PM in the evening until 7:00AM in the morning with all doors and locks secure during these evening and early morning hours. Door alarms act as staff alert to residents/visitors, who may be entering/leaving premises, and also as staff alert to any intruder who may be entering/leaving premises;
- No attempt will be made to resist any intruder by physical contact or in any other way that will endanger the personal safety of staff or residents.
- Contact the Cambridge Police Service by calling 9-1-1.
- If possible, contact the CEO and/or Long-Term Care Administrator, Director of Nursing and Personal Care

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Threat of a Violent Resident

Violent residents are to be treated with dignity and respect, being afforded as much latitude available without causing or risking personal harm to another person or themselves. Place resident in safe area. Do not directly face a violent resident; stand to the side as voice and action have a significant impact on whether or not the resident calms or becomes more agitated.

- Staff should listen for hidden indications as to the cause of the agitation.
- Report to Nursing Coordinator/Director of Care.
- Report to Doctor and Family member.
- Assessment done by Resident Physician and Psychiatrist (if necessary).
- Resident Care Conference with family member, Director of Nursing and Personal Care, Social Worker, staff involved, and resident (if possible) as well as Doctor (if applicable).
- Draw up plan of action to deal with problem and reassess as necessary

SECTION	Emergency Planning- Internal Disasters	POLICY #	EP-IV-010
SUBJECT	Employee Mass Resignation and Mass Staff Illness	Page	1 of 1

POLICY

The CEO and/or Long-Term Care Administrator should be notified. The CEO and/or Long-Term Care Administrator in turn, will notify the Director of Nursing and Personal Resident Care and/or the Associate Director of Nursing and Personal Care. The Management Committee will determine the future areas of roles and responsibilities at that time with regard to:

1. Determine number of qualified staff still available to work.
2. Contracted staff from external agencies, extending working hours, calling retired staff back to work is a strategy that could be used to increase staff capacity.
3. Encourage carpooling of staff from certain checkpoints if public transportation is not available. Staff should speak to their managers if experiencing transportation difficulties.
4. Staff may bring a sleeping bag/comforter to work along with a change of clothes in the event they are unable to leave.
5. All vacation requests will be cancelled.
6. Clerical and housekeeping staff could be trained to assist with care (i.e., feeding).
7. Family members could be trained to help with care and daily living activities (i.e. providing a bed bath and assisting with feeding and toileting).
8. Use of volunteers.
9. Pregnant women should be deployed to non-affected areas or work from home. Relenza is the drug of choice for this group of individuals as it comes in a topical form and is safer for breast feeding mothers. It will be essential to “cross-train” staff with different skills other than their current position. The 6 main categories include:
 - Feeding residents
 - Toileting, transferring, including mechanical lifts
 - Obtaining vital signs
 - Basic housekeeping skills
 - Basic food preparation and inventory control
 - Medication administration

Although individuals may be trained, they will not work in these capacities, replace staff, or assist staff during non-pandemic times, as that would be a violation of current collective agreements therefore “in time” training will be provided when the pandemic occurs.

Discharge and transfer of residents, including care of records and personal effects, to be carried out by personnel, attempting to follow the procedure as set down in the Nursing Manual as close as possible.

SECTION	Emergency Planning- Code Brown	POLICY #	EP-XI-01
SUBJECT	Chemical Spill	Page	1 of 2

POLICY

Saint Luke's will have the necessary equipment, procedures, and training in place to properly control and manage a spill of hazardous or non-hazardous material in the workplace in order to prevent both personal injury and environmental damage.

Definitions

Spill: A discharge of a pollutant into the environment, from or out of a structure, or other container, that is abnormal in quality and quantity in light of all the circumstances. A Spill may cause or is likely to cause and adverse effect on public health or the environment.

Adverse Effects: Can be described as one of more of the following:

- Impairment of the quality of the environment for any use that can be made of it.
- Injury or damage to property or to plant or animal life.
- Harm or cause material discomfort to any person.
- An adverse effect on the health of any person.
- Impairment of the safety of any person.
- Rendering any property or plant or animal life unfit for human use.
- Loss of enjoyment of normal use of property.
- Interference with the normal conduct of business.

In the event of a chemical spill, the most senior staff is to follow the emergency implementation as listed below and then perform the following:

1. Close all the windows and doors of the building until an assessment of the situation can be made. The decision to evacuate will be made by the CEO or Designate in consultation with the authorities.
2. Move all affected residents and or staff to another part of the facility is preferable.
3. If evacuation is deemed necessary, the normal evacuation procedure will become operative.
4. The Relocation Site will be: Fairview Mennonite Home, Cambridge Country Manor, and/or St. Andrews Terrace as denoted and or in the Transportation Section of this Plan.

PROCEDURE

Any spill or leak of a liquid or solid must be cleaned up immediately.

1. Check the source of the spill.
2. Identify the spill material.
3. Determine if the spill source can be stopped safely.
4. Place a caution pylon at the spill location to warn others of the potential slip, trip or fall hazard.

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5. Access the Material Safety Data Sheet from an MSDS Binder. MSDS binders are found in Human Resources, Nurse Manager's and in each department.

ENSURE ALL REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE) IS USED DURING ANY SPILL CLEAN UP

Clean up of spills *not requiring special disposal*:

- Use a mop/sponge and pail of soapy water to wash a liquid spill from the floor/shelving. Dispose liquid into water drain.
- Use a broom to sweep up granular solid spills into a plastic garbage bag. Dispose into solid waste container.

Clean up of spills *requiring special disposal*: Follow MSDS clean up instructions.

- Notify the department manager/supervisor of the spill. "CODE BROWN" will be announced 3 times over the loudspeaker system at the discretion of the manager/supervisor. Manager/supervisor will determine if an outside agency is required to assist with cleanup.
- Access the Spill Kit in the closet beside the Environmental Service Manager's office.
- Use floor sweeping compound or absorbent pads to absorb liquid spills.
- Place solid spill or contaminated granular absorbent into metal/plastic drum (as per MSDS instruction).
- Seal and label the drum.
- Remove the drum to an isolated area for disposal.

Spill Kit may contain:

- Universal absorbent pads
- Gloves
- Mask/Goggles/Face Shield
- Universal granular absorbent
- Disposable bags with labels and markers to identify bag contents
- Gown/Apron
- Shoe Covers
- Drum Labels
- Location of disposal drums

Labeling Instructions

- Use Drum Label.
- Spilled material: Identify the material that will be placed in the drum.
- Indicate the approximate amount in drum box.
- WHMIS Symbol: All 8 symbols are printed out on the drum label, cross out or cover any symbol that does not apply to the material being placed into the drum.
- Write the name of the Employee who filled out the drum label.
- Write the date on the drum label applied to the drum.

Documentation: A Spill Report Form will be completed for all spills at the discretion of the supervisor.

SECTION	Emergency Planning- Code Orange	POLICY #	EP-VI-02
SUBJECT	Natural Disasters- Floods	Page	1 of 1

FLOODS

A natural disaster may be a flood, prolonged power failure, loss of water service, etc. It is essentially the disruption of dependent services to the facility that is necessary to maintain normal operations.

This policy sets out the values, principles and policies underpinning the home's approach to dealing with the emergencies arising from floods or the risk of flooding of the home, in the vicinity or in a wider area that could disrupt its running and put residents' welfare at risk.

Saint Luke's Place with cooperation from the City of Cambridge's Emergency Operations Control Group (EOCG) or the Emergency Services will commence with emergency procedures designated for the type of emergency identified by the City's Emergency Control Group.

The City's EOCG would only order for a larger scale evacuation as the rest would be handled by emergency services.

Even outside of high-risk areas, heavy rain can cause groundwater to rise, and blocked sewers can cause a flood.

The home will be concerned about flooding affecting:

- The premises
- Local roads, preventing care staff from getting to work or supplies being delivered
- The possibility of being marooned under some conditions.

Responding to Flood Risks:

- Arrangements for resident welfare, including continuity of their personal care, nutrition and hydration needs and medicines.
- Arrangements to maintain staffing levels where there might be difficulties in staff travelling arrangements. See Employee Mass Sickness Policy
- Arrangements to maintain essential supplies, including food and medicines.
- Emergency Control Group and Emergency Services plan for Evacuation over Shelter in Place if resident and staff safety may be compromised.

Emergency Control Group Responsibilities

- The resident's welfare is made a priority and that they can always be kept safe and have their needs met.
- Staff can carry out their work safely with minimum of disruption and are fully supported
- Local Utilities may need to be shut off to the buildings. See Power Failures Policy

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-16
SUBJECT	Kitchen, Coffee Shop-Café, Serveries Fires	Page	1 of 1

POLICY

To ensure the safety of staff and residents in our facility, Saint Luke's Place treats these areas as a high-risk area of the facility. Saint Luke's Place staff must ensure all reasonable precautions are taken no matter how insignificant the fire emergency may seem. Staff must always ensure equipment is used as per the manufacturer's recommendations and staff must never use heat sources in equipment not designed to use them (use of chafing fuel in non-chafing equipment).

Chafing equipment may only be used in the Auditorium or Stenhouse Hall during events and must never be used in any of the resident areas of Saint Luke's Place. Foodservice staff must monitor this equipment during use and must ensure any table linens will not come into contact with the open flame. Foodservice staff must ensure the safe disposal of depleted chafing containers to ensure containers have cooled off before disposal.

Kitchen and Server areas experiencing any open flame and/or smoke, the staff must react quickly and efficiently to extinguish the fire and limit the contamination of air quality in the surrounding area and beyond into other areas. If the fire alarms do not activate, the staff are to pull the closest pull station to activate the fire alarms. Staff must turn off all equipment and close off all access to the area to contain smoke. Any fire in these areas, no matter how small, must be investigated by the Fire Department.

Coffee Shop/Café areas experiencing any open flame and/or smoke, the staff must react quickly and efficiently to extinguish the fire and limit the contamination of air quality in the surrounding area and beyond into other areas. If the fire alarms do not activate, the staff are to pull the closest pull station to activate the fire alarms. Staff/Volunteers must turn off all equipment and close off all access to the area to contain smoke. Any fire in these areas, no matter how small, must be investigated by the Fire Department. Staff must evacuate all Coffee Shop/Café patrons out of the area.

Unpackaged food being prepared before the fire started must be disposed of and not be served. Any contamination from the smoke will penetrate the unprotected food and cannot be served to anyone.

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-04
SUBJECT	Power Outages	Page	1 of 2

POLICY

Saint Luke's Place shall have in place a contingency plan for an alternate source of electrical power in the event of a loss of hydro/electric power. Power failures are typically a short-term disruption of dependent services to the facility, but it is important to maintain normal operations. The emergency generator will ensure power to essential services is maintained but power outages will affect other services. The longer the facility is on emergency power, it becomes very important for the staff to think ahead to ensure the safety and needs of our residents are being met

POWER OUTAGES:

Typically, power outages are caused by the loss of transmission of power from the grid. This will affect the facility as a whole and our 3 emergency generators will feed emergency power to the facility. The Power Outage Form will help guide staff through the emergency and ensure all operation areas are checked to prevent secondary emergencies.

1. The Charge Nurse will take charge of their areas and communicate to staff to ensure the safety of the residents. Utilizing the Power Outage Form will help to ensure all services are being addressed, but the staff may need to address other issues that come up.
2. The Charge nurse will inform the staff of the importance of keeping them informed of any issues during the outage.
3. It is very important to have a maintenance staff respond to all power outages to ensure the needs of the building, residents and staff can be met. During a power outage, all the generators, building equipment and portable equipment require supervision to ensure these systems continue to function during the duration of the outage.
4. The Director of Nursing and Personal Care must be informed of the power outage as they will be the link to communicate to the Senior Leadership Team.
5. The Director of Nursing and Personal Care will activate the Emergency Control Group if the outage may be prolonged.
6. It is important to think about all building safety features and how a power outage may affect them (i.e., building temperatures) as well as how staff can still deliver service to our residents (i.e., meal service).
7. The Charge Nurse can approve all purchases of fuel for the emergency generators if required.

PROCEDURE

1. In the event of loss of electrical power, emergency generators will automatically start and will provide back-up power to many services within Saint Luke's Place. The Nurse Manager will notify the Maintenance and Facility /designate of the loss of electricity service.
2. For the general comfort of residents, the Nurse Manager will assist workers to
 - Provide reassurance to residents.
 - Provide extra blankets as required for residents in E Wing, as bedrooms will not have heat
 - Layer clothing loosely.

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- Move residents to areas such as E-Wing Core activity lounge, hairdressing salon, dining room and resident rooms behind the nursing station that will have heat.
- Close off all rooms that are not occupied to minimize loss of heat from resident areas.
- Residents on air mattresses may have to be transferred to regular mattresses where they have no access to emergency power supply.

Ambulation of Residents:

- A-Wing resident rooms will not have any lighting during a hydro failure.
- E-Wing resident rooms have one light in each room that is powered by auxiliary power.
- Corridor lighting in all areas is limited.
- To reduce risk of falls, residents who require assistance with ambulation will be advised to use their call bells (on auxiliary power). Staff will use flashlights when they respond.
- Residents who lack ability to remember or follow instructions will be monitored frequently.

Transfers Requiring Use of Mechanical Lift:

- Each lift is equipped with two batteries. Charges last approximately 6-8 hours depending on the number of transfers. The second battery should be charged at all times so that it is ready for use when the first battery's charge has been depleted.

Medication Administration:

- Registered staff will carry flashlights at all times while administering medications.

Suction Machines:

- Suction machines will be plugged into the one emergency outlet in E-Wing resident rooms. If an extension cord is required, it should be taped to the floor to avoid a hazardous situation. If suction is required at A-Wing, the resident may have to be temporarily relocated to another room on the resident home area or to an available area at E-Wing.

Oxygen Therapy:

- Oxygen concentrators will be plugged into the emergency outlets at E-Wing or into emergency outlets in A-M19 or A- 219. Extra tubing may be required to reach the resident.
3. Extra flashlights to available from the R.N. Office.
 4. Cell phone batteries are to be relocated to an available emergency-powered outlet.

SECTION	Emergency Planning- Internal Disaster	POLICY #	EP-IV-09
SUBJECT	Heating and Cooling Emergencies	Page	1 of 7

POLICY

During heating or cooling emergencies, it is imperative that all information in regards to the emergency is gathered and plans put in place to ensure the welfare of residents and staff. All staff must act appropriately to the circumstances during the emergency.

Heating system emergencies:

In the event of a heating system failure, the Charge Nurse must ensure the following are addressed in a timely manner by staff:

1. If the failure of the heating system is due to a power failure, refer to the power failure policy and checklist Form.
2. If the failure is only related to the heating system, the Charge Nurse will contact the On-call Maintenance staff person, who will contact the contracted service provider for the heating system to come to the facility to investigate and restore the heating system in a timely manner.
3. The Charge nurse will inform the staff of the importance of keeping her/him informed of any issues during the emergency.
4. Ensure all windows and exterior doors are closed.
5. Make available additional blankets to keep residents warm and are monitored.
6. Ensure all vacant room doors are kept closed.
7. Ensure Dietary Services supply hot foods and beverages to help residents keep warm.
8. The Director of Nursing and Personal Care must be informed of the emergency as they will be the link to communicate to the Senior Leadership Team.
9. The Charge Nurse can approve all purchases of equipment and labour for the emergency if required.

In the event the temperature in the facility drops below an acceptable level and/or the heating system will not be restored for an extended period of time, The Emergency Control Group (Senior Leadership Team) may initiate an evacuation.

Cooling system emergencies:

In the event of a cooling system failure, the Charge Nurse must ensure the following are addressed in a timely manner by staff:

1. If the failure of the cooling system is due to a power failure, refer to the power failure policy and checklist Form.
2. If the failure is only related to the cooling system, the Charge Nurse will contact the On-call Maintenance staff person, who will contact the contracted service provider for the heating system to come to the facility to investigate and restore the cooling system in a timely manner.
3. The Charge nurse will inform the staff of the importance of keeping her/him informed of any issues during the emergency.
4. Ensure all windows and exterior doors are closed.
5. Ensure residents are dressed in light clothing and are monitored for heat stress.

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6. Ensure all vacant room doors are kept closed.
7. Ensure Dietary Services supply cold foods and beverages to help residents keep cool.
8. The Director of Nursing and Personal Care must be informed of the emergency as they will be the link to communicate to the Senior Leadership Team.
9. The Charge Nurse can approve all purchases of equipment and labour for the emergency if required.

In the event the temperature in the facility climbs above 27C and/or the cooling system will not be restored for an extended period of time, The Emergency Control Group may initiate an evacuation

Extreme Cold Weather

PURPOSE

To ensure that nursing staff are familiar with the recognition and treatment of cold-weather related illnesses. Policy will take affect when a cold weather advisory is received from Environment Canada and wind chill reaches -25 degrees.

PREVENTATIVE MEASURES

- Do not make any unnecessary trips outside. If you must go out, make sure you are properly dressed and fully covered. Wear loose-fitting clothing, a hat and scarf to cover one's face and mouth, mittens, and water-resistant coat and shoes.
- Avoid overexertion by doing only what is necessary. Cold weather strains the heart.
- Have extra blankets available and keep residents as warm as possible.
- Make sure emergency power supply is operable.
- Make sure emergency supply of water is available.
- Make sure all emergency food supplies and equipment are on hand as per emergency supplies policy
- Encourage residents to eat a well-balanced diet, avoid alcoholic beverages and drink warm beverages.
- Keep posted to weather bulletins.
- Post sign on door to avoid going out into extremely cold weather.
- Avoid any outings or recreational activities in the extreme cold weather.
- Avoid ice covered sidewalks to prevent slips and falls, have maintenance sand/salt the walkways more frequently.
- Staff are responsible to keep entryways, exits, walkways and parking lots free of ice and snow.
- Watch for signs and symptoms of frost bite and hypothermia.
- See following attachments for signs/symptoms and treatment of Hypothermia, Frost Bite and Wind Chill Hazards Fact Sheet

HYPOTHERMIA

Sometimes called exposure, occurs when the body can no longer produce more heat than it is losing.

The body's internal temperature then drops below 35C or 95 °F.

It's important for Canadians to know what leads to hypothermia. Wind, wet and cold are the key factors. Wind can chill the body as air moves over it. Water rapidly absorbs body heat; wet clothing is a common

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cause of hypothermia, and casualties in lakes and rivers are often due to hypothermia, not drowning. Cold air cools down the body - but it does not have to be frigid; hypothermia can happen at under 10C, so it's a threat even with above-average winter temperatures.

Precautions anyone can take

The Canada Safety Council recommends preparing yourself against hypothermia if you are working outside or taking part in outdoor recreational activities:

- Wear a warm hat. Most body heat is lost through the head.
- Wear layered clothing. Proper layers will allow warm air to stay trapped but do not trap perspiration next to the skin.
- Protect your feet and hands. Wear loose waterproof boots. If the boots have felt liners, carry an extra pair to replace damp ones. Mittens warm the hands more effectively than gloves. Carry an extra pair of these too.
- Prevent dehydration and exhaustion, which can lead to hypothermia. Drink plenty of non-alcoholic fluids. Pace yourself when doing vigorous activity.
- Stay fit through good physical conditioning and good nutrition. People who are fit are less susceptible to hypothermia. And don't let yourself become weakened through fatigue.
- Try to stay in a heated environment, but not so hot as to cause excessive sweating. You risk hypothermia when you seek to cool down by leaving a hot environment for a cool one.
- Eat high energy food, such as nuts and raisins.
- Avoid alcohol, coffee, tea, and tobacco. They can cause heat loss.
- If you are traveling (on the road or in the wilderness) carry emergency supplies. Sudden heart attacks increase during a cold snap. Cold air can cause blood pressure to go up, especially when skin is exposed. Shivering is a serious warning sign to seek a warmer, sheltered place.

Beware of the Symptoms

Initial Signs (Mild Hypothermia)

- Bouts of shivering
- Grogginess and muddled thinking
- Breathing and pulse are normal

Danger Signs of Worsening Hypothermia (Moderate Hypothermia)

- Violent shivering or shivering stops
- Inability to think and pay attention
- Slow, shallow breathing
- Slow, weak pulse

Signs of Severe Hypothermia

- Shivering has stopped
- Unconsciousness
- Little or no breathing
- Weak, irregular, or non-existent pulse

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What to do if you Suspect Hypothermia

If you suspect hypothermia, take measures to prevent further heat loss and get medical help as quickly as possible. Continue the warming efforts even if there is little or no pulse or heartbeat. Severe hypothermia can be mistaken for death.

Move the casualty to a dry, warm location if possible, or provide protection from the wind. Keep the person in a horizontal position. If you can't replace wet clothes with dry ones, cover the wet clothes with warm dry clothing or blankets, and place something warm and dry under the casualty. If the person is conscious, supply a warm drink, but avoid alcohol and caffeine.

FROSTBITE

Is damage to the skin and underlying tissues caused by extreme cold. Frostbite is distinguishable by the hard, pale, and cold quality of skin that has been exposed to the cold for too long. The area is likely to lack sensitivity to touch, although there may be an aching pain. As the area thaws, the flesh becomes red and very painful.

Any part of the body may be affected by frostbite, but hands, feet, nose, and ears are the most vulnerable. If only the skin and underlying tissues are damaged, recovery may be complete. However, if blood vessels are affected, the damage is permanent, and gangrene can follow. This may require removal (amputation) of the affected part.

Upon warming, it is common to experience intense pain and tingling or burning in the affected area.

Causes

Frostbite occurs when the skin and body tissues are exposed to cold temperature for a prolonged period of time. Hands, feet, nose, and ears are most likely to be affected.

Although anyone who is exposed to freezing cold for a prolonged period of time can get frostbite, people who are taking beta-blockers, which decrease the flow of blood to the skin, are particularly susceptible. So are people with peripheral vascular disease (a disorder of the arteries). Other things that may increase the risk of frostbite include: smoking, windy weather (which increases the rate of heat loss from skin), diabetes, peripheral neuropathy.

Symptoms

The first symptoms are a "pins and needles" sensation followed by numbness. There may be an early throbbing or aching, but later on the affected part becomes insensate (feels like a "block of wood").

Frostbitten skin is hard, pale, cold, and has no feeling. When skin has thawed out, it becomes red and painful (early frostbite). With more severe frostbite, the skin may appear white and numb (tissue has started to freeze).

Very severe frostbite may cause blisters, gangrene (blackened, dead tissue), and damage to deep structures such as tendons, muscles, nerves, and bone.

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First Aid

1. Shelter the person from the cold and move him or her to a warmer place. Remove any constricting jewelry and wet clothing. Look for signs of hypothermia (lowered body temperature) and treat accordingly.
2. If immediate medical help is available, it is usually best to wrap the affected areas in sterile dressings (remember to separate affected fingers and toes) and transport the person to an emergency department for further care.
3. If immediate care is not available, rewarming first aid may be given. Soak the affected areas in warm (never hot) water -- or repeatedly apply warm cloths to affected ears, nose, or cheeks -- for 20 to 30 minutes. The recommended water temperature is 104 to 108 degrees Fahrenheit. Keep circulating the water to aid the warming process. Severe burning pain, swelling, and color changes may occur during warming. Warming is complete when the skin is soft, and sensation returns.
4. Apply dry, sterile dressings to the frostbitten areas. Put dressings between frostbitten fingers or toes to keep them separated.
5. Move thawed areas as little as possible.
5. Re-freezing of thawed extremities can cause more severe damage. Prevent refreezing by wrapping the thawed areas and keeping the person warm. If protection from refreezing cannot be guaranteed, it may be better to delay the initial rewarming process until a warm, safe location is reached.
6. If the frostbite is extensive, give warm drinks to the person in order to replace lost fluids.

DO NOT

- Do NOT thaw out a frostbitten area if it cannot be kept thawed. Refreezing may make tissue damage even worse
- Do NOT use direct dry heat (such as a radiator, campfire, heating pad, or hair dryer) to thaw the frostbitten areas. Direct heat can burn the tissues that are already damaged.
- Do NOT rub or massage the affected area.
- Do NOT disturb blisters on frostbitten skin.
- Do NOT smoke or drink alcoholic beverages during recovery as both can interfere with blood circulation.

HEAT AND HUMIDITY EXCESS

PURPOSE

To ensure that nursing staff are familiar with the recognition and treatment of hot weather-related illnesses. Preventative measures must be taken in the event of a heat wave or poor air quality situation.

PREVENTATIVE MEASURES

These include but are not limited to the following:

- Signs are posted at all exits to indicate residents should stay indoors during extreme weather advisory
- Air is kept circulating
- Shades and curtains are drawn in all rooms that are exposed to direct sunlight

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SUBJECT	Heating and Cooling Emergencies	Page	6 of 7

- Residents are removed from an area that is exposed to direct sunlight and relocated to an area that is cooler
- Outside activities are discouraged for residents
- Rest periods are encouraged
- Residents are encouraged to dress with light weight, loose clothing, preferably of a cotton fabric
- Offer and encouragement of non-carbonated fluids are made to residents frequently throughout the day (access to the snack and beverage fridge is available 24hrs per day, 7 days per week)
- Sponge baths or showers are given if needed
- Fans are placed in the hallways to assist with air circulation
- Any changes in the resident's condition such as edema, shortness of breath, skin being hot or dry are to be reported immediately to the nurse
- Residents that have cognitive impairment would have assistance from staff to regulate the temperature in their individual suites.
- The policy is posted annually with the high-risk resident list at each nursing station.

Elderly people aged 65 years and older are more prone to heat stress than younger people for several reasons:

- Elderly people do not adjust as well as young people to sudden changes in temperature.
- They are more likely to have a chronic medical condition that changes normal body responses to heat such as circulatory insufficiency, cardiovascular disease, gastrointestinal disturbances, history of previous heat stroke, medications, conditions altering mental status etc.
- They are more likely to take prescription medicines that impair the body's ability to regulate its temperature or that inhibit perspiration.

Heat Stroke

Heat stroke is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the body loses its ability to sweat, and it is unable to cool down. Body temperatures rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Signs and Symptoms of Heat Stroke

Warning signs vary but may include the following:

- An extremely high body temperature (above 103°F)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea

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Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids.

Warning signs vary but may include the following:

- Heavy sweating
- Paleness
- Muscle Cramps
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting
- Skin: may be cool and moist
- Pulse rate: fast and weak
- Breathing: fast and shallow

MANAGEMENT OF HEAT EXHAUSTION AND HEAT STROKE

- Place resident in a cool area in a supine position.
- Remove restrictive clothing with loose and light weight clothing, preferably cotton and non-polyester.
- Cooling down by sponge-bathing with cool water or placing wet/cool towels over the neck, chest, axilla and groin.
- Push fluids, monitor intake and output.
- Promote circulation by massaging extremities and back and change position frequently.
- Review a resident's medications to determine ones that adversely affect heat regulation such as diuretics, laxatives, and phenothiazines and notify physician to determine next steps i.e. holding
- Immediately report to physician any changes to mental status.

SECTION	Emergency Planning- Code Orange	POLICY #	EP-VI-04
SUBJECT	Tornado Warnings	Page	1 of 2

POLICY

Clear, specific procedures shall be implemented to protect residents, staff and visitors in the case of a **Tornado Watch** and/or **Tornado Warning**.

Definitions:

A **Tornado Watch** is issued when conditions are favorable, for example, either for a severe thunderstorm or tornadoes.

A **Tornado Warning** means that severe weather is imminent and is based on specific criteria and existing reports. The criteria include hail that totals more than 25mm in diameter and wind speeds of 88km/h.

Tornado Watch and or Warnings:

With the Federal Government's Wireless Emergency Alerts, all cell phones will be alerted of a Tornado watch or warning. In the case where a tornado watch/warning has been issued or verified, information has been received that a tornado has been sighted, Senior Leaderships shall notify Charge Nurse at extension 284, and the Charge Nurse will contact:

- A Main Team Leader at extension [REDACTED]
- A Lower Team Leader at extension [REDACTED]
- A Second Team Leader at extension [REDACTED]
- E Wing Team Leader at extension [REDACTED]
- T Wing Team Leader at extension [REDACTED]

The Charge Nurse will announce a **Tornado Watch** or **Tornado Warning** has been issued and shall be cancelled based on information from the Emergency Information Advisories. During the emergency the facility's Charge Nurse's shall be in charge of Emergency Response Procedures until relieved by the Senior Leadership Team's **Emergency Control Group**.

When a **Tornado Watch** has been issued every effort must be made to inform all staff that a potentially serious weather emergency exists. Normal movement of residents can still occur during a **Tornado Watch**. During a watch staff must close curtains in all rooms. All persons involved in direct resident care and/or duties essential to the operation of the facility shall return to their home area or department for assignment.

When a **Tornado Warning** has been issued, normal movement of residents must not occur. Residents who have been transported off their home area shall be sheltered in the safest place close to their current location and not brought back to their home area and staff will inform the home area Charge Nurse of the location of the resident or residents.

When a **Tornado Warning** has been issued, residents are sheltered in place on their units whenever feasible. Ambulatory patients and patients in wheelchairs shall be placed in the bathrooms of their rooms if space is available. Semi-private rooms due to space restraints may require the placement of additional residents in internal hallway corridors. Doors to bathrooms may be left partially open to minimize anxiety.

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Bedfast residents will be placed in a supine position, as tolerated. Draw curtains in the resident's rooms. Turn bed so headboard is between the resident and any windows. Protect the resident with blankets and or pillows.

Based on space and resident needs, staff and residents need to seek shelter in bathrooms or interior hallways.

All visitors in the facility and non-resident care personnel shall take shelter on the ground floor away from windows. If time does not permit evacuation of areas with windows, seek shelter under desks or behind file cabinets. Any additional incoming visitors to the facility shall be directed to the ground floor area.

Staff should not leave designated areas until notified of the completion of the warning.

Based on the outcome of the severe weather will dictate what procedures staff must follow.

- Fire Alarm and Evacuation Policy
- Missing Resident Policies
- Elevator Emergencies Policy
- Water Contamination/ Loss of Water Policy
- Power Failures Policy
- Heating and Cooling Emergencies Policies

SECTION	Emergency Planning- Code White	POLICY #	EP-VIII-03
SUBJECT	Armed Intruder	Page	1 of 3

PURPOSE:

To identify initial actions employees must take to recognize an armed intruder threat, communicate their observations to summon assistance, and implement safety actions to remove themselves and other potential victims from harm's way.

POLICY:

Saint Luke's Place recognizes that an armed intruder's entry onto the grounds or inside the facility presents the highest level of danger to our residents, visitors, and co-workers. Resolution of the threat ultimately relies on our ability to quickly summon assistance from Cambridge Police.

PROCEDURE:

In general, how you respond to these situations will be dictated by the specific circumstances of the encounter. If you find yourself in this situation, remain calm and **CALL 911** as soon as possible. It is critical that people remain calm and think clearly. No one can predict what actions are most appropriate for every situation that might occur. This procedure is merely a framework; you will need to adjust accordingly, depending on the exact circumstances you are facing. **The object is to have the intruder think there is no one in your area and to make it as difficult as possible to gain access. Remember to turn your phone to silent to ensure it does not attract the attention of the intruder.**

Armed Intruder in or near your unit

- Try to warn others to take immediate shelter.
- Go to a room that can be locked or barricaded.
- Lock and barricade doors, turn off lights, close the blinds.
- **CALL 911** and provide known information
- Do not sound the fire alarm. A fire alarm would signal the occupants to evacuate the building and thus place them in potential harm as they attempt to exit the area.
- If you were able to see the offender(s), give a description of the person's(s) sex, race, clothing, type of weapon(s), location last seen direction of travel, and identity – if known.
- If you hear shots being fired, do not go out into a hallway or corridor to investigate.
- If you heard any weapons fire, provide a description and location.
- Switch cell phones to vibrate, turn off other devices that emit sound.
- Keep yourself out of sight. Take adequate cover/protection behind objects that will stop a bullet: i.e., concrete walls, thick desks, filing cabinets.
- If the fire alarm sounds, ignore it unless you can physically detect the signs of fire. An intruder may pull an alarm to flush people out into the open.
- Depending on circumstances, you may want to consider exiting ground floor windows as safely and quietly as possible.
- Wait until a uniformed police officer provides an "all clear". This may take some time.
- Unfamiliar voices may be an Armed Intruder trying to lure you from safety. Do not respond to voice commands until you can verify with certainty that they are being issued by a police officer.

SECTION	Emergency Planning- Code White	POLICY #	EP-VIII-03
SUBJECT	Armed Intruder	Page	2 of 3

Armed Intruder in the room you are in:

- Try to hide or escape.
- If unable to escape, assume prone position (play dead) or
- Fight to overpower assailant by throwing items, surprising the intruder by triggering a fire extinguisher in their face, attack with furniture, or swarm as a group.
- If the Armed Intruder(s) leaves the area, barricade the room and call 911

Armed Intruder in an outside area:

- Move away from the Armed Intruder or the sounds of gunshot(s).
- Look for appropriate locations for cover / protection; i.e., brick walls, retaining walls, large trees, parked vehicles, or any other object that may stop bullet penetration.
- If you think you can make it out of the area, do so. If you decide to run, do not run in a straight line. Attempt to keep objects (trees, vehicles, trash cans, etc.) between you and the hostile person. When away from immediate area of danger, summon help and warn others.
- **CALL 911** and provide the information listed in the first guideline.

What to do if taken hostage

- Be patient. Time is on your side. Avoid drastic action.
- If they are demanding narcotics, give it to them and try to have them leave the facility.
- The first 45 minutes are the most dangerous. Be alert and follow instructions.
- Don't speak unless spoken to and then only when necessary.
- Avoid arguments or appearing hostile. Treat the captor with respect. If you can, establish rapport with the captor. It is probable that the captor(s) do not want to hurt anyone. If medications, first aid, or restroom privileges are needed by anyone, say so.
- Try to rest. Avoid speculating. Expect the unexpected.
- Be observant, you may be released or escape. You can help others with your observations.
- Be prepared to speak with law enforcement personnel on the phone.

What to expect from responding police officers

Police officers responding to an Armed Intruder are trained to proceed to immediately to the area in which shots were last heard to stop the shooting as quickly as possible. The first responding officers may be in teams. They may be dressed in normal patrol uniforms, or they may be wearing external ballistic vests and Kevlar helmets or other tactical gear. The officers may be armed with rifles, shotguns, or handguns. The first officers to arrive will **NOT** stop to aid injured people. The responding officers will be focusing on stopping the Armed Intruder and creating a safe environment for medical assistance to be brought in to aid the injured. Keep in mind that even once you have escaped to a safer location, the entire area is still a crime scene.

Police will usually not let anyone leave until the situation is fully under control, and all witnesses have been identified and questioned. Pay close attention to their commands and react immediately as to what they command you to do. They will be on a heightened sense of alert, do not run toward them but wait for their commands. Keep your body language as unthreatening as possible.

Aftermath

- The Charge Nurse must call the Director of Nursing and Personal Care to ensure the Senior Leadership Team is notified of the incident as per EP01-001 (Plan Implementation).

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SUBJECT	Armed Intruder	Page	3 of 3

- Senior Leadership Team will convene in another location away from the building that was affected as per Emergency Control Group) policy
- The Charge Nurse will implement a census of all staff on duty as well as all residents to ensure everyone is accounted for.
- The Charge Nurse will inform the Emergency Control Group of the outcome of the census as well as injuries.
- The Emergency Control Group will contact all governing bodies that apply (MOHLTC, and MOL).
- The Emergency Control Group will refer to Media Communication policy for the release of information to the public.

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SUBJECT	Outbreaks, Epidemics and Pandemics	Page	1 of 28

OUTBREAK RESPONSE

POLICY

A rapid response will help minimize the impact of an outbreak and will provide an opportunity to review Saint Luke's Place infection prevention and control practices in order to prevent recurrence.

PROCEDURE

When there are 2 or more residents in the same geographical area (such as resident home area or unit) displaying 2 or more of the same symptoms of possibly communicable infection, than the possibility of an outbreak will be investigated, and outbreak response initiated. Appropriate laboratory investigations and control measures will be instituted as requested and notification of Director of Nursing and Personal Care and the Director of Infection Prevention and Control.

IMMEDIATE RESPONSE

If a resident is suspected of having a communicable illness, they are to be isolated immediately and additional precautions initiated to reduce risk of transmission. Appropriate measures to ensure safety for both residents and staff may include the use of personal protective equipment including masks, goggles, gowns, and gloves. The resident is to remain in their room with dedicated equipment wherever possible.

*See specific instruction for identified illnesses.

OUTBREAK MANAGEMENT TEAM

Once an outbreak has been declared, the Outbreak Management Team will work within the various departments of Saint Luke's Place and the Waterloo Regional Health Unit to investigate and manage the outbreak.

The epidemiologic investigation will rest with the local public health authorities. Information will be shared with the Outbreak Management Team to ensure that all factors can be considered.

Outbreak management team membership may include:

- CEO and/or Long Term Care Administrator
- Director of Infection Prevention and Control
- Director of Nursing and Personal Care
- Health and Wellness Manager
- Support Services Manager
- Medical Director
- Public Health Representative
- Clinical Pharmacist

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The Committee will ensure that the suspected outbreak is reported to the local medical Officer of Health, as well as the Ministry of Health and Long-Term Care.

If appropriate, the CEO or delegate will communicate with the media.

Appropriate signage will be posted in the main entrances.

The committee will take appropriate actions as directed by the Health Unit to contain infections, up to and including closure to admissions and transfers, visitor restrictions, staff cohorting and limitations on group activities.

All measures initiated must be recorded and follow-up documented.

All actions will be communicated to the team of the Long-Term Care Administrator/delegate.

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PANDEMIC PLANNING POLICY

BACKGROUND:

Pandemic influenza is a worldwide outbreak of influenza. It happens when a new Influenza A virus emerges among people, spreads, and causes disease worldwide.

Influenza pandemics happen every few decades. Past influenza pandemics have led to high levels of illness, death, social disruption, and economic loss.

Residents in long-term care facilities are at increased risk of complications from influenza because of their age and underlying medical conditions. The virus can be introduced by staff and visitors and can spread rapidly.

Influenza is primarily transmitted directly from person to person when people infected with influenza cough or sneeze, and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and possibly eyes of another person (i.e., droplet spread). The virus can survive for 24-48 hours on hard non-porous surfaces, for 8-12 hrs on cloth, paper, and tissue, and for 5 minutes on hands. People can acquire influenza indirectly by touching contaminated hands, surfaces and objects. (i.e., contact spread). People with influenza are infectious and are able to transmit the virus for up to 24 hours before the onset of symptoms and for up to 7 days after.

Health care workers have an ethical duty to provide care and respond to suffering. The spread of the influenza virus in health care settings can be prevented and controlled through the consistent use of best practices in surveillance and infection prevention and control for respiratory infections. If these practices are used consistently, health care workers will be protected while caring for patients with influenza.

DEFINITIONS:

Antiviral: medication used to treat and prevent influenza.

Community: geographic location of the LTCH within the boundaries of our health units and other homes that falls into our geographical area.

Fever –related illness: Fever greater than 38.0 degrees Celsius (Ministry of Health and Long-Term Care).

Hand hygiene: Process of removing soil or microorganisms from hands involving the use of soap and water or alcohol hand-based rubs that contain 60-90% of alcohol.

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High risk groups: Adults and children with chronic cardiac or pulmonary disorders.

Residents of nursing homes or other chronic care facilities. People 65 years of age or older. Adults and children with chronic medical conditions such as diabetes mellitus and other metabolic diseases, cancer, immunodeficiency (including HIV infection), immunosuppression (including that of transplant recipients), renal disease, anemia and hemoglobinopathy

Influenza: contagious respiratory illness in humans that occurs every year. An annual vaccine is available.

Influenza like illness: Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia (joint pain), myalgia (muscle aches and pains) or prostration (extreme weakness). In patients over 65, fever may not be prominent.

Investigation number: formerly known as outbreak number, assigned by the local public health unit.

Nasopharyngeal swab: used to diagnose influenza like illnesses through viral culture and antigen testing.

Outbreak: 2 cases of acute respiratory tract illness within 48 hours on one unit. (Ministry of health and long-term care).

Pandemic activity: (as defined by WHO): is a global outbreak that occurs when a new Influenza A virus emerges, to which the population has little immunity, that has the capacity to spread easily from person to person and cause serious human illness.

Personal Protective Equipment (PPE): Gowns, gloves, masks and protective eyewear.

Resident: Anyone residing in the home. For the purpose of this policy, includes those residing in retirement suites and apartments.

Routine Practices: Interventions implemented to reduce the risk of transmission of microorganisms from patient to patient, patient to health care worker, and health care worker to patient. Includes hand hygiene, use of personal protective equipment and cleaning and disinfecting.

Staff: Anyone conducting activities within a health care setting that will bring him/her close to a resident including all health care providers (physicians, nurses allied health professionals, students), support services (housekeeping) and volunteers.

Surveillance: The systemic ongoing collection, collation, and analysis of data and the timely dissemination of information for those who need to know so that action can be taken.

WHO: World Health Organization

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PURPOSE:

To minimize the number of people infected with the virus, the severity of illness, the number of deaths, and the amount of socio-economic disruption to ensure resident care and services are managed. To ensure resident care and services are managed.

POLICY:

In the event of an influenza outbreak the Home will adhere to all the guidelines outlined in the policy. The Director of Infection Prevention and Control or designate will ensure that the policy is communicated to all staff.

PROCEDURE:

The WHO has 6 stages for defining pandemic activity:

Phase 1.

No new influenza virus subtypes detected in humans. If animals are infected, risk to humans is low.

Phase 2.

No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Phase 3.

Isolated human infections, no human-to-human spread except rare close contacts.

Phase 4.

Small, highly localized cluster(s), limited human-to-human transmission.

Phase 5.

Larger localized cluster(s) limited human-to-human spread. Substantial pandemic risk.

Phase 6.

Pandemic phase: Sustained transmission among humans occurs.

The home's level of response will depend on the phases of the influenza pandemic worldwide as well as the level of threat in the community. The Ontario Health Plan on Pandemic Planning has provided a response by pandemic activity once phase 6 of the WHO has been activated. There are 3 stages which include:

Stage 1 includes no pandemic activity in the country, province or community;

Stage 2 includes pandemic activity in the community; and

Stage 3 includes pandemic activity in the home.

Stage 1 No Pandemic Activity in the Country, Province, or Community

If an influenza pandemic has been declared elsewhere in the world, but there is no pandemic activity in the country, province or community, staff can use a more passive approach which includes:

- Allowing family members and visitors to self-screen.

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- Looking for influenza-like illness in residents while providing routine daily care or activities.
- Staff should report influenza-like illness to their supervisor and the Infection Control Nurse.
- Residents with influenza-like illness should be line listed and the form should be forwarded to the Dir. Of Infection Prevention and Control daily. Any suspected outbreak should be reported to the Dir. of Infection Prevention and Control immediately.

Pandemic Activity in the Country or Province, but No Pandemic Activity in the Community

Surveillance will include:

- Passive screening as identified above.
- Nursing staff will actively seek out signs or symptoms in residents by:
- Conducting unit rounds
- Reviewing unit reports, which will provide information on any elevated temperatures
- Reviewing staff communication books
- Reviewing medical and/or nursing progress notes on the resident's charts, reviewing pharmacy antibiotic utilization records
- Reviewing laboratory reports and asking staff for verbal reports based on their clinical observations.
- The Dir. of Infection Prevention and Control or designate will review the results of surveillance data for any signs of the pandemic strain.

The Dir. of Infection Prevention and Control will continue to use the normal reporting procedures to report to the local public health unit

Stage 2 Pandemic Activity in the Community

The local public health unit will notify the home if the pandemic has spread into the area. The home will:

- Activate the pandemic plan, see stage 3 guidelines
- Activate the emergency plan, see stage 3 guidelines
- Maintain active surveillance, using outbreak-reporting forms provided by local public health units.

Stage 3 Pandemic Activity in the Home

When the outbreak of the pandemic strain is suspected or confirmed, the home will take the following steps:

1. Notify the local Medical Officer of Health or designate by phone and follow steps outlined below.
 - Submit the outbreak reporting forms to the Medical Officer of Health or designate by fax or by electronic reporting systems in place.
 - Provide the Medical Officer or designate the name of the Dir. of Infection Prevention and Control and back-ups at the home responsible for the outbreak investigation along with their contact information
 - Report the initial control measures that have been instituted.

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- Request an Investigation Number and record it on all laboratory submission forms.
- 2. Residents that are recently ill will be swabbed first (less than 48 hours from onset of symptoms). Once the pandemic strain has been confirmed in the community, nasopharyngeal swabs may no longer be required. If nasopharyngeal swabs are required, the local public health unit will be responsible for supplying the home with swabs. Staffs are to ensure that the specimens and requisitions are properly labeled with all pertinent information (i.e., residents name, home's name, and the Investigation Number).
- 3. Implement infection prevention and control measures (refer to next section of policy).
- 4. Notify the appropriate individuals. (See notification of appropriate individuals' section).
- 5. Hold an initial meeting of the pandemic outbreak management team.
- 6. Monitor the outbreak/continue ongoing surveillance.
- 7. Implement control measures for residents, staff, volunteers, and visitors.
- 8. Distribute antivirals if available.
- 9. Distribute vaccine if available.
- 10. Investigate the outbreak.
- 11. Review the outbreak.

Infection Prevention and Control Measures

Droplet and Contact Precautions

The following precautions are necessary to prevent and control the spread of droplet-spread illnesses:

1. Hand hygiene is the most important measure in preventing the spread of infections (i.e., the use of alcohol-based hand sanitizers or washing hands before seeing a resident, after seeing a resident and before touching the face and after removing and disposing the PPE). If hands are visibly soiled, they must be washed with soap and running water. Sinks that residents use may be contaminated and should not be used by staff and volunteers for hand hygiene unless no other alternative is available.
2. N-95 masks are required to cover the worker's nose and mouth when providing care within two meters of the resident. If a resident is transferred to another facility or leaves their room, the resident should wear a mask if exhibiting influenza-like symptoms. Masks should be changed if they become wet or if contaminated by secretions. Staff wearing masks must remove their mask before caring for another resident, and when leaving the resident's room.
3. Protective eyewear is required when providing direct care within two meters of the resident. If reusable protective eyewear is worn, it can be washed with soap and hot water, or cleaned with disposable disinfectant wipes and then rinsed. This does not include personal eyeglasses.
4. Follow examination procedures that minimize contact with droplets (i.e., sitting next to rather than in front of a coughing resident when taking a history or conducting an examination).

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5. Gloves are required when a worker is likely to have contact with body fluids or to touch contaminated surfaces. Gloves are not to be substituted for proper hand hygiene. Gloves should be put on before entering and removed prior to leaving the resident's room. Gloves should fit the wearer to prevent cross contamination. Hand hygiene must be performed immediately after removing gloves. Single-use gloves should not be reused or washed. Gloves should be changed when a tear or leak is suspected.
6. Gowns should be worn during direct resident care where there is a chance for contamination or spillage. When a gown is worn, the cuff of the gloves must cover the cuffs of the gown. Gowns should be removed before leaving the resident's room.
7. Disinfect any communal or shared equipment after use (i.e., B/P cuff, thermometer) using home approved disinfectant.
8. Personal protective equipment supplies will be kept in the emergency supply cupboard and will be distributed by the Dir. of Infection Prevention and Control or designate.

Environmental Cleaning

1. The home will use the same routine infection control and cleaning procedures during an influenza pandemic as they do for seasonal influenza. Furniture, bed rails, overhead tables, telephones, and non-critical resident care items should be included in the cleaning procedures (i.e., call bell) and should be cleaned daily.
2. Routine practices should be followed when handling soiled linen. See policy on isolation procedures as a cross-reference.
3. Routine practices should be applied to handling clinical waste (i.e., bandages, blood, stool, urine). Double bagging of waste is not required.
4. Disposable cutlery is not required unless there is a shortage of water. See section under essential services.

Notification of Appropriate Individuals

Once the pandemic influenza has been confirmed the Dir. of Infection Prevention and Control or designate will notify the following individuals:

- CEO (whom will then notify the Board of Directors and the City of Cambridge (if necessary))
- Medical Director (whom will then notify other physicians).
- Administrator LTC

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- Directors of Nursing and Personal Care
- Associate Directors of Nursing and Personal Care
- Health and Wellness Manager
- Executive Assistant to CEO

The individuals listed above are responsible for notifying other individuals according to the notification of appropriate individual chart, see Appendix A.

Initial Outbreak Management Team Meeting

The initial outbreak management team consisting of all department managers, the Dir. of Infection Prevention and Control Nurse (lead planner), CEO, Medical Director, and a representative from the Department of Public Health.

After hours, contact the Charge Nurse on duty who will then inform the other department managers.

The media spokesperson will be the CEO or designate.

The outbreak management team will meet to:

- Confirm an outbreak exists and to ensure all members of the team have a common understanding of the situation.
- Establish a working outbreak case definition or criteria that will be used to identify residents or staff with influenza caused by the pandemic strain.
- Review control measures to prevent the spread of the virus.
- Identify appropriate signage to be posted in the home and the appropriate locations (i.e., all entrances, elevators and loading dock).
- Institute the staffing contingency plan.
- Enforce the use of personal protective equipment.
- Report the outbreak to appropriate people outside the home such as any of the residents outside physicians, other health care providers (podiatrist, audiologist, dermatologist, psychogeriatric specialist, and ophthalmologist), and families of ill residents within or outside the home, ministry of health and long-term care, staffing agencies, coroner's office and funeral directors.

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- Implement the communication plan. Distribute internal communication for resident, family, and staff.
- Discuss education sessions that are required for staff.
- Confirm how and when daily communications will take place between the home and the local public health unit.
- Discuss how often the outbreak management team will meet and set the next meeting date.

Monitoring of Outbreak

The Dir. of Infection Prevention and Control or designate will:

- Monitor the outbreak, which includes ongoing surveillance to identify new cases and update the status of ill residents and staff. The local public health unit will use the information to track the spread and impact of the pandemic, monitor ongoing transmission and effectiveness of infection prevention and control measures and recommend changes in the home's infection prevention and control practices if required. Measures may be added or lifted, and additional testing may be required (i.e. testing for antiviral resistance). These directives will come from The Public Health Unit. Once the pandemic strain is suspected/identified. Staff will treat all subsequent cases of influenza-like symptoms unless the diagnosis is ruled out.
- Report any influenza-like illnesses and deaths to the local public health unit and coroner's office.
- Update the pandemic outbreak reporting forms and submit them weekly to the local public health unit by fax.
- Work in conjunction with the health and safety committee to ensure the appropriate precautions are being taken in the workplace to protect workers and patients.
- The Infection control nurse or designate will report employees who develop respiratory symptoms to their manager whom will then report to HR. HR will report to the Ministry of Labour (for investigation) and to the Workplace Safety and Insurance Board within 72 hours.
- Use the line-listing form to monitor surveillance for residents and staff. See Appendix B for sample line-listing form.

Assess Residents' care needs

- Residents will be assessed according to:
 - Those who could be discharged to family members in the event of an outbreak
 - Those who's needs could be met by home care

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- Those that remain at the home
 - Those in acute care. The home will use all available means of transport for transporting residents requiring acute care services if ambulance service is not available.
- A decision will be made at a later time regarding reallocating residents if needed.
- All non-urgent outside appointments should be cancelled under the direction of Public Health. The home may choose to postpone appointments based on their own pandemic influenza planning or directives.
- The role of the Physiotherapist will be used to develop physiotherapy services or allocated to other areas of the home.

Control Measures for residents:

- Any resident that develops symptoms will be placed on precautionary measures in their room and the family/substitute decision maker should be informed. Floors will be closed with restrictions based on directives from Waterloo Regional Public Health.
- Symptomatic residents should remain on precautionary measures in their room as long as it does not cause the resident undue stress or agitation.
- Residents should be placed in a single room or co-horted on one unit. There should be a two-meter separation between residents. Resident's co-horted on one unit should avoid contact with residents in the remainder of the home.
- Signage should be placed on the resident's door and if possible, with the resident's flow sheets advising precautionary measures that are required. The nursing staff will advise visitors about any restrictions and instruct them in the proper use of personal protective equipment if required.
- Once resident has passed away, keep valuables in room and lock the door to ensure safekeeping of valuables.
- The Holding Room in the basement by Stauffer Auditorium can be used as a holding area in the event that the morgues/funeral homes are unable to receive the deceased. An air conditioning unit will be placed to maintain cooling of the bodies.

Essential Services

The following services **MUST** be maintained to provide care and protect residents:

- Heating/cooling/hydro: In the event of service disruption, Saint Luke's Place has a backup generator to provide emergency power for 4-5 days. A field company is contracted to re-fill the tank as needed.

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- o Staff can use battery-powered devices for entertainment and communication purposes. The use of battery powered lighting can provide sufficient lighting in areas where staff are working and preparing food or washing utensils and pots.
- o Managers or person in charge will have access to these supplies. o Make use of lighting during the daytime hours via opening curtains and internal doors.
- o Layer clothing on residents for maximum warmth and encourage them to wear coats, caps and gloves. Serve warm beverages frequently.
- o Limit the areas that need to be lit as much as possible by congregating asymptomatic residents and staff in central areas on the units. o Menus can be curtailed to include barbecue dishes to conserve hydro. Thermos containers can be used to keep fluids hot after they have been heated.
- o Drainpipes to prevent freezing.
- Food service: The home maintains a 2-week supply of shelf-stable food items. Supplier has designed a template for a 2–3-day emergency menu.
- Running water: Refer to contingency plan on how to deal with water shortage. The home has a stockpile of wipes for environment cleaning and wipes that can be used for providing care to residents in the event of a water shortage.
- Prescription medications: Medisystem pharmacy will implement their business continuity plan to minimize the impact of disruption on clients.
- Lab services: The lab will work with Saint Luke’s Place under direction of the Ministry of Health and Long-Term Care. Registered Staff will work closely with inhouse physicians to determine essential lab work required.
- Oxygen concentrators: Pro-Resp will work with Saint Luke’s Place under direction of national, provincial or municipal pandemic planning committees. There are many residents using oxygen concentrators at present. The use of liquid oxygen will be suspended unless required for transporting a resident in an emergency via a home driven vehicle.
- Cleaning supplies: The home maintains a month’s supply of cleaning products. Extra cleaning supplies can be obtained from Franks Maintenance, Flexo, GFS or Sysco Foodservice. Monitoring and distribution of the supplies will be by the Support Services Manager or designate.
- PPE supplies, Alcohol based hand rub, disinfecting wipes are stockpiled a for a months’ worth of supplies. Monitoring and distribution of the supplies will be by the Best Practice RPN, Dir. of Infection Prevention and Control Coordinator and/or designate.
- Medical supplies: Nursing has a months’ supply on hand. Monitoring and distribution of the supplies will be by the Dir. of Nursing and Personal Care or designate.

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- Garbage disposal: In the event of service disruption, Waste Management will provide on-call service. See Appendix D for contact information.
- Elevator service: In the event of service disruption one elevator in the East wing will be designated for passengers and one in the West for freight. In the event that all elevators are down, staff will use stairs to deliver items to floors. Staffs are encouraged to stockpile items on floors such as non-perishable items if a total elevator shut down occurs.

Admissions, Re-admissions, Discharges and Transfers

The home will collaborate with acute care hospitals, Waterloo public health and the Home and Community Care Waterloo Wellington LHIN to make decisions about admissions and re-admissions during a pandemic. Decisions will be affected by resident needs, staffing levels at health care facilities in the community, as well as by the course of the pandemic (if the home does not have enough staff, we will not be able to take new admissions).

If there is pandemic activity in the community but not in the home, the home will want to take extra precautions not to admit someone with Influenza like Illness into the home. All new admissions should be screened prior to admission. If the home does not have enough staff to provide adequate care, they may not be able to take new admissions.

If the home has active cases of influenza, admissions and re-admissions are generally not permitted. This protocol may change depending on community needs.

Factors to guide decisions about admissions include:

- The status of the pandemic
- The resident's health needs and the advice of the resident's attending physician
- Staffing levels in the home
- Access to antivirals
- The home's ability to provide appropriate accommodation and care services that require expertise (i.e., tube feeding)
- The resident or their substitute decision-maker has given informed consent.

If there is local pandemic activity, the home may consider discharging residents to family members if they can be cared for appropriately in a family member's home.

Non-urgent appointments should be rescheduled.

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Transfers are likely to be restricted. The following procedures can be used unless informed otherwise:

- When any resident is to be transferred to the hospital from a home with pandemic activity, the home will advise the receiving hospital and the Provincial Transfer Authorization Center (PTAC).
- The hospital Infection Control Practitioner must be provided with the details of the case to ensure control measures are in place when the resident arrives at the hospital.

All transfers from one healthcare facility to another must follow a transfer authorization process at all times. Staff should contact the Provincial Transfer Authorization Center (PTAC) for a transfer request via the web-based application if available. If approved, an authorization number will be issued immediately and faxed or issued on-line to the home.

Resident transfers (from anywhere in the home) to another home are not normally recommended during an influenza outbreak. However, during a pandemic, this policy may change in order to ensure residents receive appropriate care. The Medical Officer of health or designate should be consulted regarding transfers to homes. The PTAC process should be used for all transfers.

Tenants: Community client assessments will be conducted by telephone to reduce opportunity for exposure. Assessments will focus on identifying essential needs and corresponding CCAC services. Home visiting by contracted service providers will continue to be the primary method of delivering client services during an influenza pandemic.

Support Measures for Staff and Volunteers

- The Staff Lounges will be used to accommodate staff
- Shower facilities are available in the room in the basement.
- The administration area will be the designated command area
- Washers and dryers will be available on the E Wing Unit
- The Employee Assistance Program line will be available to staff 24 hours/day, 7 days/week
- Food and hydration will be available
- Additional support measures to be implemented as required. Staff should contact their managers or the Human Resources department if experiencing difficulties

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Control Measures for Volunteer, staff, and family members:

- Wash hands on arrival, before leaving the resident's room and before leaving the home. Alcohol hand sanitizers are available at the main entrance and on each nursing unit.
- Use personal protective equipment as instructed by staff.
- If staff are unwell, they are to contact their supervisor for further instructions.
- Staff that has a close family member (living in the same home) that has the pandemic virus may continue to work if they are not experiencing any symptoms. Staffs with ill family members should be monitored daily and if they develop symptoms, they should leave work immediately.
- If a visitor is visiting an ill resident, he/she should not be visiting any other resident in the home that is asymptomatic.
- Visitors are asked to visit only one resident and exit the home immediately after the visit.
- Ill visitors, family members and volunteers are asked not to enter the home until they have fully recovered.
- Contact the Dir. of Infection Prevention and Control or designate if there are any special circumstances not covered in the policy.

General Control Measures

Only one entrance/ exit is available during pandemic/ outbreaks and will be considered the screening entrance. Screening staff will be located at this entrance as per specified hours. All staff, essential services, visitors and volunteers must use this entrance to gain entry into long term care.

Deliveries

- All pharmacy deliveries will be at the front entrance with appropriate screening procedures followed.
- All other deliveries will be at the loading dock with appropriate screening procedures followed.

Staff Shortages

1. The Ontario Health Plan for an Influenza Pandemic supports a skills-based approach. The direct care staff could be trained to take on more responsibilities within their scope of practice.
2. Contracted staff from external agencies, extending working hours, calling retired staff back to work is a strategy that could be used to increase staff capacity.
3. Encourage carpooling of staff from certain checkpoints if public transportation is not available. Staff should speak to their managers if experiencing transportation difficulties.

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4. Staff may bring a sleeping bag/comforter to work along with a change of clothes in the event they are unable to leave.
5. All vacation requests will be cancelled.
6. Clerical and housekeeping staff could be trained to assist with care (i.e., feeding).
7. Family members could be trained to help with care and daily living activities (i.e. providing a bed bath and assisting with feeding and toileting).
8. Use of volunteers.
9. Pregnant women should be deployed to non-affected areas or work from home. Relenza is the drug of choice for this group of individuals as it comes in a topical form and is safer for breast feeding mothers.

It will be essential to “cross-train” staff with different skills other than their current position. The 6 main categories include:

- Feeding residents
- Toileting, transferring, including mechanical lifts
- Obtaining vital signs
- Basic housekeeping skills
- Basic food preparation and inventory control
- Medication administration

Although individuals may be trained, they will not work in these capacities, replace staff, or assist staff during non-pandemic times, as that would be a violation of current collective agreements therefore “in time” training will be provided when the pandemic occurs.

10. If there is no effective vaccine at the beginning of the pandemic, non-immunized staff will NOT be excluded from providing care, provided they wear appropriate personal protective equipment and perform frequent hand hygiene. Staff that develops influenza may be allowed to work, but they will be restricted to non-resident care or to the care of residents with influenza-like illness. If there is a vaccine available, any staff that has not been vaccinated with the pandemic strain will not be able to work in any affected outbreak area and may not be able to work and will not be paid. Unvaccinated staff will be encouraged to take the H1N1 vaccine and to take Tamiflu for 14 days (the time that it would take for the vaccine to take effect). Home

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staffs are required to provide proof of vaccination if the vaccine is administered outside of the home.

11. If there is no pandemic activity in the home, the home will restrict staff, students and volunteers who have worked at sites where there is pandemic activity unless they have proof of taking effective antivirals.

Minimum staffing module during a pandemic

Position	Day/ Evening number required	Nights number required	Task priority
RN	one	one	Oversee running of facility
RPN	One for each unit	One for E-Wing	Dispense all meds, administer controlled or injectable medications, provide treatments and assess the ill, help with basic care when able
“Trained” PSW/HCA	3- E-Wing 2- main 2- second 1- lower	One for each unit to partner with the RN/RPN	Provide Basic care to all residents: washing, dressing (may leave in gowns) feeding, incontinence care etc.
Trained help i.e., family, volunteers	One for each care unit unless more needed	1 for each unit	Direct care of residents
Housekeeper	One for each unit Possible additional where interruption of laundry services off site occurs		Focus is on horizontal surfaces and washrooms. Regular cleaning of rooms may be designated to “trained” non-essential staff or visitors

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Support Services Plan, Minimum Requirements:

Position	Day/ Evening number required	Nights number required	Task priority
Support Services Manager	1		Ensure supplies are adequate, direct staffing requirements to the support support services assistant, ongoing staff/ visitor training
Dietitian	1		
Cook	1		
Dietary aides	One for each unit		Provision of food and hydration to residents, ensure food items available on each unit assist with giving nourishments
Non-Essential Services (recreation, administration, physiotherapy)			Provision of food and hydration to residents, ensure food items available on each resident home area, assist with giving out nourishments

Communication Plan

Information will be communicated in the following manner:

- An automated message on the main telephone system
- Charge Nurse extension 284 to update residents, tenants, staff, volunteers, and family members
- Staff Residents and Families will also receive updates via e-mail
- The Home website – www.saintlukeplace.ca
- Message board at main entrance with updated information
- Update-newsletter for residents
- Announcements over the Public Address system and at mealtimes.

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Responsibility of the Local Public Health Unit

- The local public health unit will be responsible for coordinating the distribution of antivirals and vaccines among health care organizations at the local level. The Dir. of Infection Prevention and Control or designate will be responsible for receiving, storing, and tracking the use of antivirals. Antivirals will be stored appropriately and will be distributed and signed off by the Dir. of Infection Prevention and Control Nurse or designate. In case of a power failure the vaccines can be moved to the emergency power source at the Health and Wellness Manager and/or Best Practice RPN office until the source is corrected.
- The local public health unit will provide advice on surveillance programs. They receive reports about Fever-Related Illness, including Influenza-Like Illness in the home, and provide information to the home on Fever-Related Illness activity, including Influenza-like Illness, or on pandemic activity in the community. The Medical Officer of Health or designate is responsible for declaring an influenza outbreak and for disseminating information about pandemic activity in the community.

Distribution of Antivirals and Vaccines

- Staff on the individual nursing units will be responsible for obtaining consent from residents or their decision makers for treatment with antivirals and/or immunization during a pandemic (if this information was not already provided on admission).
- Staff to report if they are not able to take the antiviral or vaccine and to monitor antivirals by residents and report to the Infection Control Nurse. See Appendix F for priority groups for antiviral and vaccine administration.
- Antivirals will be administered based on medical directives.

Declaring the Outbreak Over

The length of time from the onset of symptoms of the last case until the outbreak is declared over will be one incubation period plus one period of communicability for the pandemic strain. This may be longer than the 8-day period used for seasonal influenza. The local public health unit will be responsible for declaring the outbreak over and for notifying the Ministry of Health and Long-Term Care and other organizations in the community.

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Investigate the Outbreak

When the outbreak is declared over, an outbreak investigation file should be established, containing:

- Copies of laboratories and other results
- Copies of all meeting minutes and other communications
- Any other documentation specific to the investigation and management of the outbreak

The Dir. of Infection Prevention and Control in conjunction with Public Health will complete the Ministry Pandemic Outbreak form and submit the completed report to the Ministry. This form is usually due within 3 weeks from the time the outbreak is declared over however timelines will be adjusted during a pandemic. Dir. of Infection Prevention and Control at the home will keep copies of all forms on file.

Review the Pandemic Outbreak

When the pandemic wave is over, meet with local public health unit staff and other community partners to review the course and management of the outbreak of the pandemic strain in the home and in the community, and identify what was handled well and what could be improved. Submit report to the infection prevention and control committee, with a copy to the CEO.

REFERENCES:

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

Ontario Health Plan for an Influenza Pandemic. September 2006. Chapter 19 – Long- Term Care Homes.

Pandemic Planning: A guide for HR professionals. Why your organization's HR team should assume the lead role in pandemic planning. 2006.

SARS Ministry of Health and Long-Term Care document. December 2003.

[http://www.health.gov.on.ca/english/providers/program/pu\[Insert Corporate](http://www.health.gov.on.ca/english/providers/program/pu[Insert Corporate)

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ENTERIC OUTBREAK

POLICY

Outbreak should be considered if there are 2 resident cases of enteric illness (vomiting and/or diarrhea) in a specific unit within 48 hours.

PROCEDURE

Description	Response
When to set up isolation precautions for a resident	2 or more episodes of diarrhea AND/OR vomiting in 24 hrs that is not attributed to laxative use or new medication
What type of isolation to use	Contact Precautions (Fuchsia pink sign). If room is shared, label isolation sign with the resident's name. Isolate residents in their room whenever possible. Place isolation cart with gloves and gowns outside resident's room. Roommates should not be isolated unless symptomatic.
When to call the Health Unit	2 or more residents in the same unit within 48 hours OR more than 1 unit on the same floor with an acute case within the last 48 hours. Notify Waterloo Region Public Health at 519-575-4400 ext. 5506 and after hours at 1-877-884-8653. Email Director of Nursing and Personal Care and Dir. of Infection Prevention and Control to notify them of outbreak
When to start line listing (<i>Suspect Outbreak</i>)	Each affected area must complete a separate line listing for all residents with symptoms. Ensure information on the line listing is complete and up to date. While assessments will be done throughout the day, only record once daily on the line listing for each resident, following the morning assessment. As directed, when in suspect and/or confirmed outbreaks, fax line listings with cover sheet daily, before noon, to the Health Unit. Ensure line listings are stamped and dated once faxed. Complete a separate line listing for symptomatic staff. Ensure the line listings remain on a clipboard in the nursing office at all times throughout the outbreak.

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Communication	Email Director of Nursing and Personal Care and Dr. of Infection Prevention and Control for all outbreaks and activity. Communicate with other Registered Staff so they are on the lookout for other potential cases. Communicate with other managers so they are on the lookout for any staff cases. Communicate with housekeeping staff so they are aware of the need to increase cleaning of “high touch” surfaces. Email all staff to inform them.
When to collect specimens	As directed by the Health Unit. Obtain “Enteric Starter Kits” (only viral and bacterial containers are to be submitted). Check expiry date. Tightly secure cap to prevent leakage. Place the requisition in the plastic bag with specimen. Place specimens in paper bag, mark “for Public Health pick-up” and refrigerate. Arrange for specimen pick up with the Health Unit
When resident can come out of isolation	48 hours after last symptom and as directed by ICP or an RN.
Staff should not come to work	If experiencing vomiting or diarrhea (that is not attributed to another reason). ** Please report these symptoms when calling in**
Staff can return to work at Saint Luke’s Place	48 hours after last symptoms if outbreak declared. 24 Hours after last symptom if no outbreak.
Staff working at another facility if one of the facilities is in outbreak	There needs to be 48 hrs. After a shift worked on an outbreak unit at another facility, and staff must continue to be symptom free.
When the outbreak activity is declared over	Forward all original line listings to Infection Control Coordinator.

STOOL CONSISTENCY

For Infection Control purposes please think of the following descriptions when referring to stool consistencies:

1. Formed
2. Soft
3. Loose
4. Watery

NOTE

Diarrhea is considered to be any consistency that would take on the form of the container if you were to collect a specimen (i.e., both loose and watery).

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RESPIRATORY OUTBREAK

POLICY

Outbreak should be considered when 2 or more residents present with acute respiratory illness within 48 hours, or there is more than 1 area with an acute case within the last 48 hours. Note that 1 laboratory confirmed case of influenza constitutes an outbreak.

PROCEDURE

Description	Response
When to set up isolation precautions for a resident	2 or more symptom (fever and headache, general aches, cough, sore throat, chest congestion, nasal congestion). Note –Fever may not present in elderly residents.
What type of isolation to use	Droplet Contact Precautions (green sign). If room is shared, label the isolation sign with resident's name. Isolate residents in their room whenever possible. Place isolation cart with gloves, gowns, masks and face shields outside resident's room. Roommates should not be isolated unless symptomatic.
When to call the Health Unit	2 or more residents in the same unit within 48 hours, OR more than 1 area with an acute case within the last 48 hours OR any confirmed case of Influenza. Notify Waterloo Region Health Unit at 519-575-4400 ext. 5506 Email Director of Nursing and Personal Care and Dir. of Infection Prevention and Control to notify them of possible outbreak.
When to start line listing (Suspect Outbreak)	Each affected area must complete a separate line listing for all residents with symptoms. Ensure information on the line listing is complete and up to date. While assessments will be done throughout the day, only record once daily on the line listing for each resident, following the morning assessment. As directed, when in suspect and/or confirmed outbreak, fax line listings with cover sheet daily, before noon, to the Health Unit. Ensure line listings are stamped and dated once faxed. Complete a separate line listing for symptomatic staff. Ensure the line listings remain on a clipboard in the nursing office at all times throughout the outbreak.

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	<p>Before noon, to the Health Unit. Ensure line listings are stamped and dated once faxed.</p> <p>Complete a separate line listing for symptomatic staff.</p> <p>Ensure the line listings remain on a clipboard in the nursing office at all times throughout the outbreak</p>
Communication	<p>Email Director of Nursing and Personal Care and Dir. of Infection Prevention and Control for all outbreaks and activity. Communicate with other Registered Staff so they are on the lookout for other potential cases. Communicate with other managers so they are on the lookout for any staff cases. Communicate with housekeeping staff so they are aware of the need to increase cleaning of “high touch” surfaces. Email all staff to inform them.</p>
When to collect specimens	<p>As directed by Public Health. Review the technique for obtaining a nasopharyngeal swab (NP swab) as per policy “specimen collection”. Check expiry date on the swab. Wear gloves, gown, mask, and goggles to obtain the swab.</p> <p>Place specimen in a plastic bag and complete the requisition. Refrigerate swab in the Public Health container and label “for Public Health pick up”. Arrange for specimen pick-up with Public Health. Inform the pharmacy that swabs have been obtained; they may start to arrange Tamiflu in case it is needed.</p>
Tamiflu	Tamiflu is initiated for confirmed Influenza
When resident can come out of isolation	5 days after onset of symptoms (if feeling well) OR 24 hrs symptom free and as directed by ICP or RN.
Staff should not come to work	<p>If ill with any 2 respiratory symptoms (elevated temp, cough, and sore throat, and chest congestion, nasal congestion, muscle aches, chills).</p> <p>**please report these symptoms when calling in**</p>
Staff can return to work at Saint Luke’s Place	5 days after the onset of symptoms, unless still feeling unwell, OR symptom free for 24 hours.
Staff working at another facility if one of the facilities is in outbreak	Able to work both places during a confirmed Influenza outbreak if they’ve had their annual flu shot. Non immunized staff will not work at Saint Luke’s Place during an influenza outbreak here; and wait 5 days after working at another facility if they have an influenza outbreak.

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MANAGEMENT OF COVID-19

POLICY

An outbreak is considered upon receiving COVID-19 positive results for a resident or staff member. When this occurs, an outbreak assessment should be completed immediately, and the steps outlined below should be followed.

Procedures during COVID-19 Pandemic:

1. Detection of cases of COVID-19 –

Active screening of staff and essential visitors:

Please refer to:

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_screening_guidance.pdf

If the staff or essential visitor screen positive, they will be assessed by the Dir. of Infection Prevention and Control and/or Charge Nurse. The Dir. of Infection Prevention and Control and/or Charge Nurse will provide instructions as to what steps they should take. If the Dir. of Infection Prevention and Control and/or Charge Nurse has questions or concerns related to the staff member or essential visitor, they are to call their director for further guidance.

Active screening of residents:

Please refer to:

<https://www.publichealthontario.ca/-/media/documents/ncov/ltrh/2020/06/covid-19-prevention-management-ltrh.pdf?la=en>

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf

2. Typical and Atypical symptoms of COVID-19:

Please refer to:

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_screening_guidance.pdf

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf

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<https://www.publichealthontario.ca/-/media/documents/ncov/ltrh/2020/06/covid-19-prevention-management-ltrh.pdf?la=en>

Ensure appropriate Personal Protective Equipment:

Please refer to:

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf

The use of N95's for suspect cases was reviewed on December 21, 2021 due the recent recommendations made from Public Health and the Ministry of Health on December 15, 2021. Staff are to continue to use Level 3 procedure masks and face shields for suspect cases of COVID-19.

For more information, please see:

<https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf

Donning and Doffing procedures, please refer to:

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps>

If a resident has an aerosol generating medical procedure, please refer to:

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf

possible endeavor to put this procedure on hold or discontinue if possible. If this is not possible, N95 Respirators should be used when entering the residents room. Depending on the area of the home, the timeframe as to when N95 Respirator use is to be used, will be determined on a case-by-case scenario using Public Health guidelines

3. New Admissions and re-admissions:

Please refer to:

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf

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Physical Distancing

Please refer to:

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf

<https://www.publichealthontario.ca/-/media/documents/ncov/ltrh/2020/06/covid-19-prevention-management-ltrh.pdf?la=en>

If needed, alternative accommodation should be planned to cohort ill residents. This could include using the activity rooms on the home areas.

COVID-19 OUTBREAK MANAGEMENT CHART

Description	Response
When to set up isolation precautions for a resident	1 or more symptoms that are listed on the: www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_screening_guidance.pdf www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf
What type of isolation to use	Droplet Contact Precautions (green sign). Please refer to: www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf
When to test resident for COVID-19	Please refer to: www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf Staff are to also refer to Policy “specimen collection”. Ensure the swab has been labelled fully. Place the swab into the bag and then into the specimen fridge. When completing the requisition, the attached COVID requisition is to be used. Ensure that all the required information on the requisition is completed fully. Arrange for specimen pick-up with Public Health

SECTION	Emergency Planning- Code Blue	POLICY #	EP-XIII-03
SUBJECT	Outbreaks, Epidemics and Pandemics	Page	28 of 28

When to call the Health Unit	<p>1 or more symptoms that are listed on the: www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_screening_guidance.pdf</p> <p>Public Health is to be notified. Notify Waterloo Regional Health Unit at 519-575-4400 ext. 5506 Email Director of Nursing and Personal Care and Dir. of Infection Prevention and Control to notify them of possible outbreak.</p>
When to start line listing (Suspect Outbreak)	<p>Each affected area must complete a separate line listing for all residents with symptoms. Ensure information on the line listing is complete and up to date. While assessments will be done throughout the day, only record once daily on the line listing for each resident, following the morning assessment. As directed, when in suspect and/or confirmed outbreak, fax line listings with cover sheet daily, before noon, to the Health Unit. Ensure line listings are stamped and dated once faxed. Complete a separate line listing for symptomatic staff. Ensure the line listings remain on a clipboard in the nursing office at all times throughout the outbreak.</p>
Communication	<p>Refer to: www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf</p>
When resident can come out of isolation	<p>Refer to: www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf</p>
Staff should not come to work	<p>Please refer to: https://www.health.gov.on.ca/en/pro/programs/ltc/covid19.aspx</p>
Staff can return to work at Saint Luke's Place	<p>Please refer to: www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf</p>
Staff working at another facility if one of the facilities is in outbreak	<p>Please refer to: www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf</p>
Admissions and Readmissions	<p>Please refer to: www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guidance.pdf</p>
When the activity/ outbreak is declared over	<p>All line listings will be saved on the Z-Drive under the Management Reference COVID-19 Outbreak tab.</p>

SECTION	Emergency Planning- Internal Disasters	POLICY #	EP-IV-07
SUBJECT	Natural Gas Leaks	Page	1 of 2

POLICY

Saint Luke's Place shall have a process in place for staff to report the suspected scent of natural gas. The emergency procedures for natural gas emergencies are similar to that for fire and evacuation emergencies.

GENERAL GUIDELINES

- If you smell natural gas:
- Do not turn electrical switches on or off.
- Do not use a phone or a cellular phone inside the building.
- Do not use any potential ignition sources or open flames.
- Do not return to the area unless advised to do so by the Fire Department.
- If it is possible, open the doors and windows, to ventilate the building. However, do not spend additional time opening doors or windows if there is an imminent danger of explosion or fire that would jeopardize your safety.
- Always leave the area quickly by the fastest possible route.
- If you are trapped during a gas release/emergency, close all doors between you and the gas leak. Stuff the cracks around the doors. Open windows or other exterior openings for fresh air and ventilation. Wait at a safe window and signal/call for help. If there is a phone in the room, call 9-1-1 and tell them exactly where you are.
- Staff members and residents may return to the affected area only when authorized to do so
- Follow the emergency procedures listed below.

PROCEDURE

IF YOU DETECT OR SUSPECT A NATURAL GAS LEAK INSIDE YOUR AREA

- Immediately report the information to the Charge Nurse. The manager/Nurse Manager will contact Maintenance department directly.
- Sound the fire alarm. (NOTE: Because of its low odor threshold, natural gas is sensed far in advance of high concentrations and pulling the fire alarm will not add to the fire risk already present by static electricity and electrical and mechanical equipment in the building.)
- The Maintenance and Facility Manager and/or designate will notify the Gas Company.
- Open doors and windows where possible to disperse concentrations of natural gas.
- Immediately clear the area of residents, staff, and visitors.
- Do not operate or turn on any electrical equipment including light switches.
- If a gas appliance is being used, shut it off. Also shut off the gas valve to the appliance.
- Do not use elevators; always use stairs.
- In consultation with Fire Department the Chief Executive Officer/designate may order the evacuation of an area of the building or a total evacuation.
- Have a staff member wait for the Fire Department outside of the main building entrance.
- Please use the Natural Gas Leak Checklist.

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SUBJECT	Natural Gas Leaks	Page	2 of 2

NATURAL GAS LEAK/SMELL OUTSIDE YOUR BUILDING

If gas odor is strictly limited to areas outside your building, call 9-1-1 and Alert the Emergency Control Group through your department Director of designate.

GENERAL GUIDELINES

- If you detect strong natural gas odors in an outdoor location, immediately evacuate residents to the nearest non-affected building and call 911.
- Alert any passers-by to stay clear of the affected area.
- All HVAC systems must be shut down to limit risk of gas laden air entering the facility. See Policy Air quality contamination.
- Evacuating the residents as far away from the leak will be the main priority (i.e., if the leak is on Franklin Blvd., evacuating the residents to the Stenhouse Hall will be the first stage of the evacuation).
- The Fire department will assess the situation and may ask the Home to start a full evacuation of the facility to our receiving homes. See policies Evacuation Management.
- Please use the Natural Gas Leak Checklist.

Evacuation Management



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Evacuation Polices

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SECTION	Emergency Planning- Code Green	POLICY #	EP-V-01
SUBJECT	Evacuation Policy	Page	1 of 4

POLICY

Saint Luke's Place will have in place an evacuation policy should the need arise to evacuate part or all of the building(s).

The Nurse in Charge is responsible for determining when a partial or complete evacuation should occur. The fire department will inform charge staff if a total evacuation is warranted. At times, the fire alarm may go off and it may take a while to determine **if or where** a fire is actually occurring. Until an actual fire is confirmed, staff may commence evacuation of the suspected fire zone. All safety precautions are required (e.g., to follow all safe lifting procedures). If an actual fire is confirmed, then staff should expediently complete an evacuation, which may involve emergency lifts and transfer techniques as described in the policy titled- EMERGENCY LIFTS AND TRANSFERS.

In the event of an emergency that requires evacuation from a unit or floor, the Emergency Control Group must be notified. The Charge Nurse must contact at least one of the following numbers to inform them of the emergency.

The following situations may require partial or complete evacuation of Saint Luke's Place buildings:

- Smoke and/or fire
- Gas leak
- Outside occurrence (tanker explosion on 401, plane crash)
- Major repairs (boiler breakdown, major electrical damage, flood, roof failure)
- Contamination of food or water supply
- Bomb threat
- Unwanted Visitor threat

Types of Evacuation

Horizontal Evacuation

This is the most common form of evacuation. It involves moving residents/tenants from an affected area to the nearest safe zone or area beyond the fire doors on the same floor. Fire doors have a resistance rating of a minimum of 45 minutes. Movement of residents /tenants will be horizontal rather than vertical, whenever possible. It can be done quickly and does not involve the use of stairs.

Vertical Evacuation

Vertical evacuation should be the exception. It involves moving resident/tenants to a floor below the danger area but NEVER to a basement level. Elevators are not to be used unless authorized by Fire Department Personnel or the Administrator/designate. If possible, one stairwell should be reserved for upward movement of Emergency Personnel.

Total Evacuation

This type of evacuation is the most serious. It means complete removal of all residents/tenants from the building to another facility. The order to evacuate the premises will come from the Fire Department

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-01
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or the Administrator/Designate. Along with the order to evacuate instructions will given as to the relocation facility and method of transportation.

PROCEDURE

1. Code Green is the term that will be used to announce partial or total evacuation of Saint Luke's Place buildings.
2. The words Code Green and the name of the affected building, i.e. A Wing; Main Floor, will be announced three times. Evacuation will then commence.
3. Stage 2 (Evacuation signal) of the Fire Alarm system will be initiated at the nearest annunciator panel.
4. Saint Luke's Place fire alarm system will be manually switched to Stage II – Evacuation signal - alerting staff that a partial or full evacuation is to proceed immediately.
5. The fire alarm system is a two-stage system. In the event of a fire alarm/drill, the bells will sound intermittently at a slow frequency at Stage I. When the evacuation signal is sounded, the frequency increases (double the Stage I frequency).
6. Should evacuation of part or all of the building be necessary, the evacuation signal will be initiated by the Charge Nurse or designated individual.
7. This signal can be initiated from any of the four annunciator panels located in the facility: B-Wing entrance; the E-Wing entrance; A-Main Nursing Station or the D-Wing entrance.
8. The evacuation signal button is located at the lower right quadrant of the annunciator panel - pressing the TOTAL EVACUATION button will initiate the Stage II signal.
9. Should evacuation of residents/tenants be required, a decision will be made by the Fire Department or the Administrator/Designate.
10. Staff will be informed of the temporary location to which residents/tenants will be transferred. The location may in Saint Luke's Place or to an external facility.
11. Staff will also be informed as to the method of evacuation (i.e., horizontal, or vertical evacuation.)

Holding Areas

A secure holding area will be designated where residents/tenants who have been evacuated from their resident home area or apartment can be temporarily sheltered pending the outcome of the emergency situation.

1. In the event of partial or total evacuation that may involve relocating residents/tenants to alternate locations (according to Shelter Agreements), Stenhouse Hall (B-Wing dining room) will be designated as the Holding Area.
2. One RPN will be assigned to the holding area and will be responsible for the individuals gathered there.
3. Tenants who are able to identify themselves will not require a name tag.
4. A list of all residents/tenants taken in the holding area will be maintained. Saint Luke's Place Directory may be used as a resource – directories are maintained by Office staff alphabetically listing names of Transition Area and Long-Term-Care residents, C and D-Wing apartment tenants.

Evacuation Teams

Staff will work in teams when necessary to efficiently move residents/tenants from one area to another.

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-01
SUBJECT	Evacuation Policy	Page	3 of 4

Carrying Teams:

will move residents/tenants from bedrooms, apartments, and corridors to the safe zone on the floor or to the stairway, if necessary.

Stairway Teams:

will move residents/tenants down the stairs if necessary.

Receiving Teams:

will assess evacuated residents/tenants and provide care based on need and availability of resources. One RPN will be assigned to monitor the individuals in the holding room. Other staff/volunteers may also be assigned as necessary.

Method of Evacuation

Residents/tenants will be evacuated according to their physical condition in the following manner:

- Independent Ambulatory
- Assisted ambulatory
- Requiring wheelchair
- Bed Ridden
- Uncooperative/resistive

Evacuation- Room of Fire

1. All rooms in long term care resident areas are equipped with sprinklers that will keep a fire suppressed. This will provide staff with a better opportunity to move residents to safety.
2. When you approach a fire area, if a door is closed, feel the door for heat with the back of your hand. **If hot, do not enter the room**, as the added oxygen will only feed a fire and makes it worse. If you open the door, the fire may become so large that you may not be able to close the door again and this will put the entire resident area at greater risk.
3. If you can enter the room of fire, stay low to avoid smoke and heat. Evacuate residents from the room, checking under furniture, in closets and in the bathroom. Start with the most ambulatory. If the room is a semiprivate, evacuate the first resident to the hallway then evacuate the second resident beyond the fire doors before returning to evacuate the first resident beyond the fire doors. If a resident is resistive, you may have to leave them and proceed to evacuate others. Always close the door upon leaving the room. **Ensure the door evacuation tab is raised and secure against the door frame if you successfully removed all residents from the room. If you leave a resident in a room, do not raise the evacuation tag- this will alert others the room has been checked, but is not vacated.**
4. **Blanket Method:** To evacuate a non-ambulatory resident from a bed in the long-term care area, remove the blanket from the bed and place it on the floor beside the bed. Place the resident's pillow on the blanket. Swing the residents' legs off the side of the bed. Sit the resident up and sit on the bed supporting the resident from behind. Drag the resident off the bed onto the transfer sheet, keeping their torso close to yours. Lower their head last to rest onto the pillow. Wrap them tightly using the Velcro tabs. Using the handles at the head of the transfer sheet, drag the resident out of the room. Stay low to avoid smoke and heat.

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5. Other methods are listed in the Lifts and Transfers Section
6. **Immediately take evacuated residents beyond the fire area and beyond a fire barrier door.** Do not leave a resident for any length of time in a hallway of the fire area. They can easily be overtaken by smoke inhalation.

Evacuation- Rooms adjacent to Room of Fire

1. Start with the rooms closest to the Room of Fire and then fan out from there. If necessary, stay low to avoid smoke and heat. Remember to check closed doors with the back of your hand to ensure they are safe to enter. The Charge Nurse may determine that rooms above and below the fire area must also be evacuated.
2. Evacuate all residents, starting with the most ambulatory, checking carefully for residents (under furniture, in closets, bathrooms etc.). If a non-ambulatory resident is in bed, you can use the blanket transfer method to evacuate them (see above). **Immediately evacuate residents beyond the fire area and beyond the fire barrier door.** Do not leave a resident for any length of time in a hallway of the fire area. They can easily be overtaken by smoke inhalation.
3. If a resident is resistive, leave them and proceed to evacuate others.
4. Always close the door upon leaving the room. **Ensure the door evacuation tab is raised and secure against the door frame if you successfully removed all residents from the room. If you leave a resident in a room, do not raise the evacuation tag- this will alert others the room has been checked, but is not vacated.**
5. Continue to evacuate the next nearest room or as determined by the Nurse in Charge.
6. If a resident is reliant on oxygen, you can transport the portable strollers with them if time and circumstances allow. They will not explode. Leave the concentrators in the resident's room.
7. Do not evacuate residents off a floor unless directed by emergency personnel. The furthest you should take evacuated residents is to a stairwell, or the elevator area, whichever is safer. The water sprinklers will be effective in keeping the fire suppressed.

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-03
SUBJECT	Resident Discharge and Transfer	Page	1 of 1

POLICY

1. Transportation may be arranged through Saint Luke's Place transportation agreement with Grand River Transit Services, Cambridge Emergency Services or it may escalate to the EOCG depending on severity
2. All injured residents will be transferred to the Cambridge Memorial Hospital via ambulance
3. All other residents will require an immediate transfer to Stenhouse Hall/ Coffee Shop area for holding. This decision will be made by the Charge Nurse available and on-site.
4. Once the magnitude of the emergency has been assessed by the Emergency Control Group, the decision will be made to evacuate from the Facility to the locations agreed upon in the shelter agreements:
 - Cambridge Country Manor
 - Fairview Mennonite Home
 - St. Andrews Terrace
 - Jacob Hespeler Secondary School
 - Hespeler Public School

Resident family members will also be included on the decision in case they would prefer to be the receiving point for their loved ones.

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-04
SUBJECT	MOHLTC Administrative Evacuation Process	Page	1 of 3

Purpose

The purpose of this Policy is to formalize the administrative elements of the emergency evacuation process including materials to utilize in evacuation situations between Saint Luke's Place in an emergency, the Recipient Home or Unit, the Home and Community Care Support Services, and the Ministry.

The content of this Policy is provided to support Saint Luke's Place in the event that our emergency plan has been initiated and is subject to applicable law. This policy is adopted from the '**Guide on the Policy, Process, and Procedures during an Emergency Evacuations**' issued by the MOHLTC.

This policy has a contact email list for the MOH, Evacuation Placement form (EPF) as well as a flow chart for evacuation placement process attached.

Objective

The policy will

- Identify the process of transmitting information to the ministry;
- Provide materials to complete during the evacuation process;
- Provide information regarding licenses, specifically temporary emergency license; and
- Outline the terms and conditions under which the ministry will license eligible beds and reimburse LTC Homes for eligible expenses related to the admission and accommodation of residents during emergency evacuations from existing LTC Homes or the community.
- the issuance of Temporary Emergency License(s), with applicable license conditions, and typically includes a condition that the Director may revoke the license effective on the day that the affected resident(s) are all discharged from the Recipient Home(s);
- information on the provision of applicable funding; and
- the necessary permission under the FLTCA in respect of the temporarily closed beds, and to the associated BIA Agreement to be created, effective until the day when the Source Home/Beds re-opens and the Temporary Emergency License is revoked or surrendered.

In an emergency, Saint Luke's Place commences and follows its emergency plans and, where necessary, starts evacuating residents to the Recipient Home(s)

- Saint Luke's Place ECG must immediately report the emergency, including any related evacuation to the Director, LTC Inspections as per of the Regulation under the LTCHA
- Saint Luke's Place ECG initiates the emergency licensing process by notifying the **Placement Coordinator** and **Service Area Office (SAO)** of the Home's need for evacuation (internally, Saint Luke's Place will initiate an **Emergency Management Communication Tool* ticket**). Saint Luke's Place ECG will provide the necessary information to the **Placement Coordinator** to complete the **Evacuation Placement form (EPF)**.

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SUBJECT	MOHLTC Administrative Evacuation Process	Page	2 of 3

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- Saint Luke's Place ECG will maintain ongoing communication with the **Placement Coordinator** and the **Service Area Office** (SAO) throughout the duration of the evacuation and provide updated documentation as necessary.
- Once the emergency is over, Saint Luke's Place ECG notifies the recipient home and ministry branches that it is safe for the resident(s) to return to the source home. If required, it will submit clearance documentation to the **Service Area Office** (SAO).
- If documents are destroyed due to the emergency, Saint Luke's Place ECG should still complete the **Evacuation Placement form** (EPF) to the best of their ability.

The Emergency Management Communication Tool is used to manage system wide

emergencies, such as fires, floods, natural disasters. It is a communication tool used to help coordinate system wide responses. <https://emct.disasterlan.ca/>

Please refer to the attached Guide for complete instructions if Saint Luke's Place is being utilized as a recipient home including temporary bed licensing and financial copayments for the extra beds.

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SUBJECT	MOHLTC Administrative Evacuation Process	Page	3 of 3

Appendix A: Contacts Page

SAO Managers	
Central East	
Central West	
Hamilton	
London	
Ottawa	
Sudbury	
Toronto	
Licensing Unit	
Manager	
Financial Management Branch	
Senior Manager	
Health System Emergency Management Branch	
Manager, Response and Recovery	

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-05
SUBJECT	Transportation	Page	1 of 2

POLICY

1. Transportation of Residents can be supported by Emergency Services or the City's Emergency Operations Centre. If the decision is coming from the Emergency Services at the site, they will likely support. If the evacuation is a result of a City wide evacuation or area evacuation from the EOCG, then the EOCG will support. The ECG will also utilize the Saint Luke's Place vans as the secondary service as required.
2. For Residents that are mobile and can safely travel on City of Cambridge Transit vehicles, the appropriate number of City Buses will be dispatched to the Emergency Site.
3. For Residents that require special mobility assistance and/or have been injured in the Emergency, Ambulance and Emergency Vehicles will be dispatched to the Emergency Site.
4. To coordinate the assembly of trained Staff to assist with the transportation of Residents, in cooperation with the City of Cambridge's Emergency Plan; Saint Luke's Place Group Staff may be called in to assist with Resident transfers (Emergency Call-in tree).
5. A complete list of all staff members is retained by all Department Heads at their office and home locations. If phones are out of order, communication may be via automobile or mass transit service through the Cambridge Transit System at the direction of the City of Cambridge's Emergency Operations Control Group.
6. Identification Bracelets are prepared for all Residents of The Long-Term Care Residence and are kept at reception. For the Independent Senior Apartments, Resident Emergency Response Summaries are retained by The Long-Term Care Residence in the case of both individual and facility emergencies. The details of these listings and photographs of Residents are routinely checked and updated.
7. In case of a total emergency, all records concerning Resident Care in all locations should be removed. The charts are important since they contain all pertinent data for the continuance of care.
8. The Charge Nurse in the affected area (s), whether in long term care, The Independent Apartments, or both, will be responsible for the removal and administration of the medication carts, MARS, Resident Charts, Nominal Resident Role, and the Staffing Schedules.
9. All records will remain confidential, and the distribution of medical records will be strictly maintained under the control of the Director of Nursing and Personal Care. All records will remain the property of Saint Luke's Place.

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-05
SUBJECT	Transportation	Page	2 of 2

1. If discharged to the family, friends or volunteers, the records are to be kept with employees of Saint Luke's Place.
2. If discharged to active Hospital, a copy of pertinent information and transfer sheet is to accompany the Resident.
3. If transferred to alternate evacuation site, i.e., St. Andrews Terrace, the chart is to accompany the Resident.

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-06
SUBJECT	Media Communications	Page	1 of 2

POLICY

1. The CEO and/or their delegate will remain as the single point of contact for media inquiries
2. Once at the relocation site, the CEO and/or their delegate will contact local radio and TV stations to announce the location of the site and the telephone number that families may phone to receive a report. The CEO and/or their delegate will also make arrangements to contact families directly.

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-08
SUBJECT	Emergency Supplies	Page	1 of 2

POLICY

- 1 To provide the Residents with a safe and nutritionally adequate menu for two days, in case of an emergency evacuation of Saint Luke's Place or one of its individual buildings.
- 2 The menu for two days will be made nutritionally adequate by adhering to the Canada Food Guide for adults. Menus will be adjusted for special diets if necessary.
- 3 For emergency situations, the adjusted menus and inventory details are listed in of this Emergency Response Manual.
- 4 Saint Luke's Place maintains a food inventory to cover at least two weeks supply of food, except for perishables. In addition, there is always at least a three-week supply of frozen meats and vegetables.
- 5 The supplies will be available from the supplies generally stored at Saint Luke's Place. However, the supplies needed are generally available and can be purchased from any wholesale or retail store in the community.
- 6 An inventoried emergency supply list that is kept in the facility will be maintained and inventoried annually and the list will include inventory locations.
- 7 Saint Luke's Place has a pharmacy contract with MediSystem Pharmacy that has a sufficient supply of medication and medical supplies available. Resident Drug profiles are maintained on file and can be produced and delivered to an emergency site with no delay or hindrances.
Medisystem Pharmacy: [REDACTED]

Emergency Supply List

- Lanterns-stored in maintenance area for all staff-Disposable batteries stored with them and turned over on a monthly basis to keep batteries current.
- Emergency Blankets stored in the Linen storage area
- Extra blankets stored in the Ellington basement storage room and in the Nottingham storage room for each resident
- Extra linens/towels stored in linen closets from floors and in the linen storage rooms
- First aid kits kept in all 3 nursing offices – extra wound supplies in Medication/ Nursing Supply A Lower storage
- Disposable dishes/glasses etc. kept in the A Lower storage
- **Emergency phones located in the business office**
- Stock medication in med carts, emergency medications in toolbox at Charge Nurse Office
- Emergency information for staff located in all nursing offices

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-08
SUBJECT	Emergency Supplies	Page	2 of 2

- Senior Leadership Team activates emergency through mobile phones and communicates through mobile devices
- Extra walkers/wheelchairs located in the “Wheelchair Storage Room”
- Incontinence products are located in the storage areas on each unit and mainly in A Lower Storage Area.
- Extra liquid O2 tanks on E Wing Resident Unit
- Gloves/masks/gowns/googles/wound supplies located in A Lower Nursing Supply storage room
- Office supplies located in the Executive Assistant Office
- Housekeeping supplies located in A Lower/ Staff Room storage area
- Extra batteries located in the DOC office/Maintenance
- Toiletry items located in the main LTC storage
- Hand sanitizer located in the A Lower Nursing Supply storage area
- Kardex paperwork for all resident diets located in the serveries on each unit

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-07
SUBJECT	Essential Material	Page	1 of 2

POLICY

Equipment and supplies appropriate for the emergency situation will be available for use.

PROCEDURE

Equipment and supplies for use in emergency situations includes:

NURSING DEPARTMENT				
Priority	Item	Location	Staff	Transport
1	Resident Charts	4 Resident Home Areas	PSW	Chart Racks
1	Medications/Supplies	4 Resident Home Areas	PSW	Med Carts
1	MAR Binders	4 Resident Home Areas	RPN	On Med Carts
1	TAR Binders	4 Resident Home Areas	RPN	On Med Carts
1	Oxygen Tanks & Oxygen Concentrators	Main Floor Nursing Station & Laundry Chute Room on E-Wing Main Floor	PSW	On Wheels
1	Incontinent Supplies	Supply Cupboards on Resident Home Areas	Assigned by Best Practice Nurse	On Cart After Emergency is Over
1	Care Plans	Each of 4 Nursing Stations on Chart Cart	PSW	Wheels
1	Resident Name Tags	Mesh Bags Hanging in Each Med Room		Carried
2	Back Up Discs and Business Records	Business Office	Dir. of Finance	Cart
2	Personnel Files	Payroll and HR Offices	Dir. of Fin.	Cart
3	Extra Clothing	Resident Rooms	PSWs	Cart
MAINTENANCE DEPARTMENT				
Priority	Item	Location	Staff	Transport
	Flashlights			
	Spare Batteries			
	Tools			
	Carts			
	Cell Phones			
HOUSKEEPING/LAUNDRY DEPARTMENTS				
2	Sheets	Laundry	Support Serv. Manager/designate	Cart
2	Blankets	Laundry	As above	Cart
2	Pillows	Resident Rooms	As above	Cart
2	Towels	Laundry	As above	Cart
2	Facecloths	Laundry	As above	Cart
Adequate linen for the number of resident/tenants in the holding room will be supplied				
VOLUNTEERS				
1	Listing of All Volunteers Names and Phone Numbers	Life Enrichment and Program Manager Office	Life Enrichment and Program Manager	To Staff Pool
2	Volunteer Name Tags	As Above	As Above	As Above
3	Sign-In Form	As Above	As Above	As Above

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-07
SUBJECT	Essential Material	Page	2 of 2

Emergency Supplies

EQUIPMENT	LOCATION
<i>Fire Extinguishers</i>	
Flashlights and batteries	Each Nursing Station
Oxygen Tanks	One Tank in Each Room that has a Concentrator
First Aid Kit (see next page)	A-Main Nursing Station
Stretcher	Holding Room, E-Wing Lower Floor
Power Loss Emergency Box (see next page)	RN Office
RED Binder (listing of all Residents and Tenants and their room/apartment numbers).	Business Office – upper cupboard at Counter

Contents Include:

First Aid Kit:

- 24 safety pins
- 1 basin
- 48 adhesive dressings
- 2 rolls micropore tape
- 12 rolls 1" gauze squares
- 48 sterile 3" gauze squares
- 8 rolls 2" gauze bandage
- 12 triangular bandages
- 2 rolls splint padding
- 6 sterile compress bandages
- splints assorted sizes
- 6 tongue depressors
- 3 pair gloves
- 1 dressing scissors
- 1 thumb forceps
- 1 normal saline
- 1 isogel
- 1 instant cold pack
- 1 solarcaine

Power Loss Emergency Box (Clear Plastic Carryall with Blue Lid):

- 5 flashlights
- batteries
- door wedges

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-09
SUBJECT	Emergency Menu	Page	1 of 1

Pandemic Menu- Regular Texture

	Day 1	Day 2	Day 3
Breakfast	Choice of Juices Choice or Cold Cereal <u>or</u> Hot Cereal with Milk Toast Margarine & Jelly Scrambled Eggs (Commercially) Choice of Juices	Choice of Juices Choice or Cold Cereal <u>or</u> Hot Cereal with Milk Toast Margarine & Jelly Omelet (Commercially) Choice of Juices	Choice of Juices Choice or Cold Cereal <u>or</u> Hot Cereal with Milk Toast Margarine & Jelly Scrambled Eggs (Commercially) Choice of Juices
A.M. Snack			
Lunch	Cream of Tomato Soup & Crackers (Canned) Ham Salad Sandwich (Commercially Minced) Sliced Pickled Beets (PreMade) Diced Peaches (Canned) Apple Sauce (Canned)	Cream of Chicken Soup & Crackers (Canned) Beef Salad Sandwich (Commercially Minced) Mixed Vegetables (Canned) Diced Pears (Canned) Apple Sauce (Canned)	Creamy Broccoli Soup & Crackers (Canned) Chicken Salad Sandwich (Commercially Minced) Bean Medley Salad (PreMade) Apricots (Canned) Apple Sauce (Canned)
P.M. Snack			
Dinner	Shepherd's Pie (Commercially) Beef Gravy (Instant Gravy Mix) Cream Corn (Canned) Dinner roll and Margarine Lemon Cake Yogurt	Chicken A La King (Commercially) Mashed Potatoes (Commercially) Carrots (Canned) Dinner Rolls & Margarine Strawberry Short Cake Yogurt	Lasagna (Commercially) Mashed Potatoes (Commercially) Peas (Canned) Dinner Rolls & Margarine Chocolate Brownie Yogurt
H.S. Snack			

- Offer coffee, tea, milk, juice and water at all meals and snacks
- Assumptions include: limited staffing however, electricity and water are available
- Your Grocery Distributor cannot guarantee that inventory will be available on all items listed for this menu

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-10
SUBJECT	Emergency Fuel Management	Page	1 of 1

POLICY

1. Saint Luke's Place is heated by electricity and natural gas. The safe management of gas, electricity would be left to the providers. The City would support the safe management and restoration.
2. In the event of a power fluctuation or failure, all Residents requiring Oxygen shall be closely monitored and must either use a portable concentrator or have their oxygen connected to power outlets that are serviced by the Emergency Generator.
3. Diesel fuel for generators will be ordered through Taylor Fuels at [REDACTED].

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-12
SUBJECT	List of Volunteers	Page	1 of 1

POLICY

In the event of an emergency, there are several volunteers that have expressed their interest in assisting us. These names and contact information are accompanied with the Life Enrichment and Program Manager during the volunteer application process.

The Life Enrichment and Program Manager or designate would supply the appropriate up-to-date list as necessary.

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-13
SUBJECT	CEO/ LTC Administrator Responsibilities	Page	1 of 1

COMMAND POST

- The Administrator/Charge Person will:
- Call 911 if there is no local emergency response authority already on site
- The Administrator/Charge Person will go to the Reception Desk or alternate location and establish the Command Post.

To Establish the Command Post:

- Open the Emergency Checklist package for procedures, checklists.
- Complete tasks on check lists.
- Have the Director of Human Resources initiate the recall of employees through the Administration staff using the payroll system once it has been decided staffing needs for the next 24 hours. This individual will report back to the CEO/Charge Person.
- Have the Director of Finance initiate contact with emergency transportation services, the pre-arranged receiving facilities, local hospitals etc. (see command post check list).
- As able, designate one person to answer phones and keep phone lines clear. Use call list to record phone calls.
- Communicate with Emergency Personnel who are reporting to the command post (Fire, Ambulance, and Police).
- The Administrator and the Maintenance and Facility Manager will stay with the Emergency crews to ensure the re-occupancy of the facility is done in a timely manner once it is safe to do so.

Two way Radios and cell phones cannot be used during a Bomb Threat emergency

RETURNING TO THE FACILITY

- The facility must be inspected and approved for resident re-occupancy by the Administrator, the Director of Nursing and Personal Care and the Director Infection Prevention and Control as well as the relevant local authorities.
- The management team will meet to prepare for the return of the residents.

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-13a
SUBJECT	Maintenance and Facility Manager Responsibilities	Page	1 of 1

COMMAND POST

- Reports to Command Post.
- Works with Emergency Services Personnel to ensure access and communication during the evacuation.
- Designates a maintenance staff people to go to the receiving facility to help with setting up the facility to receive residents.
- Once all residents are transported, designate a maintenance staff member to ensure linen & incontinent supplies are brought to the receiving area, and will assist the Support Services Manager in arranging transportation of the supplies to the receiving facility.
- Arrange for cots to be delivered to the receiving facility through the Red Cross Society.
- The Maintenance and Facility Manager will stay with the emergency crews to ensure the re-occupancy of the facility is done in a timely manner once it is safe to do so.
- Confirm with the Director of Human Resources to initiate the recall of employees through the Administration staff using the SSC system once it has been decided staffing needs for the next 24 hours. This individual will report back to the department's Director to update them.

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RETURNING TO THE FACILITY

- The facility must be inspected and approved for resident re-occupancy by the Long-Term Care Administrator, the Director of Nursing and the Director of Infection Prevention and Control as well as the relevant local authorities.
- The management team will meet to prepare for the return of the residents.

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-13b
SUBJECT	Dir. Of Nursing and Personal Care and Health and Wellness Manager Responsibilities	Page	1 of 1

COMMAND POST

- Report to the Command Post.
- As staff & volunteers arrive and register at the Command Post, inform them of the type of evacuation and the location of the holding areas and staff assignments.
- Staff assignments will include:
 - Assist in transporting residents from exit doors to holding area
 - Assist with evacuation in house
 - Assist in the holding area
 - Assist at the receiving facility
 - Assist at the Command Post
- When assigning staff responsibilities/tasks, ensure they report back to the Command Post when the task is completed.
- Receives from a registered staff on each unit, a list of the residents evacuated from each unit.
- Directs a registered staff to the holding area and another to transport MARS & Charts to receiving facility.
- After the evacuation is complete and residents have been transported, reconcile resident lists received from units with resident lists in holding areas and receiving facility and reports any missing residents to the Long-Term Care Administrator.
- Report to the receiving facility.
- Confirm with the Director of Human Resources to initiate the recall of employees through the Administration staff using the SSC system once it has been decided staffing needs for the next 24 hours. This individual will report back to the department's Director to update them.

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SECTION	Emergency Planning- Code Green	POLICY #	EP-V-13c
SUBJECT	Dir. Of IPAC and Life Enrichment and Program Manager Responsibilities	Page	1 of 1

HOLDING AREA

- Report to the Command Post and retrieve the HOLDING AREA checklists.
- Report to the holding area.
- Complete tasks on check lists.
- *Assign tasks to staff & volunteers as they arrive from the command post to ensure residents are kept calm and safe.*
- *Record the resident names on the resident registrar.*
- *Organize residents by units if possible.*
- *Work to keep residents calm and safe, constantly assess their condition.*
- Load residents and equipment onto the buses – note on resident list which receiving facility the residents are being delivered to.
- Walkers/wheelchairs should accompany residents to the Receiving Facility.
- One staff member must accompany every 10 residents as they are being transported to the receiving facility.
- Confirm with the Director of Human Resources to initiate the recall of employees through the Administration staff using the SSC system once it has been decided staffing needs for the next 24 hours. This individual will report back to the department's Director to update them.

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Do not allow any resident to leave the area with family members – all residents MUST be delivered to the receiving facility, or one of the hospitals.

When all residents are transported, the remaining staff and volunteers must go to the receiving facility. The Director of Recreation and Volunteer Services or designate will report to the Command Post with the Resident Lists and then report to the receiving facility.

SECTION	Emergency Planning- Code Green	POLICY #	EP-V-13d
SUBJECT	Assoc. Dir. Nursing and Personal Care and Support Services Manager Responsibilities	Page	1 of 1

RECEIVING FACILITY

- Report to the Command Post and retrieve the checklists.
- Determine with the Long-Term Care Administrator or designate the receiving facility or determine an alternative receiving facility.
- Travel by car to the receiving facility.
- To do before residents arrive:
 - a) Set up chairs to receive residents.
 - b) Establish a secure room for wandering residents.
 - c) Establish a room for Resident requiring emergency care.
 - d) Establish a room for a nursing station area.
- The Support Services Manager is to arrange for designated paper supplies and beverages to be delivered to the receiving facility and will be responsible for the operation of the kitchen while residents are arriving. It will be assumed that initially sufficient supplies will be required to serve residents for a two-hour stay.
- The Associate Director of Nursing and Personal Care (when they arrive) will establish the Command Post at the receiving facility and remain there to assign tasks to staff and volunteers as they arrive and communicate with the Command Post at Saint Luke's Place.
 - a) Place phone lists and client profiles at the receiving facility Command Post.
 - b) A final registry of resident names & locations to be maintained here.
 - c) A Registry for staff and volunteers is to be maintained here.
 - d) A shift schedule will be produced if the evacuation will be prolonged, and staff made aware of the schedule.
- As Staff arrive and register assign them to:
 - a) One person to register all residents as they arrive.
 - b) Two RN/RPNs to triage residents for care needs and determine area in which care will be provided.
 - c) Charge RN/RPN for nursing station at the receiving facility.
 - d) Staff/volunteers to transport residents to assigned rooms or areas.
 - e) Staff/volunteers to stay with residents in each area to keep them safe and calm.
 - f) One person to phone community service providers.
 - g) One person to phone families.
- Confirm with the Director of Human Resources to initiate the recall of employees through the Administration staff using the SSC system once it has been decided staffing needs for the next 24 hours. This individual will report back to the department's Director to update them.

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SECTION	Emergency Planning- Code Green	POLICY #	EP-V-13e
SUBJECT	Director of Finance Responsibilities	Page	1 of 1

COMMAND POST

- Report to the Command Post and retrieve Orders from the CEO or Designate.
- Initiate contact with emergency transportation services, the pre-arranged receiving facilities, local hospitals etc. (see command post check list). The Director of Finance will report back to the CEO/Long Term Care Administrator.
- The following calls need to be initiated to ensure key partners are informed of the possibility their services may be required:
 - **Grand River Transit:** [REDACTED]
 - **Receiving facilities:**
 - St. Andrews Terrace [REDACTED]
 - Fairview Mennonite Home [REDACTED]
 - Cambridge Country Manor [REDACTED]
 - Jacob Hespeler Secondary School [REDACTED]
 - [REDACTED] Hespeler Public School [REDACTED]
 - **Ministry of Health LTC:** [REDACTED]
 - **Medical Director:** Dr. J. Baker
 - Office: [REDACTED]
- In the event the evacuation may be longer than 24 hours, the Chief may be required to ensure our suppliers are kept informed of the emergency if their services are required.
- Ensure communication to suppliers is continued during re-occupancy of the facility when the emergency is over.
- Confirm with the Director of Human Resources to initiate the recall of employees through the Administration staff using the ADP system once it has been decided staffing needs for the next 24 hours. This individual will report back to the department's Director to update them.

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SECTION	Emergency Planning- Code Green	POLICY #	EP-V-13f
SUBJECT	Dir. Human Resources Responsibilities	Page	1 of 1

COMMAND POST

- Report to the Command Post and retrieve Orders from the CEO or Designate.
- Director of Human Resources initiates the recall of employees through the Administration staff using the SSC system once it has been decided staffing needs for the next 24 hours. The Director will report back to the CEO/Charge Person.
- Ensure a log is maintained to ensure a time record is kept for payroll purposes.
- Continue to keep in touch with the department managers to ensure all staffing needs are met.
- In the event the evacuation may be longer than 24 hours, the Director of Human Resources may be required to ensure our payroll system is maintained and there are no delays for payroll.
- Ensure staffing needs are monitored during re-occupancy of the facility when the emergency is over.
- Work with the Directors to initiate the recall of employees utilizing the Administration staff using the SSC system once it has been decided staffing needs for the next 24 hours.

Two-way Radios and cell phones cannot be used during a Bomb Threat emergency
