

**SHEPHERD VILLAGE**

**EMERGENCY PREPAREDNESS**

**MANUAL**

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## FORWARD

An emergency is an event, which affects the normal operation of a facility. Fire, explosion, communicable disease, chemical spills, loss of heat, water, light and power, bomb threats and severe weather are all events which may be classified as an emergency. The degree of disruption caused by those events may be minimal as in the case of loss of water for a brief time, or major, as in the case of fire requiring total evacuation or a pandemic which can last for several months. Additionally, the disruption may be created by the reception of individuals from another facility, which has undergone a emergency.

Shepherd Village consists of four buildings: Shepherd Lodge, Shepherd Terrace, Shepherd Manor, and Shepherd Gardens. Shepherd Terrace is home to retirement residents; Shepherd Lodge is home to Long-Term Care (LTC). Shepherd Manor is an eleven-storey independent seniors' apartment building. And finally, Shepherd Gardens is a seniors Life Lease building.

Shepherd Lodge is a 7-story building. There are three elevators servicing the building with one designated as a freight elevator. Approximately 40% of the Lodge residents are of the ambulatory type while the others rely on wheelchairs for assistance. A ground level emergency generator provides much needed emergency power during any power failure.

Shepherd Terrace Retirement Suites are mostly ambulatory residents, with some wheelchair residents. The retirement residents can be accessed by elevators # 1-4, which are full size elevators. A basement emergency generator provides needed emergency power for critical services as well as back-up power for the main kitchen walk-in freezers.

Shepherd Manor has self-contained apartments for seniors. Most of the residents are of the ambulatory type, although some of the residents need wheelchairs or walkers for ambulation purposes. Three (3) elevators service the eleven-storey apartment building. The Manor has emergency power which is fed from the Lodge grid.

Shepherd Gardens is 115-unit life lease seniors building. All the residents are of the ambulatory type, although some of the residents use wheelchairs or motorized scooters. Two (2) elevators service the six-storey building. A roof top generator provides back-up emergency power for critical life services.

Although we live in the hope that emergencies will never strike at our door, the truth is that they can and do occur. The purpose of this manual is to state the process of preparing for, responding to and recovery from any unplanned event that could have a negative effect on the organization:

- minimize any inconvenience to the residents, staff, family members and community and minimize damage to the facilities and its contents.

- protect the health and safety of our residents, staff, and family members.
- ensure continued operation as a health care facility.
- reduce damage to the building and or equipment so Shepherd Village can recover quickly.
- recognize responsibility to the community we serve.

The effectiveness of the emergency and emergency plan described herein is dependent upon many. The familiarity with your duties and responsibilities will determine how we respond should a emergency strike our facilities. Your cooperation is not only necessary, but also essential.

The main command post for Shepherd Village is the ground floor reception of Shepherd Lodge. All directions relating to an emergency will be given out and administered from that location.

## EXTERNAL SERVICE PROVIDER PHONE NUMBERS

External Emergency Phone Numbers		
Service	Company	Phone Numbers
Telephone communications	Bell Canada	611
Fire/Police/Ambulance/emergency transportation/toxic spills/natural gas emergencies	City of Toronto	911
Toronto Fire Services non-emergency	City of Toronto	416-338-9000
Ambulance Services	City of Toronto	416-489-2111
Police non-emergency/parking	City of Toronto	416-808-2222
Garbage/recycling/organic	City Of Toronto	311
Natural gas non-emergency	Enbridge	1-866-763-5427
Provincial operations	Ministry of Health-after hrs	1-888-999-6973
Multi-service	Red Cross Toronto Office	Main 416-480-2500 Dispatch 416-676-8559
Ministry of Long Term Care	Ministry of Long Term Care	1-888-999-6973.
RHRA	Retirement Homes Regulatory Authority	416-440-3570
Hospital	North York General Main	416-756-6000
Hospital	North York General Emerg	416-756-6001
Hospital	Scarb. Health Network Main	416-495-2400
Hospital	Scarb. Health Network Emerg	416-431-8181
Hospital	Scarb. Health Network Emerg	416-495-2550
(Poison Control Centre)	Toronto	416-813-5900
Loss of water/power/hydro	Toronto Hydro	416-542-8000
Vault access	Toronto Hydro	416-542-8000
Transportation	TTC-customer service	416-393-4000 M-F 416-393-3030 WKD option 6

## **LOSS OF UTILITIES**

If Shepherd Village loses some or all utilities, including water, electricity, gas etc. the following procedures may be implemented at the direction of the Management Team.

Shepherd Lodge ground floor has been designated as the holding area for any SV resident(s) who may need care or partial care due to loss of heat, lighting, or any other care concern. The Lodge ground floor is equipped with emergency lighting and electrical sockets. i.e. orange electrical sockets are visible throughout the ground floor. The Terrace basement chapel is another area which has been equipped with an emergency receptacle. For that fact the entire Lodge has been built with one emergency receptacle in each resident room.

If residents are relocated from another Shepherd Village building(s) there is a procedure that should be followed which is found in the relocation section of this manual.

The transition of relocating residents from one area to another is very critical and should not be done unless the situation calls for it. If residents are moved please follow all instructions in the relocation section of this manual. Proper lifting procedures should always be followed plus security checks should be performed throughout. The residents should be in a secure environment with proper supervision. There are temporary jobs that can be performed by all staff that are assisting with the transition.

For the duration of any major emergency, the main command post will be the main reception on the ground floor of the Lodge; the main command post will be staffed by a senior management or designated. The main command post will have a walkie-talkie and an emergency bin, with additional supplies plus other information necessary to direct operations for the duration of the emergency. If the major emergency continues for an extended period, two sub-command posts will be set up in the Manor Lobby area and Terrace ground floor.

## LOSS OF NATURAL GAS

Natural Gas is colourless, odourless, non-toxic, and highly flammable. For safety, a smell much like rotten eggs is added for easy detection.

In the event of loss of natural gas, contact Enbridge at 1-866-763-5427 or check out their website [www.enbridgegas.com](http://www.enbridgegas.com) in order to determine expected duration of shut down. If the supply of gas will be restored quickly, no further action need be taken. If the loss of gas has occurred during warm weather and is to be restored in a reasonable period, do the following:

- suspend operation of laundry and dishwashing services to conserve hot water for residents' use.
- for emergency feeding of residents, see Interruption of Dietary Services in this manual.

If the loss of gas occurs during cold weather and will be restored in a reasonable length of time, ensure that all windows and exterior doors are closed, and all air supply and exhaust fans are off. Obtain additional blankets from the laundry and use as necessary to keep residents warm.

In the event of a natural gas, leak 1-shut off the gas at the main valve and all secondary valves 2- evacuate the building 3- Do not smoke or use any electrical devices 4-call 911 and 5-call the gas company.

If Enbridge cannot restore supply for an extended period, (Management Team) will initiate Total Evacuation found in this manual.



## **LOSS OF COMMUNICATION SERVICES**

In the event of loss of regular telephone services at Shepherd Village, utilize the nearest resident telephone, fax phone, cell phone or leave the site and utilize other phones located in the following areas:

- Fire hall at Birchmount and Sheppard Ave East or
- Retail vendors in the area

If all telephone service in the immediate vicinity of the Village is disrupted, one staff member is to be delegated to drive to a phone located outside the area of disruption or to the closest fire hall. A private phone either from Shepherd Manor, Terrace and/or Gardens can be used as well.

The above procedure is to be used to obtain any medical emergencies or any other emergency that may arise during the loss of communication services.

## LOSS OF ELECTRICAL POWER & GENERATOR INFORMATION

In the event of a total loss of electrical power, contact Toronto Hydro Services 416-542-8000 or check their website [www.torontohydro.com](http://www.torontohydro.com) and determine the anticipated duration of the power loss.

If power is to be restored quickly, no further action needs to be taken.

If the loss of power occurs during cold weather, ensure that all windows and exterior doors are closed. Obtain additional blankets from the laundry and use as necessary to keep residents warm. If gas supplies are still available, supply residents with hot beverages as needed.

Keep vacant room doors closed to minimize the loss of heat.

If temperatures drop to unacceptable levels, and/or power supply will not be restored for an extended period of time, the Management Team will initiate Total Evacuation found in this manual.

### Emergency Power

The Lodge/Manor emergency power is generated by a 400 KW Kohler unit, which is found on the ground floor close to the covered parking entrance. It provides many hours of backup power to both buildings. The diesel storage tank is 500 gallons or 2273 litres. The unit is presently running at 30% capacity. The SL heating/refrigeration system is backed up on the generator.

Diesel engine at	<b>at 100%</b>	400 (amp)/12 hours=33 gallons/hr
	therefore	500 gallons diesel/33= 15.2 hours

	<b>at 30%</b>	400 (amp)/40 hrs=10 gallons/hr
	therefore	500 gallons/10=50 hours

The Terrace emergency power is generated by a Kohler Generator, 250 KVA, which is found on the south wing of the basement. At full load it produces 600 volts or 263,940 watts. The diesel storage tanks is 250 gallons or 1136 litres. The system is presently running at 40% capacity.

Diesel engine at	<b>at 100%</b>	250 (amp)/12= 21 gallons/hr
	therefore	250 gallons diesel/21= 12 hours

	<b>at 40%</b>	250 (amp)/30=8 gallons/hr
	therefore	250 gallons diesel/8= 32 hours

The Gardens emergency power is generated by a Simpover Generator, 150 KVA, which is found on the rooftop of Shepherd Gardens 115 Bonis Ave. At full load it produces 600 volts or 75 000 watts. The diesel tank storage is 200 gallons or 909 litres. The system is presently running at 10%-15% capacity.

Diesel engine at	<b>at 100%</b>	150 (amp)/12hrs= 12.5 gallons/hr
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therefore  $200 \text{ gallons diesel} / 12.5 = 16 \text{ hours}$

**at 20%**  $150 \text{ (amp)} / 60 \text{ hrs} = 2.5 \text{ gallons/hr}$   
therefore  $200 \text{ gallons diesel} / 2.5 = 80 \text{ hours}$

## **LOSS OF ELEVATOR SERVICE**

In the event of a shutdown of all the elevators for more than three (3) hours, the following telephone calls are to be made by the receptionists or facility staff to notify the various services:

- Toronto Fire Services dispatch 416-338-9000
- Toronto Ambulance 416-489 -2111

Shepherd Village has arranged 24hr/day & 7 days/week elevator service contracts with the following companies:

- TKE Thyssen-Krupp elevator (all buildings) 416-291-2000

In the event of a person trapped in an elevator you should,

- never attempt to evacuate them.
- contact the elevator company.
- maintain communication with the trapped person.
- thoroughly investigate the incident

## **LOSS OF INTERNET SERVICE & eMAR BACKUP/PRINTING & BACKUP POLICIES**

### **CONDITION #1: If all internet services are down and it is ON-SITE**

IT is to communicate within 30 minutes of confirmation of ANY network or internet outage. IT will inform affected staff immediately using the phone pager system. Ongoing updates will be given every 30 minutes thereafter until the issue is resolved.

After 30 min of downtime, IT will notify the nursing management team to start preparations to print eMAR reports. At the 2nd status update, 30 mins later, IT will give Nursing the go-ahead to print eMAR based on the potential extension of the current outage.

The instructions to print eMAR charts are located on the desktops of the eMAR backup PCs that will be used when the eMAR charts are required to be printed. IT will make themselves available to assist if or when required.

### **CONDITION #2: If It is OFF-SITE when the internet goes down, CALL THE IT DEPARTMENT as soon as possible.**

Contact numbers for IT:

IT will ask these questions:

1. Are multiple computers or devices impacted?
2. Are the eMAR laptops able to access eMAR? If "No," please try to connect to SV-DR Wi-Fi. Does it work now?
3. If SV-WIFI & SV-DR are not working, can Terrace Nursing access Wi-Fi?

IT will ask the on-duty manager to initiate the eMAR printing process within one hour. If the internet is down for more than 30 minutes, both IT staff will come in to assist and troubleshoot if available.

## **eMAR BACKUP/PRINTING RESPONSIBILITIES & INSTRUCTIONS**

Four computers have been set up to receive hourly eMAR downloads automatically.

### **I.T. Responsibilities:**

- Computers are to be plugged into an Uninterruptable Power Supply (UPS)
- UPS is to be plugged into an orange or red power receptacle connected to the backup generator.
- IT will check weekly to ensure the processes continue to run as scheduled.

- Train (and re-train if requested) the nurse manager or nurse delegates on the processes to follow.
- Provide documentation and review it annually to ensure accuracy.

### **SL Nursing Responsibilities:**

- Adopt a schedule to test knowledge and capability of printing off an eMAR document within your department.
- ensure an ample supply of 8.5 X 11 paper.

### **Locations of the eMAR backup PCs:**

#### Shepherd Lodge

- SL4 South Nursing Station – SV-WS142
  - SLGF Nrs Mgr Office – SV-WS092
  - SLGF Nrs Mgr Office – SV-WS093
- Shepherd Terrace
    - ST5 Nursing Stn – SV-WS180 OR SV-WS183

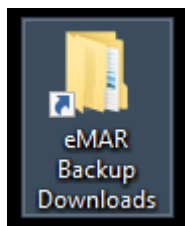
In the case of a prolonged internet outage, the nursing departments are to print out and distribute the eMAR documents to the appropriate floors – preferably within 1 hour of inaccessibility of live information from PCC.

### **Instructions:**

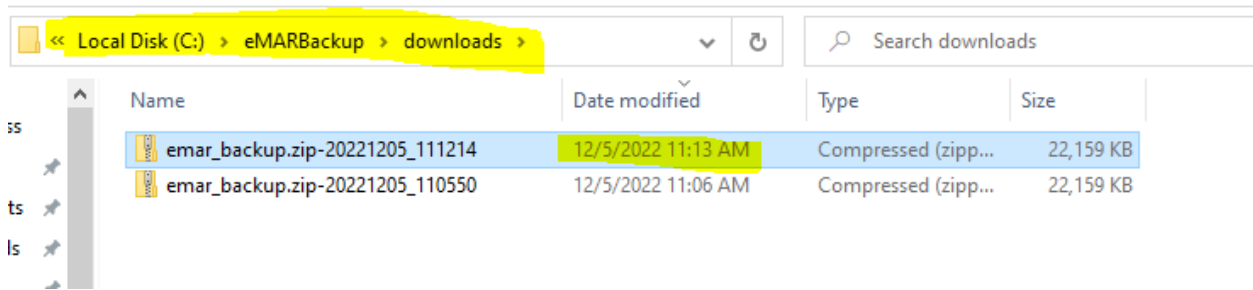
Lodge Nursing management is to coordinate the printing between the 3 PCs listed above.

To print the eMAR pdf file from the downloaded eMAR file directory:

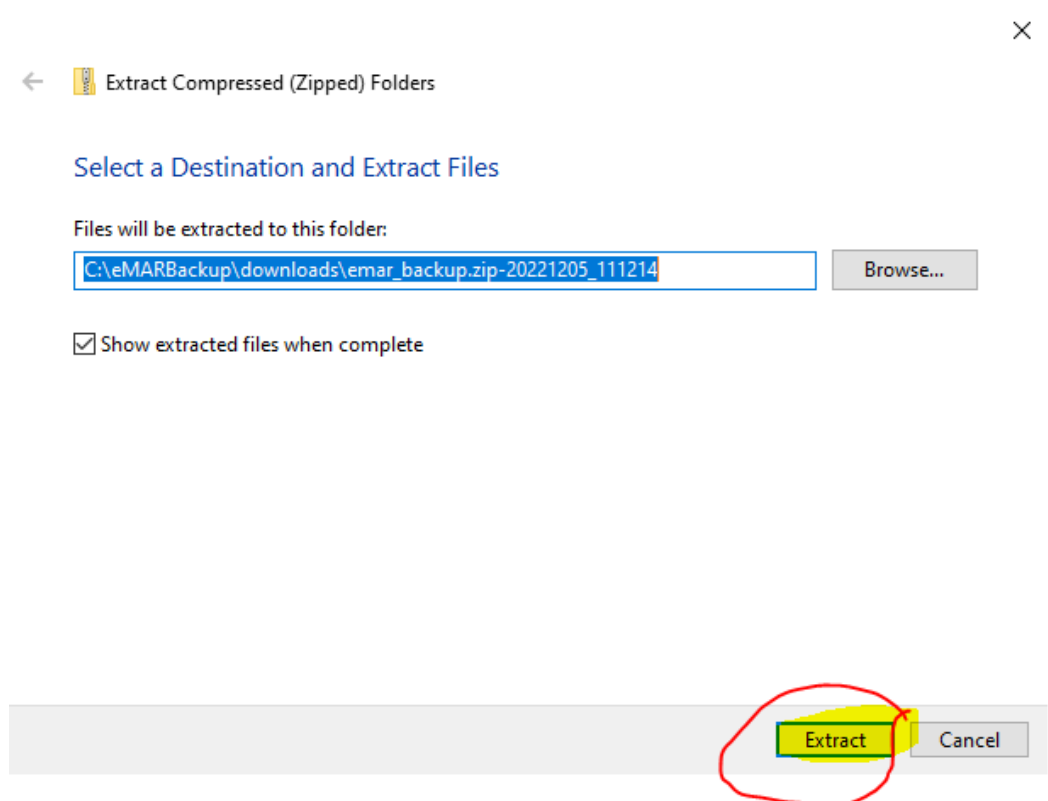
1. Double Click on the desktop shortcut “eMAR Backup Downloads.” If not found, contact IT staff at



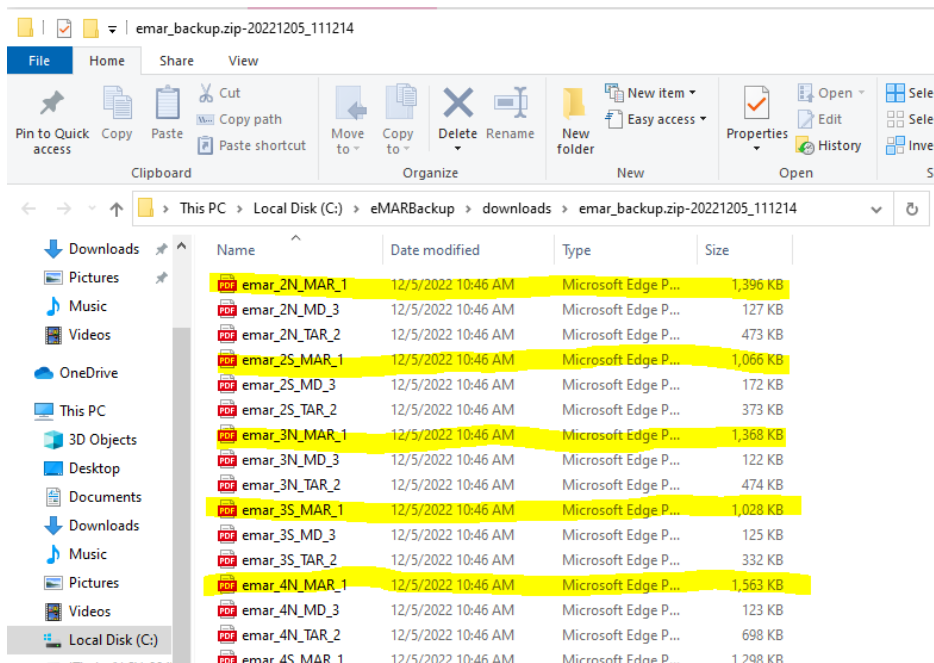
2. Right-click on the most recent file and select Extract All, and then follow the prompted instructions:



Click the Extract button. The files will be extracted to a directory named with the ZIP file name:



3. Change to the newly created directory. To Print the eMAR files, select one "MAR\_1" file at a time, right click and select Print. The example below shows the individual MAR files for each floor unit:



### Backup Policies (quarterly)

Each quarter, PAC-People and Culture will download all Shepherd Valley policies and procedures to a shared drive that is not part of the Shepherd Village network. The objective of this exercise is for purposes of accessing the information in case the network is down or can't be accessed.

### Additional Resources:

1. Point Click Care eMAR Back Up User Guide, Surge Policy Pro, Forms Manual



## **FLOOD (EXTERNAL I.E. DUE TO WEATHER)**

In the event of an external flood that may affect the building:

The Director of Facilities or designate will:

- Will make an announcement of the situation for the building(s) affected and provide directions as required.
- Tune into local radio/television/internet for information and direction from provincial or community authorities.
- Alert team members that an evacuation may be necessary.
- If advised by authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to “shelter in place”.
- Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
- Initiate Code Green evacuation procedures as required.

In the event there is time, and it is safe to do so, the Director of Facilities or designate will:

- Shut down/de-energize utilities not necessary for urgent resident care to reduce ignition sources and damage.
- Raise and relocate valuable and easily moveable equipment, furniture, and vital records to a higher elevation/upper floor wherever possible.
- Close emergency valves to sewer drains.
- Check sump pumps to ensure they are operable.
- Ensure backup power supplies (i.e. generators) are functional.
- In the event building is damaged and evacuation has been initiated, arrange for building to be inspected before residents and team members are re-admitted.

## LOSS OF WATER

In the event of a complete loss of water, contact City of Toronto 311 in order to determine expected duration of shut down.

If water services will be returned to normal quickly, no further action needs to be taken.

If water supplies will not be available for several hours, the following procedure is to be followed:

- use the stock of bottled water.
- milk and juices are to be used to supply the fluid needs of the residents.
- laundry and dishwashing operations and regular resident bathing shall be discontinued for the duration of the shortage.
- water required for emergency care of the residents may be obtained from the water tanks located in the boiler rooms. Water used for this purpose must be allowed to cool before use, as tank temperatures are normally hot.
- minimize the use of toilets during the period of shortage. Remember, all toilet tanks can be flushed once after supply to the building is cut off.

If water supplies will not be returned to normal for an extended period of time (longer than 24 hrs), initiate contact with our water supply company.

1) Canadian Springs 1-877-442-7873 *customer #110013678*

***After hours***

or

2) Purchase bottled water at nearby department stores.

In the event that water supplies will not be returned to normal indefinitely, Management Team will initiate Total Evacuation found in this manual.

## **BOILED WATER ADVISORY**

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

### **Implementation**

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

Do not use tap water to:

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

The Director of Facilities or designate will:

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

The Infection Prevention & Control Manager or designate will:

- 1) Consult Toronto Public Health for information, support, signage, forms etc.
- 2) Post signage at entrance to the location and at all faucets, including the kitchen area, washrooms, and hand sinks, as a reminder that a boil water advisory is in effect and that the water is not safe to drink.
- 3) Post signage advising team members, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels.

The Director of Facilities or designate will:

- 1) Disconnect all drinking water fountains, soda dispensers with post-mix service, and ice making machines from the affected water supply.

The Facilities Team will:

- 1) Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks.

The General Manager of FNS or designate will:

- 1) Discard any ice and beverages that may have been prepared with the affected water supply.
- 2) Direct team to prepare boiled water as needed:
  - a. Bring water to a rolling boil for at least one minute.
  - b. Use hot water from the machine to be used in servery.
  - c. Disconnect Juice machine and prepare juice from crystals using the approved bottled water.
- 3) Boil water in the big soup kettle to be used in the kitchen for food preparing.
  - a. Take all precautions as needed to avoid burns.
- 4) If providing bottled water, check with Public Health Unit about brands of bottled water or water dispensers considered to be safe / that are produced in locations not affected by the boil water advisory.

The Care team will:

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

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

When The Boil Water Advisory Has Ended

The Facilities Team will:

- 1) Flush all water-using fixtures and faucets by running them for five minutes (if your service connection is long or complex, consider flushing for a longer period of time).
  - a. In multi-story buildings, begin on the top floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for

five minutes, proceed to the next floor below; continue the procedure until all fixtures and faucets on all floors

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

The Director of Facilities or designate will:

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

The Director of Facilities or designate will:

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

The Infection Prevention & Control Lead or designate will:

- 1) Remove signage.

Personal Hygiene During A Boil Water Advisory

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

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

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

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

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

- The use of hand-held showerheads is recommended to assist with this concern.
- Open wounds, cuts, blisters, or recent surgical wounds must be covered with a waterproof covering prior to showering or bathing, and care must be taken not to contaminate these areas During bathing, showering, or towel-bathing.
- Pre-boiled water, sterile water, or water from a safe alternative source may also be used if towel-bathing is required.

- Residents with weakened immune systems may require special consideration; discuss with physician/NP.

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

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

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

## **Cleaning & Sanitizing Practices During A Boil Water Advisory**

### **Can tap water be used for cleaning and disinfecting contact and non-contact surfaces?**

Yes. Contact surfaces such as doorknobs, handles, railings, vanities, etc. and non-contact surfaces such as walls, floors, and ceilings can be cleaned and disinfected using normal routine practices

### **Can tap water be used for washing laundry?**

- During a boil water advisory, tap water may be used for general laundry procedures.
- Consult with Infection Prevention & Control Lead or designate to verify correct procedures for sterile linen processing.

### **Can medical equipment that is directly connected to the water supply be used?**

Generally, no. Any instruments or machines that use water to sterilize and disinfect equipment would typically be affected by a boil water advisory.

- Consult with Infection Prevention & Control Lead or designate before use of any specialized medical equipment directly connected to the water supply.
- Contact Public Health for specific questions related to water quality.

## **Preparing Food During A Boil Water Advisory**

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

- DO NOT use the water for drinking, making juices or ice, washing fruits or vegetables, or preparing ready-to eat foods.
- Turn off drinking water fountains.
- Discard ice and beverages that may have been prepared with the affected water supply.
- Discontinue making ice; use ice from a commercial ice supplier made with safe water.
- Disconnect ice cream machines, dipper wells, and any other food preparation equipment connected to the water supply.

- Post signs at all faucets, including kitchen area and washrooms, as a reminder of the boil water advisory and not to drink the water.
- To make the water safe, bring to a rapid rolling boil for at least one minute.
  - Boil only as much water in the pot that one can comfortably lift without spilling.
  - Ensure water is cooled appropriately before using or direct handling to prevent scalds.

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

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

**Can the cold beverage dispensing machine be used?**

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

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

No unless the coffee maker/hot tea tower produces water at 70°C/160°F. This temperature is sufficient to inactivate disease-causing microorganisms. It is recommended that the coffee pot be held for at least five minutes on the burner prior to consumption.

**GAS LEAK**

**STANDARD:**

1. There is a systematic plan in place to respond to a natural gas leak to protect residents, staff, and the public from immediate danger.
2. All employees are responsible for understanding the use of Code Red, Code Green and Total Evacuation, in the event of a natural gas leak.

**PROCEDURE:**

**NOTE:** Natural gas is colorless, odorless, and non-poisonous. It can become highly explosive when combined with air and an ignition source. In high concentrations

asphyxiation can occur. A strong odorant, mercaptan, which smells like rotten eggs is deliberately added by the supplier so that even the smallest amount of escaped gas can be detected by smell.

#### **IF YOU SMELL GAS and SUSPECT A LEAK:**

1. Evacuate the immediate area and alert others to leave the area. Take those in need of help with you, if possible. Otherwise, provide their location to emergency responders.
2. Notify the person in charge of the building.
3. Call 911 immediately if a gas leak is suspected.

**NOTE: Do not call from the affected area (See Safety Tips below).**

4. Call Enbridge Gas immediately at the 24-hour emergency number.
  - 1-866-763 – 5427 (1 – 866 – SMEL GAS) from non-restricted phones

**NOTE: Do not call from the affected area (See Safety Tips below).**

5. For an **internal gas leak**: open doors and windows in the surrounding area to provide ventilation.  
For an **external gas leak**: close all windows, doors, and ventilation systems.  
In the event of a fire follow Code Red policies and procedures in the Emergency Plan Manual.
6. In the event of need to evacuate, follow Code Green and Total Evacuation policies and procedures, as deemed necessary and/or as directed by the person in charge.
7. In the event of partial or total building evacuation, evacuees must be taken a safe distance from the Home:
  - Well out of the way of first emergency responders (fire, police, ambulance, and Enbridge Gas personnel)
  - Safe distance as directed by the fire department.

**NOTE:** safe distance is contingent upon the size of pipe and the gas pressure

#### **SAFETY TIPS: If You Smell Gas Indoors or Outdoors or Are Near a Gas Leak**

- Do not use a telephone or cell phone in the vicinity of the gas smell (phones can create a source of ignition sufficient to ignite gas fumes).
- Do not turn any electrical switches, appliances, or computers on or off (electrical equipment can create a source of ignition sufficient to ignite gas fumes).
- Do not smoke, use lighters, or matches.
- Do not start any motors or motor vehicles near the gas leak.
- In the event of fire - do not use water on fires that involve natural gas.
- Ensure that internal natural gas lines are clearly marked with a yellow tag.
- Ensure that personnel in charge of the building know where the external natural gas shut off is located.



**OUTCOME:**

1. There is evidence that all residents, employees and other occupants will be safely evacuated from the disaster area in the event of a natural gas leak.
2. The Fire Department and/or Enbridge Gas will test the internal air quality/gas levels and determine when it is safe for residents, staff, and public to re-enter the building or a specific area of the building.

**ADDITIONAL REFERENCES**

1. Enbridge Gas: [www.enbridge.com](http://www.enbridge.com)
2. SDS Binder: Safety Data Sheet (SDS) for Natural Gas
3. Emergency Plan Manual

**INCLEMENT WEATHER**

Refer to Policy HR-43

## **PUBLIC DISTURBANCES**

### Types Of Public Disturbances

- Loitering
- Noise
- Swearing
- Trespassing
- Drinking in public
- Rowdiness

Most public disturbances are primarily teen problems. Ways to prevent them from happening are:

- post rules and regulations
- regular security patrols
- good lighting

If a situation occurs, DO the following:

- politely ask the person(s) to leave
- inform them that you will have to call the police
- go to the phone and pick it up
- call police
- keep records

DO NOT DO:

- NEVER get into a shouting match
- NEVER get into a shoving match
- NEVER swear or insult a person
- NEVER act unprofessionally
- AVOID all physical conflict

## **VANDALISM**

Most vandalism occurs between 3:30 pm & 2:00 am. Vandalism is a criminal code offence. Vandalism is wilful damage.

The following is a list of different types of vandalism;

- Ritual: Halloween, New Year's Eve
- Event Related: Grey Cup, Stanley Cup, World Series
- Play Related: Near playing field or yard, broken windows
- Wear and Tear: Cigarette burns, scratches, dents
- Target Specific: School, strike, racist
- Vindictive: For perceived mistreatment or insult

Ways to prevent vandalism are:

- regular security patrols
- good lighting
- regular clean up

If a situation occurs, do the following:

- keep a log of all damage or vandalism
- photograph all serious vandalism
- report all serious vandalism to the police
- clean up as soon as possible
- check CCTV (Closed Circuit Television) tapes
- double check access control mechanisms
- if serious, post extra security or surveillance

## **COMMUNITY DISASTERS**

We live in a diverse community within the city and there are typical city services in close proximity. Emergencies can and do occur from time to time and below are some high risk services in our community that could lead to a disruption of essential services or an environmental hazard, which would require us to implement our emergency plan, up to and including the evacuation of our buildings:

- Chemical spill from nearby gas stations or from a passing train
- Train derailment from the nearby CN railway line south of us
- Gas leak or explosion from nearby gasoline service centres
- Major vehicle accident from Highway 401
- An emergency at another local long-term care or retirement home

## **RECEIVING RESIDENTS FROM OTHER FACILITIES**

Shepherd Village has reciprocal relocation agreements in place with other long term care homes.

Management along with the nursing department will assess how many residents Shepherd Village can accommodate and then notify the appropriate staff members who will be called in to aid with the extra resident count.

## **INTERRUPTION OF FOOD AND NUTRITION SERVICES**

### **POLICY**

Food and beverage services will be available to residents, employees, and other in-house persons during emergency/disaster periods.

### **PROCEDURE**

1. The General Manager of Food Services will be responsible for the development of a 7-day emergency menu, with assistance from the registered dietitian. The menu must be of sufficient nutritive value, serve items comparable to the regular menu and offer choice if possible.
2. The menu must include 2 between meals snacks and an assortment of drinks. Supplements such as Ensure or Boost may be added as applicable, and especially during longer term use such as during pandemic/outbreak situations. Policies & procedures will be laid out for all applicable staff on duties and items to serve in the event of a global pandemic/emergency/power outage etc.
3. Once par stock has been established it will be up to the food services/production manager to ensure supplies are kept in good order, checked for expiration dates and re-ordered as needed, etc. Supplies such as disposable serving ware will need to be maintained, checked for adulteration, and counted monthly as part of the food services inventory.
4. Any use of said supplies must be reported to the GM immediately and items ordered/restocked.

## **SAMPLE EMERGENCY MENU DAY**

<u>BREAKFAST</u>  Water, Milk & Hot Beverage Cereal Toast Scrambled Eggs	<u>AM SNACK</u>  Juice & Hot Beverage
<u>LUNCH</u>  Water, Milk & Hot Beverage Tomato Soup Ham Sandwich with salad Peaches	<u>PM SNACK</u>  Juice & Hot Beverage Muffin
<u>DINNER</u>  Water, Milk & Hot Beverage Grilled Chicken Breast or Steak Mashed Potato Mixed Vegetables Chocolate Cake	<u>HS SNACK</u>  Juice & Hot Beverage Cheese & Crackers

## **Food And Nutrition Emergency Policies and Procedures**

For additional Pandemic/Emergency Food and Nutrition Policies and Procedures please refer to the Food and Nutrition Services Manual.

## PHARMACY EMERGENCY PROCEDURES

If the home is expecting Outbreak, Pandemic, Disaster (Silver Fox Pharmacy Policy # 13.8)

**Outbreak:** from a Silver Fox Pharmacy staff member, it is the home's responsibility to inform the pharmacy a visit in the event of an outbreak. To protect our employees and to minimize the spread of illness to other homes, scheduled visits to an affected home [area] may be postponed until the outbreak has been declared over.

- ❖ It is the responsibility of the Silver Fox Pharmacy staff member to inform the home and to postpone a previously scheduled visit if that staff member is unwell to minimize the potential spread of illness

### **Pandemic:**

- ❖ In the event of a pandemic where a large percentage of the workforce may be absent from their jobs, Silver Fox Pharmacy will endeavour to provide all essential services by implementing the following:
  - Adequate inventory will be maintained by Silver Fox Pharmacy to minimize the risk of disruption in the dispensing of medication orders.
  - Silver Fox Pharmacy may dispense in quantities greater than 7 days and up to 90 days in vials.
  - All regular maintenance medication will be dispensed automatically throughout the duration of the pandemic
  - Arrangements will be made as needed with each home if special delivery locations are required
  - Medication reviews may be performed to determine which medications would be considered non-essential
  - Alternate therapy recommendations will be made if supplies of certain medications are not available
  - To avoid the spread of illness, site visits will be limited
  - Medication deliveries may be sent in single-use packaging to minimize returns; and any returns to pharmacy may be temporarily held, and the home will need to ensure adequate storage on-site to facilitate this

### **Disaster:**

In the event of a major disaster or emergency in the Home, Silver Fox Pharmacy will continue to provide medications as follows:

<b><u>Length of Disaster</u></b>	<b><u>Silver Fox Pharmacy Policy</u></b>
<b>Hours, less than one day</b>	To be treated as a drug holiday in consultation with the home and medical director
<b>Overnight</b>	One-day supply of essential medications to be delivered to the temporary location
<b>Two Days or More</b>	Regular pharmacy service to the temporary location



- ❖ Silver Fox Pharmacy may provide medical supplies and medications in the event of a neighborhood or community disaster in which the home was required for use by the community.
- ❖ Should a disaster occur, and pharmacy services are required, contact Silver Fox Pharmacy immediately with the available details. Our on-call should be contacted if the disaster occurs outside of Silver Fox Pharmacy's regular business hours.

Medications, supplies and MAR sheets will be prepared as required and delivered to the designated location.

## **CODE WHITE – VIOLENT OUTBURST**

### **STANDARD:**

1. Emergency Code White will be used to attain immediate assistance in a situation related to violent/outbursts/behaviours.
2. The following emergency plan will be activated when faced with violent/outbursts/behaviours.

### **PROCEDURE:**

1. Call out “Code White”. Unit staff to respond immediately to area of concern.
2. Remove Residents/Visitors from immediate area.
3. Announce “Code White”, floor number and location, e.g., “Floor 4, room 404”.
4. Return to the violent person, ensure environment is safe. Using principles noted in the Responsive Behaviour Philosophy Program to attempt to diffuse the situation.
5. All registered staff in the building must respond to the code white.
6. All Managers must always respond to Code White.
7. Once situation is assessed then:
  - a) If able to diffuse violent behaviours, stay with residents, provide reassurance and assess contributing factors. Document on progress notes interventions and outcomes.
  - b) If unable to diffuse violent behaviours call 911 for emergency response. Notify physician to determine need for a form 1(if a resident) and notify substitute decision maker, family, Director of Care/Director, Client Care Services.
  - c) Complete Critical Incident report if warranted, and document strategies on progress notes.

### **OUTCOME:**

1. Code White is used every time immediate response is needed to manage violent/aggressive behaviors.

**ADDITIONAL REFERENCES:**

1. Fixing Long Term Care Act and Regulation 246/22
2. Responsive Behaviour Philosophy Program

## **CODE BROWN – CHEMICAL SPILL**

### **STANDARD:**

1. There is a systematic plan in place to respond to a chemical spill to protect residents, staff, and the public from immediate danger.
2. All employees are responsible for understanding the use of Code Red, Code Green, and Total Evacuation in the event of a chemical spill.

### **NOTE:**

Spills are defined as releases of pollutants into the natural environment originating from a structure, vehicle, or other container, and that are abnormal considering all circumstances.

### **DEFINITIONS:**

A Minor Spill is one in which ALL the following conditions are met:

- the responsible party is at the scene; and
- the material spilled is known; and
- the material spilled is not highly toxic; and
- the quantity spilled is small; and
- there is no fire hazard present; and
- the spill is completely contained inside the building; and
- the material has little or no potential to reach the environment (e.g., via floor drain); and the spill is not in a common area (e.g., a hallway) or other areas accessible to the public (residents, staff, visitors)
- advanced personnel protective equipment (e.g., more than gloves and a half-face respirator) is not needed to respond to the spill.

A Major Spill is one in which ANY of the following conditions apply:

- the material spilled is highly toxic; or
- a large (or undetermined) quantity was spilled; or
- the material has the potential to reach the environment (e.g., via floor drain); or
- the spill is in a common area (e.g., hallway) or other area accessible to the public (residents, staff, visitors); or
- advanced personnel protective equipment (more than gloves and a half-face respirator) is required to respond the spill; or
- adverse health effects; or
- safety risk; or
- loss of enjoyment of normal use of property; or
- interference with the normal conduct of business; or
- A responder is unsure whether the spill should be considered "Minor" or "Major".

**PROCEDURE: Minor Spills:****If the spill is in the RHA**

1. The staff member upon recognizing a minor spill must page Code Brown and the location of spill 3 times.
2. Staff will remove residents from the affected area and block access to the spill area using wet floor signs or any other object necessary to ensure that residents or staff does not enter the spill zone.
3. If at any time staff feel that the residents and their own safety is a risk, they must perform a Code Green
4. Environmental staff are to report to the spill location paged wearing appropriate PPE
5. Environmental staff must also bring the wet vacuum cleaner to the affected area to clear up the spill.
6. Once Environmental staff has cleaned/controlled the area where the spill occurred, they will page Code Brown All Clear 3 times and regular duties may be resumed.

**If the spill is not in the RHA**

7. All staff that are not directly affected by the chemical spill must account for residents in their RHA and remain alert to react to further instructions over the PA system.

**Major Spills:****If the spill is in the RHA**

1. The staff member upon recognizing a major spill must page Code Brown and the location of spill 3 times.
2. Immediately notify the person in charge of the building who will then notify the Environmental Services Manager/Maintenance immediately. After hours, the maintenance on-call number will be called.
3. Major spills are to be reported to the Ministry of the Environment, Spills Action Centre 1-800-268-6060 immediately.
4. Staff will remove residents from the affected area and block access to the spill area using wet floor signs or any other object necessary to ensure that residents or staff do not enter the spill zone.
5. If at any time staff feel that the residents and their own safety is a risk, they must carry out a Code Green.
6. Environmental staff are to report to the spill location paged wearing appropriate PPE
7. Environmental staff must also bring the wet vacuum cleaner to the affected area to clear up the spill.

8. Once Environmental staff has cleaned/controlled the area where the spill occurred, they will page Code Brown All Clear 3 times and regular duties may be resumed.

**If the spill is not in the RHA**

9. All staff that are not directly affected by the chemical spill must account for residents in their RHA and remain alert in order to react to further instructions over the PA system.

**OUTCOME:**

1. Staff respond appropriately if there is a chemical spill.

**ADDITIONAL REFERENCES**

1. Ministry of the Environment: [www.ene.gov.on.ca](http://www.ene.gov.on.ca)

## **CODE BLUE – MEDICAL EMERGENCY**

### **STANDARD:**

1. Code Blue will be used to:
  - a) Alert individuals in the facility of a medical emergency and to provide a systematic approach of responding to it.
  - b) A medical emergency is defined as a cardiac and/or respiratory arrest, convulsive seizure, acute chest pain, respiratory distress, choking, syncope/decreased level of consciousness and/or any other situation where clinical assistance is needed.
  - c) When a Code Blue is called the following emergency plan for a Code Blue is activated.

### **PROCEDURE:**

1. Upon discovering the emergency:
  - a) Pull the nearest call bell and alert nearby staff by shouting **Code Blue**, Assign a second responder to go to the 4<sup>th</sup> floor to make a Code blue announcement .
  - b) Code blue announcement will be made via the PA system (fire panel), several times stating the location of the emergency for Registered staff to attend
  - c) Once found; first responder must leave the individual until a Registered staff arrives.
  - d) Determine resident advanced Directives and call 911 where eminent.
2. Upon hearing the page for “**CODE BLUE**”:
  - a) The Registered Nurse or his/her delegate will bring the chart and emergency equipment, which contains suction and oxygen to assist.
  - b) The Director of Care/Nurse Managers/ Designates will report to scene immediately to the Code Blue area and direct it until EMS personnel arrives.
3. The Director of Care/Nurse Manager/ Delegate will direct the Code Blue and ensure appropriate resuscitation endeavors or direction.
  - a) 911 to be called.
  - b) A PSW will be assigned to wait for EMS staff and put elevator on service on their arrival on main floor (after reception hours).
4. Registered staff on the unit where the Code Blue is will:
  - a) Complete transfer form and give complete report to ambulance attendants prior to transfer to hospital.
  - b) Notify the substitute decision-maker.
  - c) Inform physician of transfer. If transfer occurs after office hours, notify the on-call physician and leave a note to ensure the attending physician

- is notified the following day by the day the Registered Staff.
- d) Ensure that all emergency equipment is replenished/cleaned following the emergency (i.e., oxygen tanks, suction machines).
  - e) Complete Emergency Debrief

**If the medical emergency is an event of unmanageable choking Episode, follow the protocol below:**

## **CHOKING EVENT**

### **STANDARD:**

All PSWs and Registered Staff in the affected home area will respond immediately and appropriately to incidents of Unmanageable choking Episodes, including the management of residents following a choking episode.

### **DEFINITION:**

Foreign-body airway obstruction (choking)

Foreign-body obstruction of the airway may be either partial or complete. Abdominal thrusts (the Heimlich maneuver) are recommended for relieving foreign-body airway obstruction in the conscious adult.

### **CLINICAL SIGNS:**

Weak, ineffective cough, high pitched noises on inspiration; respiratory distress; inability to speak or breath; cyanosis; hand at the throat (universal choking sign).

## **PROCEDURE:**

**Should a choking event occur, Personal Support Worker (PSW) shall:**

1. Initiate steps to clear the airway of obstruction of a conscious resident by encouraging the resident to cough.
2. The Personal Support Worker must immediately call for assistance by notifying the registered staff supervising the mealtime.

**Registered Staff shall:**

1. Assess the resident and airway, and determine if the resident can speak, cough, or expel air.
2. Registered Staff/Designate must CALL CODE BLUE if they are unable to clear the airway
3. Determine if the resident is experiencing partial or complete obstruction.



4. If the resident is experiencing complete obstruction call 911

#### Partial Obstruction

1. Encourage the resident to cough to clear the obstruction
2. Closely monitor the resident's ability to produce an effective cough
3. Ensure that the resident has relieved the obstruction

#### Complete Obstruction

##### Conscious Resident:

1. Clear the vicinity of where the event is occurring of all other residents and any other hazards or obstacles.
2. Follow first aid care and perform abdominal thrusts and delegate available staff to CALL CODE BLUE.
3. Stand behind the resident; wrap your arms around the resident's waist, and proceed as follows:
  - Make a fist with one hand, placing the thumb side of the fist against the resident's abdomen in the midline, slightly above the navel and well below the xiphoid process. Grasp the fist with your other hand.
  - Press your fist into the resident's abdomen with a quick upward thrust. Each new thrust should be a separate and distinct maneuver.
  - Continue until the obstruction is cleared, help arrives, or the resident becomes unresponsive.

##### Unconscious Resident:

1. If not in bed, lower the resident safely to the floor and initiate CODE BLUE if not done previously and follow expected procedures, including determining the appropriate use of CPR.
2. Call 911 and notify other responsible parties including the physician and power of attorney.

**Note:** Every nursing station is equipped with a suction machine and can be used based on the registered staff's assessment.

#### Follow up Care:

1. Inform MD of choking incident
2. Monitor vitals for 72 hours, including monitoring of temperature, shortness of breath, cough, difficulty swallowing, and pain in the chest and neck.

**NOTE:** Performing abdominal thrust and chest compressions has the potential to cause

serious internal injury, including ruptures or laceration of abdominal or thoracic viscera, so resident must be examined for injuries.

3. Send referral to dietician, and review with MD whether SLP assessment is required
4. Review and revise the president's plan of care where necessary.

**OUTCOME:**

1. Designated person(s) responds to code blue with assigned equipment.
2. Code blue is carried out consistent with policies and procedures.
3. Resident will receive immediate and appropriate care when experiencing partial or complete Airway Obstruction.

**ADDITIONAL REFERENCES:**

1. Home's Policies and Procedures
2. CNO Standards of Practice
3. CPR Standards of Practice

## **CODE YELLOW- MISSING RESIDENT**

### **POLICY:**

Shepherd Lodge fosters the safety and security for all residents. If a resident cannot be accounted for, an organized search must be implemented to locate the missing resident as quickly as possible and ensure the safe return of the resident to the RHA (Resident Home Area). Action taken will be dependent on the nature and impact of the incident and may involve first aid, emergency medical intervention, and immediate and ongoing supportive counselling.

The staff orientation and ongoing educational program will include training on the Code Yellow emergency search plan.

A photo of residents who are at risk for elopement will be kept at the Main Reception Desk. Staff are to be aware of those residents with risk for elopement.

### **PROCEDURE:**

#### **Step One: Search interior of the building, including all rooms and areas on the missing Resident's Home Area**

1. Upon becoming aware that a resident cannot be accounted for, the Unit Nurse will immediately notify the Nurse Manager who will lead coordinating the search with the Unit Nurse.
2. A search of the Resident Home Area where the resident resides will be conducted. All rooms and bathrooms, closets, behind doors, staircases, elevators etc. will be checked.
3. If the resident is not found, a Code Yellow is announced over the paging system to indicate a resident cannot be accounted for.

**Note: When paging the Code Yellow provide a description of the resident. For example: Male, white hair, glasses and uses a cane. Was wearing blue jeans and a red ball cap.**

4. Staff on all floors will conduct a full search of Resident Home Areas, checking all rooms and bathrooms, closets, behind doors, staircases etc.
5. Complete the Resident Home Area Search Checklist.

#### **Step Two: Complete search of the premises (interior and exterior including all bushes) if the resident cannot be located in his/her Home Area.**

6. One staff member from each floor will be assigned to report to the Main Reception (Command Centre) on the ground floor.
7. The Nurse Manager/delegate will lead the search for the resident on the ground floor/basement and outside premises.
8. A detailed description of the resident will be provided to staff who will continue with the search, which may include a picture of the resident.
9. As staff arrive, they will be assigned areas to search, which include café, hair salon, pharmacy, fitness center, health center, library, corporate office, offices behind the main reception, Terrace lobby, Manor lobby and basement areas.
10. All outside areas will also be searched including parking lots, adjacent businesses, etc.
11. Complete the Main Reception Checklist.
12. Police will be notified as per our code yellow protocols and also as per MOLTC standards for reporting a wandering resident.
13. Complete a Critical Incident Report or call the after-hours number.
14. Notify Ministry of Long-Term Care (MOLTC).

**If the resident cannot be located:**

15. The Nurse Manager/delegate will notify the Power of Attorney/Substitute Decision Maker.
16. It is important to ask for any places they think the resident may have gone to ex. back home, a favorite park, to a family member's house etc.
17. Call 911 and report the missing resident to the Police.
18. At the time of Police contact, ensure that the Police have all of the pertinent information about the resident (i.e., a recent photograph, physical description, any unusual behavior and clothing last seen wearing) to facilitate the police search. A Missing Person Report is to be completed to facilitate the police search for the missing resident. A copy of this form can be obtained from the local police department.
19. Ensure both the Director of Care and the Director of Client Care Services are informed by telephone call.
20. Notify the Attending Physician.
21. Notify the Ministry of Long-Term Care by filing a Critical Incident during business hours or calling the after-hours number.
22. The following will be documented by the Nurse Manager and Unit Nurse
  - Time and place resident was last seen and by whom.
  - Time resident was discovered missing.

- A description of the search effort.
- Any unusual behavior at the time the resident went missing.
- Description of clothing that the resident was wearing.

**When the Resident is found:**

1. If the resident is found as a result of the “Step Two” search, (full search of the interior and surrounding area of the building), the designated staff person in charge of the search will announce to the staff “Code Yellow – All Clear”.
2. The resident will be assessed by the Registered Staff upon return to the unit. The assessment will be documented in the resident’s medical record.
3. Upon resident’s return and if warranted, the resident’s condition will be assessed by the attending Physician and or resident is transferred to ER
4. Staff on all shifts are to observe and closely monitor the resident for the next 24 hours. Any change in health status is to be immediately reported to the unit nurse or Nurse Manager.
5. The Nurse Manager, unit nurse or delegate will notify the resident’s POA/SDM.
6. Complete Debrief Report.
7. Notify the Ministry of Long-Term Care by filing a Critical Incident during business hours or calling the after-hours number.
8. The incident will be documented on the progress notes of the resident’s chart.
9. Complete Post Emergency Summary Report and Action Plan document.

**OUTCOME:**

1. PSW Documentation Records are current and signed off at the end of each shift.
2. A picture and relevant information on identified wanderers is in the Wanderer’s binder at Reception.
3. All wanderers at risk of elopement are identified by the wander guard bracelet, where applicable.

**ADDITIONAL REFERENCES:**

1. Fixing Long Term Care Act 2021, Ontario Regulation 246/22
2. BSO Responsive Behavior Program

**ATTACHMENTS**

1. Code Yellow Checklists
2. Post Emergency Summary Report and Action Plan

## **CODE BLACK - BOMB THREAT**

Bomb threats are usually made by telephone. Bombers prefer to place devices in easily accessible locations, (lobbies, and rear exits) to minimize risk of capture.

Good housekeeping simplifies the task of identifying suspicious package. Security measures make it more difficult to plant a bomb. Locked cabinets, rooms and offices limit unauthorized access and reduce the areas that need to be secured.

When the announcement over the P.A. system (code BLACK-stranger in building or bomb threat) is heard, all staff will commence a search of the entire building.

1) Management will initiate the search:

- follow police guidance.
- utilize staff members in each area who are familiar with that part of the building
- search areas in a systematic fashion, moving progressively room by room until each area is complete, check all rooms in a counterclockwise rotation
- concentrate on public and facility areas, outside areas, building entrances and stairwells.
- record and secure each area that is searched.
- look for out of place or suspicious items.
- DO NOT USE RADIOS OR CELL PHONES

2) If a suspicious object is found:

- DO NOT touch it
- attempt to verify ownership.
- inform the police immediately, inform internal command center
- evacuate all within 100m and one floor both ways

3) Staff are to ensure the safety of the residents once an object is located, by relocating them to another part of the building.

The decision to evacuate will be made by the Management Team or upon advice from the Police or Fire department or other knowledgeable persons. Public safety should always be the foremost consideration.

The Management staff member will complete a report of the incident and forward copies to:

- President and CEO Shepherd Village Inc.
- Ministry of Long-Term Care
- Retirement Homes Regulatory Authority
- Director of Care (SL)/ General Manager (ST)

**Details Should Be Discussed with Your Local Police and Fire Departments**

## **CODE RED - FIRE**

Please see the Fire Safety Plan for:

Shepherd Lodge, Shepherd Terrace, Shepherd Manor and Shepherd Gardens in Surge Learning – Policy Pro.

## **CODE GREEN - EVACUATION**

### **Types of Evacuation**

There are four types of emergency evacuation procedures that can be initiated, and they are as follows:

a) Code Red – this includes the evacuation of the room in which the fire originated, and the rooms on either side, and directly across the fire location. This evacuation will be announced over the voice communication system as "CODE RED", followed by the exact location of the fire as indicated on the fire panel in the main lobby. Extended Evacuations

b) Code Green - Horizontal Evacuation – this includes the complete evacuation of disaster area to a designated safe area on the same Resident Home Area.

c) Code Green - Vertical Evacuation – this includes the complete evacuation of the disaster area in a vertically downward direction. This evacuation will be announced as "CODE GREEN VERTICAL EVACUATION" followed by directions for which Resident Home Areas to be evacuated and in which order.

d) Total Evacuation – this involves total evacuation of all persons in the facility. This will be indicated by the sounding of the stage two evacuation alarm. Total evacuation is initiated at the discretion of the Fire Department and/or a Senior Leader/Delegate or Person in charge.

## **CODE GREEN - HORIZONTAL**

1. Code green (horizontal evacuation) - All residents to be horizontally evacuated to a safe area beyond the fire barrier doors on the same home area.
2. Person in charge pages code green, the RHA to be evacuated and designated home area (i.e. 2 north RHA code green to 2 South RHA).

## **CODE GREEN – VERTICAL EVACUATION**

1. Code Green Vertical Evacuation is to be used to completely evacuate residents from disaster area in a vertical downward direction and may involve one Resident Home Area/department or the whole building.
2. Person in charge pages code green vertical evacuation, the RHA and designated area (i.e. code green vertical evacuation RHA 2 north stairwell to community hall)



3. Where time permits all exits which promote safe evacuation will be utilized.
4. Where the above is not possible the designated safe exits will be utilized to evacuate.
5. Where Code Green Vertical Evacuation involves more than one RHA/department evacuation routes to be used by individual RHAs/departments will be announced over the voice communication system to prevent cluttering/blocking of the stairwells when other exits are appropriate/available.

### **CODE GREEN – TOTAL EVACUATION**

1. Total evacuation is initiated at the discretion of the Fire Department and/or President & CEO/Delegate in a crisis or impending danger situation (stage 2 alarm).
2. Total evacuation will be conducted in an orderly and timely fashion as announced over the voice communication system by the designated personnel.
3. The order of total evacuation will be determined by location, severity and the extent of disaster/emergency and various options/methods of evacuation may be utilized as safe and appropriate.

### **PRIORITY OF EVACUATION**

In order from highest to lowest priority:

1. Those residents in immediate danger
2. All ambulatory residents under supervision. Residents able to walk should be led to another fire barrier area for a horizontal evacuation or a stairway for vertical evacuation.
3. All wheelchair residents. Wheelchair residents should be assisted to safe fire barrier areas and if their wheelchairs are required for other residents, then remove them from their wheelchairs.
4. All non-ambulatory residents. Most residents can be carried to a safe area, if necessary. Helpless residents may be placed on a blanket on the floor and pulled to a safe area. See for assistance on lifts and carries see section in this manual

### **EVACUATION BAG(S) and PYLONS**

1. Resident Home Coordinator (RHC) is responsible for managing the contents of the Evacuation Bag and Pylons.
2. RHC is responsible for auditing monthly content, the expiry dates and replenishing as appropriate. The Evacuation Bag will also be replenished post a Code Green event.
3. Evacuation Bag(s) will be located in the main SL Nursing Office beside the Administrative Assistant's desk.

## **CONTENTS OF EVACUATION BAG**

- Orange vest (labeled “TRIAGE IN-CHARGE”)
- Flashlight – 2 per bag
- Gloves - 1 box of medium size per bag
- ABD pads – large, 6 per bag
- Adhesive tape – 3 rolls per bag
- Reflective blankets – 4 per bag
- Clipboard with supply of evacuation log sheets & pens attached – 4 per bag.
- Extra pens
- Stethoscope – 1 per bag
- Normal saline – 1 bottle (500 ml) per bag
- Scissors – 2 per bag
- Airways – 1 per bag
- Alcohol wipes – 1 box per bag
- Band-aids - 1 box per bag
- Laminated cue cards:
  - **Orange – Triage Area:**  
Check:
    - ABC's (airway, breathing, circulation)
    - Gross bleeding
  - **RED** – priority #1 - stat
  - **YELLOW** – priority #2 – within 30 minutes
  - **GREEN** – priority #3 - stable
  - **BLACK** – deceased
  - **WHITE** - no intervention, can be relocated.
- Baseball Caps labelled **IN-CHARGE** – Orange, Red, Yellow, Green, Black and White

## **EVACUATION HOLDING AREAS**

Areas to evacuate to within Shepherd Village:

1. Shepherd Terrace Main Floor: can hold approximately 120 residents.
2. Shepherd Terrace Garden View Room: can hold approximately 50 residents
3. Shepherd Manor Party Room: can hold approximately 30 residents
4. Shepherd Garden Party Room: can hold approximately 50 residents
5. Community Hall: can hold approximately 50 residents

**\*\*\* The ground floor of Shepherd Lodge is equipped with emergency orange electrical sockets which are hooked into the generator**

Pylons will be kept in designated areas with evacuation bags and will be used to mark holding areas.

Holding Areas:      2 RED  
                             2 YELLOW  
                             2 GREEN  
                             2 WHITE  
                             2 ORANGE  
                             2 BLACK

### **EVACUATION LOG**

1. The Person in charge assigns staff member(s) to complete the evacuation log Form.
2. Process of completing the evacuation log:
  - a) Utilize Evacuation Log form provided in disaster bag.
  - b) Ensure that all residents are accounted for upon completion of the Evacuation Log(s).
  - c) Initiate communication with substitute decision maker noting each successful contact made
3. Person in charge will ensure that:
  - a) Evacuation Log is completed
  - b) All substitute decision makers have been contacted

### **TRIAGE – AREA SET UP AND RESPONSIBILITIES**

#### **PROCEDURE:**

1. Establish and identify triage area and priority holding areas that is safe and accessible to emergency personnel
2. Triage area should be sheltered and provide sufficient light to observe and assess the victims.
3. The triage area should be consolidated to allow for easy identification of Red tagged and Yellow tagged individuals/residents in need of urgent medical intervention/treatment.
4. The triage area should be set-up to allow for early treatment and intervention of residents/individuals requiring the same.
5. Assign at least one staff member to each area. The non-injured may be handled by nonnursing personnel if none is available.
6. Co-ordinate to ensure all necessary supplies and emergency kits are delivered to the triage site(s).
7. The role of the person (s) assigned to each area includes:
  - a) Providing emotional support/reassurance to the individuals
  - b) Preventing individuals/residents from wandering away
  - c) Keeping out all unnecessary personnel/visitors
  - d) Keeping individuals away from people receiving treatment
  - e) Identifying and logging all individuals

- f) Directing arriving emergency personnel to the most severely injured
  - g) Providing emergency care/treatment as necessary
  - h) Assisting with transportation of individuals/residents to re-locate to care sites
8. Maintain ongoing communication with command post/person in charge of disaster to await for further directions

## **TRIAGE – ASSESSMENT OF RESIDENTS**

### **PROCEDURE:**

#### **On the Resident Home Area:**

1. The Resident Home Coordinator is responsible for ensuring that a Code Green Identification Box (CGIDB) for each Resident Home Area (RHA) is stocked and up to date with every resident's face sheet from PCC on a Resident Identification Tag (RIT).
2. Once it has been determined that a Code Green is in Order, Registered staff of the Home Area will obtain CGIDB and ensure that all residents don appropriate RIT prior to exiting the home area.

#### **Triage:**

3. The assessment for triage categorization is to be performed by the person(s) assigned in charge of the triage area (usually RN, RPN). The incumbent will don the orange triage vest and orange baseball cap located in the evacuation bag. Two orange pylons identify the triage area.
4. The assessment of each resident/individual should not take more than 30 seconds per person.
5. The assessment includes:
  - a) Asking the individual/resident where it hurts in order to determine level of awareness and main complaint.
  - b) Observing for any obvious signs of bleeding/trauma.
  - c) Assessing the ventilatory and circulatory status of the unconscious residents.
6. The Triage Nurse/Delegate does not provide treatment except in the following conditions/circumstances:
  - a) Individual/resident is bleeding profusely and will surely die unless immediate treatment is provided.
  - b) The resident's airway is severely compromised.

7. The Triage Nurse/Delegate assigns the resident to the following international categories based on his/her assessment:

**First Priority (Red)**

- a) Immediate medical attention is required.
- b) The individual is critical, and their condition is probably deteriorating.
- c) Transportation to hospital via ambulance is required.

**Second Priority (Yellow)**

- a) Prompt medical attention is required.
- b) Individual is in serious but stable condition.
- c) Individual can sustain a wait of approximately 30 minutes to two hours without hospital intervention provided stabilization occurs on-site.

**Third Priority (Green)**

- a) Individual transportation to hospital can be delayed.
- b) Individual is ambulatory.

**Last Priority (Black)**

- a) Individual has deceased.

**Stable Non-Urgent (White)**

- a) Individual does not require medical interventions awaiting transportation to relocation center.

8. Time permitting, document assessments on the appropriate face sheets tagged to resident.
9. A team member will be assigned to the appropriate holding area by the Director of Care/Delegate.

## **DUTIES BY DEPARTMENT**

### **DUTIES OF THE NURSE MANAGER**

The Nurse Manager/designate has the authority to Initiate and manage the evacuation plan.

1. Assess the magnitude and type of threat.
2. Ensure notification of CEO regarding the decision to put the evacuation plan into effect.
3. CEO will initiate the fan out list.
4. Assign a Nurse for Triage Nurse (TN).
5. Assign a Nurse for each triage zone (3 red, yellow, green).
6. Assign a team member(s) (can be a PSW) to triage the white zone for uninjured residents.
7. Assign team members to accompany residents to the relocation areas as per ministry Guidelines
8. Assign a team member as Logistics lead who will be responsible for staffing assignments: ensuring team members are at relocation sites; initiating the call-in procedure, etc.
9. Assign a team member as Runner -to be a communication link for updates. In the event of a total communication shutdown, the pre-designated external communication centre will be activated and the runner will provide ongoing relaying of messages. Designated runner assigned by NM.
10. Assign a team member to be Liaison lead -(coordinate activities and communication with external emergency personnel (fire, ambulance, hospital, etc.). (see duties of Liaison lead).
11. Assign a team member in each RHA/neighbourhood to account for all residents in their RHA/neighbourhood.
12. Assign a team member as Communications lead
13. Assign team members to monitor exit doors to prevent re-entry of residents or unauthorised personnel and to ensure the doors do not close and lock authorised personnel out; each floor has an assigned member as instructed by the charge nurse.
14. Assign team members to monitor external traffic flow to ensure unimpeded access for emergency vehicles and access to buildings for emergency personnel (fire, ambulance, etc.) As required by NM
15. Ensure all areas are secure and all duties are complete.
16. Proceed to triage area to assist with treatment of injured residents as directed
17. In conjunction with the DOC/designate, ensure MAR computers are removed and transported to the receiving site(s).
18. Complete Incident Manager Evacuation Checklist.

### **DUTIES OF THE UNIT NURSE**

1. Upon receiving verification of evacuation, begin to instruct team members in the procedure. If immediate need is NOT in your home area, assign team members

- to go to the affected area as directed by the Manager.
2. Remove residents from immediate danger (room of origin) to a safe zone.
  3. Remove all other residents from the affected fire/danger zone to a safe zone beyond the fire door
  4. Ensure team members use evacuation tags on doors to indicate the room is vacant and checked.
  5. Complete head count of residents to ensure no residents have been missed.
  6. If fire or emergency is in your home area, obtain resident emergency face sheets from the Emergency Box and assign a team member to identify and tag each resident.
  7. Assist team members in your home area with safe evacuation of residents (transfers) as directed by NM.
  8. Bring a Laptop to access Emar from your home area to the designated triage area.
  9. If your home area is NOT being evacuated, assign team members to monitor residents, secure your home area, and go to triage area as assigned by NM.

#### DUTIES OF THE PSW

1. Clear corridors while reporting to your Unit Nurse.
2. Verify announcement to evacuate.
3. If immediate need is NOT in your home area, secure and monitor residents or go to affected area to assist the evacuation as assigned by your Unit Nurse
4. If evacuation IS in your home area, check and mark evacuated rooms with emergency tags. Ensure ALL rooms (locked and unlocked) are checked and empty. Move residents to a safe zone as directed by the Nurse Manager
5. Complete a head count of residents to ensure no residents have been missed; confirm using current resident list.
6. Report any resistive resident or resident needing assistance to your Unit Nurse
7. Once all residents have been moved to a safe area, take direction from the Nurse Manager: may include monitoring residents, assisting to load residents on buses, etc.

#### DUTIES OF THE MEDICAL DIRECTOR AND ATTENDING PHYSICIANS

1. Attend to any emergencies
2. Arrange for hospitalization of residents if necessary

#### DUTIES OF THE OFFICE/RECEPTION TEAM AND MANAGERS

1. Communications lead -TEMPORARILY assigned by Nurse Manager. The CEO will review and confirm appointment (See Communication Plan in this Manual)  
The Communications Lead will manage all communications to outside and coming into the home.
2. All managers and corporate office team report to the front desk (reception) and await directions/ assignments of Nurse Manager.

#### DUTIES OF THE COMMUNICATIONS LEAD \* (appointed by nurse manager)

1. Confirm that Fire Department received alarm via monitoring company as per fire plan
2. Notify the following external contacts that the Evacuation Plan is in effect:
  - All necessary emergency services (fire, police, ambulance, hospital) Medical Advisor
  - MLTC/HCCSS/Health Authority (as required)
  - Support Services Office
  - Pharmacy
  - Evacuation sites (if necessary)
  - Residents' families
3. Assign reception team to screen incoming phone calls, transfer media and resident's family member calls directly to themselves.

\*see Communications Plan in this manual

#### DUTIES OF THE LOGISTICS LEAD (appointed by nurse manager)

1. Assign team members to initiate team member fan out call-in list and volunteer call-in list as assigned by the Nurse Manager.
2. As required, assign team members to gather supplies:
  - for first aid
  - blankets, pillows, etc. to assist in transport of residents and at relocation site
  - food and water
3. As directed by the Incident Manager or Emergency Services, initiate call to transportation service providers for buses, etc.

#### DUTIES OF THE MAINTENANCE AND SECURITY TEAM

1. Assist the Incident Manager as required.
2. Ensure all entrances are clear of vehicles to allow for emergency services personnel / vehicle to enter the location.
3. Assist TN to set up triage area, set out cones, identifying each coloured zone: RED, closest to entrance for ambulances to attend, YELLOW and GREEN, in parking lot, WHITE, at front of the building to wait for buses, cars to arrive, BLACK furthest away.
4. Be available to assist fire and all emergency services providers.
5. Ensure information on equipment, systems (HVAC, fire sprinklers, etc.), security doors, access to locked areas, supplies are available.
6. Assist with evacuation of residents and with loading wheelchairs and equipment, etc. into transport vehicles.
7. Communicate all pertinent information to the IM during the evacuation process.
8. Assist ED/IM/DOC with final check of the building if applicable: ensure all electrical equipment is turned off and unplugged lower heat if applicable maintain and monitor generator if in use check building regularly when vacant
9. Travel to relocation site(s) and assist as needed
10. Keep a record of equipment, supplies, etc, that were removed from the building.



#### **DUTIES OF THE FOOD AND NUTRITION SERVICES TEAM**

1. If you are in the servery, ensure all appliances are off and unplugged and secure the area.
2. Upon receiving notification of the emergency and the location, if it is on your home area, report to the Unit Nurse on your home area. Assist as directed by the Unit Nurse.
3. If you are in the kitchen, turn off all equipment and ensure all hallways are clear; secure the area.
4. If emergency is NOT in your home area or the kitchen report to the NM on first floor command station.
5. Execute the Plan for provision of Food & Fluid/Emergency Menus as directed by the Food and Nutrition manager/delegate
6. As assigned, by Nurse Manager or the Unit Nurse in your home area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.
7. Travel to relocation site(s) and assist as needed.

#### **DUTIES OF THE HOUSEKEEPING/LAUNDRY TEAM**

1. Secure your department by shutting down all equipment; close windows and doors.
2. Ensure all rooms both locked and unlocked are clear and vacant.
3. If you are in affected area, place red emergency tags on doors to identify that area is not to be re-entered.
4. Housekeeping team, report to home area Unit Nurse; follow their direction.
5. Laundry team, report to assigned home area report to the NM on first floor command station.
6. As assigned by Nurse Manager or Unit Nurse in your home area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.
7. Travel to relocation site(s) and assist as needed.

#### **DUTIES OF THE RECREATION TEAM**

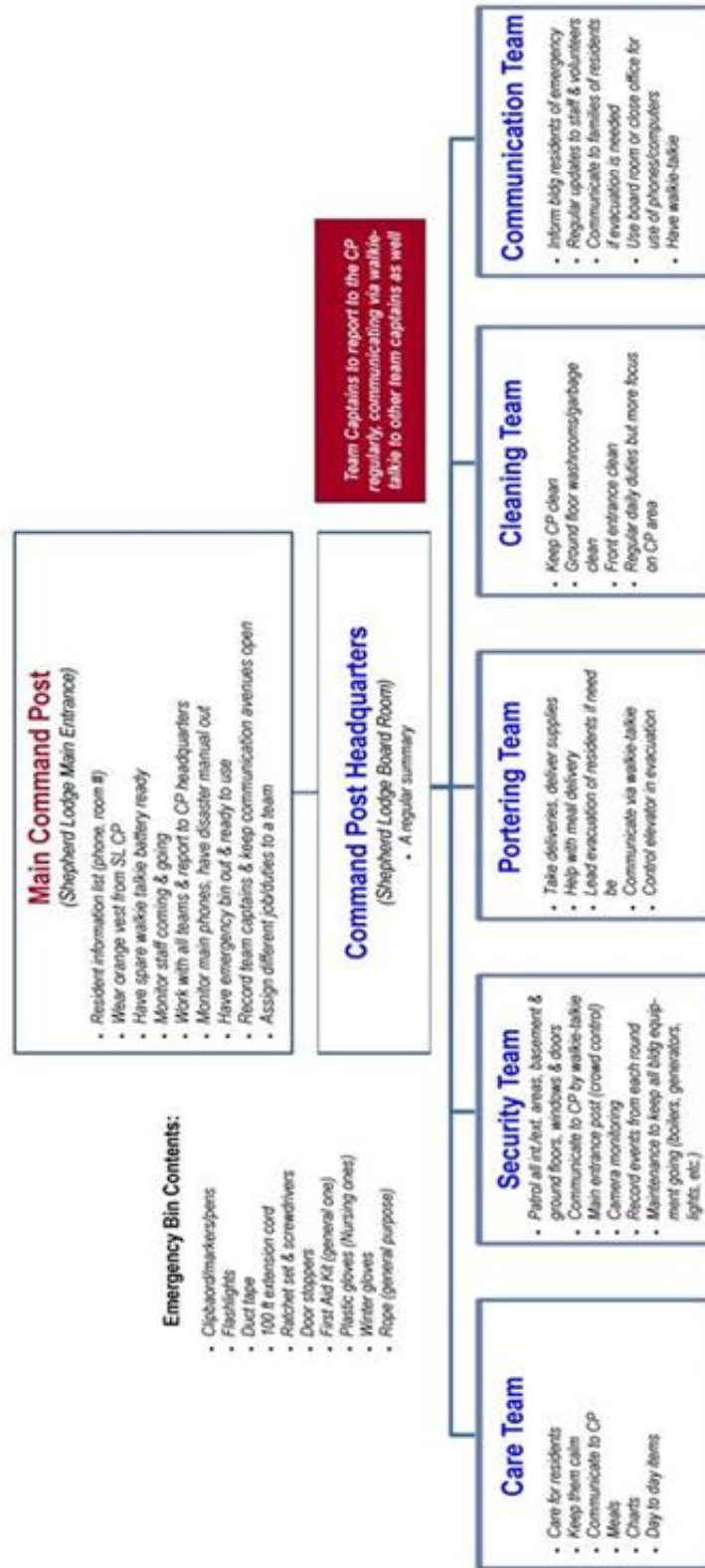
1. If you are with a group of residents in the danger zone, begin moving residents to the closest safe zone as directed by the Incident Manager.
2. If you need assistance to move residents, ask the Nurse Manager to assign team members to assist you.
3. If more than one Recreation team member is involved in resident activity, one person will remain with residents while other team members report to Unit Nurse.
4. If volunteers are in the building assisting with program activities, they will assist the Recreation team as directed by the Nurse Manager.
5. The Nurse Manager will ensure the Recreation team and volunteers are made aware of the evacuation procedure being followed and assist with moving residents.
6. As assigned, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.

7. If evacuation of the building has been declared, once residents have been triaged, program team go to WHITE zone and assist loading residents into transport vehicles
8. Travel to relocation site(s) and assist as needed,

# SHEPHERD VILLAGE COMMAND POST



## Shepherd Village Disaster Command Post Plan (Emergency Use Only)



## **Ministry of Long Term Care Evacuation Guide (Administrative Process)**

The Director of Client Care Services/designate will:

1. Start the Home process as per the emergency plan and procedures
2. Use the Ministry of Long-Term Care Emergency Evacuation Guide to ensure they are following the MLTC administrative process outlined in the guide (see links below) and in the emergency manual located in Surge.

The guide will:

1. Identify the process of transmitting information;
2. Provide materials to complete during the evacuation process;
3. Provide information regarding licenses, specifically temporary emergency license; and
4. 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.

In addition, the guide will describe:

- The issuance of Temporary Emergency License(s), with applicable license conditions (more information under licensing below), which 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 s. 112(3) of the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22 (BIA approval) 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.

**NOTE:** If at any time during the fire you determine resident/staff safety is at risk you initiate code green.

## **REFERENCES:**

1. Ministry of Long Term Care – Instructions, Information and Materials – The Guide on the Policy, Process, and Procedures during Emergency Evacuations – Instructions, Information and Materials (English)  
[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Evacuation%20Policy%20\(EN\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Evacuation%20Policy%20(EN).pdf)
2. Ministry of Long Term Care – Instructions, Information and Materials – The Guide on the Policy, Process, and Procedures during Emergency Evacuations –

Instructions, Information and Materials (French)

[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Evacuation%20Policy%20\(FR\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Evacuation%20Policy%20(FR).pdf)

3. Evacuation Placement Process (English):  
[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation%20Placement%20Process%20\(EN\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation%20Placement%20Process%20(EN).pdf)
4. Evacuation Placement Process (French):  
[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation%20Placement%20Process%20\(FR\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation%20Placement%20Process%20(FR).pdf)
5. Evacuation Placement Form (English):  
[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Placement%20Form%20\(Appendix%20B\).docx](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Placement%20Form%20(Appendix%20B).docx)
6. Evacuation Placement Form (French):  
[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Placement%20Form%20\(FR\).docx](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Placement%20Form%20(FR).docx)
7. Overview of Temporary Emergency (TE) Licence and Beds In Abeyance (BIAs) (English):  
[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview%20of%20Temporary%20Emergency%20\(TE\)%20Licence%20and%20Beds%20in%20Abeyance%20\(BIAs\)%20\(EN\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview%20of%20Temporary%20Emergency%20(TE)%20Licence%20and%20Beds%20in%20Abeyance%20(BIAs)%20(EN).pdf)
8. Overview of Temporary Emergency (TE) Licence and Beds In Abeyance (BIAs) (French):  
[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview%20of%20Temporary%20Emergency%20\(TE\)%20Licence%20and%20Beds%20in%20Abeyance%20\(BIAs\)%20\(FR\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview%20of%20Temporary%20Emergency%20(TE)%20Licence%20and%20Beds%20in%20Abeyance%20(BIAs)%20(FR).pdf)
9. Fixing Long Term Care Act, 2021 and Ontario Regulation 246/22, s. 112 – Licensees who report investigation under s. 27 (2) of Act

## **FAN OUT PROCEDURE**

When a situation arises which requires additional staff, President/Senior Management or designate will initiate the FAN OUT PROCEDURE

Situations that require the initiation of this procedure are, but not limited to the following;

- an evacuation of the facility
- receipt of additional residents from another facility
- a loss of power, water, gas or inclement weather
- any situation which potentially requires increased staff in a very short time frame

The President/CEO or designate will start the process. The senior management team will then call their managers/supervisors and they in turn call their staff until all have been contacted.

**See the Organizational Chart for process of calling staff.**

- If the procedure is initiated during normal business hours, each of the callers will obtain phone numbers from the emergency manual.
- If the procedure is initiated outside of business hours, each of the callers will maintain the most recent call-in sheet close to his/her telephone at home. It is the responsibility of the callers to maintain the most current list.
- The callers will initiate the staff calls, advising each staff member to report to the on-site command centre.
- Each caller should obtain an estimated time of arrival from each staff member who will be assisting with the procedure.

## **RELOCATION PLAN – EXTERNAL**

For relocation of residents to an internal holding area please see Code Green – Evacuation.

### **CIRCUMSTANCES NECESSITATING EXTERNAL RELOCATION**

The circumstances under which relocation may be required are:

- Fire
- Bomb threat /explosion
- Natural Emergencies such as flood, hurricane, etc.
- Loss of heat, water or power for an extended period of time
- Community emergencies such as toxic spill, train derailment, etc.

### **PROCEDURE:**

1. Senior Leadership makes the decision to relocate residents.
2. The Director of Client Care Services/designate contacts delegated relocation site(s).
3. The Director of Care initiates triage procedures.
4. The Director of Client Care together with the Director of Care determines and arranges an appropriate mode of transport to delegated relocation site based on individual needs of residents.
  - Wheel trans
  - Ambulance service
5. The Food Services Manager / delegate contacted the food services provider to initiate plan for alternate food delivery service at relocation site.
6. The Director of Care / delegate to coordinate appropriate staffing to ensure continuity of care services at the delegated relocation site.
7. The Director of Care / delegate assigns individual(s) to accompany, receive and supervise evacuees at the delegated reception site.
8. The Director of Care / delegate coordinates the transfer of critical supplies (including the notification to Pharmacy) and health records to the delegated reception site.
9. The Director of Care / delegate to advise personal physicians, specialists and next of kin of resident relocation to delegate site
10. Residents can be temporarily discharged to the care of relatives and friends. However, approval by the Medical Director or Director of Resident Care is required. The Director of Care will ensure that the relatives or friends receive the necessary medications and instructions and leave a forwarding address.

11. The Nursing Leadership team will regularly visit relocation sites.
12. Security will complete an initial check of the building and regularly thereafter:
  - appropriate electrical equipment is turned off
  - heat is lowered or shut off as appropriate.
  - all evacuated areas are sealed off, secured and barricaded as necessary.
  - all windows are closed, and doors locked.
13. Facilities will post a sign at the main entrance indicating the names of the receiving facilities and their telephone numbers.
14. The communication plan will be followed with regards to notification of families.
15. During a emergency, all regular work schedules are suspended indefinitely. The department supervisors will call in staff as required.



## RECOVERY PLAN

Recovery strategies will be put in place at the care community to ensure a smooth return to normal operations post Emergency. The President and CEO is responsible for the official declaration of an Emergency ending at the location in consultation with the Senior Leadership Team and other applicable management team members.

As Shepherd Village returns to normal operations, the Senior Leadership Team will ensure the following is completed:

Ensure the Environment is safe to return to by completing the following:

- **Structural security**-obtain a qualified professional validation
- **Safe entry**-obtain the proper approval from the government agencies
- **Clean-up safety**-ensure the workplace is cleaned up and safe for all to resume their normal duties
- **Air quality assessment**-ensure the atmosphere is free of toxic agents
- **Ventilation**-ensure proper operations of all HVAC units
- **Interior exposures**-ensure all walls and ceiling material is secure and not damaged or falling.
- **Exterior exposures**-ensure all windows are in tack and no building material is damaged
- **Protection equipment**-clean and test the fire alarm system
- **Electrical safety**-check all electrical, computer and telecommunications systems
- **Government authority**-seek approval from all government agencies (food, elevators, fire safety)
- **Health/sanitation issues**-the building and food sanitation should be inspected
- **Furniture**-check for integrity and water damage
- **Lighting**-ensure there is adequate lighting levels
- **Emergency planning**-practice the emergency procedures and ensure everyone is aware of the procedures
- **Inspections**-get qualified people to inspect the elevators and all life safety systems
- **Surfaces**-ensure all flooring surface are clean and slip free

Once the environment is deemed safe to return to, other recovery processes to be completed:

- Insurance arrangements completed as necessary
- Third Party contracts involved are now complete
- Pre-emergency staffing levels resumed as appropriate
- Any paused or altered programs or processes are restarted

- Communication with residents via Councils, families via Council(s) and other means on the recovery stage/plan, outcomes and any action items
- Collaborate with JOHS Committee to execute recovery plan as appropriate
- Update staff on recovery plan status and any action items
- Coordinate and support residents, families, and staff (counseling, support groups, EAP etc.)
- Debrief of the emergency within 30 days using the Post Emergency Debrief Form
- Make any necessary changes to the emergency plan; communicate and train those changes accordingly

## **OUTBREAKS OF A COMMUNICABLE DISEASE, OUTBREAKS OF A DISEASE OF PUBLIC HEALTH SIGNIFICANCE, EPIDEMICS & PANDEMICS**

### **STANDARD:**

A suspected outbreak is defined as follows: one or two residents in a home develop the same symptoms in a short period. These symptoms refer to any infection spread via airborne, droplet, or contact route. However, the Home must follow mandatory reporting requirements to Public Health and the Ministry of Health for single cases (i.e., ARI, TB).

### **Respiratory Infection Outbreak:**

#### **A suspect Outbreak in a Home is defined as:**

- One laboratory-confirmed case of influenza or
- Two cases of ARI occurring within 48 hours with any common epidemiological link (e.g., unit, floor)

#### **A confirmed Outbreak in a Home is defined as:**

- Two cases of acute respiratory tract illness occurring within 48 hours in a geographic area (e.g., unit, floor), at least one of which must be laboratory-confirmed or
- Three cases of ARI (laboratory confirmation not necessary) occurring within 48 hours in a geographic area (e.g., unit, floor)

### **COVID-19**

#### **A suspect Outbreak in a Home is defined as:**

- One (1) positive PCR test or rapid molecular test, or rapid antigen test in a Confirmed

#### **A Confirmed Outbreak in a Home is defined as:**

- Two (2) or more residents in a Home (i.e. floor/unit) each with a positive PCR test or rapid molecular test or rapid antigen test result AND with an epidemiological link within a ten (10)- day period.

### **Gastroenteritis Outbreak:**

#### **A suspect Outbreak in a Home is defined as:**

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

**A Confirmed Outbreak in a Home is defined as:**

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

Homes must call their local public health unit and or hospital partner whenever an outbreak is suspected and initiate an assessment of the potential outbreak situation. Any further progression (additional cases or laboratory confirmations) of the “potential outbreak” will be considered an outbreak.

Health has the discretion to declare an initial exposure/facility exposure or a confirmed outbreak based on the results of their investigation, including when the above definitions are not completely met.

An outbreak can be declared at any time by the Medical Officer of Health, or their designate, or the Medical Director for the Long-Term Care Home. There should also be a discussion of whether to declare a facility-wide outbreak or unit specific outbreak.

**Pandemic flu** is a global outbreak that occurs when a new influenza A virus or coronavirus emerges, to which the population has little immunity, that has the capacity to spread easily from person to person and cause serious human illness.

**FLU PANDEMIC TIMELINE****Interpandemic Period**

- Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low
- Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease

**Pandemic Alert Period**

- Phase 3. Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact
- Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans
- Phase 5. Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk)

#### Pandemic Period

- Phase 6. Pandemic phase: increased and sustained transmission in the general population

#### Post pandemic Period

- Return to the Interpandemic Period (Phase 1)

#### **PROCEDURE:**

1. When an RN/RPN notices one or more of the residents are showing the same symptoms, the nurse will begin to gather the information on a line list form. When a third resident or staff member begins to show symptoms, then the Nurse on duty calls the Infection Prevention and Control Manager (IPAC Manager) for further support and direction. If the IPAC Manager is not available, the Nurse will notify the Director of Care and/or Executive Director. If deemed appropriate Public health will be notified to discuss suspected or official outbreak. \*\*\*It is important to keep Public Health and Hospital Partners updated with suspected outbreaks so they can provide support before an outbreak is declared.
2. The Public Health contact will determine if the Home will be monitored for suspected Outbreak or will give the Home an Outbreak number and inform the RN/RPN of what is to be done next. Public Health will tell staff which type of specimens are required and confirm that the Home has an adequate supply of specimen kits.
3. The Home is expected to have all resident and staff immunization status available immediately to provide to public health when suspecting outbreak during the influenza season.
4. Once an Outbreak has been declared, the Nurse on duty needs to notify the other departments of the Outbreak and of their role during an Outbreak. This notification will advise each department the type of Outbreak the Home is experiencing, and the responsibilities they have during the Outbreak (please refer to IFC G-35 to G-60). If an Influenza Pandemic has been declared, the Outbreak Management Team will be implemented (please refer to policy J-40)
5. The Director of Care/IPAC Manager/delegate is responsible for the notification to the MLTC Inspector, the Ministry of Labour when staff are affected by the declared outbreak, followed by submission of a Critical Incident Summary online. **Follow policy IFC G-65 regarding requirement within four (4) days of becoming aware of staff being affected (under the Occupational Health and Safety).**
6. The IPAC Manager/delegate is responsible for initiating the Outbreak Management Checklist.

7. The Outbreak Management Team will ensure all persons (residents and families, physicians, contractors, staff, volunteers etc.) affected are aware of the situation and are provided with information as it becomes available.
8. All employees' illnesses will be monitored when the Home is experiencing an outbreak. Managers will follow up with employees who are booking off ill to ensure they are added to the line list (if appropriate). Occupational Health and Safety will be informed if appropriate.

**NOTE:** All line list forms are in the Influenza and Respiratory and Enteric Outbreak Reference Binder from Public Health. Line listing also occurs in the EHR Infection Prevention and Control Module (PCC).

**OUTCOME:**

1. There is evidence that outbreaks are reported to Public Health, Ministry of Long Term Care and Ministry of Labour when staff are affected as soon as the Home suspects or has declared an outbreak.

**ADDITIONAL REFERENCES:**

1. FLTC – Long Term Care Homes Act and its Regulations, 2021.
2. Outbreak Management Checklist
3. Ministry of Long-Term Care, A guide for long-term care Homes and Public Health Unit Staff, Control of Gastroenteritis Outbreaks in Long-Term Care Homes. May 2022
4. Ministry of Long-Term Care, A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes. May 2022
5. Ministry of Long Term Care, Disease: Respiratory Infection Outbreaks in Institutions and Public Hospitals Effective: May 2022
6. Ministry of Long Term Care Disease: Gastroenteritis Outbreaks in Institutions and Public Hospitals Effective: May 2022
7. Ministry of Health Infectious Disease Protocol Effective: January 2020
8. Directive #3 for Long Term Care Homes under the Long-Term Care Homes Act, 2007 Effective: Sept 9, 2020

9. Ministry of Long-Term Care Memo: Reporting Outbreaks to the Director, October 22, 2020
10. Pandemic Play Book, October 2020
11. Ministry of Health: COVID-19 Guidance: Long Term Care Homes and Retirement Homes for Public Health Units, Version 4 – February 3, 2022.

## **PPE INVENTORY MANAGEMENT PROCESS**

### **Policy:**

The Personal Protective Equipment (PPE) Inventory Survey is completed once a week to ensure a minimum of 4 weeks' Infection Prevention and Control (IPAC) PPE supply is on hand at all times.

### **Procedure:**

1. The Night Shift Manager or delegate will:
  - a. Documents the amount of PPE on hand (including expired product) PPE Survey Tool.
  - b. Share the completed PPE Survey Tool with the IPAC Manager and the Director of Care.
  - c. Rotates inventory to use product closer to expiry date.
  - d. Orders PPE as needed and discards expired PPE.
  - e. Follows any legislated reporting requirements required.
2. The IPAC Manager will complete quarterly spot checks.



## **POST EMERGENCY DEBRIEF**

A Post Emergency Debrief must be conducted within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.

- The department related to the cause of the Emergency will be responsible to ensure that a Post Emergency Debrief Meeting is held.
- The debrief meeting must include those who had to act and/or those who were impacted by the emergency. This could include front line staff, residents and family members.
- A written record must be maintained using the Post Emergency Debrief and Action Plan Form.

## **ANNUAL EVALUATION OF THE EMERGENCY PLAN**

Annually the Director of Facilities will select persons from Shepherd Village across different departments to assist with the evaluation of the Emergency Plan.

### **PROCEDURE:**

The evaluation tool will be used to evaluate the Emergency Plan.

Each area reviewed and scored with “Yes” “No” or “N/A” responses.

Areas of non-compliance are recorded on the Annual Evaluation Summary Report Form and improvements noted including who participated in the evaluation and who is responsible for the improvements.

Areas of non-compliance are reviewed with the Director of Care (SL), Quality Improvement Lead, Director of Client Care Services, the GM (Terrace) and the Director of Corporate Services.

The Director of Facilities will re-evaluate the area (s) identified in the annual evaluation to ensure compliance.

### **FREQUENCY:**

The evaluation of the Emergency Plan will take place at least annually.

### **OUTCOME:**

There is documented evidence the Emergency Plan is evaluated, analysed and improvements implemented at a minimum annually.

## **COMMUNICATION PLAN (INCLUDING MEDIA COMMUNICATION)**

**Note: Please also refer to the Crisis Communication Plan** (see Media Policy ADM 17)

In accordance with the Crisis Communication Plan, in an emergency, the President and CEO will appoint a Communications Lead. The Lead will appoint members to form a communications team.

The plan will ensure frequent and ongoing communication with residents, families, team members, volunteers, and the Resident and Family Council, contractors and service providers with the goal of keeping all parties apprised of the status of the emergency.

\*Refer to the Crisis Communication Plan for communication with the Media (see Media Policy ADM 17)

The Crisis Communications Lead will ensure ongoing communication using various methods:

- at the beginning of the emergency
- when there is a significant change throughout the course of the emergency
- and when the emergency is over

**Depending on the nature of the emergency and if evacuation is required, a member of the Senior Leadership Team will immediately notify (if applicable):**

- Homes/Organizations of which a relocation agreement is in place
- Ministry of Long Term Care
- Retirement Homes Regulatory Authority
- Emergency Management Ontario
- Ministry of Labour
- Public Health
- Ontario Health
- Scarborough Health Network
- IPAC Hub
- Home and Community Care Support Services
- Political Offices
- and others as per the Crisis Communication Plan

### **PHONE COMMUNICATION: INCOMING CALLS**

Senior Leadership will assign a team member(s) to receive incoming calls, prepared to respond with/to:

- Status updates on emergency/location/residents

- Help/resources or staff coming from other facilities
- Team members calling to find out work schedule
- Medical information (as appropriate)

A voicemail messaging recording may be used to share a status update and redirect callers as appropriate.

#### Incoming calls from the Media

- Redirect media to the President and CEO (see Media Policy ADM 17)

### **PHONE COMMUNICATION: RESIDENTS & FAMILY**

The Shepherd Village will prepare a telephone tree and have assigned team members to update family council members to assure them that resident safety is a priority and advise them of the care community's plan for the crisis. When placing calls, the assigned team members will:

- Advise if unable to contact via telephone where family members may call and/or visit the website to obtain further information
- Advise family members that the team will be focused on providing resident care and protection
- Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information.
- Track calls made and any follow-up required on the Family Emergency Contact Record located in this manual.

### **WRITTEN COMMUNICATION: RESIDENTS & FAMILY**

The Communications Team will compile a "key point bulletin" for the Shepherd Village to provide a communication to residents and family members consisting of these basic elements:

- Type of emergency
- Estimated time and severity of impact
- Expected disruptions to services and routines
- Actions to take to mitigate risk
- Estimated time frame for the next status update
- What residents and family members can do to assist

### **IN-PERSON COMMUNICATION: RESIDENTS & FAMILY**

Based on the nature of the emergency, team members will keep residents informed via various strategies such as daily updates, one-to-one conversations, printed text of automated call scripts, and updates to all residents in the dining room with opportunity for Q&A, Residents' Council meetings, etc.

Family and Resident Town Halls may be organized by a member of the Senior Leadership Team to provide situational updates, include subject matter experts, answer questions, and address concerns. The frequency of written updates and Town Halls will be determined by the Senior Leadership Team/Communication Team.

### **COMMUNICATION: 3<sup>rd</sup> PARTY SERVICE PROVIDERS**

Inform key service provider partners on the situation and request support if relevant to the emergency:

<ul style="list-style-type: none"> <li>• Sodexo Canada</li> <li>• GFS</li> <li>• Achieva Health</li> <li>• Pharmacy Provider</li> <li>• Medigas</li> <li>• Medial Supply Suppliers</li> </ul>	<ul style="list-style-type: none"> <li>• ADP</li> <li>• SSC</li> <li>• Banking Institution</li> <li>• Insurance Company</li> <li>• Dental/Eye/Foot Care Providers</li> <li>• Mobility Aid Supplier</li> </ul>
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### **COMMUNICATION: TEAM MEMBERS, VOLUNTEERS & STUDENTS**

- See Fan Out Procedure in the Emergency Preparedness Manual
- Use Email blasts as available for communications to team members.

### **COMMUNICATION: ALTERNATE METHODS**

In an emergency, normal means of communication may become unreliable or nonexistent. Methods of communication in a disaster may include:

- Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures)
- Telephones (both cellular and landline if operating)
- Two-way radio (always keep in a charger because you may be without power at any point)
- Fax machine (if phones are operable)
- Internet (emails/websites) or local area networks (if computer systems are operative)
- Technology applications – Use website & Email mass messaging system to communicate to all staff, resident and family contacts.

### **COMMUNICATION: PROVINCIAL REGULATORY AUTHORITIES & COMMUNITY PARTNERS**

The Senior Leadership Team will ensure provincial regulatory authorities are kept informed as required in the event of an emergency.

Based upon the type of emergency, and as deemed necessary, ongoing communication

with community partners will be facilitated by the President & CEO/Designate. The frequency, participant list etc. will be determined in collaboration with the community partners.

Upon the emergency being declared over a debrief meeting is to be organized and facilitated by a member of the Senior Leadership Team. (see Post Emergency Debrief section in this manual)

## TESTING THE EMERGENCY PLAN AND STAFF TRAINING

### Testing Requirements (Lodge and Terrace)

TEST	EVERY YEAR Risk level 1-5	EVERY THREE YEARS	ACCOUNTABILITY	TESTING MODE	TESTING MONTH
Code Red-Fire	X 5		DFS & DCCS & DCS	actual	monthly
Code Yellow - Missing Resident	X 2		DCCS & DCS	actual	
Code Grey-Loss of essential services	X 1		DFS & DCS	actual	May
Code Blue-Medical Emergency	X 2		DCCS & DCS	actual	
Code Black-bomb threat	X 5		DFS	actual	Aug
Code White-violent outburst	X 2		DCCS & DCS	actual	
Code Green-evacuation	X 5		DCCS & DCS	actual	Aug
Fan out	X 5		DFS	actual	Feb
Internet & Wi-Fi interruption	X 3		DCS	actual	
Outbreak	X 1		DCCS & DCS	actual	
Code Brown hazardous spill	X 5		DFS	tabletop	Sept
Code orange Natural disaster/Extreme Weather Event	X 4		DFS	tabletop	
Boil Water Advisory	X 5		DFS	tabletop	July
Community Disaster		X 5	DFS	tabletop	
Gas Leak		X 5	DFS	tabletop	Sept

\*Risk 1 – conduct mock testing Risk 5 – table top discussion

Tests can take the form of table-top exercises, drills, functional exercises, and field exercises.

Tests will be documented using the Post Emergency Debrief Report and Action Plan Form.

## **STAFF TRAINING**

All newly hired staff will receive training via the e-learning platform as well as during general orientation (live event).

Staff will receive ongoing training at least annually.

Training will be in different formats including e-learning, live events, and debriefs after drills and live events.



## EMERGENCY LIFTS AND CARRIES

Preliminary planning and rehearsal of the most effective responses to a fire or another situation are essential. There is scant time to act in an actual emergency situation, let alone to plan a course of action.

Many methods might be used to move residents or patients or to give them assistance, support and added speed. Experience and practice will increase anyone's ability to move heavier and disabled people under adverse conditions.

Suitable additional methods may also be used depending on the situation and available appliances and equipment like chairs and wheelchairs.

The following lifts and carry techniques are suggested for relocation or evacuation of residents and others in an emergency. You will have to decide which is the most appropriate for the situation at the time of emergency.

### A. Removing resident from the floor.

1. Spread a blanket or sheet beside the resident. Cross the resident's ankles and roll them towards you onto the blanket or sheet, grasping them by the shoulders and hips.
2. Grasp the blanket or sheet on either side of the resident's head and drag backwards to an area of safety. Ensure that the resident is laying face up.

### B. Removing residents from beds

#### 1. CRADLE OR KNEE DROP

For use when:

- resident is very heavy; or
- only one staff is available: or
- resident's bed is involved in the fire and the least amount of contact is permitted.

Procedure (See diagram following)

- a. Place a blanket or sheet lengthwise on the floor parallel and next to the bed. Loosen or remove the top bed clothes.
- b. Stand beside the resident, slip one arm under the neck and grasp the shoulder.
- c. Slip your other arm under the resident's knees and grasp them with your hand.
- d. Place one knee against the bed with both feet on the floor, about 6"-8" apart.

- e. Bring the resident to the edge of the bed by moving first their hips then their shoulders, keeping your back straight and bending your knees.
- f. Rock back onto the heels bringing the resident with you keeping resident close to your body.
- g. When the resident starts to leave the bed, drop to your knees and allow the resident to slide down your body then to the floor protecting the resident's head at all times.
- h. Grasp the blanket or sheet on either side of the resident's head, and drag them headfirst to an area of safety. The blanket or sheet can be wrapped over the resident.



## 2. DOUBLE CRADLE OR KNEE DROP

- a. Two rescuers approach the bed. Place a blanket or sheet lengthwise on the floor parallel and next to the bed. Loosen or

remove the top bed clothes.

- b. One rescuer slips one arm under the resident's neck and grasps shoulder and one arm under their waist.
- c. The other rescuer slips one arm under the resident's hips and other arm under his knees.
- d. Together both rescuers bring the resident to the edge of the bed. However, this may be accomplished by both rescuers grabbing the bottom sheet and pulling the resident to the edge of the bed.
- e. Together the rescuers rock back on their heels keeping the resident close to their bodies.
- f. When the resident starts to leave the bed, both rescuers drop to their knees and allow the resident to slide down their bodies, then to the floor protecting the resident's head at all times.
- g. Grasp the blanket or sheet on either side to the resident's head and drag him head first to an area of safety. The blanket or sheet may be wrapped over the resident.

### 3. SWING CARRY

For use when:

- two staff available for transporting resident
- resident is very heavy
- vertical evacuation (to another level) is required. This method is suitable for almost any resident.

Procedure (See diagram following)

- a. Both rescuers approach the resident, one at the head and one at the feet on the same side of the bed.
- b. Rescuer at the head assists resident to a sitting position supporting shoulders.
- c. When resident is sitting up, the rescuer at the resident's feet grasps the ankles and swings the feet off the bed, both bring the resident to a sitting position on the edge of the bed.
- d. Both rescuers stand, one on each side of the resident and places one arm of the resident around their neck and down across their chest.
- e. Both rescuers reach under the resident's knees and grasp each

others wrists.

- f. Both rescuers lift the resident off the bed together, using correct lifting techniques and carry the resident to a safe area.



#### TO UNLOAD:

Both rescuers drop on their knee closest to the resident while leaning against the resident to provide supportive pressure. Place the resident on the floor, buttocks first and then the back.

#### 4. EXTREMITY CARRY

For use when:

- a fast method is required
- two staff available for transporting resident
- there is a narrow exit

Procedure (See diagram following)

- a. Both rescuers approach the resident, one at the head and one at the feet on the same side of the bed.
- b. Rescuer at the head assists the resident to a sitting position supporting the shoulders.

- c. When resident is sitting up, the rescuer at the feet grasps the resident's ankle nearest the edge of the bed and clears it off the bed. With back to the resident, slide between the residents' legs as far as their knees, grasping under both knees.
- d. Rescuer at the head places their arms through the resident's armpits and grasps own wrists high above the resident's chest.
- e. Both rescuers lift the resident off the bed together using correct lifting techniques and carry the resident to a safe area.

#### TO UNLOAD

- a. The rescuer at the feet lowers the resident's legs to the floor, by dropping to one knee and keeping straight.
- b. The rescuer at the head, allows the resident to slide to the floor, buttocks first and then their back. Rescuer drops to one knee keeping back straight.



#### REMOVING AMBULATORY RESIDENTS

- 1. HUMAN CRUTCH WALKING ASSIST  
For use when:  
-resident has an injured or unstable side

Procedure (See diagram following)

- a. Place resident's arm, closest to you, behind your back to clutch your waist.
- b. Grasp resident's wrist with your hand.
- c. Place your other hand around the resident's waist gripping clothing on their waist.
- d. Keeping resident close to your body, walk to a safe area.

**Note:** If two rescuers are available, one can walk on each side of the resident.



## **STAFF CONTINGENCY PLANS**

At the department manager's or delegate's discretion, a Staffing Contingency Plan is to be put into operation if needed, especially in case of emergencies, and to allow staff to quickly adapt to changing circumstances to minimize disruption to the delivery of care/services.

Possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care can include:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend work shifts
- Reassign work assignments i.e., if trained as PSW/HCA/RCA but works in the laundry
- Utilize Agency staff
- Call local vendors for support i.e. dry cleaning for laundry, catering for meals, restaurants for staffing

The staff of all departments and positions can be redeployed as appropriate. In this case, the team will receive the proper training to complete the work required.

### **Lodge Recreation and Volunteer Department**

In an emergency, the Recreation and Volunteer Department staff may be redeployed where needed as determined by the Director of Client Care Services.

In an emergency, the following and other tasks as deemed necessary can be performed:

- One-to-one support for residents at risk
- Coordinating virtual calls for residents
- Cleaning of high-touch surfaces
- Small group programming
- Hallway programming
- Assist with meal service delivery and feeding
- Facilitate outdoor visits

#### **Volunteer Coordinator**

- The Volunteer Coordinator will work with the Recreation team by getting her volunteers to help support the resident's home areas where the recreation assistance is absent by visiting residents, helping provide meal assistance, and working with the recreation team where the Volunteer Coordinator and her volunteers can best help provide support to residents.

#### **Recreation Manager**

- Helping support all areas of the recreation and volunteer department where required.

- Communicate with Resident and Family Council

## **Spiritual Life**

The Chaplain and the Pastors will work closely together to support the needs of the residents throughout the Village.

## **Food and Nutrition Services**

### **Production Team**

1. **If** the staffing level falls below 30-35% for the production team in the kitchen (cooks and utility person), the meal service times will remain the same.
2. The General Manager FNS and Production supervisor will review the menu to assess the workload. Adjustments will be made to the menu.
3. The menu changes will be communicated with the food service supervisor, and they will communicate the changes with staff and residents by posting them on the floor.
4. Emergency menu may be used for making menu adjustments and production.

### **Dietary Aide (SL)**

1. If the staffing level falls below 30-35% for dietary aides serving on the floor, the meal service on the floor will be moved by half an hour.
2. Food Service Supervisor will communicate the change in meal service with the home area with the registered staff, care team, and residents via posting at the dining room entrance.
3. Disposable plates, cups, and cutlery from the emergency storage will be used in the home area.
4. The staff on the other floor will finish serving in their home area and then move to the other floor and will serve in that home area.
5. After finishing serving, the dietary aide will clear and clean both the serveries.

### **Dietary Aide (ST)**

1. If the staffing level falls below 30-35% for dietary aides serving on the floor, the service assignments for Dietary aides will be revised to adjust service sections. For example, currently, the dining room is divided into four sections covered by dietary aides serving on average 12 tables. In the event of a staffing reduction, the sections would be adjusted, and dietary aides will be assigned to serve more residents.
2. Food Service Supervisor will communicate the change to frontline team members and support during meal service for smooth service.
3. Overtime may be offered to the staff covering the service.

### **Café Cook & Baker**

1. If the staffing level falls below 30-35% for Shepherd Village Retail, the assignment of tasks will be reviewed and re-assigned to the staff.



2. The Early cook is mainly responsible for preparing food and preparing food from the kitchen, while the late cook stays at the front of the house to prepare food items. The menu will be adjusted to relieve early cooks to be present in the café.
3. Food Service Supervisor will communicate the change to frontline team members and support meal service.
4. Overtime may be offered to the staff covering the service.

#### Cashier

1. If the staffing level falls below 30-35% for Shepherd Village Retail, the assignment of tasks will be reviewed and re-assigned to the staff.
2. The General Manager FNS and Retail supervisor will review the menu to assess workload. Adjustments will be made in the menu to relieve the cooks and baker, and they will cover the task for the cashier.
3. The retail supervisors will communicate the menu changes to the frontline team and retail customers.

#### **Facilities Department**

The staffing contingency plan is to be operationalized when staffing levels reach a critical level where operations/services are at risk of interruption to minimize the disruptions to the delivery of operations/services.

- Redeploy the staffing level from the independent buildings (Manor/ Garden) to the retirement home /LTC facilities, which are the critical areas, the most attention is needed.
- Redeploy extra laundry-aide to housekeeping.

#### **Lodge Nursing**

RS: Registered Staff

#### **DAY SHIFT**

	Regular numbers		30% Reduction		50% Reduction	
	RS	PSW	RS	PSW	RS	PSW
2 <sup>nd</sup> Floor	2	7	1	4	1	3
3 <sup>rd</sup> Floor	2	7	1	4	1	3
4 <sup>th</sup> Floor	2	7	1	4	1	3
5 <sup>th</sup> Floor	2	7	1	4	1	3
6 <sup>th</sup> Floor	2	7	1	4	1	3

7 <sup>th</sup> Floor	2	7	1	4	1	3
Resident Home Coordinator	2					
DOC	1					
ADOC	3					
Manager Clinical Informatics	1					
RAI MDS Backup	1					
Quality & Education Manager	1					
Nursing Admin Assist		1				
Scheduler		1				
Nursing Rehab	1					
IPAC Manager						
BSO Manager	1	1				
BSO PSW	1					
Nurse Practitioner	1					
<b>Total:</b>	<b>27</b>	<b>35</b>	<b>10.5</b>	<b>24.5</b>	<b>7.5</b>	<b>17.5</b>

- Manager to cover units as needed.
- Use a Registered staff pool **for call-ins** to cover PSWs duties at 50% reduction Obtain PSW support from housekeeping at 50% reduction, Resident Home Coordinators, and Administrative Staff. Start getting certified PSWs to administer non-controlled substance drugs.

#### **EVENING SHIFT**

	Regular Numbers		30% Reduction		50% Reduction	
	RS	PSW	RS	PSW	RS	PSW
2 <sup>nd</sup> Floor	2	6	1	3	1	2
3 <sup>rd</sup> Floor	2	6	1	3		2
4 <sup>th</sup> Floor	2	6	1	3	1	2
5 <sup>th</sup> Floor	2	6	1	3	0.5	2

6 <sup>th</sup> Floor	2	6	1	3	1	2
7 <sup>th</sup> Floor	2	6	1	3	1	2
BSO Nurse	1					
Nurse Manager	2					
<b>Totals:</b>	<b>14</b>	<b>30</b>	<b>6.3</b>	<b>17.5</b>	<b>4.5</b>	<b>12.5</b>

- Manager to cover unit as needed
- Use our Registered Staff **pool for call-ins** to cover PSWs Obtain help from other departments as available.
- Perform only essential services.
- \*All staff registered with CNO were counted as registered staff.
- Nursing admins were counted as PSWs.
- \*Nursing Rehab, RAI backup will be pulled first to cover units
- \*Nurse Managers will be pulled as a last resort to cover units as their role is critical to supporting the entire building

## NIGHT SHIFT

	Regular Numbers		30% Reduction		50% Reduction	
	RS	PSWs	RS	PSWs	RS	PSWs
RS	1					
2 <sup>nd</sup> Floor		3		1.5		1
3 <sup>rd</sup> Floor	1	2	1	1.5	1	1
4 <sup>th</sup> Floor		3		1.5		1
5 <sup>th</sup> Floor	1	2	1	1.5	1	1
6 <sup>th</sup> Floor		2		1.5		1
7 <sup>th</sup> Floor	1	2	1	1.5	0.5	1
Nurse Manager	1					
<b>Total:</b>	<b>5</b>	<b>14</b>	<b>3.5</b>	<b>8.5</b>	<b>2.5</b>	<b>6</b>

- Manager to cover unit as needed
- Use our Registered Staff **pool for call-ins** to cover PSWs
- Offer OT
- Perform only essential services
- Pair PSWs so they can partner

## Instructions

- List the potential vacant positions that would require alternate work assignments

- Develop a location-specific plan/strategy to provide directions on what to do during vacancies.
- Identify routines/tasks that **must** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible.
- List all duties that **must be done** (Priority Tasks) regardless if working with full complement. For example:
  - Residents dressed appropriately
  - Oral Care
  - Continence Care
  - Repositioning
  - Medications
  - Time Sensitive Treatments/Wound Care
  - Nutrition/Hydration
  - Restriction of large activities
  - Recreation team to assist with meals/nourishments
  - Providing additional fluids and nutrients
  - Assisting with feeding
  - Recording intake
  - Progress Notes/Shift to Shift Communication

## **People and Culture (including Payroll department)**

### **ADP payroll/benefits**

- An essential service. If Payroll staff are unable to work, PaC staff are the backups.
- Payroll can be processed remotely.

### **WSIB, workplace injuries**

- Managers deal directly with staff injuries upon occurrence.
- Claims can be submitted electronically to the Board
- Director of PaC is back up for the Supervisor of PaC .

## **Finance**

The Finance Department will work from home temporarily on a rotation basis ( eg, two days in the office and three days at home) with VPN access to the server. Phone messages will be checked daily, with responses provided within 48 hours.

## **Marketing**

The Marketing department will work from home temporarily on a rotation shift. Conducting virtual tours with potential clients wanting to view the Terrace and Manor. Phone messages will be checked daily, with responses provided within 48 hours.

## **Information Technology**

The IT department will work remotely and be able to log into the server and into individual users' PC to provide support. IT will come on-site to respond to emergencies as needed. IT Manager can be reached at 905-447-6290.

## **Admin Services/Receptionist**

The receptionist will work onsite depending on the nature of the emergencies. If reception staff cannot be onsite, the Receptionist Supervisor will modify the main switchboard phone messages as needed based on the communication directive from Senior Management. A phone call forwarding system will be activated so that messages can be checked offsite and coordinated by the Receptionist Supervisor.

## **Terrace Nursing**

1. Contact existing staff to offer extra hours/shifts.
2. Contact contracted staffing agencies to request staff.
3. If no additional staff is available: Modify workload, for example:
  - Have personal laundry done on the night shift.
  - reschedule showers or do sponge baths.
  - Have PSW staff work in pairs to cover multiple floors.
  - Redeploy staff from other departments, i.e., Recreation, Concierge, General Manager, and Village Club, to escort to meals and meal supervision in the dining room and bedmaking.

## **Terrace Recreation**

1. Call in casual or part-time recreation staff to work extra hours.
2. Redeploy volunteers and students of Terrace Recreation to run programs.
3. Redeploy other staff from Village Club, Concierge, or General Manager to conduct programs.

4. Modify the program calendar schedule as needed by booking extra entertainers, or scheduling programs that can more easily be led by backup staff and volunteers.

### **Village Club Adult Day Program**

1. Call in casual or part-time staff and volunteers to work extra hours.
2. Call our contracted staffing agencies to book a PSW to assist in direct care.
3. If not, enough staff are available to work, we may have to close the program temporarily.
4. If the program is closed temporarily, we may need to book extra Terrace staffing to care for residents during the day shift and conduct programs in the resident home areas.

### **Senior Leadership Team**

In the event of an emergency, if these senior leaders are out of office or unreachable, this is the prioritized list of delegates to be contacted:

### **Director of Client Care Services**

- 

### **Director of Corporate Services**

### **Director of Facilities**

### **Director of Spiritual Life & Fund Development**

### **Director of People & Culture**

### **President & CEO**

- 1.

*These leaders will work in collaboration with each other and with the Board Chair to resolve any issues.*

## Relocation Arrangements



