# E.J. McQuigge Lodge Emergency Operations Plan

## FIRE & EMERGENCY MANUAL

# TABLE OF CONTENTS

1.0	INTRODUCTION INTRODUCTION
2	EMERGENCY PLAN
3	UNIFORM EMERGENCY CODES
2.0	EMERGENCY NUMBERS
1	EMERGENCY TELEPHONE NUMBERS
3.0	EMERGENCY RESPONSE TEAM
1 2	EMERGENCY RESPONSE TEAM FORMS INCLUDED IN DISASTER PACK
4.0	HUMAN RESOURCES
1	HUMAN RESOURCES
5.0	FIRE PLAN AND RESPONSIBILITIES - CODE RED
1	NURSING HOME FIRE PLAN RESPONSIBILITIES
1	OWNERS/ADMINISTRATORS RESPONSIBILITIES
2	NURSING MANAGER/SUPERVISOR/FOOD SERVICE SUPERVISORS/LAUNDRY SUPERVISOR/HOUSEKEEPING SUPERVISORS RESPONSIBILITY IN FIRE SAFETY
3 4	MAINTENANCE SUPERVISORS/SUPERVISORY STAFF'S RESPONSIBILITY IN FIRE SAFETY RESPONSIBILITIES FOR ALL STAFF
6.0	CTAFF FMFROFNOV PROCEDURES
6.0	STAFF EMERGENCY PROCEDURES GENERAL EMERGENCY PROCEDURES FOR ALL STAFF
2	EMERGENCY PROCEDURES FOR ADMINISTRATOR
3	EMERGENCY PROCEDURES FOR NURSING SUPERVISOR
5	EMERGENCY PROCEDURES FOR ENVIRONMENTAL SUPERVISOR
6	EMERGENCY PROCEDURES FOR FOOD SERVICES SUPERVISOR
7	EMERGENCY PROCEDURES FOR LAUNDRY STAFF
8	GENERAL STAFF FIRE PROCEDURES
10	DEPARTMENTAL SPECIFIC INSTRUCTIONS
11	HOUSEKEEPING/LAUNDRY/MAINTENANCE
12	RECREATION AND LEISURE STAFF

12

13

15

15

DIETARY

NURSING

ALL OTHER NURSING STAFF

DOCTORS/VISITORS/VOLUNTEERS, ETC.

# FIRE & EMERGENCY MANUAL

# TABLE OF CONTENTS

7.0	EVACUATION PROCEDURES - CODE GREEN
1	PURPOSE
1	OBJECTIVES
1	REASONS FOR EVACUATION
2	EVACUATION COORDINATOR
2	CONTROL CENTRE
2	ORDER OF EVACUATION
2	STAGES OF EVACUATION
3	VERTICAL EVACUATION
4	TOTAL EVACUATION
5	DIRECT CARE STAFF - RESPONSIBILITIES (RN, RPN, HCA, & PSW)
6	RESIDENTS' RECORDS
6	EQUIPMENT AND NECESSITIES TO BE CONSIDERED FOR EVACUATION
6	DUTIES OF EVACUATION COORDINATOR
8	GENERAL PRINCIPLES
9	COMMUNICATIONS
10	EVACUATION TRANSPORT PROCEDURES
11	RECORD OF RESIDENTS TRANSFERRED
12	PUBLIC RELATIONS LIAISON AND COMMUNICATION
13	EMERGENCY SUPPLIES
14	EMERGENCY EQUIPMENT
8.0	MEDICAL & SUPPORTIVE MATERIALS
1	LAUNDRY
1	DIETARY
2	THREE DAY DISASTER MENU
9.0	RESIDENT LIFTS
1	PACK STRAP
1	KNEEL DROP
1	EXTREMITY CARRY
2	FOUR-MAN BLANKET CARRY
2	BLANKET DRAG TECHNIQUE
3	THE EXTREMITY CARRY
4	SHOULDER LIFT - TOW MAN CARRY
5	FOUR MAN LIFT
6	METHODS OF MOVING RESIDENTS
	- U. N. 1. P. M. M. N. P. P. M. P. M. P. P. P. P. P. P. P. P. W. T. W.

## FIRE & EMERGENCY MANUAL

# TABLE OF CONTENTS

# 10.0 FLOOR PLANS

11.0 FIRE DRILLS

2	FIRE DRILLS AND EVACUATION EXERCISES FIRE DRILL MASTER ATTENDANCE RECORD
3	FIRE DRILL LOG RECORD
12.0	BOMB THREAT - CODE BLACK
1	PHILOSOPHY
2	CODE BLACK
2	CONTROL PROCEDURE - THREAT RECEIVED
4	SUSPICIOUS PACKAGE
6	SEARCH PROCEDURES FOR MANAGEMENT
7	EMERGENCY PROCEDURES FOR RECEPTION/WARD CLERK
8	EMERGENCY PROCEDURES FOR NURSING SUPERVISOR
9	EMERGENCY PROCEDURES FOR ENVIRONMENTAL SERVICE SUPERVISOR
10	EMERGENCY PROCEDURES FOR FOOD SERVICE SUPERVISOR AND STAFF
11	EMERGENCY PROCEDURES FOR LAUNDRY STAFF
12	EMERGENCY PROCEDURES FOR HOUSEKEEPING & MAINTENANCE STAFF
13	CODE BLACK EVACUATION PROCEDURE - CHARGE NURSE CONCLUSION
14 15	THREATENING CALL INFORMATION RECORD
17	POST PROCEDURE ANALYSIS
18	POST-INCIDENT REVIEW FORM
10	1 GOT-INCIDENT REVIEW FORM
13.0	BIOLOGICAL & CHEMICAL THREATS -CODE BROWN
1	BIOLOGICAL AND CHEMICAL THREATS
2	EMERGENCY PROCEDURES FOR MANAGEMENT
4	EMERGENCY PROCEDURE FOR ALL STAFF
	The state of the s

# FIRE & EMERGENCY MANUAL

# TABLE OF CONTENTS

1 2 3	SUSPICIOUS PACKAGES EMERGENCY PROCEDURES FOR MANAGEMENT EMERGENCY PROCEDURE FOR ALL STAFF
15.0 1 2	CARBON MONOXIDE - CODE BROWN CARBON MONOXIDE EMERGENCY PROCEDURES FOR MANAGEMENT & ALL STAFF
16.0 1	EXTERNAL DISASTERS – CODE ORANGE EXTERNAL DISASTERS – CODE ORANGE
17.0 1 2 4 5 6	EMERGENCIES RELATED TO NATURAL DISASTERS EARTHQUAKE SEVERE STORMS FLOODS MAJOR ELECTRICAL POWER FAILURE ROOF COLLAPSE
18.0 1 1 3 4	HAZARDOUS SPILLS HAZARDOUS MATERIALS ACCIDENT – CODE BROWN EMERGENCY PROCEDURES FOR MANAGEMENT EMERGENCY PROCEDURES FOR MAINTENANCE SUPERVISOR EMERGENCY PROCEDURES FOR ALL STAFF

14.0 SUSPICIOUS PACKAGES

## FIRE & EMERGENCY MANUAL

## TABLE OF CONTENTS

19.0	NATURAL GAS LEAR
1	EMERGENCY PROCEDURES FOR MANAGEMENT
1	EMERGENCY PROCEDURES FOR MANAGEMENT
1	EMERGENCY PROCEDURES FOR ALL STAFF
1	EMERGENCI PROCEDURES FOR ALL STAFF
20.0	RADIOLOGICAL ACCIDENTS
1	RADIOLOGICAL ACCIDENTS
	EMERGENCY PROCEDURES FOR MANAGEMENT
2	EMERGENCY PROCEDURES FOR ALL STAFF
7	
21.0	PHYSICAL THREATS - CODE WHITE
1	PROTEST - DEMONSTRATION - DISTURBANCES
2	EMERGENCY PROCEDURES FOR ALL STAFF
2	VIOLENT PERSON
~	
22.0	STRIKE OR WALK OUT
1	PLAN FOR RESIDENT CARE IN THE EVENT OF A STRIKE OR WALKOUT
	ORDER OF REFERENCE FOR ALERTING REGISTERED STAFF
2	EXPLAIN DUTIES FO MANAGEMENT STAFF INVOLVED
2 2 3	STAFFING UNITS
4	SUPPORT SERVICES
5	VOLUNTEERS
6	MANAGEMENT STAFF
Ü	MANAGEMENT STALT
23.0	ARMED INTRUSION OR HOSTAGE SITUATION
1	EMERGENCY PROCEDURES FOR MANAGEMENT
2	EMERGENCY PROCEDURES FOR ALL STAFF
24.0	MISSING RESIDENT - CODE YELLOW
25.0	ELECTRICAL/SYSTEMS FAILURE - CODE GREY

LEDE		E.J. 1	McQuigge	Lodge
MANUAL: FIRE ANI SECTION: 1.0 Introd		ANUAL: FIRE AND EMERGENCY		NO. 1
		duction	APPROVED BY: Administrate	
DATE OF ORIGIN: 06/05		REVIEWED DA' 02/06	TE(S):	DATE REVISED: February 2022

#### INTRODUCTION

An emergency is any sudden, generally unexpected situation or set of circumstances demanding immediate action.

A responsible employee will take whatever steps he/she reasonably can, first to prevent an emergency from ever happening in the first place and secondly to prepare himself/herself as best he/she can to cope with emergencies that cannot be prevented.

All of us have the responsibility for the care and custody of our residents, as well as for the safety of employees and visitors while in the Home.

It is for these reasons that we have adopted this Emergency Plan, which outlines the actions required of employees to protect life and property in case of fire or other emergency. It is important that all employees become thoroughly familiar with the part they must play in this plan.

All staff members must be aware that in accepting employment at the facility, they also accept the responsibility to be knowledgeable, skilled and available in the event of a disaster.

It is the individual responsibility to protect oneself from liability by recorded participation in fire drills and in-service.

It is our goal with constant vigilance continual update, safety maintenance and awareness to avoid disaster and be prepared for an emergency.

E.J. McQuigge Lodge				
MANUAL:	MANUAL: FIRE AND EMERGENCY SECTION: 1.0 Introduction		PAGE NO. 2 APPROVED BY: Administrator	
SECTION:				
DATE OF ORIGIN: 06/05		REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022

#### **EMERGENCY PLAN**

#### Purpose

The purpose of this disaster plan is to provide a plan of action to be taken in any emergency, which may affect this facility and its residents.

#### Goals

- 1. To ensure the continued well-being of all residents and staff.
- To provide continuous health care in the event of a major change in the physical plant or service.
- To ensure the smooth transportation of residents, materials and records out of the facility into another location if necessary.
- 4. To minimize the effects of trauma and shock to the residents and staff.
- To ensure a co-ordinated effort with all services inside and outside the facility.
- 6. To eliminate as much as possible the possibility of surprise and panic in an emergency.

In the event of any emergency occurring, the Charge Nurse on duty shall be designated as the Incident Commander and shall be responsible for conducting appropriate responses to the situation until other responding officials (i.e. fire department, emergency services, etc.) relieve her.

We have adopted <u>Uniform Emergency Codes</u> in our facility to be used in any emergency. The following is a list of Emergency Codes that will be paged in any emergency to notify staff regarding the type of emergency they are dealing with:

Fire Emergency Code Red Cardiac Arrest Code Blue External Disaster Code Orange Evacuation Code Green Missing Resident Code Yellow Bomb Threat Code Black Violent Person Code White Internal Chemical Spill Code Brown

Malfunctioning Fire Alarm System Alternate Fire Monitoring

This information will be placed at all telephones throughout the building. Staff are required to familiarize themselves with the Emergency Code System, during orientation, and review the Emergency Code System annually with the Fire Emergency review.

MANUAL: FIRE AND EMER	RGENCY	PAGE NO	). 1		
SECTION: 2.0 Emergency N	umbers	APPROVE	ED BY: Administrator		
	EVIEWED DATE(S):		DATE REVISED: February 2022	DATE REVISED:	
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FACILITY MANAGEMENT	EMERGENC	YNUMBER	NON-EMERGENCY NUMBE	R	
Administrator			1	-	
Director of Nursing			(013-966-77)	1	
Food Service Supervisor			100 11	1	
Environmental Supervisor	7.0 2.0		/		
Activity Director	2.1				
Medical Director	31		613-969-5217		
Nurse Practitioner					
AGENCY	EMERGENC	Y NUMBER	NON-EMERGENCY NUMBE	R	
Police	911		613-966-0882		
Fire Department	911		613-962-2010		
Ambulance	911				
Local Spills Coordinator					
Public Works	Paris and				
Ministry of Labour	1-800-268-2	2966			
Natural Gas Supplier					
Canutec	1-613-996-6	3666			
Poison Information Centre	1-800-268-9	9017			
Weather Information					
CONTRACTORS	EMERG	ENCY NUMBER	R NON-EMERGENCY NUM	BER	
Generator Service	441 441 45			1056	
Alarm systems	613-96951	00			
Extinguishers/Hastings Fire Safety	613-966-54	50	Control of the Contro		
IT Choicecom	613-827-79		613-962-3485		
Plumber	613-813-34		720 202 0 100	_	
riumber	613-969-8715			_	

E.J. McQuigge Lodge					
MANUAL:	FIRE AN	D EMERGENCY	PAGE NO. 1		
SECTION: 3.0 Emergency Response Team			APPROVED BY: Administrator		
DATE OF ORIO 06/05		REVIEWED DATE 02/06		DATE REVISED: February 2022	

## **EMERGENCY RESPONSE TEAM**

INCIDENT MANAGER / COMMAND(Administrator/DON/Registered Nurse On-duty)
Assumes overall responsibilities for the incident, develops objectives, set priorities, delegates and oversees key management functions.

# OPERATIONS (Department Heads / Supervisors) (Direct Care Staff)

Conducts front line / tactical operations to carry out the plan, develops the tactical objectives, organization and directs resources.

# PLANNING (Senior Management / Emergency Management Team)

Develops the action plan to accomplish objectives, collects and evaluates information and intelligence, maintains resources status. Establishes plans for recovery / return to normal operations.

# LOGISTICS ( Department Heads / Supervisors) (Equipment Manager)

Provides support, resources and other services to meet the needs of the incident and organization.

# FINANCE / ADMINISTRATION (Administrator / Administrative Assistant)

Monitors costs related to the incident, provides accounting, procurement, time recording and cost analyses. Provides Administrative support for the IMS organization.

# SAFETY (Resident Attendant Assistant) (Relocation Coordinator)

Monitors the safety conditions of all people at the incident and develops measures for ensuring their safety.

# LIAISON (Manager of Communications / First Registered Person Notified)

Responsible for maintaining links and sharing information with responding agencies, other facilities, government bodies, etc.

# PUBLIC INFORMATION (Administrator) (Manager of Communications)

The channel for information to internal and external stakeholders and link between the incident and the media / public.

E.J. McQuigge Lodge				
MANUAL: FIRE A	ND EMERGENCY	PAGEN	IO. 2	
<b>SECTION: 3.0 Emerg</b>	ency Response Team	APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S):	DATE REVISED: February 2022	

#### Direction and Control

#### a) Emergency Authority

In the event of an emergency the *Registered Nurse on-duty* will act as the Incident Manager. This role will be filled by the Registered Nurses on-duty, until the *Administrator/DON* arrives. The Incident Manager has the full authority of the Administrator/DON in his/her absence.

It should be noted that in some circumstances the representatives of outside agencies (e.g. the Fire Chief during a fire) may have legislated authority which supersedes the authority of the Home's Incident Manager. When this is the case, the Nursing Home Incident Manager will accept direction from those holding legislated authority.

#### b) Succession

In the event that the Administrator/DON is unavailable to act as Incident Manager for any reason, the responsibility for this role will fall to the Registered Nurse on-duty. In the event that the Registered Nurse on-duty is unavailable for any reason, the responsibility for this role will fall to the Registered Practical Nurse on duty.

E.J. McQuigge Lodge					
MANUAL: F	IRE AND EMERGENCY	PAGE NO. 3			
SECTION: 3.0	Emergency Response Team	APPROVED BY: Administrator			
DATE OF ORIGIN 06/05	REVIEWED DATE 02/06	DATE REVISED: February 2022			

## c) Declaration of Emergency

#### Authority

Formal declaration of emergencies has major implications with respect to funding. As a result, in most cases only the mayor or senior elected official in our community may issue a formal Declaration of Emergency. Public announcements regarding an emergency situation in our Nursing Home should only be made by the *Administrator*.

Activation of the Emergency Operations Plan or the Institutional Operations Centre are the responsibility of the Administrator/DON, or, in his/her absence, of the Incident Manager.

Activation of the emergency staff call-in procedure is the responsibility of the Incident Manager to Communicate to the Manager of Communications (First Registered person notified).

#### Procedure

See "Concept of Operations - General"

## Termination of Emergency Declaration

The termination of a community's formal Declaration of Emergency may come from the senior elected official, such as the Mayor, or from the provincial Premier. Advising the public that any emergency situation in our hospital has ended is the responsibility of the Administrator/DON.

		E.J. M	cQuigge l	Lodge
MANUAL: FIRE AND EMERGENCY			PAGE N	10. 4
SECTION: 3	.0 Emergen	y Response Team	APPRO	VED BY: Administrator
DATE OF ORIGINAL DATE ORIGINAL DATE OF O	GIN:	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022

#### Warning & Notification

#### Internal Problem

Upon becoming aware of any internal emergency situation, staff members will immediately notify the rest of the Nursing Home by use of the pager system, and by having the appropriate code announcement made on the paging system.

The senior on-duty staff member will be notified of all emergency code announcements. All codes are posted at the Nurses' Station.

#### **External Problem**

In the case of external emergencies, notification may come from local emergency response agencies (Police, F.D., E.M.S.), from private citizens, or from the media.

Staff members receiving this information may alert the rest of the Nursing Home by having the appropriate code announcement made on the paging systems.

The senior on-duty staff member will be notified of all emergency code announcements. All codes are posted at the Nurses' Station

#### **Operations Centre**

#### Activation

Activation of the Emergency Operations Plan or the Institutional Operations Centre are the responsibility of the *Administrator/DON*, or, in his/her absence, of the Incident Manager.

During normal business hours, notification will be directed to the *Administrator/DON*. After hours, the on-call Senior Management staff person will be notified. The on-call roster and telephone list for Senior Management staff will be kept at the nurses' station and in the Disaster Packs. It will be the responsibility of the *Administrative Assistant* to ensure that the on-call roster and telephone list are current at all times.

	E.J. M	cQuigge Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 5
SECTION: 3.0 Emerge	ncy Response Team	APPROVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S): DATE REVISED: February 2022

Upon receiving notification, the on-call Senior Management staff person consult with the acting Incident Manager, and will decide whether to activate the Emergency Operations Plan, or whether a lesser response is required.

#### Location

The Institutional Operations Centre will be located in the *Dining Room or Nurses'*Station

#### Equipment

The equipment required to run the Institutional Operations Centre is organized in Disaster Packs. The Disaster Pack is located in *the Dining Room or Nurses' Station*..

Additional equipment which is required for the I.O.C. is listed below:

Item

Location

Fax Machine Black Telephone Portable Phone Nurses' Station

Nurses' Station Nurses' Station

#### Activation

Once staff and equipment have been assembled, the I.O.C. will be declared to be activated by the Incident Manager.

Activation will be announced on the paging system.

Once activated, the Nursing Home staff will meet at the Institutional Operations Centre (Dining Room or Nurses' Station). A separate number should be provided for the I.O.C. fax machine. One or more numbers may be provided to outside parties, but these numbers should be designated for incoming calls only. Separate numbers should be designated for outgoing calls. These numbers should not be made public.

	E.J. M	cQuigge	Lodge
MANUAL: FIRE	AND EMERGENCY	PAGE N	10. 6
SECTION: 3.0 Eme	rgency Response Team	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S):	DATE REVISED: February 2022

### Plan Implementation

Activation of the Emergency Operations Plan is the responsibility of the Administrator/DON, or, in his/her absence, of the Registered Nurse on-duty.

Activation of the emergency staff call-in procedure is the responsibility of the Incident Manager to communicate to the Manager of Communications (First Registered person notified).

#### Recovery Actions

The recovery from an emergency actually begins during the response phase, by conducting an assessment of the impacts on the community, Nursing Home and staff. The purpose is to restore the departments and services to their pre-emergency level of function, and to begin programs to mitigate the effects of future emergencies.

#### Initial

- a) Continue to monitor the emergency situation and analyze available information regarding conditions.
- b) Identify potential resident loads.
- c) Assess current staff availability, and adjust accordingly.

#### Ongoing

- a) Identify residents that require hospitalization.
- b) Identify and transfer stable residents to more distant, unaffected Evacuation Site
- c) Identify residents that may go home with families.
- d) Monitor and track the use of medications, equipment and supplies to maintain normal inventory levels.
- e) Monitor and track the hours worked by staff, and develop a staffing recovery plan.
- f) Place recovery support staff on standby.

	E.J. M	cQuigge Lodge
MANUAL: FIR	E AND EMERGENCY	PAGE NO. 7
SECTION: 3.0 Er	nergency Response Team	APPROVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S): DATE REVISED: February 2022

- g) Assess any damage to the Nursing Home's physical plant and arrange the necessary repairs.
- h) Identify any hazards brought to light by the emergency and begin corrective action (mitigation).
- Begin stand down of staff, starting with those on duty the longest.
- j) Release guest staff from other facilities.
- k) Arrange counseling for staff to facilitate a return to normal work.
- I) Debrief staff.
- m) Collect written activity reports from staff, ideally before they stand down.
- n) Account for and document all expenditures during the emergency.

## Financial Management Policy

## Assumptions

- The Nursing Home's normal suppliers will continue to be able to provide services.
- b) The Nursing Home's purchasing procedures and purchase orders will remain in force.
- c) The banks will be open during normal business hours, or will make special arrangements to ensure that the Nursing Home's financial needs are met.
- d) The Owner will be available within 48 hours to approve emergency expenditures.
- e) In a formally declared emergency, the extra operating costs associated with the emergency may be absorbed by one of the levels of government.

## Expenditure of Funds

During any emergency in which the Emergency Operations Plan has been activated, the Incident Manager is preauthorized

E.J. McQuigge Lodge					
MANUAL: FIR	AND EMERGENCY	PAGE NO. 8			
SECTION: 3.0 Em	ergency Response Team	APPROVED BY: Administrator			
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	DATE REVISED: February 2022			

to expend Nursing Home funds to provide additional emergency services or to provide care for victims of the emergency. Receipts for these expenditures will be required.

Wherever possible, items required should be ordered from existing Nursing Home suppliers, using existing purchase order numbers.

Suppliers are pre-identified as part of the emergency planning process, and have Letters of Understanding available when dealing with events of a Disaster.

E.J. McQuigge Lodge					
MANUAL: FIRE AN	ID EMERGENCY	PAGE N	0, 9		
SECTION: 3.0 Emerge	ency Response Team	APPRO	VED BY: Administrator		
DATE OF ORIGIN: REVIEWED DATE 02/06		(S):	DATE REVISED: February 2022		

# ROLE AND RESPONSIBILITY OF THE INCIDENT MANAGER

\*This is the person in charge at the time of a disaster.

- Establish nature of problem.
- 2. Notify staff in building that "Disaster plan is in effect."
- 3. Establish a Control Centre
- Dining Room
- Nursing Station

Call staff together - tell staff to refer questions to Incident Manager.

- 4. Contact:
  - Administrator
  - Director of Nursing
  - Food Service Supervisor, Housekeeping Coordinator, Registered Nursing Staff
  - Medical Advisors/House Physicians

## Prepare to contact:

- \*\*Move everyone possible to Evacuation Centre then out to other settings, except those going to the hospital.
- Hospital
- Ambulance
- Evacuation Sites
- OPP
- Bus Lines
- Taxi
- Remain visible—you are supervising and coordinating.
- Recheck the evacuated area—all residents should now be in a central area awaiting instructions.
- 7. Restrict entry into building.
- Have all records and documents brought to you.
- 9. Have Assigned Task Sheets returned.
- Prepare hand relocation over to evacuation site.

	E.J. IVIC	cQuigge	Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 10
SECTION: 3.0 Emerg	ency Response Team	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S):	DATE REVISED: February 2022

		E.J. Mo	Quigge L	odge	
MANU	JAL: FIRE AN	D EMERGENCY	PAGE NO		
SECT	ION: 3.0 Emerge	ncy Response Team	APPROV	ED BY: Administrator	
DATE 0 06/05	OF ORIGIN:	REVIEWED DATE 02/06	E(S): DATE REVISED:		
AUDI	T OF EVENTS				
Assig	ned by Incident N	Manager			
1.	Operations/Lia	ison (first available	Registered	d Staff – Staff Pool Coordinator	
2.	Logistics (Dep Managers).	artment Heads, Sen	or Person	or Staff on Duty – Equipment	
Dieta	ry: Name				
Hous	ekeeping: Name				
Laun	dry:Name				
Nursi	ing:Name				
3.	Resident Ident	ification (HCA/PSW)			
	Name				
4.	Family Update	(Director of Nursing	/Registere	ed Person)	
	Name _				
5.	Public Informa	tion/Media Updates	(Administr	rator)	
	Name _				
6.	Person)			ond Registered/Senior Staff	
	Name _				
7.	Direct Resid	lent Care Coordinate	or (Third R	egistered/Senior Staff Person)	
	Name				

E.J. McQuigge Lodge					
MANUAL:	FIRE AND E	MERGENCY	PAGE NO. 12		
SECTION: 3.	0 Emergency	Response Team	APPRO	VED BY: Administrator	
DATE OF ORIG 06/05	BIN:	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022	

# DISASTER CHECKLISTS

	EVACUATION OF THE FACILITY	Complete	Incomplete
1.	Notify the Ministry of Health Inspection Branch and other Government departments as necessary.		
2	Ensure that one person has over all charge of the plan (Administrator or Delegate.		
3.	Designate a central area as control.		
4.	Call in staff as appropriate for evacuation assistance and as necessary to report to receiving centre.		
5.	Delegate to one staff member the responsibility of maintaining a resident head count (Resident Identification Assignment).		
6.	Find out where (or arrange where) evacuees are to go.		
7.	Establish liaison with administration of receiving facility.		
8.	Ensure those residents requiring special medical attention (or nursing attention) are designated to go to the appropriate facility.		
9.	Ensure sufficient medical documentation accompanies residents.		
10	Keep residents completely informed of the situation.		
11	Ensure that all residents are individually identified, including condition and diet (i.e. tags or Ident-a-band).		
12	Decide how individual residents are to be transported. If available, use the most appropriate means of transportation (ambulance, vans, station wagons, etc.)		
13	Assign necessary personnel to the appropriate means of transportation.		
14	Assign personnel as appropriate to inform families of situation, by telephone.		
15	Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive the necessary medications and equipment, and are requested to leave a forwarding address.		
16	Make a list by department of the necessary equipment to be evacuated.		
17	Double-check all evacuated areas to ensure they are cleared.		
18	Restrict building to all unauthorized persons.		
19	Assign personnel as appropriate to handle telephone		

		E.J. M	cQuigge Lod	ge	
MA	NUAL: FIRE AND	EMERGENCY	PAGE NO.	13	
SEC	CTION: 3.0 Emergen	cy Response Team	APPROVED	BY: Adminis	trator
DAT 06/05	E OF ORIGIN:	REVIEWED DATE 02/06	2.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	injuries from famili	98.			
20		sician and attending	physicians of	the	
21	evacuating and em	a is clear to allow suf ergency vehicles.			
22	Ensure parking are evacuating and em	a is clear to allow suf ergency vehicles.		or	
23	Make final check of appropriate equipm	empty building to en nent is turned off, hea s closed and locked.	nsure that all at is lowered,		
	EVACUATION OF	THE FACILITY (Cor	Complete	Incomplete	
24	Ensure that all ev	Ensure that all evacuated areas are sealed off, appropriately secured and barricaded as necessary			
25		building is evacuat	nimal		
26		or indicating where	abouts and p	hone	
	DEALING WITH T	HE MEDIA		11 /1-	
1.			anorto infe	n tha	
	community, and t	ocal T.V. and newsp o obtain staff and v	olunteers as	n the	
2.	Designate one sp	okesperson to deal	with the med	lia.	
3.	Instruct all staff to	o maintain complete designated spokes	e confidence	and	
4.	Do not allow unar	uthorized persons i	n the building	1.	
5.	Ensure that factu	al statements are re y, only by the spoke	eleased to the		
	Avoid irrelevant is	, - in a show	operati.		

		E.J. M	cQuigge	Lodge
MANUAL:	FIRE AND	EMERGENCY	PAGE NO. 14	
SECTION:	3.0 Emergen	cy Response Team	APPRO	OVED BY: Administrator
DATE OF OR 06/05	GIN:	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022

## **ROLES AND RESPONSIBILITIES**

#### IN THE EVENT OF DISASTER

Administrator (or individual at the top of the line of authority):

- Notifies the Ministry of Health Inspection Branch and other government branches, as necessary, that a disaster has taken place and that partial or total evacuation is under way.
- 2. Notifies attending physician and advisory physician of the situation.
- Ensures communication flows through the lines of authority so that all staff are appraised of the situation.
- Makes herself/himself available to outside agencies entering the facility, to aid in evacuation (i.e. police, fire fighters, ambulance, etc.).
- Double-checks all evacuated areas (where possible) to ensure that they are cleared.
- Where possible, makes final check of empty building to ensure that all appropriate equipment is turned off, head is lowered, and doors are closed and locked.
- Makes sure that records left behind are secure.
- Contacts local radio and television stations to make a statement and to ask that stations will
  announce the number that the families of residents may phone to receive a report.

## Designated Spokesperson

- In the event that additional volunteers or staff are required, contacts radio and television stations to announce the need.
- The designated spokesperson is the only individual authorized to release information or make comments to the media.
- Ensures that factual statements are released to the media periodically.

## **Facility Security**

The facility's Administrator should liaise with the local police department to ensure that the security of the facility is maintained both during and after evacuation.

200		E.J. M	cQuigge	Lodge
MANUAL:	FIRE AND	EMERGENCY	PAGE NO. 15	
SECTION: 3	.0 Emergenc	y Response Team	APPRO	VED BY: Administrator
DATE OF ORI 06/05		REVIEWED DATE 02/06		DATE REVISED: February 2022

# ROLES AND RESPONSIBILITIES OPERATIONS/LIAISON

(STAFF POOL COORDINATOR)

The Operations/Liaison (Staff Pool Coordinator) is the first registered person that the Incident Manager encounters. The Operations/Liaison will contact all employees and give instructions as to central meeting area (Control Centre). Once all employees have arrived at the meeting area (Control Centre), the Operations/Liaison will be in charge of the employees and relay all instructions to them.

Meeting places for staff, unless otherwise directed, are the Control Centres at E.J. McQuigge Lodge, i.e.:

- Nursing Station
- Dining Room
- 1. Contact (a) department heads and nursing supervisors not yet reached, and

(b) remaining staff.

- Make sure a Charge Nurse has been assigned (Safety Relocation Coordinator) to the evacuation site and is preparing to receive residents.
- 1. Check the following assignments:
  - a) Facility security/traffic control O.P.P.
  - b) Family update Registered person, when available.
  - c) Public Information Administrator and/or designate.
  - d) Logistics (Equipment Managers) Department Heads.
  - e) Resident Identification H.C.A./P.S.W.
  - Direct Care Staff Registered Staff.
  - g) Record Security Incident Manager.
  - h) Safety (Relocation Coordinator) Registered or Senior Staff
  - Ambulance Attendant Assistant Registered Person.
- Assist Incident Manager to hand out necessary information on assignments noted above.

	E.J. M	Quigge Lodge	
MANUAL: FIRE A	ND EMERGENCY	PAGE NO. 16	
SECTION: 3.0 Emerg	ency Response Team	APPROVED BY: Administr	ator
DATE OF ORIGIN: REVIEWED DATE 02/06		S): DATE REVISED: February 2022	

3. Ensure O.P.P. officer receives Information Sheet Regarding Evacuation of Residents.

Keep record of events.

MANUAL: FIRE A	CONTRACTOR OF THE PROPERTY OF	And the second s	D. 17
			ED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S):	DATE REVISED: February 2022
AUDIT OF EVENTS			
Operations/Logistics	(Staff Pool Coordinate	or) (Secure	one phone line for your i
Know evacuation si			
Hospital	**************************************		
Thurlow Recreation	Centre		
Staff Not Yet Reache			
Check On Original A	ssignments:		
Traffic Control O.P.F			
Family Update			
Public Information_			
Logistics(Equipmen	t Manager)		
Resident Identificati	on		
	nt Assistant		
Ambulance Attenda	, crioolotant		

	E.J. Mo	Quigge	Lodge	
MANUAL: FIRE AN	ID EMERGENCY	PAGE N		
SECTION: 3.0 Emergency Response Team APPRO			VED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06		DATE REVISED:	
Keep Record of Ever			February 2022	

		E.J. M	cQuigge I	Lodge
MANUAL:	FIRE AND EN	MERGENCY	PAGE N	IO. 19
SECTION: 3.	0 Emergency F	Response Team	APPRO	VED BY: Administrator
DATE OF ORIG 06/05		REVIEWED DATE 02/06		DATE REVISED: February 2022

## ROLES AND RESPONSIBILITIES

RESIDENT ATTENDANT ASSISTANT (Registered Staff)

## The Resident Attendant Assistant:

- Ensures that residents who are going to the hospital are the first to be safely removed from the facility—to free up ambulances for evacuation.
- Ensures that a staff member is assigned to accompany residents who are going to the hospital are to be loaded for evacuation
- Ensures that residents' I.D. wristbands are in place.
- Organizes residents for further evacuation, ambulatory residents first, then chair fast.
- Ensures that sufficient medical documentation accompanies residents.
- Maintains a head count, list of residents, and the hospital to which each resident is going.
- Ensures that Ambulance Attendant Coordinator has a complete list of all residents who have been evacuated to hospitals.

## Equipment Needed

- 1. Residents' Medical Charts
- List of Residents' Names, Next of Kin, etc.
- 3. Pencil and paper

	E.J. M	cQuigge Lodge		
MANUAL: FIRE AN	D EMERGENCY	PAGE NO. 2	0	
SECTION: 3.0 Emerge	ncy Response Team	APPROVED BY:	Administra	ator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06		REVISED: ry 2022	
from the facilit 2. Ensure	sidents going to the by ← to free up amb that residents' I.D. v	ulances for evacu wristbands are in	ation. place.	ely rem
RECORD OF TRANS				TS SEN
RECORD OF TRANS	FER OF EVACUATE	D RESIDENTS	CHAR	TS SEN
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		cQuigge L	odge	
MANUAL: FIRE A	PAGE NO	O. 21		
SECTION: 3.0 Emergency Response Team		APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	DATE REVISED: February 2022		
			Tebruary 2022	
		74		

E.J. McQuigge Lodge						
E AND EMERGENCY	PAGE NO. 22					
nergency Response Team	APPRO	OVED BY: Administrator				
F ORIGIN: REVIEWED DATE(S): 02/06		DATE REVISED: February 2022				
TTENDANT ASSISTANT						
-	RE AND EMERGENCY mergency Response Team REVIEWED DATE	RE AND EMERGENCY PAGE mergency Response Team APPRO REVIEWED DATE(S): 02/06				

- Ensure that residents going to the hospital are the first to be safely removed from the facility ← to free up ambulances for evacuation.
- ♦ Ensure that residents' I.D. wristbands are in place.
- ♦ Ensure that sufficient medical documentation accompanies residents.

# RECORD OF TRANSFER OF EVACUATED RESIDENTS

DEGIDENT	TRANSFERRED TO	0.65	CHAR	TS SENT
RESIDENT	(FACILITY)	TIME	YES	NO
				4
			4	
				-

	E.J. Mo	Quigge L	odge		
MANUAL: FIRE AN	ND EMERGENCY	PAGE NO			
SECTION: 3.0 Emerge	ency Response Team	APPROVED BY: Administrator			rator
DATE OF ORIGIN: REVIEWED DATE 02/06		E(S): DATE REVISED: February 2022			
				4	

	E.J. M	cQuigge	Lodge
MANUAL: FIRE	ND EMERGENCY	PAGE N	NO. 24
SECTION: 3.0 Emerg	jency Response Team	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S):	DATE REVISED: February 2022

#### ROLES AND RESPONSIBILITIES DIRECT CARE STAFF

#### The Direct Care Staff:

- Ensures that residents are appropriately dressed and covered.
- Ensures that residents are safely removed from the facility.
- Ensures that residents have I.D. wristbands in place.
- Ensures that any individual transporting residents to receiving facility is apprised of each resident's medical situation.
- Accompanies residents to receiving facility.
- Ensures that families who decide to take responsibility for residents are properly informed as to the condition of the resident, that the resident is receiving necessary medication, and that each family is requested to leave a forwarding address.
- Ensures that sufficient medical documentation accompanies residents.
- 8. Directs one staff in each area to maintain head count.
- Receives information from Resident Identification Person.
- Ensures that each resident's room is clear and sealed with masking tape at door seem to keep from re-entering the evacuated room.

#### Indirect Care Staff:

Takes direction from supervisor to aid in evacuation.

E.J. McQuigge Lodge					
MANUAL: FIRE A	ND EMERGENCY	PAGE N	O. 25		
SECTION: 3.0 Emerg	ency Response Team	APPRO	VED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06		DATE REVISED: February 2022		

# DIRECT CARE (Registered Person)

#### Purpose:

To receive all residents, volunteers and staff in one area.

#### Reports to:

Safety -Relocation Coordinator

#### Responsibilities:

- Receives all resident documents and pertinent information
- Assesses resident care and medical concerns
- Restricts and supervises resident movement
- Rechecks name tagging
- Directs staff assigned to that area

	E.J. Me	Quigge	e Lodge		
MANUAL: FIRE AND	EMERGENCY	PAGE	NO. 26		
SECTION: 3.0 Emergency Response Team			APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022		
	DIRECT C	ARE STA	AFF		
Responsibility of			(Registered Person		
Direct Care Staff					
Have you ensured that:			YES NO		
Residents are appropriately	dressed and covered?				
Residents have been safely	removed from the facilit	y?			
Residents' I.D. wristbands a	re in place?				
Residents have been transp to meet medical needs?	orted in an appropriate	fashion			
Residents have been accom	panied to the relocation	site?			
Families who have decided t	to take responsibility for	residents:	5:		
Have been properly informed the residents,					
Have necessary medications Have left a forwarding addre	s, and ss?				
Sufficient medical document	ation accompanied resi	dents?			
One direct care staff membe a head count?	er is in each area to mai	ntain			
One direct care staff membe masking tape?	r seals each evacuated	room with	h		
			, i		

	E.J. Mo	cQuigge	Lodge
MANUAL: FIRE AND EMERGENCY		PAGE NO. 27	
SECTION: 3.0 Emerge	ency Response Team	APPRO	VED BY: Administrator
DATE OF ORIGIN: REVIEWED DATE 02/06		(S):	DATE REVISED: February 2022
Assigned to (Registered I	DIRECT CARE INFORMA		
Keep a list of residents' c	onditions		
	andania dua s		
Maintain resident assess	ment and assign specific c	are tasks	
Assigns direct supervisio	n of any resident leaving th	ne area ond	ce received
Rechecks nametags	i.		
Supervises eating and flu	ilds.		

		E.J. M	cQuigge l	Lodge
MANUAL:	FIRE AND	EMERGENCY	PAGE N	IO. 28
SECTION: 3	.0 Emergen	cy Response Team	APPRO'	VED BY: Administrator
DATE OF ORIO 06/05	GIN:	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022

#### **ROLES AND RESPONSIBILITIES**

#### RESIDENT IDENTIFICATION

#### Assigned by Incident Manager

During an evacuation there is often a great deal of confusion. Residents may wander once outside of the building.

To assist volunteers and outside agency personnel in identifying residents and their medical condition, it is recommended that I.D. wrist bands bearing the resident's name and pertinent medical information be kept at the Nurse's Station at all times. Staff should be instructed to put I.D. bands on residents' wrists.

This labeling may seem cold and mechanical. However, it will aid greatly in identifying a resident who has become confused or who has wandered from the facility.

Report to Incident Manager, then to Direct Care Supervisor.

	E.J. Mo	Quigge	e Lodge
MANUAL: FIR	E AND EMERGENCY	PAGE NO. 29	
SECTION: 3.0 Em	nergency Response Team	APPR	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022
<b>.</b>	AND INFORM		SATION AUDIT SHEET
Responsibility of			
Resident	Identification		
Report to Incident M	lanager		
Report to Direct Car	ra Supandear		
report to Direct Car	e Supervisor		
Pull envelopes f	from resident charts and apply I.	D. bands	on residents' wrists.
2. Recheck at time	of evacuation		
er a contract or day			

		E.J. M	cQuigge	Lodge
MANUAL:	FIRE AND	EMERGENCY	PAGE N	IO. 30
SECTION: 3	.0 Emergen	cy Response Team	APPRO	VED BY: Administrator
DATE OF ORI 06/05	GIN:	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022

#### ROLES AND RESPONSIBILITIES LOGISTICS (EQUIPMENT MANAGERS)

#### Department Heads:

Report to Operations/Liaison, then to your own area and secure necessary equipment and/or records for evacuation.

#### Nursing:

Follow instructions of Operations/Liaison, as assigned.

#### Staff:

- Report to areas as assigned.
- Remain calm.
- Stay organized.

#### Logistics (Equipment Manager):

This person is responsible for the collection and organization of equipment, time and threat permitting only.

- Ensures that the appropriate necessary equipment is evacuated from the facility.
- Ensures that transportation of equipment and supplies is carried out rapidly.
- Reports to the Incident Manager or individual in charge when step 1 and 2 are completed.
- Ensures that records left behind are properly stored and secured.

#### Equipment and Necessities to be Considered:

- Medications and Records
- Resident Charts
- Resident Care Plans and Photo Rolodex
- Mobility Devices
- Resident Clothing
- Linen and Blankets
- Resident Hygiene Products
- Phone Lists, Black Phone, Fax Machine
- Necessary Dietary Aids
- Masking Tape

<sup>\*\*</sup> See attached lists from each department

	E.J. M	cQuigge	Lodge
MANUAL: FIRE AND E	MERGENCY	PAGE	NO. 31
SECTION: 3.0 Emergency	Response Team	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S):	DATE REVISED: February 2022

Responsibility of \_\_\_\_\_

#### Logistics (Equipment Manager) - Nursing

- NCP's
- Charts
- ◆ Photo Rolodex
- Treatment Trays
- Medication Cart and Bins
- Mobility Devices
- Linen Carts, including Johnny Gowns, Bed Pads, and
   Disposable Products
- Phone Lists
- Manuals Procedure/Policy
- Masking Tape
- Black Phone (in cupboard in report room)
- Fax Machine
- Oxygen machines/supplies
- Flashlights

	E.J. M	cQuigge	Lodge
	D EMERGENCY	PAGE	NO. 32
SECTION: 3.0 Emerge	ncy Response Team	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06		DATE REVISED: February 2022

#### ROLES AND RESPONSIBILITIES LOGISTICS (EQUIPMENT MANAGER) – RELOCATION CENTRE

#### Purpose:

- Receive all equipment, records and supplies
- Reports to: Safety (Relocation Coordinator)

#### Responsibilities:

- Organize into category
- Maintain in one area
- Keep direct supervision on area
- Restrict movement

		E.J. M	cQuigge	Lodge	
MANUAL:	FIRE AND EM	ERGENCY	PAGE NO. 33		
SECTION: 3	CTION: 3.0 Emergency Response Team			APPROVED BY: Administrator	
DATE OF ORI 06/05		REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022	
		ICS (EQUIPMENT AND AU	MANAGI DIT SHEE	ER) INFORMATION ET	
Assigned to:					
Responsibilit	ties:				
1.	Receive equipme	ent, records and su	pplies.		
2.	List all items rece		. Lange		
3.	Maintain in one a	rea.			
4,	Supervise and re-	strict movement.			

	E.J. M	cQuigge	Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 34
SECTION: 3.0 Emerge	ncy Response Team	APPROVED BY: Administrator	
DATE OF ORIGIN: REVIEWED DATE 06/05 02/06			DATE REVISED: February 2022

# LOGISTICS (EQUIPMENT MANAGER) - HOUSEKEEPING AND LAUNDRY

Responsibility	of
	71

#### Housekeeping:

- Garbage Bags
- Toilet Paper
- Kleenex
- Gloves
- Virox (Accel)
- · Chix Cloths
- Manuals Policy/Procedures

#### Laundry

- Policy/Procedure Manuals
- Linen—immediate use only
- Towels
- Laundry records

	E.J. M	cQuigge Lodge	
MANUAL: FIRE AN	D EMERGENCY	PAGE NO. 35	_
SECTION: 3.0 Emerge	ncy Response Team	APPROVED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S): DATE REVISED: February 2022	

#### LOGISTICS (EQUIPMENT MANAGER) - DIETARY

Responsibility of		

- All dietary records
- Manuals Policy/Procedures
- Special eating aids
- Shut down all equipment

#### **EMERGENCY:**

- Pack containing:
- Tea Pot
- Coffee Pot
- Coffee and Filters
- Teabags
- Resource
- Instant Breakfast
- Nutrigrain Bars
- Thickener
- Wipes
- Cloths
- Divider Plate and Plate Guard
- Garbage Bags
- Napkins
- Cutlery
- Disposable Bows, Plates, Cups and Lids
- Crackers
- Lantern
- Punch Can Opener
- Manual Can Opener
- Hand Sanitizer
- Scissors
- 6 Cans of Salmon
- 6 Cans of Tuna

	E.J, M	cQuigge l	Lodge
MANUAL: FIRE	ND EMERGENCY	PAGE N	O. 36
SECTION: 3.0 Emer	gency Response Team	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022

ROLES AND RESPONSIBILITIES RESIDENT FAMILY UPDATE

(Operations/Liaison will assign. Registered Person when available will receive this assignment)

One individual should be assigned the task of responding to phone calls from residents' families. This process need not be of paramount importance as evacuation of the facility and the safety of the residents is the major concern.

This individual should maintain close contact with the direct-care staff so resident condition is known.

Remain in touch with the Incident Manager.

MANU		E.J. Mo	cQuigge I	Lodge	
MANUAL: FIRE AND EMERGENCY SECTION: 3.0 Emergency Response Team			PAGE NO. 37		
			APPROVED BY: Administrator		
DATE 0 06/05	TE OF ORIGIN: REVIEWED DATE 02/06				
Famil	y Update – Report to Ir	icident Manag	er		
Resp	onsibility of				
1.	This person shall cal	I families to in	form ther	m of problems, any resident that	
	can go home should	be released to	family's	care.	
2.	Keep complete list of	f names, calls	made, an	d time.	
3.	Direct family releast	on southed to a	21.42.2.412.22		
J.	resident home.	on centre to a	ssist in si	upervision if unable to take	
	Report to			at Evacuation Site.	
	Report to Report to Belleville Gene			at Evacuation Site at Quinte Health Care,	

SECTION: 3.0 Emergency Response Team APPROVED BY: Administrator DATE OF ORIGIN: REVIEWED DATE(S): DATE REVISED:		E.J. M	cQuigge	Lodge
PATE OF ORIGIN: 02/06  REVIEWED DATE(S): 02/06  RELOCATION CHART  INCIDENT MANAGER	MANUAL: FIRE AN			
PATE OF ORIGIN: 02/06  REVIEWED DATE(S): 02/06  RELOCATION CHART  INCIDENT MANAGER	SECTION: 3.0 Emerge	ency Response Team	APPRO	VED BY: Administrator
RELOCATION CHART  INCIDENT MANAGER	DATE OF ORIGIN: 06/05	REVIEWED DATE	A STATE OF THE STA	DATE REVISED:

		E.J. M	cQuigge	Lodge
MANUAL:	FIRE AND	EMERGENCY	PAGE N	IO. 39
SECTION: 3	.0 Emergen	cy Response Team	APPRO	VED BY: Administrator
DATE OF ORIGINAL DATE ORIGINAL DATE OF O	GIN:	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022

#### SAFETY - RELOCATION COORDINATOR

#### Purpose

A Registered person to organize and establish priorities in relocation centre.

#### Procedure

Reports to Incident Manager—then moves to Relocation Centre to receive residents, equipment and staff.

#### Roles and Responsibilities

- Establish a Control Centre. Remain visible.
- 2. Maintain all residents in one area until evacuation is complete.
- 3. Direct flow of traffic, people and equipment.
- 4. Designate: 1 person as Direct Care Supervisor

1 person as Logistics (Equipment and Records Manager)

1 person to direct incoming flow of residents and equipment

1 person as Supervisor of Wandering Residents

#### Designate: Receiving area for each

- Receive all persons and equipment and direct to the appropriate area—orient to new facility.
- 6. Designate areas and responsibilities to all staff and volunteers.

Establish care levels and organize removal. Refer to Level of Care List.

Home	Hospital	Maintain on Site

- 7. Notify physicians of temporary situation.
- 8. Arrange for nourishment for residents.

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MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 40
SECTION: 3.0 Emerge	ency Response Team	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022

- 9. Keep team and families informed of current status.
- 10. Restrict entrance to essential person. Avoid Media

		E.J. Mo	Quigge	e Lodge	
MAN	JAL: FIRE AN	ID EMERGENCY	PAGE	NO. 41	
SECT	ION: 3.0 Emerge	ency Response Team			
DATE 06/05	OF ORIGIN:	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022	
***A\	/OID MEDIA		h		
1.	Establish Con	troi Centre (post sigi	1)		
2.	Designate rec Equipment	eiving area:	_ Pe	ople	
3.	Assign: Traffi Logistics (Eq	c Flow_ uipment Manager and		ds Keeper)	
		upervisor Wandering Resident			
4.	Receive every	one and everything o	coming		
5.	Establish Car	e Level List (Attached	d)		
6.		sportation and			
7.	Notify Physic	ian			
8.Ar					
0	Koon - list - f		A See M		
8.	Neep a list of	people with whom yo	u nave	communicated (Attached)	

	E.J. M	cQuigge Lodge
MANUAL: FIRE	AND EMERGENCY	PAGE NO. 42
SECTION: 3.0 Eme	ergency Response Team	APPROVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	
DATE	COMMUNICAT	ED WITH FAMILY
TIME	PERSON	SITUATION

	E.J. M	uigge Lodge	
MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 43	-
SECTION: 3.0 Emerge	ncy Response Team	APPROVED BY: Administrator	=
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06		
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			-
	MEODIA	Mark the continue of	
	INFORMATION REGA	DING EVACUATION P.P.	

- Residents will then be assisted on to bus for evacuation and will proceed to Relocation Centre.
  - Map of building is located at Main Entrance Service Entrance

## E.J. McQuigge Lodge

### Alarm Check Sheet

It is the responsibility of the Charge Nurse to do a door/call bell system check at the beginning of each shift. Problems must be dealt with immediately as per policy. Please sign below to state door and call bell systems were functional. When checking Patio Door be aware of residents in the secured area.

This is to verify that all 6 exits were checked and that the call bell system was verified at the Nursing Station and both were found to be functional.

Report any malfunctions immediately.

DATE	SHIFT	SYSTEM FUNCTIONAL	DOOR(S) FOUND ON BYPASS?	SIGNATURE
	+			

# "DAILY FIRE SAFETY CHECKS

MONTH:

	T DOORS OPEN FREELY	ERIOR EXIT	ESS TO FIRE EXITS AR	EXIT SIGNS	ALARM A/C POWER ON	ALARM PANEL CLEAR ROUBLE	DOORS KEPT SED(NO WEDGES)	JISH REMOVED FROM DING		ER TEMPERATURE AT	F MEMBER'S INITIALS
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# E.J. McQuigge Lodge MANUAL: FIRE AND EMERGENCY PAGE NO. 1 SECTION: 4.0 Human Resource APPROVED BY: Administrator DATE OF ORIGIN: 06/05 REVIEWED DATE(S): 02/06 DATE REVISED: February 2022

#### **HUMAN RESOURCES**

Level of staff	Day Shift	Evening Shift	Night Shift
Administrative	N. S. D. P. C. Carrier		9
Administrator	7.5 x 1 x 4D		
Office Manage	7.5 x 2 x 5d		
Nursing Department	2011/11/11/2012		
Director of Care	7.5 x 1 x 5d		Sa Processing
Registered Nurse	7.5 x 1 x 7d	7.5 x 1 x 7d	7.5 x 1 x 7d
Registered Practical Nurses	7.5 x 2 x 7d	7.5 x 1 x 7d	12235757
HCA/PSW/RSA	7.5 x 7 x 7d	7.5 x 6 x 7d	7.5 x 3 x 7d
Recreation and Leisure			
Coordinator	7.5 x 1 x 5d		
Aides	7.5 x 2 x 4d	7.5 x 1 x 2d	
Environmental	1000000		
Supervisor	7.5 x 1 x 5d		
Housekeepers	7.5 x 2 x 7d	+	
Laundry	200		7.5 x 1 x 7d
Dietary Services			1111177
Food Service Supervisor	7.5 x 1 x 5d		
Cooks	7.5 x 1 x 7d		
Aides	7.5 x 5 x 7d		

# E.J. McQuigge Lodge

**Emergency Operations Plan** 

**Code Red Protocol** 

	nist in	E.J. 1	<b>McQuigge</b>	Lodge
MANUAL:	FIRE AND E	MERGENCY	PAGE	NO. 1
SECTION: 5.0 Fire Plan		APPROVED BY: Administrator		
DATE OF ORIO	GIN:	REVIEWED DA	TE(S):	DATE REVISED: February 2022

#### **PURPOSE**

The purpose of this manual is to provide instruction to staff, residents and visitors to allow them to respond effectively in an emergency situation.

STAFF KNOWLEDGE and response create effective control of environmental factors.

#### YOU MUST KNOW -

- How to sound the alarm and what the alarms sounds mean. The red solid dome light over any resident room indicates the smoke detector in that room has been activated. An intermittent signal indicates a fire concern, a continuous ring which would have been activated by the key the Charge Nurse carries, indicates immediate evacuation.
- Your assignment. Fire assignments must be reviewed each shift as staff are colour coded on the schedule.
- There are 8 (eight) pull stations: 1 (one) at each exit, 1 (one) in the kitchen beside the dining room door, 1 (one) going to employee/service area.
- There are 3 standpipe units: 1 (one) at either end of the main hall; 1 (one) in the back hall beside the laundry. ABC Extinguishers are located in each standpipe unit, laundry, mechanical room, storage room, dining room, lounge and kitchen (2) & dining room.
- υ Fire Blankets are located in the kitchen and lounge.
- υ Fire extinguishers are checked annually.
- The Alarm Fire Panel is located in the Main Electrical Room with two remote annunciator panels, one at the Main Entrance and one at the Nursing Station. Annunciator panels will show the Zone activated, not necessarily the Fire Zone. All Automatic Detection Devices will show the correct Fire Zone. i.e. Smoke Detector
- Evacuation always take precedence over extinguishment.
- This is a smoke free environment...residents who have been assessed as able to smoke on their own must have that assessment on their file. Residents, staff, volunteers and visitors must smoke in designated smoking area which is a minimum of 9 meters from an entrance, exit or resident window.
- Disposable lighters must be locked in the pharmacy for residents and are not allowed in resident care areas by staff

The routine must be discussed with the staff to make sure that they know their assignment and their responsibilities. Report any concerns—you may **not** get a second chance!

E.J. McQuigge Lodge				
MANUAL:	FIRE AND	EMERGENCY	PAGE	NO. 2
SECTION: 5	.0 Fire Pla	n	APPR	OVED BY: Administrator
DATE OF ORIG	GIN:	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

#### **CAUSES OF FIRE**

- υ Careless smoking.
- υ Overloading electrical equipment.
- υ Faulty equipment.
- Poor maintenance and housekeeping.
- υ Staff, resident or visitor error.

#### FIRE PREVENTION

- v Report all concerns which might potentially be a fire hazard.
- υ Enforce smoking regulations for staff, residents and visitors.
- Practice good housekeeping. Do not allow rubbish and extensive box board to accumulate
- υ Keep exits, doors and corridors clear at all times.
- Do NOT prop doors or exits open.
- Handle flammable products with care according to manufacturer's instructions. Store properly! WHIMIS storage areas are labeled on the door.

#### ROUNDS (Charge Nurse Responsibility)

Rounds are a built-in SAFETY feature.

#### ALWAYS -

- υ Check all storage and resident areas and ensure all electrical equipment is turned off.
- v Pay special attention to upholstered furniture and outdoor Butt boxes.
- υ OPEN all exits to ensure evacuation routes are clear.
- υ Report any problems IMMEDIATELY.

#### CODE RED

This is the code for FIRE!

When your hear the code: 1. Pull Alarm

Follow fire procedure

Total Control	E.J. I	McQuigge	Lodge
MANUAL: FIRE AN	D EMERGENCY	PAGE	NO. 3
SECTION: 5.0 Fire Pla	in	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

#### WHEN YOU SEE A FIRE

1. Person discovering the fire will either pull the alarm or designate someone to pull the alarm so the resident evacuation from the fire area can start immediately

2. Staff are to go to their assigned areas, either their home unit/end or the fire site

3. Follow fire procedures

4. Facility staff will follow evacuation procedures until the fire department arrives, then take directions from the fire department.

Avoid the use of the word "fire" - it may incite panic

#### ZONE PLAN

Zone I -Back Hallway-Storage areas, staff lockers and lunch room, office space, laundry room, mechanical room, janitor's closet, kitchen and dining room

#### Zone II - Residents' rooms - Top end

Clean utility room, soiled utility room

Tub room #1
Nursing Station
Main Office
Shower Room
Lounge Area
Visitors' Bathroom
Pharmacy

Zone III - Residents' Rooms - Bottom End

Teacart Room Weight Room Linen Room

Zone IV - Area over kitchen and stove

	E.J. 1	McQuigge	Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 4
SECTION: 5.0 Fire P	lan	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

#### FIRE DEPARTMENT

The alarm is connected directly to Belleville Fire Department. However, always call to verify alarm in case of mechanical failure. The Charge Nurse or delegate must call the Alarms Systems and Fire Department as a backup precaution.

Connected directly to Belleville – 962-2010 Alarm Systems – 613-969-5100 In the case of a real fire call 911

When calling the Fire Department, the following information should be available:

- 1. Nature and extent of fire
- 2. Any resident or staff injury
- Your name
- 4. The building location 911# is 38 Black Diamond Road
- 5. Upon arrival the fire department will want to know the number of people to be accounted for in the building including residents, staff and visitors .... It is important that the sign in book is used on a regular basis.

The Fire Code supersedes municipal fire regulations.

The Fire Department must be made aware of the following:

- υ Any Fire related incident
- υ Fire drill tests
- υ False alarms
- Any change or alteration to system(ie contractors working with welders, electrical heaters turned on for the season)
- υ Work being done on system
- υ Temporary shut down of system

E.J. McQuigge Lodge				
MANUAL: FIRE	AND EMERGENCY	PAGE NO. 5		
SECTION: 5.0 Fire	Plan	APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S): DATE REVISED: February 2022		

#### ALTERNATE MEASURES

The administration will ensure that where any fire protection equipment or system or any part thereof is shut down or out of order, the Fire Department will be notified and alternate measures acceptable to the Chief Fire Officer will be established to maintain the safety of the occupants of the building.

The following procedures are to be followed in the event that the fire alarm and detection system is out of order:

- Notify the Fire Department of the alternate measures to be used to alert occupants of a fire. This could be any mechanical or manual device acceptable to the Chief Fire Official, such as whistle, horn, bell, etc.
- Notify all staff of the alternate method of sounding the alarm.
  - Notify all residents of the alternate method of sounding the alarm.
  - Provide a foot patrol of all areas of the building on an hourly basis. A record shall be kept of each foot patrol and shall include the time of the patrol, the signature of the person taking the patrol, and any findings for each patrol.
  - When the system is back to normal, notify the Fire Department, all staff and residents.
  - υ If extra staff is required, the supervisor shall arrange such coverage.
  - Notify the Administrator, Maintenance Person, or D.O.N.
- \*\* ALL STAFF MUST PARTICIPATE IN FIRE DRILLS AS A CONDITION OF EMPLOYMENT

THERE IS A FIRE DRILL ON EACH SHIFT MONTHLY AND ALL STAFF MUST PARTICIPATE AT LEAST Q3 MONTHS

	E.J. 1	McQuigge	Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 6
SECTION: 5.0 Fire Plan		APPROVED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

#### UPON DISCOVERY OF FIRE AND SMOKE

 Call out CODE RED—This will allow co-workers to realize you have discovered a fire and/or smoke—will be an indication for someone to pull alarm.
 The red solid dome light over any resident room indicates the smoke detector in that room has been activated. (May call out fire location.)

2. Remove residents in immediate danger—search entire floor space and bathrooms. (See Method of Evacuation.)

3. Confine fire and smoke: -

CLOSE door to contain fire and smoke. (Block with blanket if sign of smoke.)

Sound the alarm—use the nearest pull station.

5. Charge Nurse should report to site immediately. Charge Nurse MUST:

- Phone Fire Department and Alarm Company or delegate by naming a staff member to call Belleville Fire Department to verify alarm. This person must report to Charge Nurse when call has been made.
- Charge Nurse must now assume responsibility at the fire site
  - Delegate someone to meet fire department at door
  - Evacuate ZONE—remove to another Zone, continue evacuation Zone to Zone to outside of building or until fire department arrives
  - Do a resident count—know location of every resident. Always double check.
- υ Delegate removal of charts to secure Zone.
- Only small fires can be extinguished. The decision to extinguish is that of the Charge Nurse. DO NOT LET UNTRAINED PERSONS IN THE FIRE ZONE.

Charge Nurse: Before extinguishing a fire, Ask yourself:

- v Are residents safe?
- Do I know the cause of the fire?
- will I endanger life, mine or others, by trying?

		E.J. 1	McQuigge	Lodge
MANUAL:	FIRE AND	MERGENCY	PAGE	NO. 7
SECTION:	5.0 Fire Plan	1	APPRO	OVED BY: Administrator
DATE OF ORI 06/05	GIN:	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

#### IF YOU FIND SMOKE COMING FROM BEHIND A CLOSED DOOR:

- Feel from the top and down the door with your hand.
- If the door is hot DO NOT OPEN.
- If the door is warm to the touch and if you can attempt a rescue of residents:
  - υ Cover your face with a wet cloth
  - υ Stay low
  - υ Evacuate quickly
  - Secure area—close DOORS and WINDOWS to hall **and** other rooms. Watch semi-private bathroom doors. BLOCK bottom of door with a blanket.

ALWAYS HAVE A CO-WORKER AWARE THAT YOU ARE ENTERING A SMOKE-FILLED ROOM. If you are overcome by smoke, IT COULD PREVENT SECURING YOUR ASSIGNED AREA.

#### INSTRUCTIONS TO STAFF ON FIRE PROCEDURES

#### EVACUATION PROCEDURES

#### ALL FLOOR AREAS WITH EXITS DIRECTLY TO THE OUTSIDE

When the **ALERT SIGNAL** is sounded (1<sup>st</sup> stage, intermittent ringing) and it has been determined that the fire origin **is in** your floor area, the residents may be moved horizontally (sideways) to the next floor area or they may be moved directly to the outside. Use whichever method is safest and most convenient.

When the ALERT SIGNAL is sounded (1st stage, intermittent ringing) and it has been determined that the fire origin is not in your floor area, keep the residents in your area calm but be prepared for evacuation. Ensure that the fire doors in the corridor and the stairways are closed. If designated to do so, you will proceed to the fire area and assist with evacuation.

When the ALARM SIGNAL is sounded (2<sup>nd</sup> stage, continuous ringing), a complete evacuation is required and all residents are to be moved to the outside of the building by using the nearest and safest exit.

	E.J.	McQuigge	Lodge
MANUAL: F	FIRE AND EMERGENCY	PAGE	NO. 8
SECTION: 5.0	Fire Plan	APPRO	OVED BY: Administrator
DATE OF ORIGIN 06/05	N: REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

#### SOUNDING THE ALARM

Fire alarm pull stations are located at every exit door. When they are pulled, they sound the bells throughout the building. This is the 1<sup>st</sup> stage of the fire alarm and the bells will ring intermittently. A special key is required to activate the 2<sup>nd</sup> stage of the fire alarm which means a general evacuation. On the 2<sup>nd</sup> stage of the fire alarm, the bells will ring much faster and louder. The fire alarm system is connected directly to a central agency which calls the fire department. However, the fire department must still be called when the alarm rings.

#### STAGED EVACUATION IN ORDER OF PRIORITY

- 1. Area of danger FIRE
- 2. Rooms on either side of fire
- 3. Rooms directly across hall (firefighters will likely arrive between steps 3 and 4)
- Remainder of Zone
- Buildings

#### ZONE EVACUATION—IMMEDIATE ACTION— ZONES 2 AND

- Close doors to all rooms in which there are residents.
- 2. Fire Zone to another zone—your last evacuation choice would be outside the building. If residents located in the lounge are secure behind metal fire doors, and if the fire site does not have an adjoining wall with lounge, residents may stay in that area under supervision even if Zone 2 is the fire zone.
- 3. Recheck fire zone after evacuation—two people as designated by the Charge Nurse.
- 4. Do a head count.

#### RESIDENT REMOVAL

In or	der of priority		Reason
1.	Ambulatory	1000	won't stay in room may start wandering since they are mobile and could open doors move more quickly
2.	Non-Ambulatory Wheel Chair	3	cannot move without you can be moved with either group

	LACE TO THE	E.J. M	cQuigge L	odge	
MAN	UAL: FIRE AND E	MERGENCY	PAGE NO	O. 9	
SEC	ΓΙΟΝ: 5.0 Fire Plan		APPROV	ED BY: Administrator	
DATE 06/05	OF ORIGIN:	REVIEWED DATE 02/06	E(S):	DATE REVISED: February 2022	
3.	Bedrest	į.	will red	quire more than one person usually I on staff for removal	
4. Resistant residents			if open	left as may cause loss of time if opening doors, remove immediately with necessary force	

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MANUAL: FIRE ANI	DEMERGENCY	PAGE	NO. 10
SECTION: 5.0 Fire Pla	n	APPR	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

#### ASSIGNMENTS

CHARGE NURSE - Automatically takes charge until firefighters arrive.

- Report to location of fire-supervised area to prevent further problem. Remain at the site until firefighters arrive.
- 2. Verify alarm by phone and if you are at a phone and have the details, place the call yourself and if you have to leave the fire site, delegate the job and ask staff to report back upon completing call. Delegate person to meet the fire department. Be prepared to activate to the 2<sup>nd</sup> stage of the fire alarm system. HAVE KEY IN YOUR POSSESSION.
- 3. Assess the situation for:
  - v Residents in the area at the time
    - υ Type of smoke
  - υ Staff member in area at the time
    - υ Colour of the flame

PURPOSE: To help put details of the incident together after the incident.

- 4. Instruct staff to evacuate out of zone-delegate Zone 1, if necessary.
- Take count of residents out of fire zone.
- 6. Keep untrained staff or residents out of fire zone.
- 7. Decide if extinguishment is possible.

#### If evacuation is required:

- υ Activate 2<sup>nd</sup> stage
- υ Ensure all zones are evacuated
- Account for all staff and residents

	E.J. 1	McQuigge	Lodge
MANUAL: FIRE AN	ND EMERGENCY	PAGE	NO. 11
SECTION: 5.0 Fire Plan		APPROVED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

Proceed with the movement of staff and residents to the evacuation sites.

ATTENTION: Charge Nurse

Charts need only be removed if:

- υ In danger due to fire or smoke damage
- U If a total evacuation of the nursing unit was done

N.B. Complete the After the Fire Evaluation located in front of the Fire Manual to assist in returning to the facility to the required environment.

#### IF YOU HEAR THE ALARM

- 1. Return to your assigned area immediately.
- Conduct a search of your area for smoke or fire. The red solid dome light over any resident room indicates the smoke detector in that room has been activated.
- If the signal is intermittent (1st stage of the fire alarm):
  - a) The Charge Nurse will check the nearest enunciator panel for the origin of the alarm. The Charge Nurse will then advise all staff in his/her floor area of the origin of the alarm. The red solid dome light over any resident room indicates the smoke detector in that room has been activated.
  - b) If the origin of the alarm is in your floor area, proceed with the evacuation of residents from your floor area.
  - c) If the origin of the alarm is not in your floor area, ensure that all residents in your area are accounted for. This may be done by placing them in their rooms or by assembling all of them in a safe location within your floor area. Advise the Charge Nurse of all residents that are not within their floor area. Ensure that all bedroom doors and doors leading to your floor area are closed. Keep residents calm, await further instructions, and be prepared to evacuate.

NOTE: During the evening and night shifts, when staffing is at a minimum, the charge nurse shall designate one person to stay in

	E.J. I	McQuigge	e Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 12
SECTION: 5.0 Fire Pl	an	APPR	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

that floor area not affected by the fire origin and shall take the rest of the staff to the fire origin area to assist with evacuation.

- 4. If the signal is continuous sounding (2nd stage of the fire alarm):
  - Evacuate all residents from the building by using the nearest exit that is safe.

NOTE: The Charg

The Charge Nurse will be responsible for the removal of medical records during an evacuation

- Close all doors in the rooms to the bathrooms and on all storage or utility rooms.
- Know the location of residents in your assigned area. Pick up the locator cards from hall standpipe units if necessary.
- Reassure residents and visitors.
  - Be prepared for evacuation. Be prepared to receive residents from another zone.
- 9. Locate yourself in the centre of the zone in case further instructions are passed along.' (Kitchen, Housekeeping, Laundry, and Office Staff should report to the Zone outside the office, securing their zones. Be prepared to assist where needed if called upon). Maintain communication with fire zone.
- 10. Keep the halls free of equipment.

#### IF YOU HEAR THE ALARM (Continued)

- 11. If a resident will not stay in a room, then keep that resident with you.
- DO NOT LEAVE YOUR ZONE UNSUPERVISED, wait for instructions.
   If your zone is clear, your assistance may be required by the Charge Nurse.
- 13. If you must communicate with staff in another Zone, do so first by banging on fire doors. If you do not get an answer, check door. If not HOT, open fire door slowly and only far enough to put your head around the door for communicating. Do not leave these doors open. Do not open if there are signs of smoke from under or around.

E.J. McQuigge Lodge				
MANUAL: FIRE AND EMERGENCY SECTION: 5.0 Fire Plan		PAGE NO. 13		
		APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022	

Keep doors to storage, utility, lounges and all non-resident rooms shut when not in use!

NOTE: This would aid in securing your zone.

E.J. McQuigge Lodge			
MANUAL:	FIRE AND EMERGENCY	PAGE	NO. 14
SECTION: 5	0 Fire Plan	APPR	OVED BY: Administrator
DATE OF ORIG	REVIEWED 02/06	DATE(S):	DATE REVISED: February 2022

#### **ASSIGNMENTS**

#### KITCHEN ASSIGNMENT

#### If you discover a fire

- Assist anyone in immediate danger
- Confine the fire by closing all doors and windows in the immediate fire area
- 3. Sound the alarm by pulling the nearest fire alarm pull station
- 4. Call Code RED
- 5. If the fire is in the cooking equipment, or cooking exhaust equipment, and the automatic extinguishing system has not activated, then activate this system by pulling the handle on the kitchen wall
- 6. Stop any cooking in process & turn off electrical equipment.
- Assist with the evacuation of all residents in the dining area
- 8. Await further instructions

#### Upon hearing the alarm

- Zone 1 Dining room, kitchen, food storage—in the absence of laundry and housekeeping, check mechanical room, laundry room, staff room, storage areas, and change rooms as well.
- Duties 1. Turn off stove, oven and
  - Close doors
  - 3. Once your Zone is secure, report to main hall by the office
  - 4. If residents are in your area, supervise them
  - 5. Always know your lifts as you may be called for assistance

#### LAUNDRY AND HOUSEKEEPING

#### If you discover a fire

- 1. Assist anyone in immediate danger
- 2. Confine the fire by closing all doors and windows in the immediate fire area.
- 3. Sound the alarm by pulling the nearest fire alarm pull station
- 4. Call CODE RED
- 5. Turn off all appliances that you may be using.
- 6. Assist with the evacuation of residents
- 7. Await further instructions

TOTAL TOTAL TOTAL	E.J. I	McQuigge	Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 15
SECTION: 5.0 Fire Pl	an	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

#### Upon hearing the alarm

Zone 1 - Back hall, mechanical room, staff room, laundry room, storage area, offices, Janitor's closet, and staff bathroom.

#### Duties -

- 1. These areas should be checked for residents, staff and visitors
- 2. Close doors-shut equipment off
- 3. Keep hall clear of boxes & Equipment.
- 4. Report to main hall by office
- Be prepared to give assistance with evacuating area as directed by Charge Nurse.

#### ASSIGNMENTS (Continued)

\* In the absence of kitchen/laundry person, Zone 1 must be delegated to a staff person by the Charge Nurse. (Should be maintained in secure fashion on hourly rounds.)

	E.J. 1	McQuigge	Lodge	
MANUAL: FIRE AN	FIRE AND EMERGENCY		PAGE NO. 16	
SECTION: 5.0 Fire P	an	APPRO	OVED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022	

#### **DUTY ASSIGNMENT - NURSING UNIT**

#### DAY and EVENING SHIFTS

- Zone 2 Area from main office down to nursing station, lounge area Staff caring for residents at Top End secure the Top End
- Zone 3 East end of building
  Area from storage to end of corridor
  Staff caring for residents at Bottom End secure the Bottom End

The persons working with no set assignment will report to area at the top end of hall and remain as an extra to assist only on direction of the Charge Nurse. D.O.N., Administrator, Administrative Assistant, Activity Director and Maintenance Person do not have a specific assignment. Remain at top end and wait for direction from the Charge Nurse.

NB: Days are responsible for fire assignments until 1400. After 1400, the fire responsibilities go to Evening assignment.

\* In the absence of kitchen/laundry person, Zone 1 must be delegated to a staff person by the Charge Nurse. (Should be maintained in secure fashion on hourly rounds.)

177.7		E.J. 1	<b>VicQuigge</b>	Lodge
MANUAL:	FIRE AND	EMERGENCY	PAGE	NO. 17
SECTION:	5.0 Fire Plan	n	APPRO	OVED BY: Administrator
DATE OF OR 06/05	GIN:	REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022

### **NIGHTS ASSIGNMENT**

This assignment must be discussed at the beginning of every shift. It is important to understand your assignment.

Zone 1 - The Charge Nurse must delegate a staff person to secure this area. This is done only after the Fire Zone has been secured and all residents are safe in an area outside of the Fire Zone.

### KEEP ALL DOORS AND WINDOWS CLOSED DURING THIS SHIFT IN THIS AREA

Zone 2 - "N 1"- Assigned to the TOP END

Report to your assigned area, close all doors and windows. Know the location of all residents and be prepared to accept residents from the Fire Zone or evacuate.

Zone 3 - "N 2" - Assigned to the BOTTOM END

Report to your assigned area, close all doors and windows. Know the location of all residents and be prepared to accept residents from the Fire Zone or evacuate.

N.B. Keep all doors and windows in unoccupied areas closed at all times on this shift: this will limit your time in securing the area. Include these areas on hourly rounds.

### **EXAMPLES:**

### FIRE IN

- Zone 3 Charge Nurse/N 1 &2 would evacuate residents in immediate danger. Phone Fire Department (either personally or by assigning the task). Monitor fire site in Fire Zone and continue the evacuation of Zone.
- Zone 2 The other N 1 would secure this Zone and prepare to receive residents from fire site. Also receive fire fighters on arrival.
- Zone 1 Would be secured by the same person who evacuated Zone 3, but only after all residents were safe in a non-fire site. This would leave the Charge Nurse at the fire site to prevent re-entry.

E.J. McQuigge Lodge					
MANUAL: FIRE AND EMERGENCY PAGE NO. 18					
SECTION: 5.0 Fire Plan		APPROVED BY: Administrator			
DATE OF ORIGIN: REVIEWED DATE 06/05 02/06		E(S): DATE REVISED: February 2022			

Zone 2 - Would be supervised by N1.

Zone 1 - Is a non-resident area and would be secured last and then Aide could return to the fire site for further instruction.

If Zone 2 were the fire site, then all residents would go to Zone 3. The Charge Nurse could then supervise fire site and receive fire fighters. Zone 1 would move to Zone 2.

### METHOD OF MOVING RESIDENTSUNIVERSAL CARRY

### RESCUER

Lay resident flat on bed, grab ankles, pull legs over side of bed, get behind resident and bring to a sitting position. Keep resident's hands across his or her abdomen. Rescuer should sit behind resident. Keeping the leg closest to the resident off bed and lower to blanket. Place a pillow under resident's head and shoulders. Pull the blanket head first to safety. The exception to pulling head first would be pulling feet only while trying to reposition to a clear path or free access for rescuer.

### SINGLE-CRADLE DROP

### RESCUER

Blanket on floor. Rescuer kneels on floor staying tight to bed. Your arm under resident's neck and shoulder and grasp opposite shoulder. Your right arm under area between the knees and buttocks. Ease resident to edge of bed. Roll back on heels and allow resident to slide down your body to blanket. Do not try to support weight by lifting—using legs as a slide. Keep resident's arm across his or her abdomen. Always protect resident's head.

**NOTE:** For this lift, the resident should be equal in size or smaller than the rescuer.

### DOUBLE-CRADLE DROP

### TWO RESCUERS

E.J. McQuigge Lodge				
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 19	
SECTION: 5.0 Fire Plan		APPROVED BY: Administrator		
DATE OF ORIGIN: REVIEWED DATE 06/05 02/06		TE(S):	DATE REVISED: February 2022	

- Put left arm under resident's neck and shoulder and grasp shoulder. Right hand under small of back
- b. Put left arm under buttocks and right arm under resident's thighs and knees. Coordinate lift. Roll back and let resident slide down your body to the blanket.

NOTE:

The three previous lifts are excellent methods for one or two rescuers to Perform an evacuation. The resident is always being lowered to the floor.

### SWING CARRY

### TWO RESCUERS

- Grasp ankles of resident and swing legs over edge of bed.
- b. Bring resident to sitting position. Both rescuers site on bed beside resident. One rescuer's arms go behind resident and grasp the other rescuer's arm at the elbow. The other hands go under resident's thigh and knees and lock together at the wrist. Resident's arms go around rescuers necks. Co-ordinate! When ready, on count of three, pick resident up and carry to safety.

NOTE: The swing carry may be used in ordinary daily activities.

### METHOD OF MOVING RESIDENTS (Continued)

### SIDE ASSIST

Stand beside resident. Draw resident's left arm around your back and secure with your left arm. Snug resident to your body. Put your right arm around the resident's waist to secure.

### BEAR HUG

Stand behind resident. Your arm through resident's arms, grasp resident's wrist and cross over his or her chest. Use your knees to prod resident on. Keep your head to one side to avoid being butted. If resident is resistant, place your feet at base of his or her heels and pull resident towards you and drag the resident's body to safety.

NOTE:

The previous two holds are for ambulatory residents. If you feel that an "ambulatory" resident is going to be too slow or difficult, use one of the other carries.

E.J. McQuigge Lodge				
MANUAL: FIF	RE AND EMERGENCY	PAGE	NO. 20	
SECTION: 5.0 F	ire Plan	APPRO	OVED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022	

### CHAIR LIFT

Use this only as a last resort as the chair may collapse or be weak and break.

### ONE OR TWO RESCUERS

Get resident in a sitting position. Get a bear hug hold from the front and ease resident onto a straight-backed, sturdy chair. If resident needs restraint, use a blanket or sheet to tie him or her to chair. One rescuer—tilt chair back to you and drag to safety. Two rescuers—one grasps upper back of chair and tilts back. The other rescuer grasps the front legs of chair and picks it up.

NOTE: REMEMBER BODY MECHANICS!!!!!!

## SEMI-AMBULATORY RESIDENTS

## Side by Side

tory abilities, es that can be

- Stand beside the Resident.
- Secure the Resident's arm around your waist and hold the Resident's wrist or hand if possible.

ive and is the

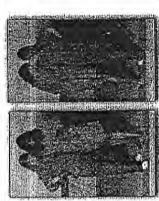
the Resident

close and walk to a Resident the safe area. Hold

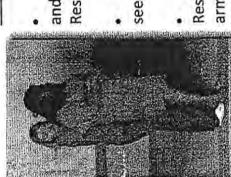
> proper body injuries from

ired for non-

If possible, hold the Resident's other arm for further support.



### Bear Hug



Stand behind the Resident and place your arms under the Resident's underarms.

LATORY

assist

- Align your head so you can see in front of you.
- Grasp both of the Resident's wrists and cross their arms in front of them

\*1 person)

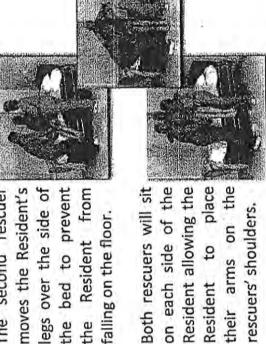
7

Gently guide the Resident to a safe area

# NON-AMBULATORY RESI. NTS

## Swing Carry (Requires 2 People)

- The first rescuer raises the Resident to a sitting position.
- moves the Resident's the bed to prevent egs over the side of the Resident from The second rescuer falling on the floor.

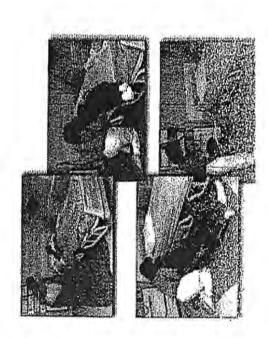


- their arms on the rescuers' shoulders.
- Both rescuers will secure their arm around the Resident's back and grasp each other's arms.
- The rescuers pass their other hand under Resident's knees locking hands/wrists with each other.
- Simultaneously lift the Resident and move to safe
- the sitting position by kneeling down with the leg Upon arrival at safe area: lower the Resident from closest to the Resident.
- Lower the Resident from the sitting position to the lying position while protecting their head.

# NON AMBULATORY RESIDENTS

### Cradle Drop

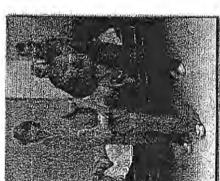
- Lock the wheels of the bed.
- partially under the bed and past the head of the Place a blanket or transfer board on the floor Resident.
- Get down on one knee beside the Resident's bed-ensure that you are resting on the knee farthest from the Resident's head.
- Cradle the Resident under the knees and shoulders.
- Lean back, sliding the Resident off the bed and onto your raised knee.
- Control the Resident's descent onto your lap and then onto the floor while protecting their
- Fold the blanket around the Resident or secure the Resident onto the board and drag them (head first) to safety.



# IN ON-AMBULATORY RESIDENTS

## Extremity Carry (Requires 2 People)

- The first rescuer stands between the Resident's
- The first Rescuer then grasps the Resident's egs just above the ankles or under the knees.
- The second rescuer places their arms under the Resident's arms and clasps their hands on the Resident's chest.
- Both rescuers hold the Resident firmly and simultaneously lift the Resident and move them to a safe area.





355 Eglinton Ave East Toronto, ON M4P 1M5

E-mail: info@achievahealth.ca Phone: 416,489.8888 www.achievahealth.ca Fax: 416.489.8251

Understanding an important **Emergency sil** properly folic most successf Residents an Proper Body

knowledge of

- Stand clc
- Jse a wir
  - Perform
- and knee
- Commun 1, 2, 3, 1
- Lift using

	TILL	E.J. 1	<b>VicQuigge</b>	Lodge
MANUAL:	FIRE ANI	DEMERGENCY	PAGE	NO. 21
SECTION:	5.0 Fire Pla	n	APPRO	OVED BY: Administrator
DATE OF ORI 06/05	GIN:	REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022

### FIRE SAFETY FEATURES OF E.J. McQUIGGE LODGE

### FIRE PROTECTION EQUIPMENT

Every new employee will read about, understand and be shown the fire protection equipment. Fire drills are held monthly on all shifts.

### THE FIRE ALARM SYSTEM

- 1. The fire alarm system will detect a fire by one of the following methods:
  - a. Heat-automatic
  - The fire alarm system may be operated manually by the activation of a pull station.
  - Heat detectors are located in all side rooms and utility rooms.
  - d. Smoke detectors—located in all resident occupied areas.
- When the fire alarm is activated by one of the above means, the fire alarm bells will sound. The red solid dome light over any resident room indicates the smoke detector in that room has been activated.
- 3. Fire alarm pull stations are located at every exit door. When they are pulled, they sound the bells throughout the building. This is the first stage of the fire alarm and the bells will ring intermittently. A special key is required to activate the 2<sup>nd</sup> stage of the fire alarm, which means a general evacuation. On the 2<sup>nd</sup> stage of the fire alarm, the bells will ring much faster and louder. The fire alarm system is connected directly to central agency, which call the fire department. However, the fire department must still be called when the alarm rings 9 1 1.
- The fire alarm system has two sources of power:
  - Normal power A/C
  - b. Emergency power D/C (batteries)

When the normal source of power fails, the emergency power source takes over automatically, i.e. during power failure.

 When the fire alarm is activated, other special devices in the home connected to the fire alarm system will also function.

E.J. McQuigge Lodge					
MANUAL:	ANUAL: FIRE AND EMERGENCY PAGE NO. 22				
SECTION: 5.0 Fire Plan		APPROVED BY: Administrator			
DATE OF ORIGIN: REVIEWED DATE 06/05 02/06		TE(S): DATE REVISED: February 2022			

- Kitchen HVAC System Shutdown. Hold open devices for fire door will release the doors
- Annunciator panel at the main entrance and the Nursing Station will show fire zone locations

### FIRE EXITS

Refer to the map of E.J. McQuigge Lodge on the following page for exits. All exit doors open in the direction of exit travel.

### FIRE ZONE SEPARATION

E.J. McQuigge Lodge is divided into four (4) zones by a fire separation that has a fire resistance rating of at least ¾ of an hour. These zone separations allow staff to move residents to a safe area before evacuating outside the building if necessary. Refer to map of fire zones.

### **EMERGENCY LIGHTING**

E.J. McQuigge Lodge is provided with an auxiliary lighting system, which is activated immediately when the regular source of power fails.

### DOORS

As one of the most important fire safety features in the nursing home, each staff member must understand the special construction and fire resistance ratings of these doors. When the fire doors are closed, they restrict the spread of not only fire, but also the spread of smoke and toxic gases. These doors are found in the following areas:

1. 1 3/4" Solid Wood Core Doors—on rooms used for storage

Metal fire doors—on bedroom doors and other areas

- Minimum ¼ hour Fire Rate Doors and Frames—these doors are found on fire zone Separations and hazard area, i.e. kitchen, electrical, and mechanical rooms, laundry room, etc.
- 3. All fire doors opening on main corridor have automatic closures.

E.J. McQuigge Lodge				
MANUAL: FIRE A	ND EMERGENCY	PAGE NO. 23		
SECTION: 5.0 Fire P	lan	APPROVED BY: Administra	ator	
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	DATE REVISED: February 2022		

NOTE: Fire doors must NEVER be wedged/propped or tied open AT ANY TIME

### FIRE ALARM ANNUNCIATOR PANEL

The annunciator is located in the main foyer and the Nursing Station. It pinpoints the zone in which the fire alarm has been activated, either automatically or manually, and is referred to by the Fire Department upon their arrival in the even of a fire. The red solid dome light over any resident room indicates the smoke detector in that room has been activated.

E.J. McQuigge Lodge				
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 24	
SECTION: 5.0 Fire Plan		APPROVED BY: Administrator		
DATE OF ORIGIN: REVIEWED DATE 06/05 02/06		TE(S):	DATE REVISED: February 2022	

### FIRE SAFETY FEATURES (Continued)

### FIRE EXTINGUISHERS

Fire extinguishers are located in various areas throughout the nursing home including the fire hose cabinets (Types A, B, and C). Each staff member must be knowledgeable in identifying the types of fire and the fire extinguisher to be used to fight the fire if necessary.

Extinguishment must not be attempted unless safe to do so and resident safety is not in jeopardy. Evacuation takes precedence over extinguishment.

### FIRE HOSE STANDPIPES

Fire hose standpipes are located in each fire zone of McQuigge Lodge. In the majority of cases, fire department personnel would use the hose.

These units are located in each zone of the building and are equipped with a hose and fire extinguisher.

Staff should know the location of each unit and understand how to use both hose and extinguishers. Hoses or extinguishers should never be used until evacuation of residents is complete. The safety of residents and staff must be the first priority.

Standpipe equipment is mainly for use of the fire department to:

- Cool down an area
- Hold back a fire

Staff energies should always be directed to the safety of the residents.

### FIRE BLANKETS (2 Fire Blankets)

One fire blanket is located in the Dietary department to the right of the exit. The second fire blanket is located in the Lounge on the south wall. The blankets may be used to wrap a person or to smother flames on a person.

E.J. McQuigge Lodge				
MANUAL: FIRE AND	EMERGENCY	PAGE	NO. 25	
SECTION: 5.0 Fire Plan		APPRO	OVED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022	

### FIXED EXTINGUISHING SYSTEM - KITCHEN

This automatic, wet chemical, range guard extinguishing system is installed within the kitchen gas stove and grill hood. The system is activated automatically should a fire occur and the extinguishing agent will be released onto the cooking surface.

This system can also be operated manually by removing the Pull Pin in the Pressure Release Control Box which is located on the wall by the rear kitchen door.

In addition, this system will cause the fire alarm to ring.

### **HEAT DETECTORS**

The heat detectors will trigger the alarm automatically if the temperature hits 57.2°C (135°F) in each area.

These detectors may be set slightly higher in locations resulting in higher working temperatures, i.e. kitchens, boiler rooms, etc.

The detectors are located in:

- Staff areas
- Storage Areas
- Kitchen/ one in Dining room
- Laundry
- Mechanical room
- Utility rooms

### SMOKE DETECTORS

These detectors act as an early warning device. When triggered by smoke, they will automatically sound the fire alarm.

The detectors are located in:

- All resident bedrooms
- All resident lounges

E.J. McQuigge Lodge				
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 26	
SECTION: 5.0 Fire Plan		APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022	

- Corridors
- Dining rooms

When searching for a fire, each detector should be checked. When a red light is located on a detector, the signaling device has been located.

In all resident rooms the triggered smoke detector will light up a red light on the Dome Light immediately outside the room of the triggered detector. This identifies the fire location.

E.J. McQuigge Lodge				
MANUAL: FIRE AN	ND EMERGENCY	PAGE	NO. 27	
SECTION: 5.0 Fire Plan		APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022	

### RULES REGARDING SMOKING

Purpose:

It is the intent of this facility to develop and impose regulations that protect the smoker, non-smoker and worker from the hazards of fire.

### Residents:

- (1) Smoking is not allowed in this facility by anyone.
- (2) Resident smoking is confined to an area outside the building, which is 9 metres or 31 feet from any entrance.
- (3) Smokers must be assessed for their ability to smoke safely, responsibly and without supervision.
  - If resident has been assessed and it has been determined that supervision is required during outside smoking, it is the responsibility of the resident or family to provide a supervisor during smoking sessions.
- (4) Smoking materials are to be picked up from and returned to the Nurse in Charge. Smoking materials must never be left with a resident and must be locked in the Pharmacy.
- (5) Any incident, which occurs during a smoking session, must be reported.
- (6) Disposable lighters are not permitted in this facility.
- (7) Lit butts must not be thrown on ground. Butt Boxes are available and located outside the building. No combustible materials should be disposed on in the metal containers.
- (8) Any incident, e.g. problems with visitors, staff or residents, must be reported to the Administrator, D.O.N. and documented.
- (9) Any incident of fire must be reported to the Administrator, D.O.N. and the Ministry of Health.
- (10) If a problem is encountered, the following steps are to be taken:
  - immediate extinguishment of smoking materials
  - b) verbal warning and documentation on file

E.J. McQuigge Lodge				
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 28	
SECTION: 5.0 Fire Plan		APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022	

- c) removal of smoking materials, i.e. cigarettes, matches, etc.
- d) a letter will be issued to the next of kin notifying them of the incident
- e) if there is a repeat of the incident, a written letter will be issued to:
  - i) Ministry of Health
  - ii) Family
  - iii) Resident
  - iv) Copy for file
- f) resident will be prohibited from smoking
- g) in the event that the resident does not comply and the incident recurs, the resident will be discharged.

### STAFF

Smoking is not permitted within the facility. Smoking is only permitted during break periods in the outside smoking area. Cigarette butts must be disposed of in Butt Boxes only. Disposable lighters are not permitted in this facility. During inclement weather staff can smoke in their own vehicles.

The Smoke-Free Ontario Act restricts smoking in enclosed public places and enclosed workplaces.

Our facility is considered "Smoke-Free"

- Smoking is not permitted within nine metres of entrances and exits of health care facilities, including long-term care homes.
- Smoking is permitted at our outdoor smoking shelters. Our shelter has a roof and only two walls.
- During inclement weather staff are able to smoke in their own vehicles

E.J. McQuigge Lodge					
MANUAL:	FIRE AN	DEMERGENCY	PAGE	NO. 29	
SECTION: 5	.0 Fire Pla	in	APPR	OVED BY: Administrator	
DATE OF ORIGIN: REVIEWED DATE 06/05 02/06		TE(S):	DATE REVISED: February 2022		

### FIRE DRILLS

### POLICY

Fire drills will be conducted monthly in accordance with the Ministry of Health Nursing Homes Act and Fire Code (Ontario Regulation 388/97)

Fire drills will occur a minimum of one time per shift each month.

Evacuation procedures (partial or total) must be carried out by all personnel at each fire drill.

Fire Drills will be conducted using fire signs. This will signify a potential fire.

Staff locating this "fire drill condition" will be expected to respond as they would in a "fire situation." Staff actions and responses will be monitored by either the Director of Nursing or designate.

A full report shall be filed with the Administrator following the fire drill.

### **PURPOSE**

- To test the procedure.
- To test the staff and also to test the staff's confidence.
- To develop skills in individual and team skills.

E.J. McQuigge Lodge					
MANUAL:	FIRE AN	D EMERGENCY	PAGE	NO. 30	
SECTION:	5.0 Fire Pl	an	APPRO	OVED BY: Administrator	
DATE OF ORI 06/05	IGIN:	REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022	

### FIRE DRILL MASTER ATTENDANCE RECORD

### **PURPOSE**

To provide administration with a summary of individual attendance at fire drills, fire safety inservice and continuing education as an aide in ensuring the emergency preparedness of all staff.

### **PROCEDURE**

The charge person conducting the inservice, drill or other fire safety event will compile on a timely basis a complete list of those attending to be handed over to Administration. This information is then filled in on the record beside each participant's name. Additionally, as a new staff person is hired, their name is placed on the record. In this way, administration is regularly kept informed of staff attendance in the area of emergency training and upgrading such that prompt remedial action may be taken as gaps are identified.

Consult the Master Attendance Record prior to a fire drill to determine which staff need to participate in a drill.

### FIRE SAFETY QUESTIONNAIRE

### PURPOSE

The Questionnaire is designed to keep supervisors informed of the knowledge of the staff related to fire assignments and safety.

### FREQUENCY

The Fire Safety Questionnaire will be completed at the time of the annual performance Appraisal.

It is designed to test the knowledge of employees.

### FIRE AUDIT

### PURPOSE

The Fire Audit is completed monthly by the Housekeeping staff. It is designed as a problem-solving tool to evaluate equipment, staff, policies, residents and the facility in general.

E.J. McQuigge Lodge					
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 31		
SECTION: 5.0 Fire F	lan	APPR	OVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022		

### AFTER THE FIRE

### **PURPOSE**

After the Fire evaluation form is to be kept in the front of the Fire Manual at all times.

It has been designated to assist the Charge Nurse in assessing the situation after the alarm to aid in restoring the facility to the required environment.

E.J. McQuigge Lodge						
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 32			
SECTION: 5.0 Fire P	an	APPRO	OVED BY: Administrator			
DATE OF ORIGIN: REVIEWED DATE 06/05 02/06		TE(S):	DATE REVISED: February 2022			

### AFTER THE FIRE

- Make sure all residents are accounted for. Double check.
- Have anyone who was exposed to a large amount of smoke or who shows signs of smoke inhalation examined by a medical doctor.
- 3. Seal off the fire are until the fire department and the Fire Marshall's Office has completed their investigations.
- Do not discard burned materials.
- Have all staff who discovered the fire or who were in the area before or during the incident make independent statements of what they observed and did.
- Complete and forward the Ministry of Health Incident Report. Phone the Ministry of Health as soon as possible.
- 7. Make notes of anything out of the ordinary.
- Have all equipment used serviced and replaced to its proper location, i.e. extinguishers, hoses, etc.
- Make a list of all staff involved at the scene.

**NOTE:** The attached questionnaire maybe useful in taking statements from the Staff.

E.J. McQuigge Lodge					
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 33		
SECTION: 5.0 Fire P	lan	APPR	OVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022		

### AFTER THE FIRE

_	le la constant de la	YES	NO	COMMENT
1	Make sure all residents are accounted for.	112		
2	Have anyone who was exposed to a large amount of smoke or who shows signs of smoke inhalation examined by a medical doctor.			
3	Seal off the fire area until the fire department and the Fire Marshall's Office have completed their investigations.			
4	Do not discard burned materials.			
5	Have all staff who discovered the fire or who were in the area before or during the incident make independent statements of what they observed and did.			
6	Complete and forward to the Ministry of Health an Incident Report. Phone the Ministry of Health as soon as possible.			
7	Make notes of anything out of the ordinary.			
8	Have all equipment used serviced and replaced in its proper location, e.g. extinguishers, hoses, etc.			
9	Make a list of all staff involved at the scene			

NOTE:

This questionnaire may be useful in taking statements from staff.

A copy is to be kept in front of the Fire Manual at all times. (Charge Nurses are

E.J. McQuigge Lodge						
MANUAL:	FIRE AND	EMERGENCY	PAGE	NO. 34		
SECTION:	5.0 Fire Pla	n	APPRO	OVED BY: Administrator		
DATE OF OR 06/05	GIN:	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022		

responsible for this form being in place. Report **immediately** if form is not available.)

E.J. McQuigge Lodge					
MANUAL: FIRE	AND EMERGENCY	PAGE	NO. 35		
SECTION: 5.0 Fire	Plan	APPRO	OVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022		

### FALSE ALARMS

### POLICY

The Belleville Fire Department and Alarm Systems MUST be called whenever the fire alarm bells are sounded.

In the event that a thorough investigation of the building indicates there is no actual fire or smoke condition, a false alarm situation may exits.

The Fire Department should give direction before the fire alarm panel can be reset and the bells shut off. The reason for the alarm to sound must be found first and the problem rectified.

All staff must closely check their work areas and report findings to the Charge Nurse.

Attempt to reset the fire alarm panel (main annunciator panel in the electrical room).

Should the alarm panel refuse to reset, contact:

Lyle Paquette	968-4300
Belleville Fire Department	962-2010
Alarm Systems	969-5100
Administrator	966-4015

NOTE:

Be sure to check all areas of the building including residents' rooms and closets, and lounges. **Remember** heat or smoke detectors are installed in every area except residents' washrooms.

E.J. McQuigge Lodge					
MANUAL: I	IRE AND EMERGENCY	PAGE NO.	36		
SECTION: 5.0	Fire Plan	APPROVED	BY: Administrator		
DATE OF ORIGIN: REVIEWED DATE 06/05 02/06			ATE REVISED:		

### PROCEDURE FOR RESETTING EQUIPMENT

- 1. Flip the switch to normal on the pull station.
- 2. Push the marked **reset** button on the fire panel in the mechanical room. Hold for three (3) seconds. Power on light should be green.
- 3. Reset Maglocks
- 4. Phone the Fire Department and ask if the system is reset.

E.J. McQuigge Lodge					
MANUAL:	FIRE AND	EMERGENCY	PAGE	NO. 37	
SECTION: 5	.0 Fire Plan		APPRO	OVED BY: Administrator	
DATE OF ORI 06/05	GIN:	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022	

### 5. IN SUMMARY

### FIRE PREVENTION

- Do not allow rubbish, extensive boxboards, etc.to accumulate.
- Check problem smokers on a regular basis.
- Insist that the smoking policy is obeyed.
- 4. Report all fire or safety hazards.
- Watch for and do not use worn or damaged electrical cords or equipment (Tag—DO NOT USE). Put tags &sign your name with problem in back hallway.
- 6. Discard used smoking materials in proper Fire proof containers.
- 7. Set up a Safety Committee.
- 8. Review the Fire Manual regularly.
- 9. Attend inservice on Fire Safety.
- 10. Participate in the Fire Drills.
- 11. Make sure all exits are free from obstruction at all times.

### Some do's and don'ts

### Do's

- Know and understand the fire procedure.
- Attend the Fire Safety inservice sessions.
- 3. Participate in monthly fire drills.
- 4. Review the Fire Manual regularly.
- 5. Know the location of the fire exits.
- 6. Know the location of the Fire Alarm Stations.
- Know the location of the extinguishers.
- 8. Enforce and obey the smoking policy.
- Keep fire doors closed when not in use.
- 10. Study methods of lifting and carrying residents.

### Don'ts

- Do not block or obstruct an exit.
- In the event of a fire, do not allow anyone to undo what has been done.
- Do not allow hazards to go unreported.

### Remember

- The safety of the resident always comes first.
- Extinguishment of a fire is economy.
- A closed door will help confine a fire and slow the spread of smoke and toxic gases.

E.J. McQuigge Lodge					
MANUAL: FIRE	AND EMERGENCY	PAGE	NO. 38		
SECTION: 5.0 Fir	Plan	APPRO	OVED BY: Administrator		
DATE OF ORIGIN; 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022		

- 4. When an odour of smoke is noticed, sound the alarm and call the Fire Department at once, then investigate the source.
- 5. If the fire alarm sounds, consider it to be a fire and react accordingly.
- 6. Do not hesitate to sound the alarm or call the fire department—both are there to help.
- 7. Smoke KILLS—do not let it spread.
- 8. Remain calm, walk and don't run during a fire.
- 9. Do not let anyone undo what you have already done.

THINK FIRE - IT IS SO FINAL

## Fire Extinguishers **How Most**

on the extinguisher you will be using. Fix a picture in your mind that will fit the instructions instructions on your extinguisher for variations.

If there's a fire, call the fire department first. Get everyone outside. Then fight a small fire only. If the fire gets large, get out. Close doors to slow the fire

Make sure you don't use one type extinguisher on another type fire—it may make the fire worse. (A) on a grease or on an electrical fire (B or C). Common errors (they can be fatal) are using water

Although the majority of extinguishers work with our directions, there are exceptions. Read the

spread.

## **Learn How**

Pull the pin. Some units require the releasing of a lock latch, pressing a puncture lever, inversion, or other motion.

### 2. Aim

Aim the extinguisher nozzle (horn, or hose) at the base of the fire.

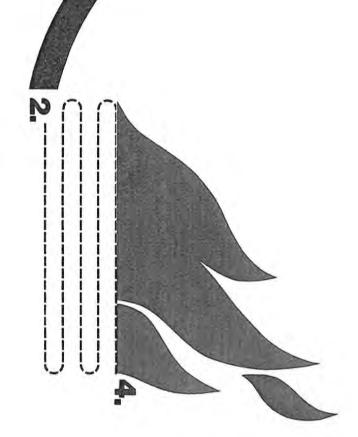
## 3. Squeeze

Squeeze or press the handle.

## 4.Sweep

Sweep from side to side at the base of the fire. Watch for reflash. Discharge the contents of the extinguisher.

Foam and water extinguishers require slightly different action. Read the instructions.





FIPRECAN 1590-7 Liverpool Court, Ottawa, Ontario K1B 4L2 Telephone: (613) 749-8200

### RESIDENT SMOKING ASSESSMENT

	RESIDENT NAME
QUARTERLY ASSESSMENT	ROOM
ANNUAL ASSESSMENT	DATE OF ASSESSMENT
REASSESSMENT	ASSESSOR
REASON FOR REASSESSMENT	
Section A Observation  1. Information Source Check all that apply:	
<ul> <li>Observation while smoking</li> <li>Discussion with Resident</li> <li>Nursing/Team Report</li> </ul>	
10 to 22 00 01 01 0 12 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
<ul> <li>Family/Caregiver</li> <li>Are there any physical limitations, ability to smoke? i.e. arthritis, hand injur</li> </ul>	which have implications on the resident's y, paralysis, impaired vision
□ Family/Caregiver	which have implications on the resident's y, paralysis, impaired vision If yes please specify
□ Family/Caregiver  2. Are there any physical limitations, ability to smoke? i.e. arthritis, hand injury YES  NO	y, paralysis, impaired vision If yes please specify
□ Family/Caregiver  2. Are there any physical limitations, ability to smoke? i.e. arthritis, hand injury YES NO	y, paralysis, impaired vision

### ASK THE RESIDENT THE FOLLOWING QUESTIONS: Record the responses

1.	Tell me where you are permitted to sm	oke in this facility?	
Res	ponse Appropriate Y	ES	NO
2.	Why can you only smoke in these areas	5?	•
Res	ponse Appropriate Y	ES	NO
3.	What would happen if you smoked nea	r an oxygen source?	
Resj	ponse Appropriate Y	ES	NO
4.	What would you do if there was an eme	rgency while out sm	oking?
Resi	ponse Appropriate YI	ES 1	NO
5.	Ask the resident to illustrate the process Note if the resident completed the followno, comment by writing the resident's awhether you think the underlying cause behavioural issues.	ving tasks safely and	independently? If
Did	the resident:		
a.	Know where to go to smoke on their ow	n YES	NO
<b>o</b> .	Obtain their cigarettes and matches if red	quired YES	NO
<b>:</b> .	Obtain a smoking apron	YES	NO
i.	Access an ashtray	YES	NO
<b>.</b>	Light the cigarette	YES	NO
:	Hold the cigarette securely	YES	NO
g.	Dispose of ashes in the ashtray	YES	NO

h.	Put out the cigarette	YES	NO
i.	Return cigarettes and matches to staff	YES	NO
j.	Able to call for emergency assistance if required	YES	NO
Ac	Iditional Comments:		
6.	If necessary, can adaptations, training or other inte	erventions be	e implemented to
	YES NO If yes, specif	ý	
7.	Based on observations, is additional testing indicate YES NO If yes, specificant in the second secon		
In	SK FACTORS formation Sources Observation		
0	Family/Caregiver Chart review for smoking incidents		
0	Discussion with resident		
	Nursing/Team Report		
	Attending Physician/pharmacist re: Medications		
1.	Is the resident known to engage in the following ur NOTE: Completion of this section is not necessary	nsafe smokin if resident i	ng practices. s a new admission
	Does the resident:		
	a) Smoke outside the designated smoking area	YE	S NO
	b) Dispose of ashes/cigarettes butts in an unsafe n		S NO
	c) Smoke near an oxygen source	YE	S NO
	d) Give cigarettes to other residents	YE	

If the answer to any List what the reside him/herself, other re	nt suggests to be de	one to ensure the s	afety and we	ell bein
What is the resident	's perspective on h	is/her specific uns	afe smoking	practic
Is he or she willing	to follow the smok	ing policy rules?	YES	N
Have there been any assessment or if resi inappropriate smoki or reports of unsafe YES	dent is a new admi ng(i.e. burn marks	ssion, does the res	ident have a e in clothes o	history
Is the resident know	n to attempt to set t	fires or use ignition If yes, specif		nsafely
Does the resident use	e oxygen?			
Does the resident use	e oxygen?			
	NO	nounts of alcohol?		
YES	NO	nounts of alcohol?		
YES  Does the resident con	NO nsume excessive ar NO			

6.	Does the residen smoke safely? (i.	t take an e.cause	y medication drowsiness etc	that could impact on his/her ability to c.)
	YES		NO	If yes, specify
RI	ECOMMENDATION	NS		
<u> </u>	Resident is able to sn Pharmacy	noke ind	ependently bu	t must keep smoking materials in
0		o smoke	independentl	y and must be supervised by family.
0	Resident is not safe to	o smoke	independently	y and must be supervised and wear a rials must be kept in Pharmacy.
				A to the test that the second of the second of the
Sig	gnature of Assessor		-	Date

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## "DAILY FIRE SAFETY CHECKS

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MONTH:

1. 2. 3. 4. 5.	EXIT DOORS OPEN FREELY	EXTERIOR EXIT PASSAGEWAYS CLEAR	ACCESS TO FIRE EXITS CLEAR	FIRE EXIT SIGNS ILLUMINATED	FIRE ALARM A/C POWER ON LAMP "ON"	FIRE ALARM PANEL CLEAR OF TROUBLE	FIRE DOORS KEPT CLOSED(NO WEDGES)	RUBBISH REMOVED FROM BUILDING	WATER TEMPERATURE AT	C A TANAL OF THE COLUMN TO A C
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	E.J. Mc	Quigge Lodge		
MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 1 APPROVED BY: Administrator		
SECTION: 6.0 Staff Er	nergency Procedures			
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S): DATE REVISED: February 2022		

### GENERAL EMERGENCY PROCEDURES FOR ALL STAFF

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

If you discover a fire, follow the actions outline in the acronym REACT

Remove persons in immediate danger if possible.

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

Activate the fire alarm system using the nearest pull station.

Call the fire department and/or notify reception.

Try to extinguish the fire or concentrate on further evacuation.

### If you hear the alert signal:

- Check your floor to make sure the fire is not in your area. If the fire is in your area, see "REACT" above.
- Prepare for the assembly and relocation of residents. Ensure that all of the residents who
  require special assistance are prepared for relocation.
- Await further instructions.
- If assigned, assist with the relocation of endangered residents.
- If assigned, meet the fire department and provide them with any necessary information (i.e. location of the fire if known, resident needing assistance to relocate, etc.).

### If you hear an evacuation signal:

- Relocate all residents who are in danger.
- Co-ordinate the assembly and relocation of all other residents.
- · Await further instructions if floor area is in no immediate danger.

	E.J. Mo	cQuigge Lodge		
MANUAL: F	FIRE AND EMERGENCY	PAGE NO. 2		
SECTION: 6.0	Staff Emergency Procedures	APPROVED BY: Administrator		
DATE OF ORIGI 06/05	N: REVIEWED DATE 02/06	E(S): DATE REVISED: February 2022		

### **EMERGENCY PROCEDURES FOR ADMINISTRATOR**

- 1. Upon hearing the alert signal, assign personnel to investigate the cause of the alarm if unknown.
- 2. Ensure that the fire department has been called.
- 3. If it is deemed necessary, initiate the evacuation signal.
- Coordinate the evaluation, assembly and relocation of all residents to safe area of the building.
- 5. Assign staff to ensure that the fire route is clear and unobstructed.
- 6. Assign staff to ensure that all emergency systems (sprinkler system, pressurized fans, etc.) are operating properly.
- 7. Meet the fire department and ensure that they have access to the building and are provided with a set of master keys.
- 8. Direct the fire department to the fire alarm panel and central control system and assist them with the operation of these systems.
- 9. Co-ordinate the transportation of all residents and their personal and medical records to other facilities, if needed.
- 10. Once the emergency is over take the necessary actions to return the building emergency systems to full service as soon as possible.

	E.J. Mc	Quigge Lodge		
MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 3 APPROVED BY: Administrator		
SECTION: 6.0 Staff E	mergency Procedures			
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S): DATE REVISED: February 2022		

### EMERGENCY PROCEDURES FOR NURSING SUPERVISOR

- · Undertake Administrators responsibilities if they are not on-site.
- Supervise and direct the evacuation, assembly and relocation of residents and visitors.
- Recall all of the elevators to the main floor and place them in emergency service.
- Inform arriving fire department of any resident, visitors, or staff who require assistance or rescue.

### Sequence of Evacuation

The goal must be to evacuate all endangered occupants from the fire area and confine the fire as quickly as possible.

- · Evacuate residents horizontally to the adjacent fire zones.
- If vertical evacuation is requires, use the exit stairs and leave the floor.
- Evacuate the room of the fire origin first, if possible.
- Close all doors in the fire compartment. Occupants requiring assistance to evacuate should be reassured and told to remain in their rooms with the door closed. They will be evacuated as soon as possible.
- Evacuate the rooms on either side of the room of fire origin and the room directly across
  the hall. As each room is evacuated during the primary search, identify that the room has
  been evacuated by holding the fire flag up to block off the colored bottom and close the
  door.
  - Note: during any evacuation a resident may reenter a room that has been identified as empty. If the fire flag has fallen down exposing the colored side this is an indication that the room must be rechecked for occupancy. To prevent the possibility of someone being left behind in a fire area a second check to ensure all fire flags on room doors are closed, should be carried out, if possible.
- Evacuate ambulatory residents next. They should be moved in a group whenever possible.
- Visitors and other occupants capable of evacuating should be instructed to leave the fire area on their own or with some assistance.
- Visitors may provide assistance if given suitable instructions.
- · Persons in wheelchairs should be moved out next.
- Other non-ambulatory resident should then be evacuated because of the time and resources necessary to move them.
- If necessary, evacuate resident who are critically ill or on any life support. If they are not
  in any immediate danger, they should be left in their room with the door closed. The Fire
  Department must be informed of their location. Procedures for moving critically ill
  residents must be established well in advance of any emergency.

### Once in the adjacent fire zone or outside:

- Ensure employees and residents are assembling at the designated meeting area.
- Report on the status of the ward to the Incident Commander.

	E.J. Mc	Quigge Lodge
MANUAL: FIRE	AND EMERGENCY	PAGE NO. 4
SECTION: 6.0 Staf	Emergency Procedures	APPROVED BY: Administrato
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	DATE REVISED: February 2022

### EMERGENCY PROCEDURES FOR ENVIRONMENTAL SUPERVISOR

- · Ensure fire routes are clear and unobstructed.
- If possible, ensure that all emergency systems (sprinkler system, pressurization fans, etc.) are operating properly.
- Meet arriving fire department and upon request, provide fire department with master key for all areas and rooms in the building.
- Upon request, provide a floor plan that shows the locations of exits and all fire protection equipment.
- Upon request, direct the fire department to the location of the fire alarm and voice communication system, sprinkler system control valves, and natural gas shut off valves and hydro disconnect.
- At the direction of the fire department, initiate any smoke control systems, emergency power systems and the firefighter's elevator.
- Be available to assist the fire department.

	E.J. Mo	Quigge Lodge
MANUAL: FI	RE AND EMERGENCY	PAGE NO. 5
SECTION: 6.0	taff Emergency Procedures	APPROVED BY: Administrator
DATE OF ORIGIN 06/05	REVIEWED DATE 02/06	(S): DATE REVISED: February 2022

# EMERGENCY PROCEDURES FOR FOOD SERVICES SUPERVISOR

- Assist anyone in immediate danger to evacuate the kitchen area.
- · Manually activate the automatic extinguishing system, if required.
- Shut off the electrical and gas equipment, cooking equipment, coffee, etc, in a safe manner.
- Close door to the kitchen to confine the smoke and fire.
- Activate the fire alarm system.
- Notify Charge Nurse or fire department of fire condition.
- Assist in the assembly and relocation of residents and visitors.

-1	E.J. Mc	Quigge Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 6
SECTION: 6.0 Staff E	nergency Procedures	APPROVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	DATE REVISED: February 2022

# EMERGENCY PROCEDURES FOR LAUNDRY STAFF

- Shut off electrical and gas laundry cleaning and drying equipment in a safe manner.
- Ensure that all doors are closed when evacuating the laundry room.

	E.J. M	cQuigge Lodge
MANUAL: F	FIRE AND EMERGENCY	PAGE NO. 7
SECTION: 6.0	Staff Emergency Procedures	APPROVED BY: Administrator
DATE OF ORIGI 06/05	N: REVIEWED DAT 02/06	E(S): DATE REVISED: February 2022

#### **GENERAL STAFF FIRE PROCEDURES**

# A. IF YOU DISCOVER A FIRE

Remove persons in immediate danger if possible.

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

Activate the fire alarm system using the nearest pull station.

Call the fire department and/or notify reception.

Try to extinguish the fire or concentrate on further evacuation.

#### B. ON HEARING THE FIRE ALARM

- 1. Return to your unit or proceed to the fire as assigned.
- Close all doors and windows if possible.
- 3. Ensure all exits and corridors are unobstructed.
- 4. Reassure residents and visitors.
- Turn on lights.
- Await further instructions.

#### C. EACH EMPLOYEE MUST KNOW

- 1. The procedures shown in sections above.
- 2. Specific instructions for his or her department.
- The location and operation of the following in his or her work area:
  - a) Fire Alarm Pull Stations
  - b) Hose Cabinets
  - c) Extinguishers
  - d) Fire Exits

#### D. REMEMBER

- 1. Do NOT shout "FIRE"
- 2. Do NOT use telephone unless necessary
- \* Fire Extinguishment, control or confinement.

In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or the smoke presents a hazard to the operation, then the door to the area should be closed to confine and contain the fire. Leave the fire area, ensure the fire department has been notified and wait for the Fire Department.

	E.J. Mc	Quigge Lodg	e
MANUAL: FIRE A	ND EMERGENCY	PAGE NO.	8
SECTION: 6.0 Staff E	mergency Procedures	APPROVED	BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	1731	ATE REVISED: bruary 2022

# DEPARTMENTAL SPECIFIC INSTRUCTIONS

# BUSINESS OFFICE, WARD CLERK AND RECEPTION

If fire is in your area:

1. Follow general fire procedures if fire is in your area.

## When you hear the fire alarm

- 1. Report to front door main entrance and:
  - a) Answer the telephone, terminating non-emergency telephone calls, e.g. "Sorry, we are in an emergency, please call back".
  - b) Do not allow visitors to go past the main entrance of the building.
  - c) Unlock the main entrance and direct the Fire Department to the fire location.
- Inform the Administrator and Director of Care of the emergency, if they are outside the building.

	E.J. Mc	Quigge L	odge
MANUAL: FIRE AN	D EMERGENCY	PAGE N	O. 9
SECTION: 6.0 Staff Er	nergency Procedures	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022

# HOUSEKEEPING/LAUNDRY

# Housekeeping

# If the fire is in your area:

i) Follow General Fire Procedures "If you discover a Fire"

# When you hear the Fire Alarm and fire is in another area:

- i) Put away equipment and ensure all hallways are clear.
- Report to nursing station for directions. Remain in assigned area until directed elsewhere.
- iii) Assist as required.

# Laundry

#### If the fire is in your area:

i) Follow General Fire Procedures "If you discover a Fire"

## When you hear the Fire Alarm and fire is in another area:

- i) Turn off all laundry equipment.
- ii) Turn off all air circulation equipment.
- iii) Leave the department and close all doors.
- iv) Proceed to fire area and assist as required.

	E.J. Mc	Quigge Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 10
SECTION: 6.0 Staff Er	nergency Procedures	APPROVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S): DATE REVISED: February 2022

#### RECREATION AND LEISURE STAFF

## If the fire is in your area:

Follow General Fire Procedures "If you Discover a Fire"

## When you hear the Fire Alarm and fire is in another area:

- If you are involved with a program and in a safe location, close the door and supervise the residents.
- ii) If not with residents, proceed to the fire area with fire extinguisher.
- iii) Assist as required.

#### DIETARY

#### If the fire is in your area:

(Cook assumes Leadership position in absence of Food Services Supervisor)

- i) Pull nearest Fire Alarm or delegate this task.
- Page "Code Red Kitchen" three (3) times.
- iii) Ensure doors and windows are closed.
- iv) Turn off all equipment stoves, fans, dishwasher, etc.
- v) Assign one aide to remain with you in the kitchen to use second fire extinguisher.
- vi) Remainder of staff proceed to Business Office.
- vii) DO NOT place yourself in danger; if fire cannot be easily contained, evacuate the area.

# When you hear the Fire Alarm

(Employees in Department)

- Turn off all cooking equipment
- ii) Turn off all air circulating equipment.
- Close all doors and leave the department. Report to first floor nursing station and await instructions.

	E.J. M	cQuigge l	Lodge	
MANUAL: FIRE AND EMERGENCY		PAGE NO. 11		
SECTION: 6	5.0 Staff Emergency Procedures	APPRO	OVED BY: Administrator	
DATE OF ORI 06/05	GIN: REVIEWED DATE 02/06	E(S):	DATE REVISED: February 2022	
iv)	Await further instructions.			
NURSING				
1.	Charge Nurse on Day, Evening, and	d Night Sup	ervisor	
If the	fire is on your unit:			
1)	Go directly to the annunciator p determine area of fire.	oanel at the	e front door or the nurse's station and	
ii)	Page "Code Red, and state fire local	ation". Repe	eat three times.	
iii)	Call the Fire Department via outsid	le line using	911 number and state the following:	
	"This is the N alarm located at – (state area fire		e at(state addess), we have a fire	
iv)	Recall both central elevators to the	main floor.		
v)			fire department to direct them to the fire	
vi)	If possible, have a staff member re	emain at Nu	rses' Station to direct staff, volunteers.	
iv)	Should evacuation of the Unit seen	m necessary	, evacuate residents and their records.	
v) vi)	Remove resident binders and MAF	R books fron on is under	n fire zone if possible. control, announce "Code Red - All Clear"	
Registered St	aff on Second and Third Floor all Shif	ts		
i)	Determine exact location of fire.			
iii)	Designate responsible person to be in charge of your unit.			
iv)	Proceed to location of fire and assist as required until fire department arrives.		ed until fire department arrives.	
v)	Direct rescue of residents if necess	sary (Follow	evacuation procedures).	
vi)	Remove resident medical records	binders and	MAR books from fire zone if possible.	
vii)	Contact Administrator or Director of	of Care as so	oon as possible.	

TO O DE LOO	E.J. Mc	Quigge Lodge
MANUAL: FIRE AN	ND EMERGENCY	PAGE NO. 12
SECTION: 6.0 Staff E	mergency Procedures	APPROVED BY: Administrate
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S): DATE REVISED: February 2022

# ALL OTHER NURSING STAFF

## If the Fire is in your area:

i) Follow General Fire Procedures "If you Discover a Fire"

# When you hear the fire alarm:

Determine exact location of fire.

- Report to your unit.
- ii) Direct rescue of residents if necessary (Follow evacuation procedures).

# DOCTORS/VISITORS/VOLUNTEERS, ETC.

# When you hear the fire alarm:

- i) Remain with the residents.
- ii) Keep the door of the room closed.
- iii) Follow instructions of staff.
- iv) If you have not yet entered the building when the fire alarm sounds, remain outside.

#### INCIDENT MANAGER

When present at the fire scene, the Registered Nurse on Shift is the designated Incident Manager until relieved by the Fire Department.

	E.J. N	/lcQuigge	Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 1
SECTION: 7.0 Evacu	ation Procedures	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022

## **EVACUATION PROCEDURE - CODE GREEN**

#### **PURPOSE**

The purpose of evacuation is to remove resident from an unsafe area to a safe area.

#### **OBJECTIVES**

The objectives of the Evacuation Plan are:

- To ensure the well being of all residents and staff.
- To provide continuous health care in the event of a major change in the physical plant or an interruption in a vital service.
- 3. To ensure the smooth transportation of residents, materials and records to a safe area within or out of the facility.
- 4. To minimize the effects of trauma and shock to the residents and staff.
- 5. To ensure a co-ordinated effort with all services inside and outside the facility.
- 6. To eliminate as much as possible the possibility of surprise and panic in an emergency.

#### REASONS FOR EVACUATION

An immediate life-threatening emergency within the facility.

#### **EVACUATION CO-ORDINATOR**

The Evacuation Co-ordinator has overall responsibility for the implementation and direction of the Evacuation process.

The Administrator, Director of Care, any Supervisor, or Registered Nurse, may assume the role of Evacuation Co-ordinator.

#### CONTROL CENTRE

The Control Centre for all emergencies will be the Lounge or Dining Room area.

#### ORDER OF EVACUATION

- Residents in IMMEDIATE DANGER
- 2. Residents who are AMBULATORY
- Residents in a WHEELCHAIR
- Residents who are BEDRIDDEN
- Residents who are UNCOOPERATIVE

#### STAGES OF EVACUATION

There are four types of emergency evacuation procedures that can be conducted within a health care facility.'

Ter Land	E.J. N	//IcQuigge Lodge
MANUAL: FIRE	AND EMERGENCY	PAGE NO. 2
SECTION: 7.0 Ev	acuation Procedures	APPROVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S): DATE REVISED: February 2022

#### Code Red Evacuation.

This evacuation consists of the room in which the code red originated, the rooms on either side, and the room directly across.'

## Code Green

A Horizontal Extended Evacuation is a complete evacuation of all people in the Fire Area beyond designated fire Barrier Doors to a previously designated safe area on the same floor.

#### Code Green-Stat

Movement should be made from the non-fire side of the building (beyond the fire barriers), or out of the building via the end exit farthest from the fire. Code Green-Stat should take place at the discretion of the Fire Department in consultation with an administrative representative.

If Total Evacuation of all persons in the Home is necessary, the Evacuation Alarm will be sounded. The decision to totally evacuate all persons in the Home will be made by the Fire Department in consultation with the administration representative in the Control Centre.

NOTE: The alert stage of the two stage alarm system is operational when evacuation stages 1,2 and 3, are being conducted.

#### VERTICAL EVACUATION

If an emergency situation persists and threatens the safety of residents on the second floor, the Evacuation Co-ordinator will order a vertical evacuation of that floor.

#### Action

- Staff will assist ambulatory residents down available stairwells. Be certain that confused residents are supervised on first floor.
- If given permission by Senior Fire Official, elevator may be used for wheelchair residents.
- 3. Be certain all residents are moved to Main Lobby for supervision (or other designated area as required).
- Make final check of floor if possible.
- Remove records if possible.

#### TOTAL EVACUATION

If, as a result of fire or other disaster, all residents on all wings are affected, total evacuation will be necessary. The authority to initiate total evacuation will be the Evacuation Co-ordinator or Senior Fire Official on the scene.

	E.J. N	<b>AcQuigge</b>	Lodge
MANUAL: FIRE AND	EMERGENCY	PAGE	NO. 3
SECTION: 7.0 Evacuati	on Procedures	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	ΓE(S):	DATE REVISED: February 2022

## Action

- Residents will be moved to the Control Centre or to another area if designated by Evacuation Co-ordinator.
- Keep to the right of hallways when moving residents.
- DO NOT allow any resident to return to an evacuated area.
- If fire or other hazardous situation prevents residents from reaching designated area inside the building, leave building through nearest exit and move to northwest corner of parking lot.
- Evacuation Co-ordinator will assign two staff member to identify, list and count each resident leaving the facility. Residents will be assembled in the lobby, parking lot or will be placed directly into waiting vehicles for transport to either:
  - Acute Care Hospitals for acute medical treatment: Thurlow Township Centre Harmony Road.
  - If evacuation of the entire region is expected for an extended period of time Follow the Letter of Understanding in the Disaster Packs
- Each group of residents transported to another location will be accompanied by a staff member designated by the Evacuation Co-ordinator.

	E.J. N	<b>/</b> lcQuigge	Lodge
MANUAL: FIRE AND E	MERGENCY	PAGE	NO. 4
SECTION: 7.0 Evacuation	n Procedures	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022

# DIRECT CARE STAFF - RESPONSIBILITIES (RN, RPN, HCA, AND PSW)

- Ensures that residents in their area are appropriately dressed and covered.
   Obtain extra blankets, jackets, etc. from linen storage room.
- 2. Ensures that residents are safely removed from the facility.
- Ensures that residents are properly identified (Arm band, name tag).
- Ensures that any person transporting resident to receiving facility is apprised of his/her medical situation.
- Ensures destination of residents is recorded so that records etc. can be transported later.
- 6. Accompanies residents to receiving facility, if requested.
- Ensures that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive necessary medications and are requested to leave a forwarding address.

The second second	E.J. N	//icQuigge Lodge
MANUAL: FIRE AN	D EMERGENCY	PAGE NO. 5
SECTION: 7.0 Evacua	tion Procedures	APPROVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S): DATE REVISED: February 2022

#### RESIDENTS' RECORDS

- AFTER the residents have been evacuated from the affected wings, the Charge Nurse will assign staff to remove MAR books, Residents' Medical Charts from the floor.
- Charge Nurse must ensure that all drug carts, drug cupboards, and medication rooms are locked before leaving the floor.
- Note: AT NO TIME should staff remain in a hazardous environment after the residents have been evacuated. The records, although important, can be left behind if staffs feel they cannot remove them without risking their own lives.

# EQUIPMENT AND NECESSITIES TO BE CONSIDERED FOR EVACUATION

- Medications (Charts, etc.)
- 2. Resident Care Plans
- 3. Resident Medical Charts
- Adequate blankets and bedding
- 5. Residents appliances as necessary (shavers, etc.)
- Residents personal clothing and grooming aides.
- 7. Staff phone number lists.
- 8. Family phone number lists.

#### **DUTIES OF EVACUATION CO-ORDINATOR**

Assuming an evacuation is in progress, the Evacuation Co-ordinator will attend to the following: (Delegate to other staff as required).

- Announce over the overhead paging system:
   "Code Green" and repeat three times
- Assign a staff member to call in all off duty staff. Follow call-in procedure for all staff, and call in additional personnel as required to assist with evacuation or to go to receiving centres to care for arriving residents (including physicians).
- Confirm that transportation arrangements made with community authorities have been initiated.
- Assign residents to other facilities as per plan as required.
- Notify receiving centres of emergency and the numbers of residents being referred.
- Ensure that all residents are appropriately identified with armbands or nametags.
- Ensure a list of all residents being evacuated is made prior to residents leaving the building and as they board vehicles (to ensure an accurate head count).
- 8. Ensure residents being evacuated are properly clothed or covered for the weather.
- Assign personnel as appropriate to inform families of situation by phone.
- Ensure sufficient medical documentation accompanies residents (if possible).
- Ensure that all residents and staff are accounted for. (Fire Department to double-check all evacuated areas).

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MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 6
SECTION: 7.0 Evacuation Procedures		APPROVED BY: Administrator
DATE OF ORIGIN: REVIEWED DAT 06/05 02/06		TE(S): DATE REVISED: February 2022

- 12. Assign personnel as appropriate to inform families of situation by phone.
- 13. Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive necessary medication, and sign responsibility sheet.
- 14. Make a list by department of the necessary equipment to be evacuated (e.g. drug carts, extra blankets, bed linen, personal clothing, and nursing supplies from store room).
- 15. Restrict admissions to facility to authorized personnel only.
- Refer members of the press to Administrator or Assured Care Consulting Living representative.
- 17. Notify Ministry of Health, and Assured Care Consulting Living Head Office.

# Building left unattended - the Evacuation Co-ordinator or local officials must:

- Make final check of empty building to ensure all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.
- Ensure that all evacuated areas are sealed off, appropriately secured and barricaded as necessary to prevent vandalism.
  - Notify police that building is empty and unattended.
  - 4. Post signs on door indicating new location, who to contact and telephone number.

#### GENERAL PRINCIPLES

DO NOT evacuate across the path of a fire or through dense smoke.

DO NOT panic. Move quickly but safely. Tell residents what you are doing and reassure them.

DO NOT Shout.

DO NOT allow a resident to return to an area, which has been evacuated.

DO keep exits and hallways clear of equipment to facilitate movement of traffic (e.g. clear empty wheelchairs away from head of stairs, move cleaning carts into a room, etc.)

#### COMMUNICATIONS

#### Relatives

The Evacuation Co-administrator/Administrator will be responsible for establishing a system whereby the relatives of residents are advised of the whereabouts of their family member as soon as possible.

Media

Only the Administrator has the authority to communicate with members of the media. Staff must direct all enquiries to these persons.

The Administrator will designate one employee to answer calls from concerned relatives or friends. All other calls must be directed to the Administrator.

	E.J. N	<b>/</b> lcQuigge	Lodge
MANUAL: FIRE AN	D EMERGENCY	PAGE	NO. 7
SECTION: 7.0 Evacua	ation Procedures	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022

## **EVACUATION TRANSPORT PROCEDURE**

When an order to evacuate is given, the Ambulance Dispatch Centre would be notified.

Upon notification of evacuation order, Ambulance Dispatch Centre would act as follows:

- Commit two ambulances to our home. One vehicle would then become disaster command supplying direct radio communications with surrounding local hospital and if necessary area Hospitals. The disaster command vehicle would inform ambulance dispatch of the numbers of residents to be transported and their status, i.e. wheelchair, stretcher, ambulatory.
- 2. In the event of a community disaster and the above transportation is not available; we would utilize the following modes of transportation.
  - a) personal cars
  - b) volunteer's cars and vans.
  - c) Parkhurst buses as per Letter of Understanding
- 3. For those who cannot be moved by car, we would wait for ambulances to be clear.
- 4. The city will supply their transit buses within 15 minutes of request during the day and 30 minutes through the night.

		E.J. N	IcQuigge L	odge
MANUAL	: FIRE AND E	MERGENCY	PAGE NO	D. 8
SECTION: 7.0 Evacuation Procedures		APPROV	ED BY: Administrator	
DATE OF C 06/05	RIGIN;	REVIEWED DAT 02/06	E(S):	DATE REVISED: February 2022
	RE	CORD OF RESIDEN	NTS TRANSFE	RRED
ROOM #	RESIDENT'S N	AME	TRA	ANSFERRED TO
		<del></del>		
	1		3/1	

	E.J. N	<b>AcQuigge</b>	Lodge
MANUAL: FIRE AND	EMERGENCY	PAGE	NO. 9
SECTION: 7.0 Evacua	tion Procedures	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	ΓE(S):	DATE REVISED: February 2022

#### PUBLIC RELATIONS LIAISON AND COMMUNICATION

Under no circumstances will staff release any information to the press without the direct approval of the Administrator.

The Administrator or Director of Care or Office Manager will keep a log of events.

A Public Information Centre will be established at a location as directed by the Administrator.

This information Centre will provide the following:

- 1. Factual information to officials involved in the emergency operations
- News release to the news media.
- 3. Information on the location and state of health of the residents to the concerned individuals.
- Information to the news media and concerned individuals must have prior approval of the Administrator prior to release.

#### Localized

Volunteers will be designated as a phone committee to notify resident's families of circumstances of the emergency and when possible the radio stations will also be utilized.

All reports of casualties or injuries will be reported to administrative staff that in turn will notify next of kin.

4		E.J. N	/lcQuigge	Lodge
MANUAL:	FIRE AND	EMERGENCY	PAGE	NO. 10
SECTION: 7.0 Evacuation Procedures		APPROVED BY: Administrator		
DATE OF ORIG 06/05	SIN:	REVIEWED DAT 02/06	E(S):	DATE REVISED: February 2022

# **EMERGENCY SUPPLIES**

Kitchen

3 jugs milk

2 cases juice 1 box of tea 4 jars of coffee 1 case of cookies staff time sheets 4 jugs

disposable cups

Nursing

Band aids

Tape (2 packs - one for holding area - immediately) Roller bandage for transport to receiving area

Alcohol

Scissors (one to stay in holding area)

Gauze squares (one to be kept in Med room)

Staff time sheets Sheets (1st floor) Care Plans Charts

Medication carts or bins

Housekeeping 3 bed pans

3 urinals

3 emesis basins 3 hand basins

3 large pads

3 pencils

1 doctor's progress notes

staff time sheets

	E.J. N	<b>/</b> lcQuigge	Lodge
MANUAL: FIRE ANI	DEMERGENCY	PAGE	NO. 11
SECTION: 7.0 Evacua	tion Procedures	APPRO	OVED BY: Administrator
DATE OF ORIGIN: REVIEWED DAT 02/06		TE(S):	DATE REVISED: February 2022

# **EMERGENCY EQUIPMENT**

- 1. Equipment
  - a) Wheelchairs
  - b) Stretcher
  - c) Commodes
  - d) Hand belts
  - e) Blankets
- 2. a) Keep equipment in designated areas
  - b) Work in pairs
  - c) Keep corridors and stairwells free of obstruction
  - d) Delegate staff to bring equipment to emergency area

		E.J. McQ	uigge Lo	odge
MANUAL:	FIRE AND	EMERGENCY	PAGE	NO. 1
SECTION: 8	3.0 Medical Ar	nd Supportive Services	APPR	OVED BY: Administrator
DATE OF ORIGIN: REVIEWED DATE(S) 02/06			DATE REVISED: February 2022	

# MEDICAL AND SUPPORTIVE MATERIALS

Medical and pharmacy supplies can be obtained from the Pharmacy. Other equipment and supply needs can be obtained as indicated in the Letters of Understanding.

#### LAUNDRY

In the event the laundry is shut down, the staff of the home will be asked to use linen sparingly. PRN changes only. Disposable underpads will be provided and arrangements made to transport soiled linen to another facility for laundering or arrangements will be made with a linen service, depending on length of shut down.

#### DIETARY

In the event that the dietary department is shut down, arrangements will be made for service through a catering company and/or another Assured Care Consulting Living facility. The three day disaster menu will be implemented and served from an available space within the building.

Enmy of the	E.J. McQ	uigge Lodge	
MANUAL: FIRE A	ND EMERGENCY	PAGE NO. 2	
SECTION: 8.0 Medical And Supportive Services		APPROVED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DATE(S) 02/06	DATE REVISED: February 2022	

#### DAY 1

BREAKFAST	LUNCH	DINNER
Milk	Milk	Milk
Grapefruit Juice	Tomato Juice	Apple Juice
Bran Flakes	Cold Meat & Cheese Sandwich	Tuna Salad
Bread & Butter	Tossed salad & French dressing	Can Tomatoes
Marmalade Peaches	Bread & Butter	Fruit Cocktail

# DAY II

Milk	Milk	Milk
Orange Juice	Grape Juice	Cranberry Juice
Corn Flakes	Cold Roast Beef Sandwich	Sliced Ham
Bread & Butter	Beet Salad	Coleslaw
Jam	Bread & Butter	Dill Pickles
	Pears	Plumbs
		Bread & Butter

# DAY III

Milk	Milk	Milk
Prune Juice	Apple Juice	Mixed Juice
Rice Krispies	Tuna Sandwich	Sliced Turkey
Bread & Butter	Mixed Bean Salad	Marinated Carrot
Marmalade/Honey	Bread & Butter	Bread & Butter
	Apple Sauce	Apricots

For all 3 days, milk, juices and cookies for snacks on request available to residents.

	E.J.1	<b>McQuigge</b>	Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 1 APPROVED BY: Administrator	
SECTION: 9.0 Reside	ent Lifts		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

#### RESIDENT LIFTS

#### PACK STRAP

- cross arms
- grasp waist of resident
- pull resident to sitting position trunk back to side of bed
- position resident's arms on your chest
- lift resident from bed to your back pivot
- walk slowly from bed
- Nurse bent forward to retain balance residents' body parallel to Nurse's.

#### KNEEL DROP

- place blanket parallel to bed
- pull resident to side of bed
- nurse kneels
- slide resident down Nurse's chest onto blanket
- pull resident out of room on blanket

NOTE: If a resident is helpless, roll resident in blanket and drag along floor by holding corner of blanket.

#### EXTREMITY CARRY

- once staff grasps resident form behind under axilla so that resident's body is supported on staff's chest
- other staff member grasps resident's legs
- lift together

#### 4. FOUR-MAN BLANKET CARRY

- place resident on blanket or bedspread
- roll sides of blanket close to the resident
- four staff grasp blanket close to resident's hands and feet and lift together

#### BLANKET DRAG TECHNIQUE

This technique is used by one rescuer to move a person along the ground. It keeps the rescuer and patient close to the ground where the air is freshest in case of fire or gas. It is useful in confined spaces where the rescuer cannot stand up. This method consists of rolling a patient onto a sheet, which is then used as a skid on which the patient's body is pulled.

#### Procedure (from bed to floor)

- Move head of bed away from wall.
- Put bed in lowest position.
- Place half of the sheet (lengthwise) under the bed, making sure there is enough sheet to support the head.
- Move patient close to the edge of the bed nearest you.

Maria Company	E.J. 1	McQuigge	Lodge	
MANUAL: FIRE AND	EMERGENCY	PAGE	PAGE NO. 2	
SECTION: 9.0 Resider	nt Lifts	APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	ORIGIN: REVIEWED DAT		DATE REVISED: August 2021	

- Swing patient's legs so they half dangle.
- 6. Kneel as shown in diagram (a).
- Support patient's head and neck as shown in diagram (a).
- Slide patient down onto rescuer's thigh and then on to the sheet.
- Grasp the sheet near the patient's head at the hollow of his shoulder and neck.
- The rescuer should kneel on one knee, pull the patient towards self, reposition self and pull again - see diagram (b).

#### Procedure (from floor to sheet)

- Spread sheet flat on floor.
- Place patient's arm (the one nearest to you) straight up.
- 3. Place patient's outer arm across chest.
- Support patient's head and neck with one hand and rotate patient's hips with the other.
- 5 Repeat until patient is in the centre of the sheet.
- Gasp the sheet near the patient's head at the hollow of his shoulder and neck.
- The rescuer should kneel on one knee, pull the patient towards self, reposition self and pull again - see diagram (b).

### THE EXTREMITY CARRY

Carry by the extremities is a good method of transportation for narrow exits but is not usable in case of leg or back injuries.

#### **PROCEDURE**

- Adjust the height of the bed to the level of your hips.
- Assist patient to a sitting position by reaching around and grabbing the wrists as shown in diagram (a).
- Have the other rescuer grasp the patient's ankles.
- 4. Swing the patient's one leg beyond the edge of the bed and take a position between the patient's legs facing the feet
- Encircle the patient's legs (above the knees) securely in preparation for transport.
- Step away from the bed in unison.
- Lift and walk at an even pace with your partner as shown in diagram (b).

# SHOULDER LIFT - TWO MAN CARRY

This lift may be used in most situations with the exception of:

- unconscious patients
- patients who have no power in their shoulders or arms
- rescuers have pain problem in their shoulders or chest wall

The rescuers have one relatively free hand which, when it is not supporting the patient's back, can be used to push on or steady the furniture, open a door and hold the rails in the stairs.

	E.J. 1	<b>VicQuigge</b>	Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 3	
SECTION: 9.0 Reside	ent Lifts	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

It is valuable when carrying someone over a distance as the rescuers are facing the direction in which they are travelling and it can be used on stairs.

#### **PROCEDURE**

- Place patient in sitting position.
- The rescuers stand shoulder to shoulder with, and slightly behind the patient, but as close to the bed as possible - feet should be astride with the forward foot facing the direction of movement.
- 3. The rescuers bend at the hips and knees, keeping their backs straight and heads up.
- 4. The rescuers press their near shoulders into the patient's chest wall under the armpit so that his/her arms may rest on their backs.
- The rescuers' hands are placed under the patient's thigh as near the buttocks as possible THE "WRIST LOCK" GRIP IS USED as diagram (b).
- 6. Rise slowly in unison
- 7. Turn towards doorway.

#### FOUR MAN LIFT

This technique is used for unconscious and helpless patients.

#### PROCEDURE

- Two person line up on either side of the patient.
- Roll the edges of the sheet (lengthwise) up as close as possible to the patient's body.
- The upper pair of rescuers grasps the sheet above and below the patient's shoulders.
- 4. The lower pair of rescuers grasps the sheet above and below the knees.
- THE RESCUERS LIFT WITH THEIR ARMS STRAIGHT AND IN UNISON
   It is necessary to move and act in unison to minimize discomfort to the patient.

Year or other		E.J. I	<b>VicQuigge</b>	Lodge
MANUAL:	FIRE AND	EMERGENCY	PAGE NO. 4 APPROVED BY: Administrator	
SECTION:	9.0 Resider	nt Lifts		
DATE OF OR 06/05	IGIN:	REVIEWED DATE		DATE REVISED: August 2021

#### METHODS OF MOVING RESIDENTS

Walk residents to nearest haven of safety.

Use sheets and blankets as temporary stretchers if necessary.

Use chairs

- working alone

- working as partners.

# Sheets or Blankets as temporary stretchers

- 1. Work in "fours". This would be under the direction of the Fire Marshall.
- Roll sheet or blanket in tight roll towards resident.
- 3. Using rolls as handles, to lift resident.

## **Using Chairs**

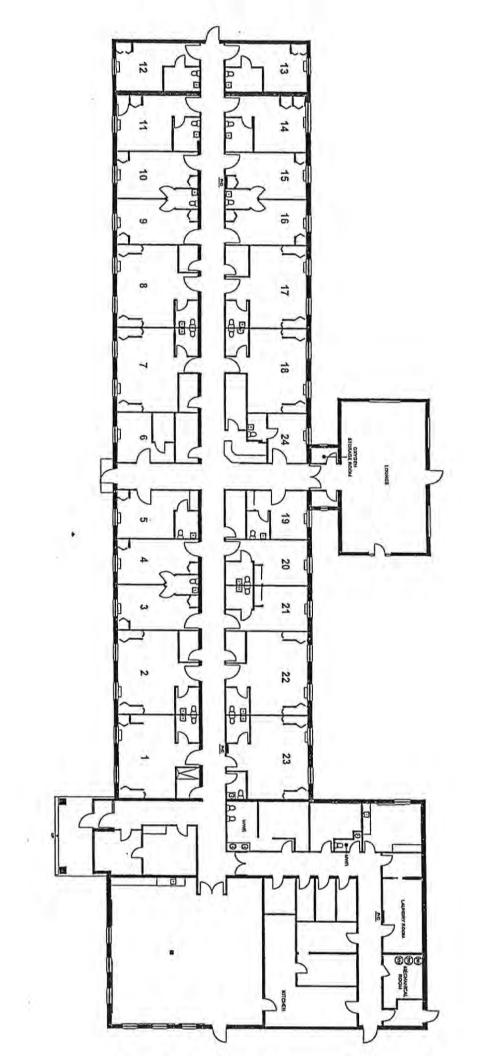
1. Working alone - place resident in chair and push resident to exit.

 Working with partner - place resident in chair. Tip chair backwards. Lift chair by back and front legs.

#### Carrying Resident

- Working alone roll resident facing to your back. Place an arm under resident's thigh and an arm about resident's boy. Lift weight on to your back.
- Working with partner one-person lift resident between thighs. Second person lift resident under shoulders.

SECTION: 10.0 Floor Plans  APPROVED BY: Administrator  DATE OF ORIGIN: 06/05  REVIEWED DATE(S): 02/06  DATE REVISED: February 2022	SECTION: 10.0 Floor Plans  APPROVED BY: Administrator  DATE OF ORIGIN: REVIEWED DATE(S): DATE REVISED: February 2022	SECTION: 10.0 Floor Plans  DATE OF ORIGIN: 06/05  REVIEWED DATE(S): 02/06  DATE REVISED: February 2022	SECTION: 10.0 Floor Plans  APPROVED BY: Administrator  DATE OF ORIGIN: REVIEWED DATE(S): DATE REVISED: February 2022		E.J. McQuigge Lodge				
DATE OF ORIGIN:  06/05  REVIEWED DATE(S):  02/06  DATE REVISED: February 2022	SECTION: 10.0 Floor Plans  APPROVED BY: Administrator  DATE OF ORIGIN: REVIEWED DATE(S): DATE REVISED: February 2022	SECTION: 10.0 Floor Plans  APPROVED BY: Administrator  DATE OF ORIGIN: REVIEWED DATE(S): DATE REVISED: February 2022	SECTION: 10.0 Floor Plans  APPROVED BY: Administrator  DATE OF ORIGIN: REVIEWED DATE(S): DATE REVISED: February 2022	MANUAL: FIRE AND EMERGENCY					
	06/05 02/06 February 2022	06/05 02/06 February 2022	06/05 02/06 February 2022	SECTION: 10.0 Floor	SECTION: 10.0 Floor Plans		OVED BY: Administrator		
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# E.J. McQuigge Lodge MANUAL: FIRE AND EMERGENCY PAGE NO. 1 SECTION: 11.0 Fire Drills APPROVED BY: Administrator DATE OF ORIGIN: REVIEWED DATE(S): DATE REVISED: March 2022

#### FIRE DRILLS AND EVACUATION EXERCISES

#### FIRE DRILLS

- The Home's Charge Nurses institutes and co-ordinates three fire drills monthly at different times and locations to ensure all staff practice Fire Safety Procedures. She/he coordinates these fire drills to ensure all shifts are covered and all staff attend.
- The area to be tested will not be announced in advance. However, the Charge Nurse informs the other Supervisors and Reception of the time and location prior to drill.
- All employees on duty are to participate in the drill. Individuals should respond as though it were a real fire.
- 4. At the end of the drill, the Charge Nurse resets the fire alarm system and requests the "All clear" with the Alarm Monitoring Company and Fire Department.
- An evaluation of the drill is then completed. The Charge Nurse records the results of the drill and proposed recommendations on the Fire Drill Report. A copy of the Fire Drill Reports will be submitted monthly to the Administrator.

#### **EVACUATION EXERCISES**

An evacuation exercise is to be conducted at least once a year. Records will be maintained on the dates, findings and recommendations of these exercises.

	E.J. I	<b>VIcQuigge</b>	Lodge
MANUAL: FIRE AN	D EMERGENCY	PAGE	NO. 2
SECTION: 11.0 Fire D	rills	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S):	DATE REVISED: March 2022

#### FIRE DRILL MASTER ATTENDANCE RECORD

The Charge person conducting the in-service, drill or other fire safety events, will have each staff member sign a sheet showing their attendance at the drill.

This information is recorded on a form beside each participant's name. Additionally, as each new staff person is hired, their name is placed on the record. In this way, administration is kept regularly informed of staff attendance in the area of emergency training and upgrading such that prompt remedial action may be taken as gaps are identified.

All records of fire drill attendance will be maintained in the home for a period of two years.

# E.J. McQuigge Lodge

# FIRE DRILL MEMO

Provided By: Dana Anderson, DON Date: NOTICE TO ALL STAFF: The staff whose names are on this list need to participate in a FIRE DRILL. If your name is on this list, you have participated in less than \_\_\_\_\_ this year or you have not had one for 2 months in a row. If there is a \* beside your name, you have not participated as often as the above criteria indicate and you need to arrange to have a fire drill ASAP.

If Your Name is Highlighted You Have Not Participated in Any Firedrills in the Current Year

# E.J. McQuigge Lodge

Fire Drill Evaluation	on		SI	utt
Date: Tim	ie Signatur	e of person conduc	cting the drill _	
Resident Response: 1	Total number of reside	ents in the home at	time of drill	
Were res	sidents accounted for?			
	of ambulatory evacua			
Number	of non-ambulatory ev	acuated?		
Were residents resistant	t or co-operative ? (Gi	ve details)		
Evacuation made from 2				
Did fire doors function :	automatically?		- 11711111	
Do fire doors latch?				
Was response effective?		If not, why? _		
Station used?	Fire Zone?		_ Was code use	ed?
Questions presented by				
Recommendations and/	or answer			
	Ab Salam (Co			
Did you find the area se	cure when rechecked	?		
Staff signatures (for dri	au)			
		-		
Discontinuo No. 1	TV41		1 2	No Duckland
Fire Station called by _				
List method of lift or tr Staff signatures:				
Were results of this fire	e drill posted? Yes	No		
Date				
Date:				

# E.J. McQuigge Lodge

# **Emergency Operations Plan**

**Code Black Protocol** 

	E.J. 1	McQuigge	Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE NO. 1 APPROVED BY: Administrator	
SECTION: 12.0 Bom	b Threat		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

# PHILOSOPHY

Management and Staff are responsible for providing a safe environment for our residents, staff, volunteers and visitors.

#### Goal

To protect the lives of the residents, staff, volunteers and visitors by having a control and search procedure in place if a BOMB THREAT is received.

# **Objectives**

- Staff is aware of the control and search procedure.
- Action to be taken if a suspicious object is found.
- Evaluation Procedure.

E.J. McQuigge Lodge					
MANUAL: FIRE AND EMERGENCY		PAGE NO. 2			
SECTION: 12.0 Bom	b Threat	APPR	OVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	ΓE(S):	DATE REVISED: August 2021		
SEARCH SHEET (HAND	OUT)				
ZONE 1	CLEAR				
Kitchen Storage					
Kitchen					
Dining Room					
Holding Unit					
Mechanical Room – Both S	ides				
Laundry					
Staff Lounge					
Men's Change Room					
A.D. Office					
Janitor's Closet					
Staff Change Room					
Storage Area					

	E.J. N	<b>/IcQuigge</b>	Lodge	
MANUAL: FIRE A	ND EMERGENCY	PAGE NO. 3		
SECTION: 12.0 Bom	b Threat	APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S):	DATE REVISED: August 2021	
SEARCH SHEET (HAND	OUT)			
ZONE 2		CLI	EAR	
Main Entrance				
Office				
Visitor's Bathroom				
Tub Room	Ĭ.			
Room #1				
Room #24				
Room #2				
Room #23	- 3			
Shower Room				
Clean Utility Room				
Room #3				
Room #22	1			
Room #4				
Room #21				
Dirty Utility Room				
Room #5				
Room #6				
Pharmacy				
Room #19				
Room #20				
Nursing Station				
Report Room				
Hairdressing Room				
Lounge				

	Lodge			
MANUAL: FIRE AND EMERGENCY SECTION: 12.0 Bomb Threat		PAGE NO. 4		
		APPR	OVED BY: Administrato	
DATE OF ORIGIN: 06/05	REVIEWED DATE(S): 02/06		DATE REVISED: August 2021	
SEARCH SHEET (HAND	OUT)			
ZONE 3	CLEAR			
Storage Area	1 1 1 1 1 1			
Room #7				
Room #18				
Room #8				
Room #17				
Storage Room				
Linen Closet				
Room #9				
toom #16				
Room #10				
Room #15				
Room #11				
Room #14				
Room #12				
Room #13				

	E.J. I	McQuigge	Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE NO. 5	
SECTION: 12.0 Bom	b Threat	APPR	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

#### CODE BLACK

#### CONTROL PROCEDURE - THREAT RECEIVED

Bomb threats usually fall into two categories; those, which threaten the entire building, or one particular area. The procedure for dealing with both is basically the same. However, the number of people involved will vary depending on the area affected.

Bomb threats are normally transmitted by phone and the person receiving the call should obtain precise information such as:

- 1. The time the call was received and on what number.
- The exact words of the person making the call, including location of bomb and any time factor involved.
- Male or female voice and approximate age.
- The accent of the caller.
- 5. Does the person sound intoxicated?
- Are there any background noises, i.e. traffic, music, etc.
- 7. Is the voice familiar? Who?
- 8. Time suspect hung up?

The person receiving the phone call should also be prepared to ask the caller certain questions if the information has not been volunteered:

- 1. When is the bomb going to explode?
- 2. Where is the bomb right now?
- What does it look like?
- 4. What kind of bomb is it?
- 5. Why did you place the bomb?

The caller may very well not answer any of the questions, but the answer to any question will be helpful.

The staff member who has received this call must:

- 1. Alert the Administrator or person in charge.
- Contact Police at 911
- Notify staff by calling "Code Black" over the intercom/page three (3) times.

	E.J. I	McQuigge	Lodge
MANUAL: FIRE AN	D EMERGENCY	PAGE	NO. 6
SECTION: 12.0 Bomb	Threat	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

# IF A SUSPICIOUS PACKAGE OR OBJECT IS FOUND, "DO NOT TOUCH IT"

Should a suspicious object or package be found, the finder should make no attempt whatsoever to move or handle it. He will immediately contact the main control centre, giving the following information:

- Where the object is.
- Why it is suspect.
- A description of the object.
- Details about who placed it there, if possible.

The control centre will immediately notify the Region Police Force at 911 relaying to them the foregoing information.

While awaiting the arrival of the Explosives Disposal unit of the Region Police Force, the control centre should:

- Make sure that no person goes near or attempts to move the object.
- Endeavour to establish ownership of the suspicious object. There have been instances where legitimate property has been left behind in error by innocent persons prior to the Bomb Threat being received.
- Establish the most direct route to the object.
- Detail someone familiar with the building and the area where the object is, to meet the Explosives Disposal Unit of the Region Police Force personnel on their arrival.
- Continue your search procedure until all areas have reported to the control centre; there may be more than one device.

#### REMEMBER - DO NOT TOUCH OR MOVE THE OBJECT!

#### The person receiving the call will:

- Try to keep caller on the line as long as possible.
- Attract the attention of another staff by jotting a note.

This person would immediately call police - 911, that a threat has been received and relay all pertinent information to the operating taking the call.

Notify the Charge Nurse that a BOMB THREAT has been received and she will initiate search procedure immediately.

A control centre will be set-up at our Business Office where all information can be centralized. Charge Nurse will notify staff on the floors that a BOMB THREAT has been received and what area they should search. Staff to report immediately back to the control centre after search has been completed or something suspicious has been discovered. DO NOT TOUCH OBJECT.

All areas inside and outside of Home will be searched. Special attention should be given to areas that the general public have easy access to, e.g. lobby, washrooms, stairways, halls, delivery area, garbage containers, etc.

		E.J. I	<b>McQuigge</b>	Lodge
MANUAL:	FIRE AN	D EMERGENCY	PAGE NO. 7	
SECTION: 1	2.0 Bomb	Threat	APPR	OVED BY: Administrator
DATE OF ORI 06/05	GIN:	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

## CODE BLACK SEARCH PROCEDURES

- The incident commander will be the Charge Nurse on duty, he/she has been appointed to coordinate all activities related to a bomb threat.
- Any and all bomb threats received by Management will be reported immediately to the Incident Commander.
- The Incident Commander is responsible to notify:
  - o Police Department 911
  - All Department Heads
- If the Police call with information relating to a bomb threat, they shall be directed to the Incident Commander or Alternative. On receiving such information from the Police, Management and Building Staff will follow directions given by the Police.
- In the absence of any instruction from the police the Incident Commander or Alternative will
  make the decision of whether or not to evacuate based on the information received.
- Reception shall be notified that no one other than home staff and emergency personnel is to be allowed into the building until further notice.
- While the information is being evaluated, staff should be instructed to begin searching the exits for suspicious objects in anticipation that an evacuation may be necessary.
- If it is decided that an evacuation is necessary, it should not be initiated until management determined that the evacuation route has been searched and confirmed to be safe.
- When the Incident Commander or Alternate determines that an evacuation or partial evacuation is necessary the Department Heads and Medical Staff shall be instructed to initiate evacuation procedures by announcements over the voice communication (public address) system, stating:
  - "Attention all staff, Code Black", this announcement to be repeated three times.

DOTO D	E.J. 1	McQuigge	Lodge
MANUAL: FIRE AN	D EMERGENCY	PAGE	NO. 8
SECTION: 12.0 Bomb	Threat	APPR	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

# CODE BLACK EMERGENCY PROCEDURE FOR RECEPTION/OFFICE MANAGER

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- · Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the <u>Threatening Call Information Report</u>.
   A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing \*69 on the telephone.
- Notify your supervisor and provide him/her with the completed <u>Threatening Call Information</u> <u>Report.</u> If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- Do not touch the Object.
- Provide voice communication message as instructed by the Incident Coordinator or Alternate or the Police.

If instructed to do so, activate procedures to summon off-site staff to the facility, (using the Fan Out List).

Assist with the evacuation, assembly and relocation of residents, including arranging for alternate accommodations and transportation.

	E.J. I	<b>McQuigge</b>	Lodge	
MANUAL: FIRE A	ID EMERGENCY PAG		PAGE NO. 9	
SECTION: 12.0 Bon	nb Threat	APPR	OVED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021	

# CODE BLACK EMERGENCY PROCEDURES FOR NURSING SUPERVISOR

If you receive a bomb threat call, follow the following procedures:

- · Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the <u>Threatening Call Information Report</u>.
   A copy of this report should be kept at the reception desk and all nursing stations.
- Notify your supervisor and Nursing Staff of the threat.

# CODE BLACK EMERGENCY PROCEDURES FOR NURSING STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the <u>Threatening Call Information Report</u>.
   A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing \*69 on the telephone.

Notify your supervisor and provide him/her with the complete <u>Threatening Call Information Report</u>. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or Alternate.

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- Do not touch the Object.
- Prepare residents for potential evacuation.
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

	- 4 - 1 1 CE	E.J. 1	<b>McQuigge</b>	Lodge
MANUAL:	FIRE AND EN	MERGENCY	PAGE NO. 10	
SECTION: 12	2.0 Bomb Thr	eat	APPRO	OVED BY: Administrator
DATE OF ORIG 06/05	IN:	REVIEWED DAT 02/06	TE(S):	DATE REVISED: August 2021

# CODE BLACK EMERGENCY PROCEDURES FOR ENVIRONMENTAL SERVICES SUPERVISOR

In the event that the Environmental Supervisor is not available the Housekeeping Staff will assume this role.

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the <u>Threatening Call Information Report</u>.
   A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing \*69 on the telephone.
- Notify your supervisor and provide him/her with the completed <u>Threatening Call Information</u> <u>Report.</u> If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- Do not touch the Object.
- Secure all entrances to the building to prevent entry by everyone except staff and emergency personnel.
- Quickly, but thoroughly check all exits for the presence of any bag, box, parcel or letter that
  cannot be accounted for. If the bomb threat indicated where the bomb is located start searching
  the exits from this area first.
- Assist Nursing Staff in searching any areas that residents will be evacuated to before residents are moved into that area.
- Search any areas as required by the Incident Coordinator.
- Assist with the4 evacuation of residents as required by the Incident Commander.

	E.J. 1	McQuigge	Lodge
MANUAL: FIRE AN	D EMERGENCY	PAGE	NO. 11
SECTION: 12.0 Bomb	Threat	APPR	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

# CODE BLACK EMERGENCY PROCEDURES FOR FOOD SERVICE SUPERVISOR AND STAFF

If you receive a bomb threat call, follow the following procedures:

- · Be calm and courteous.
- · Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the <u>Threatening Call Information Report</u>.
   A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing \*69 on the telephone.
- Notify your supervisor and provide him/her with the completed <u>Threatening Call Information</u> <u>Report.</u> If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- Do not touch the Object.
- · Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

	200	E.J. I	<b>VicQuigge</b>	Lodge
MANUAL:	FIRE AND	EMERGENCY	PAGE NO. 12	
SECTION:	12.0 Bomb 7	Γhreat	APPR	OVED BY: Administrator
DATE OF ORI 06/05	GIN:	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

# CODE BLACK EMERGENCY PROCEDURES FOR LAUNDRY STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the <u>Threatening Call Information Report</u>.
   A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing \*69 on the telephone.
- Notify your supervisor and provide him/her with the completed <u>Threatening Call Information</u> <u>Report.</u> If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- · Do not touch the Object.
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

	E.J. I	McQuigge	Lodge
MANUAL: FIRE	ND EMERGENCY	PAGE	NO. 13
SECTION: 12.0 Bor	nb Threat	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

# CODE BLACK EMERGENCY PROCEDURES FOR HOUSEKEEPING AND STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the <u>Threatening Call Information Report.</u>
   A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate4 call trace by pressing \*69 on the telephone.
- Notify your supervisor and provide him/her with the completed <u>Threatening Call Information</u> <u>Report.</u> If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that
  cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- Do not touch the Object.
- · Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.
- Have floor plans and plans of the HVAC systems available for search personnel, the police, and/or the fire department is necessary.
- Upon request, provide search personnel, the police, and/or the fire department with the master keys for all areas and rooms in the building.

	E.J.	McQuigge	Lodge
MANUAL: I	FIRE AND EMERGENCY	PAGE	NO. 14
SECTION: 12	.0 Bomb Threat	APPRO	OVED BY: Administrator
DATE OF ORIGI 06/05	N: REVIEWED DA	ATE(S):	DATE REVISED: August 2021

# CODE BLACK EVACUATION PROCEDURE - CHARGE NURSE

Should a suspicious object be found, then, and only then, should a quiet and systematic evacuation from the area be conducted, in consultation with the Police Department.

#### Use our Evacuation Procedure

#### AVOID PANIC

Never tell anyone that there is a bomb in the building. Give a reason, such as the sprinkler system is liable to malfunction, or there is a water leak on the floor above, etc.

A power failure may leave persons trapped. Special provision may have to be made for the transportation of infirmed or handicapped persons.

The essential task of personnel detailed to assist in evacuation procedures of certain areas, would be to direct people to quietly leave the premises, using tact, power of suggestion and, above all, avoiding panic.

Once evacuation of an area is completed, the control centre should be notified.

# REMEMBER - NEVER DISTURB SUSPICIOUS PACKAGES

Let the Explosives Disposal Unit personnel check it. It is better to be a little embarrassed and be around to tell about it...

		E.J. 1	McQuigge	Lodge
MANUAL:	FIRE AN	D EMERGENCY	PAGE	NO. 15
SECTION:	12.0 Bomb	Threat	APPRO	OVED BY: Administrator
DATE OF OR 06/05	GIN:	REVIEWED DA' 02/06	TE(S):	DATE REVISED: August 2021

#### CONCLUSION

Taking into consideration past events in our city, and other parts of the country, it would be advisable to consider each threat seriously.

A well-prepared and rehearsed plan of our particular concern, will ensure a speedy, thorough search, etc., and will ensure a minimum disruption. At the same time, panic and possible tragedy will be avoided

Tight security and housekeeping controls could possible avoid many problems.

PREVENTION IS THE SOLUTION!

	E.J. 1	McQuigge	Lodge	
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO.	16
SECTION: 12.0 Bom	b Threat	APPRO	OVED BY	: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	100000000000000000000000000000000000000	REVISED: st 2021
	THREATENING CAL	LINFORMA	TION REC	CORD
Employee name:		Departmen		
Telephone line call receiv	red on: Ext.	Time call re	ceived:	Time call ended:
Tueffia Tuefus		Machinery	Music	
Traffic Trains		7.4.17	Music	
Questions to ask:	Voices Other (inc	7.4.17		f?
Traffic Trains  Questions to ask:  Type of threat (What is it?  Description of threat (Wh	Voices Other (inc	dicate)		f?
Questions to ask: Type of threat (What is it? Description of threat (Wh	Voices Other (ind?) at does it look like?)	dicate)		f?
Questions to ask: Type of threat (What is it? Description of threat (Wh	Voices Other (ind?) at does it look like?)	dicate)		f?
Questions to ask: Type of threat (What is it? Description of threat (Wh Reason for phoning you (	Voices Other (inc ?) at does it look like?) Why did you call me?)	dicate) What time		f?
Questions to ask: Type of threat (What is it? Description of threat (Wh Reason for phoning you (	Voices Other (ind?) at does it look like?) Why did you call me?) (Why did you plant the b	dicate) What time	will it go of	f?
Questions to ask: Type of threat (What is it? Description of threat (Wh Reason for phoning you ( Reason for planting item	Voices Other (ince?) at does it look like?) Why did you call me?) (Why did you plant the byou?)	What time	will it go of	f?
Questions to ask: Type of threat (What is it? Description of threat (Wh Reason for phoning you ( Reason for planting item Name of Caller (Who are Approximate Age of Calle State of Caller Calm Cool Crying	Voices Other (ince?) at does it look like?) Why did you call me?) (Why did you plant the byou?)	What time  comb?)  Gender of C	will it go of Caller	
Questions to ask: Type of threat (What is it? Description of threat (Wh Reason for phoning you ( Reason for planting item Name of Caller (Who are Approximate Age of Calle State of Caller Calm Cool Crying Intoxicated Irrational Manner of Speech of Cal Defective Fast Frig	Voices Other (ince?) at does it look like?) Why did you call me?) (Why did you plant the byou?) r Drugged Emotion	What time  comb?)  Gender of C	will it go of Caller	

E.J. McQuigge Lodge						
MANUAL:	FIRE AND	IRE AND EMERGENCY PAGE NO. 17				
SECTION:	12.0 Bomb	Threat	APPRO	OVED BY: Administrator		
DATE OF ORIGIN: REVIEWED DAT 06/05 02/06		TE(S):	DATE REVISED: August 2021			

## POST PROCEDURE ANALYSIS

Following a bomb threat, the Administrator will conduct a post procedure analysis.

Staff will be interviewed to determine what problems are encountered and what procedures worked well. Contact for this purpose should also include police, fire, ambulance, personnel, etc. to ensure the maximum information is achieved to benefit the future education of the home.

A Post Incident Review Form should be completed to ensure a record is maintained for this type of occurrence.

E.J. McQuigge Lodge						
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 18			
SECTION: 12.0 Bom	b Threat	APPRO	OVED BY: Administrator			
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	ATE(S):	DATE REVISED: August 2021			
	POST-INCIDENT	REVIEW FO	PRM			
Did receiver of bomb th	reat receive all pertin	ent data fro	m the caller?			
Was CODE BLACK calle	d over the intercom t	hree times?				
Did staff react in a caln	n and professional ma	anner?				
Were all individuals cor	ntacted as laid out in t	he procedur	res?			
Did key personnel arriv	the first of the same of	77 17333				
	3.1					
Were searches comple	ted?					
Kitchen 15	t floor 2 <sup>nd</sup>	3rd	_			
Basement Off	ice Areas At	tic				
Was the suspected bon	nb located?					
And an analysis and the						
Describe the evacuation	n that took place?					
Duration of emergency	?					
Comments:						
Personnel involved in se	earch;	-				
Completed by:	Date	•				

# E.J. McQuigge Lodge Emergency Operations Plan Code Brown Protocol

E.J. McQuigge Lodge					
MANUAL: FIRE AND	EMERGENCY	PAGE N	O. 1		
SECTION: 13.0 Biologic	al-Chemical Threat	APPROV	VED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022		

#### **BIOLOGICAL AND CHEMICAL THREATS**

#### CHARACTERISTICS OF A CHEMICAL AGENT

- Generally in liquid form and often aerosolized (fine mist).
- Has a unique odor and color. Common odors for chemical agents include bitter almond, peach kernels, fresh mown hay, mustard, onion, garlic, geraniums, or green grass.
- Most result in immediate symptoms or are delayed for a few hours at most.
- Inhalation is the most likely route of attacking your body.
- . Many likely agents are heavier than air and tend to stay close to the ground.
- Some will break down fairly rapidly when exposed to sun, diluted with water, or dissipated in high winds.

#### CHARACTERISTICS OF BIOLOGICAL AGENT

- Generally in liquid or powder form.
- No odor or color.
- Symptoms may be delayed for days.
- Inhalation most likely and effective attack route.
- Attack routes may also be through food/water contamination or skin absorption.
- Many likely agents are heavier than air and tend to stay close to the ground.
- Most will break down fairly rapidly when exposed to sun, diluted with water, or dissipated in high winds.

#### WARNING SIGNS THAT A BIOLOGICAL/CHEMICAL ATTACK HAS OCCURRED

- Droplets of oily film on surfaces.
- Unusual dead or dying animals in the area.
- Unusual liquid sprays or vapors.
- Unexplained odors.
- Unusual or unauthorized spraying in the area.
- Multiple victims displaying symptoms of nausea, difficulty breathing, convulsions, disorientation, or patterns of illness inconsistent with natural causes.
- Low-lying clods or fog unrelated to weather, clouds of dust, suspended or colored particles.
- People dressed unusually (long sleeved shirts or overcoats in summertime) or wearing breathing apparatus particularly where large numbers of people ten to congregate, such as subways or stadiums.

E.J. McQuigge Lodge					
MANUAL:	FIRE AND EMERGENCY	PAGE NO. 2			
SECTION: 1	3.0 Biological-Chemical Thre	eat APPROVED BY: Administrator			
DATE OF ORIG 06/05	GIN: REVIEWED D 02/06	ATE(S): DATE REVISED: February 2022			

#### EMERGENCY PROCEDURES FOR MANAGEMENT

- Any management personnel that have reason to believe that a biological/chemical attack
  may have occurred shall immediately ensure that all persons are relocated to an area away
  from the release. Direct staff using the voice communications (public address) systems.
  Although evacuation to the outside is preferable, in many cases this is not a practical
  solution.
- Initially staff and residents should be relocated to an adjacent fire compartment. Measures for shelter in place should be taken (see below).
- If this is not possible or if there is the potential that the biological/chemical agent can spread
  to the adjacent compartment, occupants shall be moved upwards to an interior room on a
  higher floor (since many agents are heavier than air). Measure for shelter in place should be
  taken.

Note: persons without proper training and equipment shall not attempt to rescue victims who have been overcome by the biological/chemical agent. They will only become another victim.

- When everyone has been evacuated the area shall be sealed off as much as possible by closing doors and shutting down the HVAC equipment.
- · The Incident Commander or Alternate shall be notified immediately of the incident.
- The Incident Commander shall immediately phone (!! And inform them of the nature of the incident. They must state that they think a biological/chemical attack has occurred.
- · The Incident Commander shall coordinate evacuation procedures.
- Staff responsible for building security shall be notified. No one other than emergency
  personnel or health care facility staff is to be allowed into the building until further notice.
- Record the names of everyone in the area who may have been in contact with the agent. The
  list shall be given to the Incident Commander to ensure everyone receives appropriate follow
  up treatment.
- Quarantine those who may have been in contact with the agent, so as not to affect residents
  or staff remaining in the building.
- Ensure that anyone who has been in contact with the agent washes it off with soap and water immediately.

#### Shelter In Place Procedures

If it is not possible or advisable to evacuate the building the following procedures shall be implemented:

- Move occupants upward to an interior room on a higher floor since many agents are heavier than air or to an adjacent fire compartment if movement to a higher floor is not practical.
- Seal off the affected area.
- Seal the building or room so contaminants cannot enter.
- Close windows and doors. Check the inventory of openings to ensure that no openings have been overlooked.

E.J. McQuigge Lodge					
MANUAL:	FIRE AND	EMERGENCY	PAGE NO. 3		
SECTION: 1	3.0 Biologica	Il-Chemical Threat	APPRO	VED BY: Administrator	
DATE OF ORIGIN: REVIEWED DATE 06/05 02/06		E(S):	DATE REVISED: February 2022		

- Seal gaps under doorways, windows, and other building openings. This can be accomplished with sheets, towels, and tape.
- Turn off heating, air conditioning and ventilation systems.
- Monitor radio or television stations for further updates and remain in the shelter until authorities indicate it is safe to come out.

E.J. McQuigge Lodge					
MANUAL:	FIRE AND	EMERGENCY	PAGE NO. 4		
SECTION:	13.0 Biologic	cal-Chemical Threat	APPRO	VED BY: Administrator	
DATE OF ORI 06/05	GIN:	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022	

## **EMERGENCY PROCEDURE FOR ALL STAFF**

If your immediate area has been contaminated by a biological/chemical release, all staff shall take the following actions:

- Protect your breathing airways (distance yourself from contamination source, cover your mouth and nose with handkerchief, clothing or linen, etc).
- Evacuate as many residents from the contaminated area as possible if this can be one with out becoming a victim yourself. <u>Note: Persons without proper training and equipment shall</u> not attempt to rescue victims who have been overcome by the biological/chemical agent. You will only become a victim yourself.
- Although evacuation to the outside is preferable, in many cases this is not a practical option.
  - Initially, staff and residents should be relocated to an adjacent fire compartment.
     Measures for shelter in place should be taken.
  - o If this is not possible or if there is the potential that the biological/chemical agent can spread to the adjacent compartment, occupants shall be moved upwards to an interior room on a high floor (since many agents are heavier than air). Measures for shelter in place should be taken.
- When everyone possible has been evacuate4d, the area shall be sealed off by closing doors and shutting down HVAC equipment.
- · Warn others in the immediate area of the danger and prevent anyone from entering the area.
- Notify supervisory personnel immediately. If they are not available, notify the Incident Commander or Alternate.
- If splashed with an agent, immediately wash it off using warm soapy water. Do not use bleach.
- Inform responding emergency personnel that you may have been in contact with the biological/chemical agent.

If you have been notified that there has been a biological/chemical release elsewhere in your building, all staff shall take the following actions:

- · Seal off your area by closing doors and shutting down HVAC equipment.
- Prepare residents for potential evacuation.
- Follow instructions from your Incident Commander. You may be instructed to either initiate evacuation procedures or shelter in place.

	E.J. I	McQuigge	Lodge
MANUAL: FIRE AND	EMERGENCY	PAGE	NO. 1
SECTION: 14.0 Suspicio	ous package	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

#### SUSPICIOUS PACKAGES

Bombs and biological/chemical/radiological agents have been known to be delivered to intended targets through the mail system. These weapons may be delivered in the form of a package, regular envelope, or even a hollowed out book. Identifying these packages and dealing with them appropriately before they reach their intended destination is crucial to the safety of the building and its occupants. Characteristics of suspicious packages/letters may include one or more of the following indicators:

- Excessive or inadequate or missing postage
- Handwritten or poorly typed addresses
- Incorrect titles or no name
- Misspelling of common words
- · Oily stains, discoloration or odor
- No return address
- Excessive weight
- · Lopsided or uneven envelope
- Protruding wires or aluminum foil
- Excessive security material such as masking tape, string, etc.
- Visual distractions
- Ticking sound
- Restrictive markings such as "Personal", "Confidential", or "To be opened by".
- Postmarks city/province/state does not match the return address
- Foreign mail from politically unstable or hostile countries
- Unprofessional wrapping
- Threatening markings on exterior of package
- Inappropriate air mail or special delivery stickers

Upon discover of a suspicious package, follow the emergency procedures.

E.J. McQuigge Lodge					
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 2		
SECTION: 14.0 Susp	icious package	APPRO	OVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022		

## **EMERGENCY PROCEDURES FOR MANAGEMENT**

Upon receiving a report of a suspicious package in the building:

- Obtain the following information from the discoverer:
  - o Object location
  - o Object description
  - o Any other useful information
- Notify your emergency response team of the potential emergency.
- Attempt to establish ownership of the object.
- Report incident to the police (dial 911).
- · If necessary, initiate evacuation procedures.

E.J. McQuigge Lodge					
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 3		
SECTION: 14.0 Susp	icious package	APPRO	OVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022		

#### **EMERGENCY PROCEDURES FOR ALL STAFF**

Upon discover of a suspicious package:

- . Do not shake or bump it.
- Do not open, smell, or examine, touch or taste.
- Treat it as suspect.
- If you suspect that the package/device is a bomb:
  - o Do not cover it
  - Open doors and windows to minimize blast effects.
- If you suspect that the package/device is contaminated with a chemical or biological agent:
  - Gently place in clear plastic bag, if available or cover with other material.
  - o Close the door
  - o Minimize physical contact with other people
  - o Wash your hands with soap and water
  - Remove contaminated clothing and place in a sealed container (plastic bag) to be forwarded to emergency responders. Shower (with soap and warm water) as soon as possible
  - List all people who may have been in contact or close proximity to the suspicious package/device and provide this list to appropriate authorities
  - o If necessary, seek medical assistance as soon as possible.
- Clear the immediate area where the package was discovered
- Notify supervisory staff and provide the following information
  - Object location
  - Object description
  - o Any other useful information

<sup>\*</sup> Report incident to the police (dial 911).

E.J. McQuigge Lodge					
MANUAL: FIRE AND E	MERGENCY	PAGE	NO. 1		
SECTION: 15.0 Carbon	Monoxide	APPR	OVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021		

#### CARBON MONOXIDE

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

- · stale, stuffy air
- occupants have symptoms of CO exposure
- · the pilot light on gas-fired equipment keeps going out
- · a sharp odor or the smell of natural gas occurs when equipment turns of
- the burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue.
- Chalky, white powder forms on a chimney or exhaust vent pipe or soot builds up around the exhaust vent.
- Excessive moisture on walls or windows in areas where natural gas equipment is on
- CO detectors alarm

Symptoms of Carbon Monoxide Exposure

Exposure to CO can cause flu-like symptoms without a fever, including:

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

Where occupant experiences these symptoms inside a building, but feel better when they go outdoors or away from the building, CO may be the cause.

	E.J. 1	McQuigge	Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 2
SECTION: 15.0 Car	oon Monoxide	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021

# **EMERGENCY PROCEDURES FOR MANAGEMENT**

If there is a possibility that occupants have or could be exposed to CO you shall:

- Inform the Incident Coordinator (Charge Nurse) or alternate
- Relocate all occupants from the affected area immediately
- Call the fire department using 911
- Provide medical attention for those that need help. Pay particular attention to anyone with a respiratory ailment (asthma).

#### **EMERGENCY PROCEDURES FOR ALL STAFF**

- Inform your supervisor if you or any of the residents experience symptoms
- If possible, open windows to ventilate the area
- Relocate to another area of the building following the evacuation procedures for a fire emergency

E.J. McQuigge Lodge					
MANUAL:	FIRE AND	EMERGENCY	NO. 1		
SECTION:	16.0 Extern	al Disasters	APPRO	OVED BY: Administrator	
DATE OF ORI 06/05	GIN:	REVIEWED DAT 02/06	TE(S):	DATE REVISED: August 2021	

# EXTERNAL DISASTER - CODE ORANGE

In the event of an external disaster within the community, the facility may be required to respond by evacuating, or receiving and providing temporary shelter to those in the immediate area.

External disasters may include:

- Transportation accident
- Train derailment
- Chemical spill
- Emergencies due to severe weather
- Bomb / Explosion
- Biological or Chemical Threat
- Armed Intrusion or Hostage Taking Situation
- Radiological Accident
- Natural Gas Leak
- · Earth Quake

The Emergency Services Manual outlines all procedures to be taken by staff in the event of a threat from any of the above emergencies.

#### SECURITY

The police will handle the immediate emergency areas and once the emergency and evacuation procedures are completed, security will become the responsibility of the facility.

The maintenance supervisor will be responsible for arranging 24-hour coverage of the facility.

#### TRAFFIC CONTROL

One person will be assigned to direct traffic until the police arrive (Maintenance personnel where possible). The person assigned will be responsible for ensuring that the main entrance is kept free from vehicles to allow access for emergency staff to the in house command and communication station.

#### RECIPROCATE AGREEMENTS

In the event that this home is not required to evacuate and the community requires temporary shelter, we would be able to provide the following:

First Aide

Temporary Shelter

Food

**Communication Centre** 

Holding Area

The lounge space could be set up with cots (obtained from Red Cross) for sleeping arrangements.

		E.J. I	<b>McQuigge</b>	Lodge	
MANUAL:	FIRE AN	D EMERGENCY	PAGE	NO. 2	
SECTION: 10	6.0 Exteri	nal Disasters	APPRO	OVED BY: Administrator	
DATE OF ORIG 06/05	SIN:	REVIEWED DA 02/06	TE(S):	DATE REVISED: August 2021	

All available space within the facility shall be utilized for any essential service as required or directed by the Administrator to accommodate immediate community needs.

	E.J. M	cQuigge	Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 1
SECTION: 17.0 Emer Natural Disasters	gencies Related To	APPRO	OVED BY: Administrator
DATE OF ORIGIN: REVIEWED DATE 02/06		(S):	DATE REVISED: August 2021

# **EMERGENCIES RELATED TO NATURAL DISASTERS**

#### EARTHQUAKE

Though seismic activity in Ontario is generally well below what is experienced in other parts of the country, historically earthquakes of a magnitude in excess of 5 have been experienced. As such, consideration should be given in preparation for such an event.

# **EMERGENCY PROCEDURES FOR MANAGEMENT**

- Warn occupants to expect the fire alarms and sprinklers to go off during an earthquake
- Instruct occupants that it is very dangerous to leave a building during and earthquake because objects can fall on occupants. Instruct occupants to seek shelter within the building
- Once the shaking has stopped, the Incident Commander (Charge Nurse) or designate, will
  make the decision as to the requirement to evacuate the building. If evacuation is
  determined to be necessary, occupants should be evacuated from the affected area. DO NOT
  USE THE ELEVATOR, If evacuating to the outside, ensure the residents are moved away from
  the building, preventing injury from falling debris. Warn occupants of fallen power lines and
  other hazards.
- If necessary arrange transport of resident to alternate health care facilities
- If there is significant structural damage ensure that staff confirm that there are no trapped occupants in the building. If necessary call the fire department for rescue assistance.
- Put out small fires quickly if this can be done without endangering personnel
- Clean up flammable liquids spills immediately
- Expect aftershocks
- The Incident Commander or designate will make the decision as to when reentry to the building will occur. Before authorizing reentry, he/she will need to determine (from advice received from the experts) whether the building is safe to occupy.

## EMERGENCY PROCEDURES FOR ALL STAFF

- Stay calm and no not run outdoors
- Take shelter under tables, beds, desks, or other objects that will offer protection against
  flying glass and debris or step under a doorway/corridor/interior room (away from the outer
  walls). Keep at least 15 feet away from windows to avoid flying glass. Keep away from
  overhead light fixtures. Protect your face and head with your arms.
- Stay under cover until the shaking stops. Be prepared for aftershocks.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do
  otherwise by the Incident Coordinator. Watch for falling debris, or electrical wires upon
  leaving the building
- If a fire occurs, sound the alarm
- Proceed to a safe area away from the danger of being struck by falling glass, bricks, electrical wires or other hazardous objects
- Follow instructions from supervisory and emergency personnel.

	E.J. M	cQuigge l	_odge
MANUAL: FIRE AN	ID EMERGENCY	PAGE N	0. 2
SECTION: 17.0 Emer Natural Disasters	gencies Related To	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S):	DATE REVISED: August 2021

# SEVERE STORMS EMERGENCY PROCEDURES FOR MANAGEMENT

Severe weather conditions such as tornadoes, hurricanes, hail, blizzards, ice storms and heavy rain are monitored by Environment Canada 24 hours a day 7 days a week. If a severe weather storm is on the horizon, the weather service issues watches, advisories, and warning through the media, thus allowing time for preparation to safe guard against property damage, person injuries and loss of life.

Upon receiving information from weather forecasters that a severe weather condition is imminent the Incident Commander (Charge Nurse) or designate, will make the decision to:

- · close the building to non-essential personnel
- provide safe accommodations for building occupants

If the building is affected by a severe weather condition:

- identify persons with injuries and provide medical assistance
- check exit stairwells to ensure they are safe and available to use in the event of a building evacuation
- the Incident Commander or designate will make the decision as to the requirement to evacuate the building. Evacuation may be required if the building is determined to be unsafe or there is danger to the occupants due to severe weather damage
- If necessary, arrange for the transportation of resident to alternate health care facilities

#### EMERGENCY PROCEDURES FOR ALL STAFF

If a severe weather condition occurs, those in the building will:

- stay calm and do not run outdoors
- move residents to the corridor or to an inside room (away from the outer walls of the building). Keep at least 15 feet away from windows to avoid flying glass. Keep away from overhead light fixtures
- take shelter under tables, beds, desks or other objects that will offer protection against flying glass and debris. Protect face and head with arms.
- stay under cover until the severe weather condition has subsided
- identify persons with injuries and provide medical assistance as appropriate.

E.J. McQuigge Lodge					
MANUAL: FIRE	AND EMERGENCY	PAGE	NO. 3		
SECTION: 17.0 Em Natural Disasters	ergencies Related To	APPRO	OVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S):	DATE REVISED: August 2021		

## **FLOODS**

Facility management should assess the threat of flooding to their building based on whether there is a history of such similar events.

# EMERGENCY PROCEDURES FOR MANAGEMENT

# During a flood:

- If necessary, arrange to have resident relocate to a safe part of the building or another facility
- o If necessary, arrange for maint4enance staff to open basement or low level doors to equalize water pressure on the building's foundation and walls
- Ensure that occupants do not use open flames, as there may be escaping gases from ruptured mains

#### After a flood:

- Ensure building is structurally safe. Inspect for buckled walls or floors, holes in the floor, broken glass and other potentially dangerous debris
- Arrange to have drinking water tested after a flood, particularly in areas where drinking water is obtained from wells

# **EMERGENCY PROCEDURES FRO STAFF**

#### In the event of a flood:

- Shut off all electrical power in the affected area
- Be prepared to assist with the relocation of resident to a safer part of the building when advised to do so.

PULL TIME	E.J. Mo	cQuigge	Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 4
SECTION: 17.0 Emer Natural Disasters	gencies Related To	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE	(S):	DATE REVISED: August 2021

# MAJOR ELECTRICAL POWER FAILURE

Electrical power failure often results from uncontrolled events such as severe storm conditions, earthquake, and floods.

# EMERGENCY PROCEDURES FOR MANAGEMENT

- Advise staff, resident and visitors of the situation through the voice communication system.
- Assign maintenance staff to ensure that the generators are operating.
- Assign maintenance staff to ensure that the fuel supply is monitored and arrange for delivery before fuel supply is depleted.
- o Contact local hydro utility to inform them of the situation.
- If the power failure is likely to be long term, make arrangements for alternate accommodations for residents.

# EMERGENCY PROCEDURES FOR NURSING SUPERVISOR

 ensure that all electronic medical equipment is provided with power through the emergency power system (orange plugs)

# EMERGENCY PROCEDURES FOR MAINTENANCE SUPERVISOR

Ensure that the generators are operating properly

# **EMERGENCY PROCEDURES FOR ALL STAFF**

In the event of a power failure:

- Notify supervisor
- Shut off all non0essential electrical equipment to avoid power surges and to reduce electrical ignition sources
- Specify the location where the power failure occurred and details of the power failure
- If it is safe to do so, remain on your floor and wait for further instructions from supervisory personnel.

E.J. McQuigge Lodge					
MANUAL: FIRE AN	ND EMERGENCY	PAGE	NO. 5		
SECTION: 17.0 Emer Natural Disasters	gencies Related To	APPRO	VED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S):	DATE REVISED: August 2021		

#### ROOF COLLAPSE

Buildings may experience roof collapse due to environmental conditions such as high winds, severe storm, and in particular snow load. A cubic foot of snow can weigh from 7 pounds new and dry snow to 30 pounds for old, compacted snow. Drifting snow may put excessive load on an area where it piles up.

# **EMERGENCY PROCEDURE FOR MANAGEMENT**

To mitigate the risk of roof collapse:

- Have roof assessed by professional engineer to determine whether snow load is significant or there are any visible signs of structural distress (twisting, bending or cracking).
- Implement a safe snow removal procedure that will not result in producing an uneven or concentrated loading on the roof.

# EMERGENCY PROCEDURE FOR MAINTENANCE SUPERVISOR

If possible, shut off all services to the affected area

# EMERGENCY PROCEDURE FOR ALL STAFF

In the event of roof collapse:

\* Immediately evacuate the affected part of the building to outside following the evacuation procedure for fire emergencies.

	E.J. M	cQuigge I	_odge
MANUAL: FIRE A	ND EMERGENCY	PAGE N	0. 1
SECTION: 17.0 Emer Natural Disasters	rgencies Related To	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S):	DATE REVISED: August 2021

# **EMERGENCIES RELATED TO NATURAL DISASTERS**

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  determined to be necessary, occupants should be evacuated from the affected area. DO NOT
  USE THE ELEVATOR. If evacuating to the outside, ensure the residents are moved away from
  the building, preventing injury from falling debris. Warn occupants of fallen power lines and
  other hazards.
- If necessary arrange transport of resident to alternate health care facilities
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  walls). Keep at least 15 feet away from windows to avoid flying glass. Keep away from
  overhead light fixtures. Protect your face and head with your arms.
- Stay under cover until the shaking stops. Be prepared for aftershocks.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do
  otherwise by the Incident Coordinator. Watch for falling debris, or electrical wires upon
  leaving the building
- If a fire occurs, sound the alarm
- Proceed to a safe area away from the danger of being struck by falling glass, bricks, electrical wires or other hazardous objects
- Follow instructions from supervisory and emergency personnel.

E.J. McQuigge Lodge							
MANUAL: FIRE AN	ND EMERGENCY	PAGE NO. 2					
SECTION: 17.0 Emer Natural Disasters	gencies Related To	APPROVED BY: Adminis					
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S): DATE REVISED: August 2021					

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- provide safe accommodations for building occupants

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- check exit stairwells to ensure they are safe and available to use in the event of a building evacuation
- the Incident Commander or designate will make the decision as to the requirement to evacuate the building. Evacuation may be required if the building is determined to be unsafe or there is danger to the occupants due to severe weather damage
- If necessary, arrange for the transportation of resident to alternate health care facilities

## EMERGENCY PROCEDURES FOR ALL STAFF

If a severe weather condition occurs, those in the building will:

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- take shelter under tables, beds, desks or other objects that will offer protection against flying glass and debris. Protect face and head with arms.
- stay under cover until the severe weather condition has subsided
- identify persons with injuries and provide medical assistance as appropriate.

E.J. McQuigge Lodge						
MANUAL: FIRE AI	ND EMERGENCY	PAGE	NO. 3			
SECTION: 17.0 Eme Natural Disasters	rgencies Related To	APPRO	OVED BY: Administrator			
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S):	DATE REVISED: August 2021			

#### **FLOODS**

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# EMERGENCY PROCEDURES FOR MANAGEMENT

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- If necessary, arrange for maint4enance staff to open basement or low level doors to equalize water pressure on the building's foundation and walls
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- Arrange to have drinking water tested after a flood, particularly in areas where drinking water is obtained from wells

## **EMERGENCY PROCEDURES FRO STAFF**

#### In the event of a flood:

- o Shut off all electrical power in the affected area
- Be prepared to assist with the relocation of resident to a safer part of the building when advised to do so.

	E.J. Mo	cQuigge	Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE N	NO. 4
SECTION: 17.0 Eme Natural Disasters	rgencies Related To	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	(S):	DATE REVISED: August 2021

#### MAJOR ELECTRICAL POWER FAILURE

Electrical power failure often results from uncontrolled events such as severe storm conditions, earthquake, and floods.

# **EMERGENCY PROCEDURES FOR MANAGEMENT**

- Advise staff, resident and visitors of the situation through the voice communication system.
- Contact local hydro utility to inform them of the situation.
- If the power failure is likely to be long term, make arrangements for alternate accommodations for residents.

## EMERGENCY PROCEDURES FOR NURSING SUPERVISOR

 ensure that all electronic medical equipment is provided with power through the emergency power system

# **EMERGENCY PROCEDURES FOR SUPERVISOR**

Ensure that the generators are operating properly

## **EMERGENCY PROCEDURES FOR ALL STAFF**

In the event of a power failure:

- Notify supervisor
- Shut off all nonessential electrical equipment to avoid power surges and to reduce electrical ignition sources
- o Specify the location where the power failure occurred and details of the power failure
- If it is safe to do so, remain on your floor and wait for further instructions from supervisory personnel.

E.J. McQuigge Lodge					
MANUAL: FIRE AN	D EMERGENCY	PAGE N	NO. 5		
SECTION: 17.0 Emerging Natural Disasters	gencies Related To	APPRO	VED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S):	DATE REVISED: August 2021		

#### ROOF COLLAPSE

Buildings may experience roof collapse due to environmental conditions such as high winds, severe storm, and in particular snow load. A cubic foot of snow can weigh from 7 pounds new and dry snow to 30 pounds for old, compacted snow. Drifting snow may put excessive load on an area where it piles up.

# EMERGENCY PROCEDURE FOR MANAGEMENT

To mitigate the risk of roof collapse:

- Have roof assessed by professional engineer to determine whether snow load is significant
  or there are any visible signs of structural distress (twisting, bending or cracking).
- Implement a safe snow removal procedure that will not result in producing an uneven or concentrated loading on the roof.

# EMERGENCY PROCEDURE FOR MAINTENANCE SUPERVISOR

If possible, shut off all services to the affected area

# **EMERGENCY PROCEDURE FOR ALL STAFF**

In the event of roof collapse:

\* Immediately evacuate the affected part of the building to outside following the evacuation procedure for fire emergencies.

		E.J. Mo	cQuigge L	_odge
MANUAL:	ANUAL: FIRE AND EMERGENCY PAGE NO. 1			
SECTION: 1	8.0 Hazardo	ous Spill Incident	APPROV	/ED BY: Administrator
DATE OF ORIO 06/05		REVIEWED DATE 02/06	A CONTRACTOR OF THE PARTY OF TH	DATE REVISED: February 2022

## HAZARDOUS MATERIALS ACCIDENT - CODE BROWN

# **EMERGENCY PROCEDURES FOR MANAGEMENT**

- Any spill or leak of a chemical must be treated as being a potential hazardous material incident until the chemical can be identified.
- Immediately evacuate all persons from the danger area(s).
- Determine the name of the spilled or leaking chemical or material from the label on the container or from the shipping manifest or invoice.

Note: If the type of spilled/leaked substance cannot be determined, then it must be assumed to be the most dangerous substance used/stored in the building.

- If anyone is, or appears to be, injured or ill as a result of the spill,
  - Call 911. Ensure that emergency responders are informed of the name of the chemical or material involved.
  - Provide any medical treatment specified in the Material Safety Data Sheets (MSDS).
     These can be found outside housekeeping room.
- Determine if the chemical or material is one of the following:
  - o Explosive material
  - o Flammable gas
  - o Poisonous gas
  - Corrosive gas
  - o Flammable or combustible liquid
  - o Flammable solid
  - o Oxidizer
  - Poisonous or infectious substance
  - o Reactive material
  - o Corrosive material

If necessary, consult the MSDS's located in the binder outside housekeeping room, to determine the characteristics of the material.

- If the chemical or material is not one of the above, you do not have a hazardous material incident and the material can be cleaned up using normal housekeeping procedures.
- If the chemical or material is one of the above, you are dealing with a hazardous material and the following procedures must be followed:

#### Establish:

- health hazard
- fire hazard
- hazard to the environment

		E.J. M	cQuigge l	Lodge
MANUAL:	FIRE AND EMERGENCY PAGE NO. 2			
SECTION:	18.0 Hazai	dous Spill Incident	APPRO	VED BY: Administrator
DATE OF ORI 06/05		REVIEWED DATE 02/06		DATE REVISED: February 2022

- procedure for containing the spill/leak
- procedure for disposing of the spilled chemical/material
- The Incident Coordinator or Alternate will notify the Fire Department at 911 if, in their opinion in-house personnel cannot safely deal with the hazard.
- Determine the need to evacuate the building or part of the building from the information in the MSDS.
- If it is determined that an evacuation or partial evacuation is necessary, instruct the response team members to initiate the evacuation procedures for fire emergencies.
- · If the material is flammable, eliminate ignition sources.
- Prevent all non-emergency persons from entering the spill area.
- Ensure that the appropriate staff cleans up the spill.
- If the personal protective equipment specified in the MSDS is available and if you are sure of the procedures to follow, proceed to clean up the spill.

If personal protective equipment specified in the MSDS is not available or if you are not sure of the procedures to follow, you must contact the hazardous waste removal contractor immediately and arrange for them to clean up the spill.

- Immediately after all safety matters have addressed, if any substance has entered, or believed to have entered, a drain or water course, the Incident Coordinator shall notify the following:
  - o The Ministry of the Environment
  - o The Local Spills Coordinator
  - o The Local Public Works Department, and
- All spills no matter how small, are to be documented. A record shall be kept of
  - o The name of the spilled material
  - o The quantity involved
  - o The names of person involved in the spill and clean up
  - The names of anyone requiring medical attention
  - Any outside agencies or contractors that were involved
  - How the spilled material was disposed of

		E.J. Mo	cQuigge	Lodge
MANUAL:	AL: FIRE AND EMERGENCY PAGE NO. 3			
SECTION:	18.0 Hazard	lous Spill Incident	APPRO	VED BY: Administrator
DATE OF ORI 06/05		REVIEWED DATE 02/06		DATE REVISED: February 2022

# **EMERGENCY PROCEDURES FOR SUPERVISOR**

Depending on the nature of the substance involved in the spill, it may be appropriate to have maintenance staff responsible for containing and cleaning up the spill.

Contain and clean up the spill by:

- Stopping any ongoing leak
- Protecting drains in the immediate area by covering them with rubber sewer drain covers, or surrounding them with spill socks
- Scraping up the bulk of the material and putting it in an appropriate container
- Soaking up the remainder of the material using an absorbent substance (sawdust, oils orb, absorbent pads). This material must be compatible with the spilled material
- Placing the waste material in an appropriate container
- Following disposal instructions as established with the hazardous waste removal contractor
- Cleaning the spill/leak area with an appropriate cleaning solution
- Contacting the hazardous waste removal contractor to have the waste removed

		E.J. Mo	cQuigge I	Lodge
MANUAL:	ANUAL: FIRE AND EMERGENCY PAGE NO. 4			
SECTION: 18	3.0 Hazardou	s Spill Incident	APPRO	VED BY: Administrator
DATE OF ORIG 06/05	IN:	REVIEWED DATE 02/06	(S):	DATE REVISED: February 2022

# **EMERGENCY PROCEDURE FOR ALL STAFF**

- Any spill or leak of a chemical or other material must be related as being a potential hazardous material incident until the material can be identified.
- Immediately evacuate all persons from the danger area(s).
- If anyone is or appears to be injured or ill as a result of the spill:
  - Call 911. Ensure that emergency responders are informed of the name of the chemical or material involved.
  - Provide any medical treatment specified in the MSDS.
- Notify your supervisor. The supervisor will advise the Incident Coordinator (Charge Nurse) or alternate of the situation.
- Eliminate ignition sources.
- Prevent all non-emergency persons from entering the spill area
- Follow the instructions of your Supervisor and the Incident Coordinator.

	E.J. I	McQuigge	Lodge
MANUAL: FIRE AND	EMERGENCY	PAGE	NO. 1
SECTION: 19.0 Natural	Gas Leak	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

## NATURAL GAS LEAK

#### EMERGENCY PROCEDURES FOR MANAGEMENT

Building management should retain a list or drawings that identify the location of all gas shut off valves, not just the main shut off valve.

If management believes that a natural gas leak has occurred they shall:

- · Inform the Incident Coordinator (Charge Nurse) or alternate
- Instruct building maintenance to immediately shut off the gas at the main valve and any secondary valves if necessary
- Relocate staff, residents from the affected area or the building following the fire emergency procedures
- Instruct occupants to not smoke or use any electrical devise, including cell phones
- Call 911 from a phone located well away from the source of the leak
- Call the gas company from a phone located well away from the source of the leak

#### EMERGENCY PROCEDURES FOR ALL STAFF

- If you smell natural gas, inform your supervisor
- Relocate to a safer area
- · Wait for instructions to evacuate the building
- · Do not light matches or lighters
- Do not turn on or turn off electrical power

	E.J. M	cQuigge	Lodge
MANUAL: FIRE AND EMERGENCY PAGE NO. 1			
SECTION: 20.0 Radiolo	gical Accidents	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	E(S):	DATE REVISED: February 2022

## RADIOLOGICAL ACCIDENTS

The following procedures address radiological accidents that originate offsite. A radiological accident is an event tat involves the release of potentially dangerous radioactive materials into the environment. This release will usually be in the form of a particle cloud or vapor plume and could affect the health and safety of anyone in its path. In Ontario, Emergency Measures Ontario is the provincial authority to direct a response during nuclear emergencies.

Following a radiological accident, authorities will monitor any release of radiation and determine when the threat has passed.

	E.J. M	lcQuigge Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE NO. 2
SECTION: 20.0 Radi	ological Accidents	APPROVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	E(S): DATE REVISED: February 2022

## EMERGENCY PROCEDURES FOR MANAGEMENT

If management becomes aware that a radiological accident may have occurred they shall:

- Inform the Incident Commander (Charge Nurse) or alternate.
- Tune to local radio or TV station for information and direction from Provincial or community authorities.
- Alert building occupants that an evacuation may be necessary.
- Ensure that windows, doors and other opening to the exterior are closed.
- · Ensure that air condition, vents, fans, and heating equipment are turned off.

If advised by Provincial authorities to evacuate the building, management should:

- organize a calm environment
- · ensure the building is secure
- arrange transportation for those who must be transported to alternate health care facility

If advised by Provincial authorities to remain in the building, management should:

- Notify the building occupants of the hazard and reasons to shelter in place
- Seal building so contaminants cannot enter by:
  - Ensuring that all windows and doors are closed
  - o Sealing gaps under doorways, windows, and other building openings
  - o Ensuring that all heating, air conditioning and ventilation systems are turned off
- \* Monitor radio or television stations for further updates and remain in shelter until authorities indicate it is safe to come out.

	E.J. N	lcQuigge L	.odge
MANUAL: F	IRE AND EMERGENCY	PAGE N	O. 3
SECTION: 20.	Radiological Accidents	APPROV	/ED BY: Administrator
DATE OF ORIGIN 06/05	REVIEWED DAT 02/06	E(S):	DATE REVISED: February 2022

# EMERGENCY PROCEDURES FOR ALL STAFF

- If building staff becomes aware that a radiological accident may have occurred they shall immediately inform their supervisor. If they are not available n notify the Incident Coordinator (Charge Nurse) or alternate.
- Remain in the building unless specifically instructed to evacuate
- Close windows, doors and other opening to the exterior in your area
- Turn off air conditioning, vents, fans and heating equipment

If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Coordinate

	E.J. 1	McQuigge	Lodge
MANUAL: FIRE	ND EMERGENCY	PAGE	NO. 1
SECTION: 21.0 Phy	sical Threats	APPR	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

# PHYSICAL THREATS PROTEST – DEMONSTRATION- DISTURBANCES

Information about a protest or demonstration is usually received in advance.

On receipt of information relating to a planned protest or demonstration to be held around the building perimeter or on the grounds or parking areas connected to the building the following procedures shall be implemented:

- Notify the police using the business number (Note: if the protest is already taking place or violence appears imminent, call 911)
- Ensure that personnel responsible for security lock all doors except receiving door, which will be used as the staff entrance during protest; this will prevent entry to the building (nothing should be done that will inhibit evacuation from the building).
- Inform reception/ward clerk that no visitors to be allowed into the building unless escorted by an employee.
- Remove employees and residents away from the ground floor windows if there is a possibility that the windows could be broken.

TOTAL TREET	E.J. I	McQuigge Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 2
SECTION: 21.0 Phys	ical Threats	APPROVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S): DATE REVISED: February 2022

#### **EMERGENCY PROCEDURES FOR ALL STAFF**

- If you learn that a demonstration may occur around the building perimeter or on the grounds, or parking areas connected to the building notify supervisory personnel. If they are not available notify the Incident Coordinator (Charge Nurse) or Alternate.
- If a demonstration is taking place when you arrive at the building, enter the building through the receiving entrance if possible. If you are prevented from entering the building, go to the church next door or an alternate safe location and call your Supervisor.
- · At no time do anything that will place you in confrontation with the demonstrators.
- If you are in the building when a demonstration occurs outside. Remain in the building. Move residents away from the ground floor windows to avoid being hurt by glass if the window is broken.
- If you see any demonstrators or strangers in the building notify the staff responsible for security immediately. Do not attempt to remove them yourselves.
- Follow the instructions of your Supervisor or Security.

	E.J. I	McQuigge	Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 3
SECTION: 21.0 Phys	sical Threats	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

#### **EMERGENCY PROCEDURES FOR ALL STAFF**

- If you learn that a demonstration may occur, threats from family break-ins etc. notify your Charge Nurse immediately
- · Charge Nurse is to call Ambulance and/or Police as needed
- If a demonstration is taking place when you arrive at the building, enter the building through the receiving entrance if possible. If you are prevented from entering the building, go to the McCaffery's Garage or an alternate safe location and call the Charge Nurse in the building and/or the DON and Administrator.
- At no time do anything that will place you in confrontation with the demonstrators.
- If you are in the building when a demonstration occurs outside. Remain in the building. Move residents away from the windows to avoid being hurt by glass if the window is broken.
- If you see any demonstrators or strangers in the building notify the Charge Nurse for security immediately. Do not attempt to remove them yourselves.
- Follow the instructions of your Supervisor

#### STAFF TRAINING

Police training for staff
GPA is offered free to the home and is included in PSW Curriculum

#### AGGRESSION IN THE WORKPLACE - CODE WHITE

Any staff member can initiate a "Code White" call if he/she identifies a situation in which help is needed

- If possible remove all individuals (residents, visitors, etc) in immediate danger to a safe area
- Attempt to de-escalate the situation
- · Reduce stimulation in the area by turning off radios, TVs, other noise producing equipment
- Reduce activity
- Speak calmly and in a guiet manner
- Use GPA
- Remove any loose equipment that could be used as a weapon or cause injury

#### Charge Nurse

- Call Police and/or Ambulance as needed
- Ensure a physician is contacted to obtain orders for a medication, b) restraint if necessary, c)
   Seclusion if necessary d) Transfer to hospital
- Ensure proper documentation is completed and forwarded to Director of Nursing and/or Administrator

NUAL: FIRE AND EMERGEN CTION: 21.0 Physical Threats E OF ORIGIN: REVIEW 02/06  Date of incident: Time of Incident: INDIVIDUAL INFORMATION: Name of individual: Resident: Family: Mental Status: oriented disor	APPR /ED DATE(S):  CODE WHITE REPO	
Date of incident:  Time of Incident:  INDIVIDUAL INFORMATION: Name of individual:  Resident: Family:	/ED DATE(S):  CODE WHITE REPO	DATE REVISED: February 2022
Date of incident: Time of Incident: INDIVIDUAL INFORMATION: Name of individual: Resident: Family:	CODE WHITE REPO	February 2022
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INDIVIDUAL INFORMATION: Name of individual: Resident: Family:		
Name of individual: Resident: Family:		
Resident: Family:		
Mental Status: priented discr		- NSC A. V
	Visitor:	Other:
		rused ressive suicidal elopement_
Self-destructive des	stroying property_	refusing to leave
Unco-operative Weapons: Yes No		A A A A A A A A A A A A A A A A A A A
weapons: Yes No	Type	
INTERVENTION:		
Talked down returned to room Escorted from area Medication State what was giv Restraints Describe Placed on constant attention Required Police assistance Des	/en	
REPORT OF INJURIES:  Was anyone injured? Yes No Name: If Staff, did they report to First Aid? Y Worker's Report of Injury completed?  DEBRIEFING	/es No	
RECOMMENDATIONS:		
AND ARREST MARKET NAMED AND THE		
2 (22 D)		
NATURE		

	E.J. M	cQuigge	Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 1
SECTION: 22.0 Strik	e or Walk Out Plan	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06		DATE REVISED: February 2022

# PLAN FOR RESIDENT CARE IN THE EVENT OF A STRIKE OR WALKOUT

In the event of a strike or walkout by employees, our present three shift system would be reduced to two twelve hour shifts until normal staffing hours could be resumed. (i.e. 0700-1900 hours and 1900-0700 hours.)

Our main concern would be providing nursing, dietary and laundry services. The "Charge Nurse" on each floor would be responsible for assessing and choosing those residents who could be temporarily cared for by relatives at home. Our critically ill residents would be transferred to hospital by ambulance. A "transfer record" would accompany each resident to hospital with specific instructions re: care, meds, and treatments. Medications could be sent with the residents, if the hospital so wished. Residents being transferred home would be sent with their medications. A "transfer record" would accompany them also with specific instructions re: medications times and the resident's usual routine. Any personal effects, such as jewellery, etc., left behind by residents would be itemized on a clothing list and locked in the Administration office. Clothing could be stored in the Activity Room.

On each floor, one Registered Nurse will be designated "Charge Nurse". He/she will be responsible for the passing of medications, treatments and charting.

	E.J. M	Quigge Lodge	
MANUAL: FIRE AN	D EMERGENCY	PAGE NO. 2	
SECTION: 22.0 Strik	e or Walk Out Plan	APPROVED BY: Adm	ninistrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06		DED 64.00 D337

# ORDER OF REFERENCE FOR ALERTING REGISTERED STAFF

Should a walkout occur on the day shift between Monday and Friday, the nursing office would be responsible for phoning off duty registered staff. The administration office and nursing staff would be responsible for contacting families. On weekends, the day supervisor would be responsible until relieved by management.

If a walkout occurs during the evening shift or night shift at any time of the week, the shift supervisor is responsible.

# EXPLAIN DUTIES OF MANAGEMENT STAFF INVOLVED

Any union employee who crossed the picket line and wishes to remain in the building will have sleeping and eating accommodations provided for them. Again we will utilize our Dining room and lounges and any available office space.

	E.J. M	cQuigge	Lodge
	ID EMERGENCY	PAGE NO. 7	
SECTION: 22.0 Strik	e or Walk Out Plan	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DATE 02/06	E(S):	DATE REVISED: February 2022

# Policy

In the event of a labour shortage, walkout, strike, or work slowdown, our residents will continue to receive safe and excellent quality care either in the facility or in an alternate setting.

## Procedure

- Notify Director of Care and Administrator immediately at the first sign of any labour related problems.
- Administrator will notify Head Office.
- Director of Care will notify all Department Heads and Registered Staff.
- Administrator will notify Ministry of Health and Attending Physicians.
- The Management team will meet immediately to assess the situation in terms of its impact on resident care.

	E.J. N	<b>AcQuigge</b>	Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 1
SECTION: 23.0 Armed	Intrusion or Hostage	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	E(S):	DATE REVISED: February 2022

# ARMED INTRUSION OR HOSTAGE TAKING SITUATION

# EMERGENCY PROCEDURES FOR MANAGEMENT

Any management person who becomes aware of an intrusion by an armed person, a violent act (shooting, stabbing, or physical assault) or a hostage taking incident shall take the following actions:

- Immediately evacuate as many people as possible from the area
- Cordon off the area or otherwise prevent people from entering the area
- Call 911. Tell them if people have already been injured, how many intruders there are and what weapons they have.
- Advise the Incident Coordinator (Charge Nurse) or Alternate and the staff responsible for security of the situation.
- Ensure that any victims receive medical treatment, if this can be provide without putting anyone in danger.

The police will take command of the situation when they arrive. Management will provide the police with any information they require, including floor plans of the area in question.

If the police determine that an evacuation of the building is required, occupants will utilize the exit route described in the Fire Safety Plan without the activation of the Fire Alarm signal but rather using the Voice Communication (public address) System or by Police Officers visiting each area and verbally advising occupants to evacuate.

	E.J. N	/lcQuigge	Lodge
	ND EMERGENCY	PAGE NO. 2	
SECTION: 23.0 Armed	I Intrusion or Hostage	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	E(S):	DATE REVISED: February 2022

# EMERGENCY PROCEDURES FOR ALL STAFF

If an armed person invades your area, of if a violent act (shooting, stabbing or physical assault) or a hostage taking incident occurs in your area, all occupants shall take the following

- Evacuate as many residents from the area as possible if this can be done without becoming hostage or victim yourself.
- Warn others in the immediate area of the danger and prevent anyone from entering the area.
- If you are unable to leave the4 area, barricade yourself in the most secure room available. Keep calm and do nothing that will attract the intruder's attention.
- Call 911. Tell them how many intruders there are and what weapons they have.
- Advise the Incident Coordinator (Charge Nurse) or alternate of the situation.
- Provide medical treatment to any victims if this can be done without putting yourself in
- Follow the instructions of the police or staff responsible for security or your supervisor.

# Emergency Operations Plan Code Yellow Protocol

	E.J. I	McQuigge	Lodge
MANUAL: FIRE A	ND EMERGENCY	PAGE	NO. 1
SECTION: 24.0 Missin	g Resident	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

# Code Yellow Procedure

#### To Be Used In Case Of:

Missing Resident

Authority to Declare: Registered Nurse on-duty, Administrator or DON

Primary Method of Alerting Staff: All staff must report immediately to area where supervisor is located. Staff are not to discuss situation with visitors or residents

#### Specific Procedures:

#### WANDERING/MISSING PERSON

The exits from the home are equipped with alarms, which sound automatically each time the door is opened. As outlined in the door alarm policy, staff must check the exits immediately whenever the alarm sounds.

In addition to this procedure, staff must:

- Provide the required level of supervision to monitor the movement of residents in order to respond quickly if for any reason a resident leaves the nursing home unnoticed.
- Ensure that the Charge Nurse authorizes any request by a resident to leave the nursing home premises.
- Check residents regularly including a complete census at bedtime to ensure that all residents are accounted for.
- Residents known to wander are registered with the Wandering Persons' Registry.

In the event that a resident is suspected missing, the following steps must be taken:

- Staff under the direction of the Charge Nurse must conduct a search of the nursing home and immediate surrounding areas.
- The Charge Nurse must provide direction re notification to police, relative or responsible party,
   Director of Nursing and Administrator.
- The Charge Nurse, in consultation with the Director of Nursing or the Administrator, must:
  - Notify the Ministry of Health within one hour after the resident is reported missing and the initial search conducted if the resident is not located. (Refer to section on Reporting of Emergencies and Serious Accidents for telephone number.)

	E.J. 1	McQuigge	Lodge
MANUAL: FIRE	AND EMERGENCY	PAGE	NO. 2
SECTION: 24.0 Mis	sing Resident	APPR	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022

b) Notify physician if the resident is missing for more than six hours. In any event, the physician must be notified within twenty-four hours even if the resident is located or returns promptly of his or her own accord to the nursing home.

NOTE:

In the event that the search is taken over by the Police Department, the Charge Nurse must maintain contact with the Police Department and keep the Ministry of Health, Director of Nursing and Administrator advised of any developments.

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MANUAL: FIRE AND EMERGENCY		1 279 2 2 2 2 2 2 2	PAGE NO. 3	
SECTION: 24.0 Mi	issing Resident	APPRO	VED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	ΓE(S):	E(S): DATE REVISED: February 2022	
Date	COMMUNICATED WI			
TIME	PERSON		SITUATION	

APPROVED BY: Administrator  APPROVED BY: Administrator  APPROVED BY: Administrator  APPROVED BY: Administrator  DATE REVISED: February 2022  EARCH SHEET (HAND OUT)  DINE 1  CLEAR  Intohen Storage  Intohen Stora	SECTION: 24.0 Missing Residence  PATE OF ORIGIN: 6/05  SEARCH SHEET (HAND OUT)  ZONE 1  Kitchen Storage  Kitchen  Dining Room	dent REVIEWED DAT 02/06	APPROVE E(S):	D BY: Adm	110000000000000000000000000000000000000			
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taff Lounge en's Change Room  D. Office anitor's Closet taff Change Room	Mechanical Room – Both Sides							
en's Change Room  D. Office  anitor's Closet  taff Change Room	Laundry							
D. Officeanitor's Closettaff Change Room	Staff Lounge	3						
taff Change Room	Men's Change Room		_		_			
taff Change Room	A.D. Office	-						
	Janitor's Closet				_			
torage Area	Staff Change Room	-						
	Storage Area							
	Porter's Closet				_			

E.J. McQuigge Lodge						
MANUAL: FIRE AND EMERGENCY		PAGE NO. 5				
SECTION: 24.0 Missing	Resident	APPROVED BY: Administrator				
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	DATE REVISED: February 2022			
SEARCH SHEET (HAND	OUT)					
ZONE 2		CLE	EAR			
Main Entrance						
Office						
Visitor's Bathroom						
Tub Room						
Room #1						
Room #24						
Room #2						
Room #23						
Shower Room						
Clean Utility Room						
Room #3						
Room #22						
Room #4						
Room #21						
Dirty Utility Room						
Room #5						
Room #6						
Pharmacy						
Room #19						
Room #20						
Nursing Station						
Report Room						
Hairdressing Room						
Lounge						

	E.J. 1	<b>McQuigge</b>	Lodge	
MANUAL: FIRE A	ND EMERGENCY	PAGE NO. 6		
SECTION: 24.0 Missin	g Resident	APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA 02/06	TE(S):	S): DATE REVISED: February 2022	
SEARCH SHEET (HAND	о оит)			
ZONE 3	2	CLEAR		
Storage Area				
Room #7				
Room #18				
Room #8				
Room #17				
Tub Room				
inen Closet	4			
Room #9				
Room #16				
Room #10	-			
Room #15				
Room #11				
Room #14	-			
Room #12	-			
Room #13				

	E.J. 1	/lcQuigge	Lodge	
MANUAL: FIRE AND	EMERGENCY	PAGE NO. 7		
SECTION: 24.0 Missing	Resident	APPRO	OVED BY: Administrator	
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	ΓE(S):	DATE REVISED: February 2022	
SEARCH SHEET (HAND O	рит)			
External Grounds		CLEAR		
North of Building		4111		
South of Building				
East of Building	-			
West of Building	1			
nquiries to surround neight	pours			
	-			
	-			

	E.J. N	<b>McQuigge</b>	Lodge
MANUAL: FIRE AN	ND EMERGENCY	PAGE N	NO. 1
SECTION: 25 Electrica Code Grey	al/Systems Failure –	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022

## Code Grey Procedure

#### To Be Used In Case Of:

The interruption of the nursing home's supply of electricity, potable water, heating, ventilation, air conditioning, or any other infrastructure element which might adversely affect operations.

Authority to Declare: Registered Nurse on-duty, Administrator or DON

Primary Method of Alerting Staff: Staff will be notified by use of the pager system and by having the appropriate code announcement made on the paging system. All staff will be notified to report immediately to area where supervisor is located.

<u>Policy Statements:</u> E.J. McQuigge Lodge ensures a plan of action that would assist staff in maintaining a safe environment for staff and residents.

#### Specific Procedures:

### FLOODING OR SEWER BACKUP

- Shut off the main water valve located in the mechanical room (tagged for identification.
- Discontinue use of water in building.
- Phone administrator.
- Phone Maintenance Person (see Manual for appropriate numbers).
- Prepare for evacuation.
- Phone service person.(Specialty Plumbing)

Lucture 5.5	E.J. N	McQuigge	Lodge
MANUAL: FIRE AN	D EMERGENCY	PAGE	NO. 2
SECTION: 25 Electrica Code Grey	al/Systems Failure –	APPRO	OVED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022

### **ELECTRICAL FAILURE**

Keep building closed to the public and keep windows and doors closed to contain he (if occurs in winter).

Minimize resident movement to conserve heat and energy.

Provide extra clothing and blankets.

Notify:

Administrator

Ontario Hydro Electricians

Prepare to activate back – up generator if no power available in one hour. The generator will provide power for safety of residents and staff such as, lighting, alarm systems and oxygen concentrator BUT not for Heat.

Prepare for evacuation if required after hearing from Hydro and Electrician.

### **ELECTRICAL DISASTER**

- Shut off main electric switched-tagged for identification.(TAG)
- Secure residents in rooms, limit movement, provide extra blankets, and clothing.

Notify:

Administrator

Hydro

Electrician

- Prepare to activate back-up generator if required.
- Prepare for evacuation if required after hearing from Hydro and Electrician.

	E.J. 1	<b>VicQuigge</b>	Lodge
MANUAL: FIRE AN	ID EMERGENCY	PAGE	NO. 3
SECTION: 25 Electrica Code Grey	nl/Systems Failure –	APPRO	VED BY: Administrator
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022

# **ACTIVATION OF BACK UP GENERATOR**

## When electrical power is disrupted:

- The key to start the back up generator is located in the Porter's Room on the panel inside the door on the left-hand side.
- ♦ The back up generator is located outside the Service Door and to the left.
- Uncover the back up generator to locate cord and screwdriver.
- Remove cover from receptacle on wall beside the Service Door.
- Plug cord into outlet and turn clockwise slightly. The back up generator is activated in the same manner as starting a car.
- Return to the panel in the Porter's Room and locate two switches:
  - TOP MAIN
  - BOTTOM GENERATOR
- ♦ Switch Main OFF
- Switch Generator ON

# When electrical power is restored:

- ♦ Switch Generator OFF
- Switch Main ON
- ♦ Turn off Generator
- Unplug Cord
- Cover Generator
- Put plate back on box
- Return key.

E.J. McQuigge Lodge						
MANUAL: FIRE AN	ND EMERGENCY	PAGE NO. 4				
SECTION: 25 Electrical/Systems Failure – Code Grey		APPROVED BY: Administrator				
DATE OF ORIGIN: REVIEWED DAT 06/05 02/06		TE(S): DATE REVISED: February 2022				

In the event of a major interruption in one of the following services:

- Water
- Laundry
- Housekeeping

## Proceed as follow:

- Notify the Administrator
- Call in extra staff as required
- Restrict assignments as necessary
- Notify: Service repair

Service Interruption Service Suppliers (Letters of Agreement enclosed)

	E.J. I	VicQuigge L	Lodge	
MANUAL: FIRE AN	ID EMERGENCY	PAGE NO. 5		
SECTION: 25 Electrical/Systems Failure – Code Grey		APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DA	TE(S):	DATE REVISED: February 2022	

#### DOOR ALARMS

All doors leading to the outside of the nursing home are equipped with electrically operated door alarms connected to an annunciator panel at the nurse's station. A manual reset switch or key pad is also located at each door.

These alarms are provided for the safety of the residents as they alert the staff each time an exit door is opened. In this manner, residents are not free to wander out of the nursing home unnoticed.

In order for this system to serve its intended purpose, the following steps must be taken:

- Alarms are to be kept on at all times. The supervision of the alarm is the responsibility of the nurse in charge. She will be directly responsible for holding the key and will supervise the resetting of any alarm by ensuring that the person given the key to reset any alarm has been trained in that area. Doors are to be checked at the beginning of every shift and signed for.
- When the alarm sounds, the person reporting to the site must inspect the cause of the alarm and be absolutely sure that the cause of the alarm is identified prior to resetting the alarm. If the cause of the alarm cannot be identified, then the staff must do a complete walk-around of the building and complete a head count of residents to be sure that all residents are accounted for.
- If for any reason the alarm system is out of order, then direct supervision by the staff is necessary. A visual inspection must be done every 15 minutes and a head count of residents every 30 minutes. Residents could be placed in geri-chairs if they are known to be wanderers. Attach a posey alarm around door handles to assist with monitoring doors. Call in additional staff to assist if required.
- Malfunctioning alarms must be reported to the repair people (Lyle Paquette Electric) immediately and a demand made for immediate service. The malfunction must also be reported to the Administrator.
- As a legal aid to registered staff, it is the policy of this facility that an inspection of the doors is done at the beginning of every shift. A document for recording the inspection is provided as a permanent record.
- Always be sure to double check those doors that are set by key to ensure alarm is turned on and not on bypass.
- Doors must also be checked for a clear path of exit. During snow storms open door at least every hour. If for any reason a door does not have a clear exit, take steps to correct this problem immediately. This is the responsibility of every charge nurse.

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MANUAL: FIRE AN	D EMERGENCY	PAGE NO	D. 6	
SECTION: 25 Electrical/Systems Failure – Code Grey		APPROVED BY: Administrator		
DATE OF ORIGIN: 06/05	REVIEWED DAT	ΓE(S):	DATE REVISED:	

# DOOR ALARMS (Continued)

- The key must be kept separate from all other keys so the nurse in charge can designate a subordinate responsible for immediate action when an alarm sounds, as it is entirely reasonable that the nurse in charge may have a second commitment. Care and control of keys is the responsibility of the nurse in charge.
- All staff assume responsibility for the well being of our residents. Charge nurse to recheck as needed. Do not hesitate to report problems or concerns re door.

E.J. McQuigge Lodge					
MANUAL: FIRE AND	EMERGENCY				
SECTION: 25 Electrical/S	Systems Failure –				
DATE OF ORIGIN: 06/05	REVIEWED DAT 02/06	TE(S):	DATE REVISED: February 2022		
	DOO	R ALARMS			
	RECORE	OF EVENT	rs		
Doors Checked By					
Resident Count Maintained	by				
Administrator Notified at			hours.		
Repair Service Notified at _			hours.		
Repairs Completed at			hours.		
Ministry of Health Notified a	ţ		hours.		
Notified of Repair			hours.		

# In Case of Power Outage-Dietary

In the case of a **power outage** the dietary department should follow the following procedure.

- 1. Shut off gas stove
- 2. Shut off range hood overhead
- 3. Shut off steamer, steam table
- 4. Locate lighting/lanterns located above vegetable freezer on shelf.
- 5. Locate disposable dishes
- 6. Fill 3-compartment sink 1. Detergent 2. Sanitizer 3. rinse
- 7. Prepare sandwiches, canned fruit for dessert,
- 8. Hand Mix juices for fluids. Extra Juice to replace fluids
- 9. Tea Kettle under microwave by the dining room refrigerator.
- 10.\*\*\*Report to charge nurse to get further directives
- 11. Keep refrigerator and freezer doors closed as much as possible.
- During a Brown out power outage the following will work: ie partial outage.
  - 1 outlet in dining room by the fridge
  - Fridge #1
  - Freezer # 1
  - · Ice machine
  - Water
  - Barbecue

# Generator will run:

- Lights in the kitchen only
- Dining room lights (north/south)
- 3 dining room outlets for oxygen usage
- Telephone
- Fire alarm
- Nurses call bell
- Nurses station lights
- Porters room
- Back office
- Staff room
- Porters room panel outlet

# **Equipment List for a disaster**

# **Housekeeping**

Hand Sanitizer
Garbage bags
Toilet Paper
Kleenex
Gloves
Oxiver Wipes
Javex Wipes
Chix Cloths
Manuals- Policy /Procedures

# Laundry

Policy/Procedure Manual Linen-immediate Use only Towels

# Equipment List for a disaster

D	i	e	t	a	r	V

Likes and Dislikes book in dining room of residents

Dietary Policy and procedure manual

Special eating aides

Shut down all equipment to prevent power surge

Blixer

Tea Kettle

2Tea Pot/tea bags

2 Coffee Pots/Instant coffee

2 cases-cups, napkin, silverware, bowls, plates, (250 of each in box)

1 case-disposable thermal trays

Blixer Processer

Divider Plates

1 Flashlight

2 Lantern

4 Large spoons

Plastic Gloves

4 Tongs

2 Sharp knives

4 Butter knives

1 Can opener

Aprons

Masking tape/marker

Saran wrap

Tin foil

4 Bags Cereal

6 loaves of Bread

Salmon/tuna

Mayo

Butter

Juice/mixing jugs

Canned fruit

Supplements

Cookies- arrowroot/digestive

Juice

Gingerale

Straws

### Zone #1

Kitchen Storage
Kitchen
Dining Room
Holding unit
Mechanical Room- Both Sides
Laundry
Staff Lounge
Men's Change Room
Back Office
Housekeeping Room
Chemical Room

### Kitchen Assignment if discovering Fire

- 1. Assist anyone in immediate danger
- Confine the fire by closing all doors and windows in the immediate fire area.
- 3. Sound the alarm by pulling the nearest fire alarm pull station.
- 4. Call Code RED
- If the fire is in the cooking equipment, or cooking exhaust equipment, and the automatic extinguishing system has not activated, then activate this system by pulling the handle on the kitchen wall.
- 6. Stop any cooking in process & turn off electrical equipment.
- 7. Assist with the evacuation of all residents in the dining area
- 8. Await further instructions from the charge nurse or fire marshall at designated safe area.

### Upon hearing the alarm

Zone 1- Dining room, kitchen, food storage- in the absence of laundry and housekeeping, check mechanical room, laundry room, staff room, storage areas, and change rooms as well.

### Duties

- 1. Turn off stove, oven
- 2. Close doors
- 3. Once your Zone is secure, report to main hall by the office
- 4. If residents are in your area, supervise them.
- 5. Always know your lifts as you may be called for assistance.

### Emergency Plan for \*\*\*Brown Out- partial power outage

- 1. 1 outlet in dining room by the fridge works
- 2. Fridge #1 (Juice)
- 3. Freezer #1 (vegetable)
- 4. \*\*hand mixed juices
- Tea kettle in dining room cupboard under resident microwave by refrigerator
- 6. Change menu to cold meals
- 7. Soup changed to juice
- Breakfast- cookies, loafs, bread, peanut butter, jam, cold cereal, heat water on barbecue,
- 9. Lunch-Sandwiches, canned fruit
- 10. Dinner- Sandwiches, canned fruit, order pizza, etc. (take out)
- 11. Flashlight and lantern located on shelf above vegetable freezer.
- 12. Disposable dishes
- Compartments 3 sink dishwashing method. 1. Detergent 2. Sanitizer 3.
   Rinse
- 14. Regular silverware used
- 15. Regular cups for hot liquids.

### Dietary Emergency

### **Contingency Plan For Equipment**

### Breakdown

### Freezer Breakdown

- Locate thermometer and record temperature and time regularly
- Check breaker panels.
- report to charge nurse.
- Pack as much freezer items as possible into three other freezers.
- Place ice in freezers if needed.
- Modify the deliveries so that frozen food requirements are kept to a minimum until repairs or replacement of equipment.
- Make menu changes.
- If Hydro is out, open lids less frequently to maintain frozen food.
- After 12 hours rental should be made through Smitty's appliances-Corbyville – 613 -969-0287
- Quality Mechanical Mark Taylor cell- 613-813-9260 or 613-969-7403

### Refrigerator Breakdown

- Locate thermometer and record temperature and time regularly
- Quality Mechanical- Mark Taylor cell 613-813-9200 phone-613-969-7403
- Elliotts-613-968-8688
- Assess refrigerator for high and low risk items, ie. Bread versus eggs.
   Transfer high –risk items to working refrigerators.
- Place bags of ice to pack in tote boxes to keep drinks, etc cold and to make more room for items that must be refrigerate.

#### Stove Breakdown

- Lock and Tag out
- Use steamer to cook food when possible
- Make menu changes to a cold plate or sandwiches until necessary repairs are completed.
- Utilize barbecue to cook some items, if possible
- Elliott (Al) 613-968-8688

#### Steam Table Breakdown

- · Lock and tag out
- · Make menu changes where needed
- Fill steam table pans with hot water and second smaller food pan inside water pan.
- Elliott (Al)- 613-968-8688

#### Steamer

- · Lock and Tag out
- · Use stove/oven for all cooking
- Elliott (Al) 613-968-8688

#### Toaster Breakdown

- Lock and Tag out
- Change menu to pancakes, waffles muffins, loafs. Serve bread to soft ground diets and apologise for the inconvenience to the residents.
- Use small 4 slice toaster if needed.
- Call Service # on Toaster (Halco) to have repairs made as soon as possible.

#### Blixer Processor Break down

- Press reset button on the bottom if stops working.
- · Lock and tag out if does not re-start
- Use extra processor and blender located in dining room cupboards
- Choquette Kinston 1-866-344-7077

### Water Disruption

- Keep 2-3 cases of ginger ale and bottled water in the event of water being shut down for work on system.
- · Agreement with Culligan Water
- Use sanitizer- D10 or alcohol sanitizer for sanitary handling of foods.

#### Coffee or Juice Machines Breakdown

- Lock out Tag out
- Heat large pot of water on stove to make tea and instant coffee using staff room coffee until necessary repairs are completed.
- Sales Rep- Gregg Eves- <u>Gregg.eves@ca.nestle.com</u> cell 1-416-459-0660
- For sales and service call nestle service department for repairs 1-800-538-3545

### Hydro off in building

- We have emergency lanterns to light work areas which are located above the vegetable freezer on the shelf.
- · Follow hydro outage located in book or Brown outage for partial outage.
- Brown outage usually is because of hydro pole located on property.
- Check to see if hydro is out at neighbourhood houses.

#### Mixer Machine Breakdown

- Contact Hamilton Smith 962-2334 Ext 21
- · Mix items manually in bowls or use smaller equipment available.
- Allow more time for processing due to smaller amounts that would be handled by these pieces of equipment.

### **Goslyn Grease Trap**

- Trouble shoot
- Do process that is located on the wall above garbage can
- Call Mark Gorman -613-848-4312
- Mark Hagihristos Specialized Plumbing -613-813-3494
- Service-Tely-905-717-4073 Goselyn Grease treatment 905-841-0990

#### Dishwasher Breakdown

- Service David Sequin from Diversey as machine is a rental.
- 1-800-268-7683 ext. 4495 ; 1-905-287-4495
- Orders 1-800-668-7171
- · Serve meals on paper plates if repairs will be long standing.
- Use 3 sink compartment washing. 1. Detergent 2. Sanitize 3. Rinse
- Wash dishes from present meal in 3 compartment sinks, allowing to drip dry on dish racks.
- Notify Charge Nurse of meal plans so that the residents have prior knowledge of Dietary circumstances.

### Tap or Sink Leaking /Flooding/ Drain Backups

- Call Mark Gorman first for small plumbing issues. 613-848-4312
- Call Mark Hagihristos second, larger issues. Specialized Plumbing Ltd. 613-813-3494

### Light Switch or Plug Outlet Not Working/ Electrical

Lyle Paquette- 613-968-4300

### Gas Emergencies (Leaks)

- Union Gas- 1-866-735-4262
- 613-968-6786

#### **Hot Water Heaters**

- Union Gas service for hot water heaters 1-866-735-4262
- Reliance is a division of Union Energy

### Sewer Emergencies

Public Works- 613-967-3274

#### **Evacuation to Thurlow**

- Take emergency packs to set up for Food Service/drinks
- · Identify food priorities, i.e. water, health,
- Set up FSS office and loading hazards, et, dock for receiving food at new location (address and direction required)
- Check supplies, equipment and back up staff to man new location
- Clarify staff roles and multifunction responsibilities
- Keep log sheets of supplies, deliveries and expect signing of receipt
- Alert key suppliers as to conditions under which you are presently operating.

### Letters of Understanding for Disaster Evacuation

- 1. Quinte Gardens Retirement Residence
- 2. Quality Patient Transfer
- 3. Medical Mart
- 4. Culligan Belleville, Water
- 5. Quinte Patient Transportation
- 6. Parkhurst Transportation Ltd.
- 7. Maple Manor Retirement- Alternate
- 8. Motion Specialties- Medical Equipment
- 9. Sysco Food-Food Service Distributor
- 10. Quinte access Transportation
- 11. Travelodge Hotel Belleville
- 12. Corporation of the City of Belleville
- 13. Gerry Masterson Communicity Centre (Thurlow Centre)

### Washer and Dryer Breakdown

- Contact repair service as posted. Coinamatic 1-800-561-1972
- Reschedule staff to complete service and bring service back to normal routine.. If service is down more than 8 hours, Go to Laundromat to do necessity items.
- Notify resident families- ask for assistance until end of incident.

### Continuity of service in the event of major equipment shutdown

A system has been established to deal with risks and potential risks to residents in the event of major equipment shutdown.

- 1. Identify the risk to the residents.
- 2. Notify the Senior Staff, Administrator, Director of Nursing, etc.
- 3. Notify the Ministry of Health- as outlined in the Standard.
- 4. Call extra staff as necessary to reduce or monitor risk to the residents.
- 5. Implement action plan using the resources necessary to deal with the situation, ie. Service Agreements specific to situation.
- 6. Limit visitors as necessary.
- 7. Notify residents and legal representatives.
- 8. Evacuation if necessary.

#### DOOR ALARMS

All doors leading to the outside of the nursing home are equipped with electrically operated door alarms connected to an annunciator panel at the nurse's station. A manual reset switch or key pad is also located at each door.

These alarms are provided for the safety of the residents as they alert the staff each time an exit door is opened. In this manner, residents are not free to wander out of the nursing home unnoticed.

In order for this system to serve its intended purpose, the following steps must be taken:

- Alarms are to be kept on at all times. The supervision of the alarm is the responsibility of the nurse in charge. She will be directly responsible for holding the key and will supervise the resetting of any alarm by ensuring that the person given the key to reset any alarm has been trained in that area. Doors are to be checked at the beginning of every shift and signed for.
- When the alarm sounds, the person reporting to the site must inspect the cause of the alarm and be absolutely sure that the cause of the alarm is identified prior to resetting the alarm. If the cause of the alarm cannot be identified, then the staff must do a complete walk-around of the building and complete a head count of residents to be sure that all residents are accounted for.
- If for any reason the alarm system is out of order, then direct supervision by the staff is necessary. A visual inspection must be done every 15 minutes and a head count of residents every 30 minutes. Residents could be placed in geri-chairs if they are known to be wanderers. Attach a posey alarm around door handles to assist with monitoring doors. Call in additional staff to assist if required.
- Malfunctioning alarms must be reported to the repair people (Lyle Paquette Electric) immediately and a demand made for immediate service. The malfunction must also be reported to the Administrator.
- As a legal aid to registered staff, it is the policy of this facility that an inspection of the doors
  is done at the beginning of every shift. A document for recording the inspection is provided
  as a permanent record.
- Always be sure to double check those doors that are set by key to ensure alarm is turned on and not on bypass.
- Doors must also be checked for a clear path of exit. During snow storms open door at least every hour. If for any reason a door does not have a clear exit, take steps to correct this problem immediately. This is the responsibility of every charge nurse.

### DOOR ALARMS (Continued)

- The key must be kept separate from all other keys so the nurse in charge can designate a subordinate responsible for immediate action when an alarm sounds, as it is entirely reasonable that the nurse in charge may have a second commitment. Care and control of keys is the responsibility of the nurse in charge.
- All staff assume responsibility for the well being of our residents. Charge nurse to recheck as needed. Do not hesitate to report problems or concerns re door.

### DOOR ALARMS

### RECORD OF EVENTS

Doors Checked By	
Resident Count Maintained by	
Administrator Notified at	hours.
Repair Service Notified at	hours.
Repairs Completed at	hours.
Ministry of Health Notified at	hours.
Notified of Repair	hours.

## PATIENT CARE DISRUPTIONS AS A RESULT OF LABOUR UNREST

### Purpose

To provide a plan of action in the event of a resident care disruption caused by a labour walkout, mass resignation, work slow down, work stoppage, etc.

#### Procedure

The senior supervisory personnel on duty will ensure that the Administrator and the Director of Nursing (of their designate) are notified immediately in the event of resident care disruption. The Administrator will notify the Advisory Physician.

In the event of a management-employee confrontation, all management and supervisory personnel will be notified by the Administrator of the steps to be taken.

Resident care services will continue at E.J. McQuigge Lodge utilizing the services of various businesses who will provide services such as catering, nursing, laundry, and all other necessary resident related activities (see Agreements).

The Director of Nursing will contact the businesses to make the necessary arrangements regarding time, dates, scheduling, etc., for the support services and maintain a close liaison with the key personnel involved. Volunteers will also be notified and their assistance requested to maintain adequate resident care services.

The Administrator will handle any news releases.

The Police Department will be notified by the Administrator (or delegate) and their assistance requested during the crossing of picket lines.



CORPORATE SERVICES DEPARTMENT TELEPHONE 613-968-6481 FAX 613-967-3206

### City of Belleville

169 FRONT STREET BELLEVILLE, ONTARIO K8N 2Y8

May 29, 2008

Ms. Anita Garland, Administrator McQuigge Lodge Nursing Home 38 Black Diamond Road PO Box 68 Cannifton, ON K0K 1K0

Dear Ms. Garland:

RE:

McQuigge Lodge Emergency Plan – Letter of Understanding 8.b.5, Belleville City Council Meeting, May 26, 2008

This is to advise you that at the Council Meeting of May 26, 2008, the following resolution was <u>approved</u>.

"THAT a by-law to approve and authorize an agreement with E.J. McQuigge Lodge for the use of Thurlow Community Centre as an emergency evacuation site, be prepared for Council's consideration."

Please find enclosed for your information and file, a copy of By-law Number 2008-112 as well as a copy of the Letter of Understanding. By copy of this letter, I will forward copies of By-law Number 2008-112 as well as the Letter of Understanding to Fire Chief Chaput and Deputy City Clerk Chris Stewart. For future reference, I would request that a minimum of two (2) originals be provided for signature by the Mayor and Clerk.

Yours truly,

ปุ่นlie C. Oram, AMCT

Director of Corporate Services/City Clerk

JCO/nh Encl.

Pc: Fire Chief Chaput Deputy City Clerk

#### THE CORPORATION OF THE CITY OF BELLEVILLE

#### BY-LAW NUMBER 2008-112

A BY-LAW TO APPROVE AND AUTHORIZE THE EXECUTION OF A LETTER OF UNDERSTANDING BETWEEN THE CORPORATION OF THE CITY OF BELLEVILLE AND E.J. MCQUIGGE LODGE

THE COUNCIL OF THE CORPORATION OF THE CITY OF BELLEVILLE ENACTS AS FOLLOWS:

- THAT Council hereby approves and authorizes the execution of a Letter of Understanding between The Corporation of the City of Belleville and E.J. McQuigge Lodge, a copy of which is attached as Schedule "A".
- THAT the Mayor and the Clerk are hereby authorized to execute the said Letter of Understanding between The Corporation of the City of Belleville and E.J. McQuigge Lodge.
- THAT the Clerk be and is hereby authorized to affix to the said Letter of Understanding the Corporate Seal of The Corporation of the City of Belleville.

THIS BY-LAW SHALL COME INTO FORCE AND TAKE EFFECT IMMEDIATELY ON AND AFTER THE PASSING THEREOF.

Read a first time this 26th day of May 2008.

Read a second time this 26th day of May 2008.

Read a third time and finally passed this 26th day of May 2008.

NEIL R. ELLIS

MAYOR

ULE C. ORAM

CITY CLERK



CORPORATE SERVICES DEPARTMENT TELEPHONE 613-968-6481 FAX 613-967-3206

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Yours truly,

Julie C. Oram, AMCT

Director of Corporate Services/City Clerk

JCO/nh Encl.

Pc: Fire Chief Chaput Deputy City Clerk

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NEIL R. ELLIS

MAYOR

JULIE C. ORAM

CITY CLERK

### RE: Emergency Planning

Kinsman, Deb [dkinsman@city.belleville.on.ca]

Sent: August 14, 2018 4:23 PM To: Mrs. Garland, Anita

Cc: MacDonald, Mark [mmacdonald@city.belleville.on.ca]

Hello Mrs. Garland

In follow up to our telephone conversation the City of Belleville's Community Emergency Management Coordinator has reviewed your request to use the Gerry Masterson Community Centre as a reception centre and clarified the process for requesting assistance during an emergency.

We understand that your emergency plan identifies two facilities; Quinte Gardens and Maple Manor to receive residents from McQuigge Lodge. You advised that you have transportation suppliers in place to move your residents. Can you confirm that you are staffed sufficiently to care for the residents at the reception centre while overseeing the evacuation? Do you have an established ratio of staff to resident care?

In the event of an emergency that required the need to set up a reception centre, please call 911, request Fire and notify Fire dispatch that you require the use of a reception centre due to the facility being evacuated.

This request will then be forwarded to the Community Emergency Management Coordinator and appropriate action will be taken to provide the support requested. If it is determined that a reception centre is necessary the City will identify a site at the time of the emergency.

Please contact me at your convenience if you have any questions or concerns. Regards

Deb

#### Deborah Kinsman

Emergency Management Executive Assistant City of Belleville 60 Bettes Street Belleville, ON K8N 3W6 Office 613-967-3200, ext. 3029 Cell 613-848-9788

From: Mrs. Garland, Anita [mailto:agarland@mcquiggelodge.com]

Sent: Thursday, July 12, 2018 2:37 PM

To: Kinsman, Deb

Subject: RE: Emergency Planning

Deb

Thank you very much!
We will include this in our Emergency Planning Manual.

# H. J. McQuigge Lodge

38 BLACK DIAMOND ROAD P.O. BOX 68 • CANNIFTON, ONTARIO • KOK 1KO

TELEPHONE: (613) 966-7717

FACSIMILE: (613) 966-7646

LETTER OF UNDER	COTANDING
This is a letter of understanding between	een E.J. McQuigge Lodge and
The City of Bellev	
( Company/Ve	endor)
It is hereby understood that	Community Centre
	mpany)
as an <u>Alternate Accommodation</u> shall make e (Service)	every effort to co-operate with the
Nursing Home, ensuring compliance with all gov	rernmental standards to provide the
following service:	
A primary site for temporary accommo	dation of the evacuated persons in the
event of an emergency at E.J. McQuigge Lodg	e. We are willing to become part of
your evacuee flow in regards to your Emergen	cy Plan.
Study Selection to 10 to 10 on a local selection	
Area of limitation would include the follo	wing:
The City is unable to assign a priority of	or exclusive use of the Community
Centre in the event of a community wide emer	gency.
	hene).
This understanding shall be valid from M	
Any changes in this letter shall be communicated	through either of the following parties:
At Harland	May 6/00
For the Narsing Home	1 (4) (10)
My Lul /	Date 1
Neil Ellis, Mayor, City of Belleville	
Sala Cran	May 26, 2008
AN MARKADON	Date
Wilie Oram, City Clerk , City of Belleville	



This is a letter of understanding between E.J. McQuigge Lodge and

SYSCO Food Services ( Company/Vendor)

It is hereby understood that <u>SYSCO Food Services</u> (Company)

as a <u>Food Service Distributor</u> shall make every effort to co-operate with the (Service)

Nursing Home, ensuring compliance with all governmental standards to provide the following service:

In the event of a disaster, we will provide Food products and supplies at an alternate site if required.

Area of limitation would include the following:

This understanding shall be valid from January 2018 to January 2023
Any changes in this letter shall be communicated through either of the following parties:

For the Nursing Home

Mual Date

Date

For the Company



This is a letter of understanding between E.J. McQuigge Lodge and

Parkhurst Transportation Ltd. (Company/Vendor)

It is hereby understood that Parkhurst Transportation Ltd (Company)

as a Transportation Services shall make every effort to co-operate with the (Service)

Nursing Home, ensuring compliance with all governmental standards to provide the following service:

In the event of a disaster, we will provide buses to assist in the evacuation of the residents of this facility to an alternate site. This will be done at an agreed rate as required.

Area of limitation would include the following:

This understanding shall be valid from January 2018 to January 2023 Any changes in this letter shall be communicated through either of the following parties:

For the Company

# Letter of Understanding

This is	a letter of understanding between
EI	McQuino Lodge
And	George.
Maple !	Manor Residence.
- CILLIA	eby understood that E.T. M. Quigge Lodges a conference with Maple Manor ce, ensuring compliance with all government standards to provide the following.
D.D.	repeter for abligations
Area's of 1) 4 2) 7 3) 4	limitations would include the following:  Bod Believage Supervision:  Police for well be managed by  Maple Manashaff
	nis understanding shall be valid from 03 May 2017 - 03 May 2022.  The communicated through either of the following:  The bull of the following:  The bull of the following:  The bull of the following:
Ra	Cachel Enbury F.S.W. Facility Manager Assistant May 30/7
x(	But & Due lond Administrator
Fo.	r the Company



This is a letter of understanding between E.J. McQuigge Lodge and

Medical Pharmacies
( Company/Vendor)

It is hereby understood that <u>Medical Pharmacies</u> (Company)

as a Pharmacy shall make every effort to co-operate with the (Service)

Nursing Home, ensuring compliance with all governmental standards to provide the following service:

For the purpose of pandemic planning and/or in the event of a disaster, we will provide Pharmacy services at an alternate site if required.

Area of limitation would include the following:

This understanding shall be valid from January 2018 to January 2023

Any changes in this letter shall be communicated through either of the following parties:

For the Nursing Home

January 3, 2018

Est the Company

Date



This is a letter of understanding between E.J. McQuigge Lodge and

Quinte Patient Transfer
( Company/Vendor)

It is hereby understood that <u>Quinte Patient Transfer</u> (Company)

as a <u>Transportation Services</u> shall make every effort to co-operate with the (Service)

Nursing Home, ensuring compliance with all governmental standards to provide the following service:

In the event of a disaster, we will provide transportation services to assist in the evacuation of the residents of this facility to an alternate site. This will be done at an agreed rate as required.

Area of limitation would include the following:

This understanding shall be valid from January 2018 to January 2023

Any changes in this letter shall be communicated through either of the following parties:

For the Nursing Home

1

For the Company

Lanuary 3, 2018

11 JAN 2018 Date



This is a letter of understanding between E.J. McQuigge Lodge and

Quinte Access Transportation (Company/Vendor)

It is hereby understood that Quinte Access Transportation (Company)

as a Transportation Service shall make every effort to co-operate with the (Service)

Nursing Home, ensuring compliance with all governmental standards to provide the following service:

In the event of a disaster, we will provide transportation services to assist in the evacuation of the residents of this facility to an alternate site. This will be done at an agreed rate as required.

Area of limitation would include the following:

If local Nursing Homes in the Trenton & Brighton are were experiencing the same disaster priority would have to be given to them but we would try to assist as well.

This understanding shall be valid from January 2018 to January 2023 Any changes in this letter shall be communicated through either of the following parties:

For the Nursing Home

For the Company



This is a letter of understanding between E.J. McQuigge Lodge and

Motion Specialties Belleville (Company/Vendor)

It is hereby understood that <u>Motion Specialties Belleville</u> (Company)

as a Medical Equipment Supplier shall make every effort to co-operate with the (Service)

Nursing Home, ensuring compliance with all governmental standards to provide the following service:

For the purpose of Pandemic Planning and in the event of a disaster, we will provide medical equipment and supplies at an alternate site if required. This will be done at an agreed rate as required

Area of limitation would include the following:

The staff of E.J. McQuigge Lodge will assist in managing food, supervision, care and medication administration.

This understanding shall be valid from January 2018 to January 2023

Any changes in this letter shall be communicated through either of the following parties:

Control Harland

For the Nursing Home

Date

Control Home

Date



### BLAIR GAMBLE

GENERAL MANAGER, TRAVELODGE HOTEL BELLEVILLE

11 BAY BRIDGE ROAD, BELLEVILLE ON K8P 3P6 P: 613.771.3182 F: 613.968.5036 GM@BELLEVILLETRAVELODGEHOTEL.COM



## LETTER OF UNDERSTANDING

This is a letter of understanding between E.J. McQuigge Lodge and

Travelodge Hotel Belleville (Company/Vendor)

It is hereby understood that Travelodge Hotel Belleville (Company)

as a Alternate Accommodation shall make every effort to co-operate with the

Nursing Home, ensuring compliance with all governmental standards to provide the following service:

In the event of a disaster, we will provide an alternate Accommodation or external control centre if required.

Area of limitation would include the following:

The staff of E.J. McQuigge Lodge will assist in managing food, supervision, care and medication administration.

This understanding shall be valid from January 2018 to January 2023 Any changes in this letter shall be communicated through either of the following parties:

For the Company



This is a letter of understanding between E.J. McQuigge Lodge and

Medical Mart (Company/Vendor)

It is hereby understood that <u>Medical Mart</u> (Company)

as a Medical Equipment Supplier shall make every effort to co-operate with the (Service)

Nursing Home, ensuring compliance with all governmental standards to provide the following service:

For the purpose of Pandemic Planning and in the event of a disaster, we will provide medical equipment and supplies at an alternate site if required. This will be done at an agreed rate as required

Area of limitation would include the following:

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This understanding shall be valid from January 2018 to January 2023

Any changes in this letter shall be communicated through either of the following parties:

For the Nursing Home

1.300 March

For the Company

January 3, 2018

Date 3 LO18

PO Box 68 38 Black Diamond Road Cannifton, ON KOK IKO

### **RETURN TO FACILITY**

### Return to the Facility

This should be done only after a walk through inspection by all the department heads and senior staff to ensure that the facility has indeed returned to its working environment and is completely safe for residents and staff.

#### Procedure

- Inspection
- · Completion of Checklists

### DISASTER CHECKLIST

### Inspection by Walk-through

### Nursing

1.	Is equipment operational?
2.	Is staff prepared?
3.	Are the resident units prepared?
4.	Is the alarm system functioning?
5.	Have the families been informed?
6.	What items are missing?
7.	Has medication been arranged?
8.	Are medical records ready?
Die	tary
1.	Is equipment ready?
2.	Is there an adequate food supply?
3.	Is staff prepared?
4.	Are records up-to-date?
Lau	ndry
1.	Is equipment ready?
2.	Is staff read?
3.	What needs to be replaced?
Oth	er en
_	

### **RETURNING TO FACILITY - CHECKLIST**

	1.	Has facility been inspected by appropriate individuals or authorities and approved	
		for re-occupancy by residents?	
ě	2.	Has the Ministry of Health been notified about return to facility?	
	3.	Has all operational equipment been checked?	
	4.	Have arrangements been made to have snacks ready for residents upon return?	
	5.	Have families been notified about time and date of return to facility?	
		(Readmission for residents who have been with their families may be scheduled	
		last.)	
	6.	Has a list of residents and order of return been compiled?	
	7.	Has physician been notified?	
	8.	Has a Control Centre been established?	
	9.	Has extra staff been scheduled to handle readmission?	

### REMEMBER TO:

- · Return equipment to appropriate area
- Return to routine as soon as possible
- Keep records up-to-date
- List all problems, concerns, needs, etc.

### AFTER COMPLETION OF RETURN AND READMISSION

- 1. Thank everyone: -
- Residents and families
  - Staff
  - Volunteers
  - Media
  - Government agencies who were assisting
- 2. Take inventory of losses.
- 3. Establish the cost of the incident.
- 4. Reimburse staff for costs incurred.
- 5. Establish the effectiveness of the plan.

#### DISTRIBUTION OF PLAN

- ADMINISTRATOR
- DIRECTOR OF NURSING
- NURSING DEPARTMENT
- ♦ MAINTENANCE/HOUSEKEEPING/LAUNDRY
- DIETARY
- ACTIVITY DIRECTOR
- FIRE DEPARTMENTS

### PROVIDING TEMPORARY HAVEN TO OTHER FACILITIES

E.J. McQuigge Lodge has agreed to provide temporary services to the following facility in the event of a disaster:

Maple Manor Retirement Residence Avonlough Road Belleville, Ontario

### DISASTER PLAN TESTING REPORT

Type of Disaster Plan tested:	
Date of Disaster Plan test:	
Describe events of Disaster:	
Emergency measures in place:	
Duration of Disaster:	
Summary of lessons learned:	
Completed by	

# E.J. McQuigge Lodge Emergency Operations Plan Pandemic Protocol General Overview

### SECTION ONE

### CHAPTER 1 - INTRODUCTION

### A. PREFACE

During the 20<sup>th</sup> century, the world experienced three influenza pandemics. Public Health experts predict that another influenza pandemic could happen any time. If an influenza pandemic does occur in Ontario, long-term care homes (LTCH's) will be affected. Because of their age and underlying medical conditions, most people living in LTCH's are at increased risk of complications from influenza. Viruses can be introduced into LTCH's by staff and visitors, and they spread easily in these closed communities. During influenza outbreaks in long-term care homes, as many as 70% of individuals (i.e.-residents and staff) may become infected. Based on an attack rate of 35% at the peak period of a pandemic wave, between 20 to 25% of LTCH staff may fall ill and be unable to work for a period of time. The increased use of invasive devices, such as central lines, chronic respirators and feeding devices, contribute to the development of infections and complications (Canadian Pandemic Influenza Plan, Annex G, Patient Management in Long-Term Care Homes).

LTCH's across Ontario already have infection prevention and control programs in place to prevent and manage respiratory infection outbreaks, including seasonal influenza. They also have emergency plans. However, these plans and programs may not be adequate in the case of an influenza pandemic.

### B. PURPOSE & SCOPE

Pandemic influenza has been identified as a specific hazard that could imminently disrupt the operation of E.J. McQuigge Lodge, the health care system and society. It is a possible emergency situation for which appropriate planning is required to ensure all staff equipped with the knowledge, skills and resources to respond.

This plan has been developed as one aspect of E.J. McQuigge Lodge's broader Emergency Operations Plan. If reflects current scientific knowledge and planning principles applied at the international, national, provincial and local levels. While the plan is as complete as possible at the time of printing, pandemic planning is an ongoing process and therefore this plan will be reviewed and revised as needed on an annual basis to ensure it remains aligned with national, provincial and local plans and reflects current knowledge on pandemic influenza.

### C. PLAN STRUCTURE

**Section One** provides an overview of pandemic influenza, E.J. McQuigge Lodge's goals of pandemic response, the ethical framework under which decisions during an influenza pandemic will be made and the assumptions driving the planning process.

Section Two outlines the roles and responsibilities of internal and external stakeholders to E.J. McQuigge Lodge in relation to a pandemic response. It also provides an overview under the legislative authority under which response activities are governed.

Section Three identifies the specific components of E.J. McQuigge Lodge's pandemic preparedness and response. It details surveillance, infection prevention and control, occupational health and safety, resident care, antivirals and vaccines, human resources, communications and relevant emergency planning requirements.

### D. GOALS OF PANDEMIC RESPONSE

E.J. McQuigge Lodge's pandemic plan acknowledges the national, provincial and local goals of pandemic response. In alignment with these goals, E.J. McQuigge Lodge's goals of pandemic response are:

1. To minimize serious illness and overall deaths at E.J. McQuigge Lodge.

To minimize disruption to essential LTC services in the home as a result of an influenza Pandemic.

To contribute to an integrated health response in the Quinte area.

### E. ETHICAL FRAMEWORK FOR DECISION MAKING

Individuals and agencies involved in a pandemic response may be required to make difficult decisions regarding the provision of care and the allocation of limited or scarce resources. To support the decision making process, the *Ontario Health Plan for an Influenza Pandemic 2008 (OHPIP)* outlines an ethical framework, listed below. This ethical framework has been adopted by E.J. McQuigge Lodge Pandemic Influenza Plan to support staff in their decision making during an influenza pandemic.

OHPIP states stakeholders (e.g., members of the public, residents, health care workers, other organizations) are more likely to accept difficult decisions if the decision making processes are:

- Open and transparent
- Reasonable
- Inclusive
- Responsive
- Accountable

OHPIP further outlines the core ethical values that should be considered during a pandemic response. It states more than one value may be relevant in any given situation and some values will be in tension with others. These core values, which are discussed in greater detail in the OHPIP, include:

- Individual liberty/Protection of the Public From Harm
- Proportionality
- Privacy
- Equity
- Duty to Provide Care/Reciprocity
- Trust
- Solidarity
- Stewardship
- Respect for Cultural Diversity/Beliefs

### F. PROTECTING HEALTH CARE WORKERS

During a pandemic – before an effective vaccine is available – the risks of health care staff acquiring influenza will be similar to the risks faced by the general population. This is due to:

- The ease with which respiratory illnesses such as influenza can pass from one person to another
- The large number of people in the community who will be infected and the high risk of community spread

### The Risk in the Workplace

Influenza is primarily transmitted directly from person to person when people infected with influenza cough or sneeze, and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and possibly eyes of another person (i.e. droplet spread). Because the

virus is droplets can survive for 24 to 48 hours on hard non-porous surfaces, for 8-12 hours on cloth, paper and tissue, and for 5 minutes on hands, people may acquire influenza indirectly by touching contaminated hands, surfaces and objects (i.e. contact spread).

The issue of whether influenza can be spread by airborne transmission is controversial but, according to the Canadian Pandemic Influenza Plan, "there is no evidence of such transmission in humans". In ordinary circumstances, influenza is not spread through airborne routes. In some high risk procedures that create aerosols (e.g. nebulizers) droplets containing virus may become aerosolized and spread through the air.

The risk to health care workers in the workplace is highest in settings where people first present with symptoms (e.g. physician's offices, community clinics, emergency), in settings providing care for vulnerable people (long-term care homes), and in settings where staff are performing high risk procedures (i.e. high for providers, not necessarily for residents) that create sprays and splashes (e.g. nebulizers). In the workplace, steps can be taken to protect workers caring for residents with influenza. In fact, the risk can be reduced more easily in the workplace that out in the community.

### Duty to Provide Care and Responsibility to Protect Workers

As noted in the ethical framework for decision making, health care workers have an ethical duty to provide care and respond to suffering. At the same time, society has an ethical responsibility to support health care workers who will bear the greatest burden/risk in protecting the public good. During a pandemic, worker's concerns about their own health or the health of their families may cause them to weigh their duty to provide care against competing obligations. The steps that the health care system and the broader society take to support health care workers can make it easier for them to fulfill their duty to provide care.

Under the *Occupational Health and Safety Act*, organizations that employ health care workers have a legal obligation to take all reasonable precautions to protect workers. Under the Regulation for Health Care and Residential Facilities, employers in health care have a duty to establish measures and procedures to protect workers, including:

- · Control of infections
- Immunizations
- · The use of disinfectants
- The handling, cleaning and disposal of soiled linen, sharp objects and waste.

Health care employers are expected to maintain healthy work environments. Employers, in consultation with the Joint Health and Safety Committee (JHSC) in the workplace, are required to develop these procedures and provide workers with relevant training.

In environments where people with infectious disease are treated, there is no such thing as "total protection" or 'zero risk' for residents, visitors or health care workers, but there are steps that health care settings can take to protect the system's greatest assess – its workers- and significantly reduce the risk of providing care. The spread of influenza virus in health care settings can be prevented and controlled through the consistent use of best practices in surveillance and infection prevention and control for respiratory infections (see Resources and Reference Lists). If these practices are used consistently, health care workers will be protected while caring for residents with influenza.

To reduce the risk to staff of acquiring influenza in the workplace, all health care settings in Ontario are expected to:

- Ensure all staff have the education, training and supervision they need to protect themselves and provide effective care
- · Institute appropriate occupational health and infection prevention and control measures
- Provide appropriate personal protective equipment

### CHAPTER 2 - BACKGROUND ON INFLUENZA AND PANDEMICS

Influenza is a highly contagious, acute viral disease of the respiratory tract causing outbreaks every winter in temperate climates. Influenza is responsible for thousands of hospitalizations and deaths each year in Canada. Complications, such as pneumonia, are most likely to occur in persons with underlying health conditions, seniors or young children.

Symptoms of influenza include fever, cough, stuffy or runny nose, sore throat, headache, fatigue an sore muscles. The illness can last five days or more. Infection rates for annual or seasonal influenza typically average between 10-20% of the population. Influenza spreads even more rapidly and widely in closed-population settings, such as LTC homes and schools, where up to 50% of the population can be affected.

### A. HOW INFLUENZA SPREADS

Transmission (spread) of the influenza virus is generally through contact with droplets from respiratory secretions (e.g. from coughs and sneezes). Transmission normally occurs at a short distance (e.g. less than one metre) from an infected person. However, transmission may also occur through contact with contaminated surfaces.

The incubation period of influenza is approximately 1 to 3 days. Adults shed the virus from 24 hours before the onset of symptoms up to five days from onset, and children for longer (7-21 days). However, infected persons are most contagious during the first 3 days of their illness.

### B. THE INFLUENZA VIRUS

There are three types of influenza virus – A,B, and C – but only influenza A and B viruses commonly cause human disease. Both influenza A and B viruses cause seasonal outbreaks but only influenza A viruses have caused pandemics. Influenza A viruses are named for the haemagglutinin (H) and neuraminidase (N) antigens found on their surface. There are 16 H types and 9 N types found in nature, though only H1, H2 and H3 occur as human viruses.

Influenza viruses undergo gradual change to their genetic structure known as antigenic drift.. These ongoing changes, or drift, mean a new influenza vaccine must be created each year to protect the human population from infection.

At unpredictable intervals, influenza A viruses experience antigenic shift, which is a periodic process of major change to the haemaglutinin (H) type of the genetic make-up. It is thought antigenic shift can occur in several ways, such as:

- Through genetic re-assortment when two viruses infect the same cell and share genetic material.
   For example, re-assortment may occur when strains of avian influenza mix with the genetic
   material found in the human influenza virus in a host, such as a pig or human; and/or
- 2. Through mutation as influenza viruses move from host to host.

Regardless of the means of antigenic shift, this major alteration to the genetic make-up of the influenza A virus can lead to the emergence of a novel influenza A to which humans have little or no immunity.

### A COMPARISON OF SEASONAL INFLUENZA AND A PANDEMIC INFLUENZA

SEASONAL (ORDINARY) INFLUENZA	PANDEMIC INFLUENZA
Ordinary flu happens every year. Caused by a known circulating strain of influenza A virus.	Pandemic flu happens only three or four times a century. Caused by a new strain of influenza A virus that can spread easily from person to person.
Ordinary flu is usually around from November to April – and then stops.	Pandemic flu usually comes in two or three waves several months apart. Each wave last about two to three months.
Infects 10-20% of the population yearly	Could infect between 30-50% of the population (OHPIP is based on 35%)
Most people who get ordinary flu will get sick, but they usually recover within a couple of weeks.	About half of the people who get pandemic flu will become ill. Most will recover, but it may take a long time, and some will die.
A portion of the population will have some immunity either because of previous exposure or immunization with the annual flu vaccine. Most people will not become seriously ill and fewer will die.	Most people will have little or no immunity to the new virus, so t here will be more serious illness and a greater number of deaths.
In a normal flu, up to 2,000 Ontarians die of complications from flu, such as pneumonia.	During a flu pandemic, Ontario would see many more people infected and possibly many more deaths.
There are annual flu shots that will protect people from ordinary flu.	There is no existing vaccine for pandemic flu. It will take four to five months after the pandemic starts to develop a vaccine.
There are drugs that people can take to treat ordinary flu.	These same drugs may also help people with pandemic flu but we may not have a large enough supply for everyone and we will not know their effectiveness until the virus is identified.
Affects mainly the very young and very old, and people who are immunocompromised; does not usually affect health system's ability to provide care	Could affect anyone, including health care providers and their families, severely disrupting the health care system.
Does not usually disrupt a community's ability to provide essential services	Could also affect other essential service workers and their families, and could disrupt those services.

### C. PANDEMIC INFLUENZA

Pandemic influenza refers to the occurrence, three to four times per century, of a novel influenza A virus infection that circulates around the globe. For a pandemic to occur, the novel virus must have the capacity to spread efficiently from person to person and to cause widespread illness and death. The exact nature of the next pandemic virus, such as its virulence, genetic make-up, transmissibility and epidemiologic (e.g. age groups affected) will not be know until it emerges.

Three influenza pandemics occurred in the last century, the 1918-19 Spanish flu (H1N1), the 1957 Asian flu (H2N2), and the 1968 Hong Kong flu (H3N2). The Spanish flu killed over 40 million people worldwide and predominantly attacked young, healthy adults between the ages of 15 and 35 years. Although not as deadly, the 1957 Asian flu resulted in an estimated 2 million deaths worldwide, most of whom were elderly and those with underlying medical conditions. The 1968 Hong Kong flu resulted in an estimated one million deaths, mostly among the elderly.

In addition, there have been several pandemic alerts involving the identification of a novel influenza A virus to which the population was largely susceptible but lacked the ability to spread easily from person to person. H5N1 is a current example of a novel virus that is being monitored closely for its pandemic potential. It is now believed that the 1957 and 1968 pandemics arose from genetic re-assortment between human and avian influenza strains. The origin of the Spanish flu virus is less clear, although it is thought to have progressively mutated from an unknown avian strain of influenza.

### D. WORLD HEALTH ORGANIZATION (WHO) PANDEMIC PERIODS AND PHASES

To provide assistance in pandemic planning and preparedness and help co-ordinate response activities, the World Health Organization (WHO) has categorized the various phases of a pandemic. In April, 2005, WHO revised the pandemic phases to take into account avian influenza and its possible relationship to human pandemics.

WHO phases reflect the international risk or activity level but do not necessarily reflect the situation in Canada. Therefore, an adaptation of the WHO numbering scheme has been deployed nationally to reflect the Canadian situation. The WHO phase number will be followed by a period and then a number from zero to two to indicate the level of activity in Canada.

The Canadian adaptation of the WHO phases is as follows:

- 0 No activity observed in Canada
- 1 Singles case (s) observed in Canada but no clusters
- 2 Localized or widespread activity in Canada

For example, WHO Phase 6, a declared pandemic with sustained human-to-human activity, would be represented by Phase 6.0 if it has not yet arrived in Canada.

### WORLD HEALTH ORGANIZATION PHASES FOR PANDEMIC INFLUENZA

PERIOD	PHASE	DESCRIPTION
Inter-pandemic period	Phase 1	No new influenza sub-types 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 is considered low.
	Phase 2	No new influenza subtypes have detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human diseases.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype but no human-to-human spread or limited to rare instances of spread to a close contact.
	Phase 4	Small clusters with limited human-to-human spread but spread is localized, indicating the virus has not adapted to humans.
	Phase 5	Large clusters. However, human-to-human spread remains localized, indicating the virus is adapting to humans, although not yet fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Increased and sustained human- to-human transmission.
Post Pandemic Period		Return to Inter-pandemic Period.

## **CHAPTER 3 – PANDEMIC PLANNING ASSUMPTIONS**

Although experts agree that a pandemic influenza is inevitable, certain factors unpredictable and will only be known once the pandemic virus emerges. These factors include the characteristics of the virus (e.g. attack rate, affected age group, speed of spread), the effectiveness of the response (e.g. vaccines, antiviral drugs) and public behavior.

To ensure disease uncertainties do not impede planning efforts, it is necessary to clearly state planning assumptions. These assumptions may be modified as new information becomes available but provide a foundation from which response planning can begin.

- An influenza pandemic will affect the entire health care system and the community. Hospitals, local public health units and other services will have limited capacity. LTCH's may not be able to rely on the same level of support they receive now from other parts of the health care system or from other community services during an outbreak.
- Pandemic influenza plans developed by individual LTCH's must be: coordinated with the plans of other organizations in their communities and local/regional pandemic plans; and consistent with the Ontario Health Plan for an Influenza Pandemic (OHPIP).
- The number of health care workers available to provide care may be reduced by up to one-third because of personal illness, concerns about transmission in the workplace, and family/caregiving responsibilities.
- Usual sources of supplies may be disrupted or unavailable
- A vaccine will not be available for a least 4-5 months after the pandemic strain is identified. It will
  not be available in time for the first wave of illness but may be available in time to reduce the
  impact of the second wave. Once available, the vaccine will be in short supply and high demand.
- The only specific drug treatment option for influenza during a pandemic will be antiviral drugs, which must be started within 48 hours of onset of symptoms. The efficacy of antivirals against the pandemic strain is unknown but, when antivirals are used to treat seasonal influenza, they have been shown to shorten the length of time people are ill, relieve symptoms and reduce hospitalizations. Although antivirals can be used as a preventative, they will be in short supply and high demand. Organizations will have to rely on traditional infection prevention and control practices (e.g. hand hygiene, appropriate person protective equipment, separating sick individuals) as the main line of defense.
- Because Ontario will not have a large enough supply of either antivirals or vaccine (when it is first
  developed) for the entire population, the province will have to set priorities for who receives them.
  Ontario will follow the recommendations of the Federal/Provincial/Territorial Pandemic Influenza
  Committee (PIC) for priority groups for immunization and antiviral treatment and prophylaxis.
  During the course of the pandemic, priority groups may change based on the epidemiology of the
  pandemic strain (i.e. the nature of the virus, the people most affected).
- To meet community needs during a pandemic, resources including staff, supplies and equipment – may have to be reassigned or shifted.
- Care protocols may change and practice may have to be adapted
- LTCH's will need effective ways to communicate with residents' family and friends, in order to meet their needs for information but reduce the demands on staff.

E.J. McQuigge Lodge's Pandemic Plan endorses the national, provincial and local planning assumptions and in addition, the following assumptions form the basis for pandemic planning specific to E.J. McQuigge Lodge.

### A. INTERACTION WITH COMMUNITY PARTNERS

E.J. McQuigge Lodge will care for ill residents in the home. Transfer to hospital will be limited as able.

### Transfer to the hospital will be required if:

- A resident requires care involving equipment or skill sets not available in the home and can
  not be brought to the home.
- 2. A resident requires care involving supplies not available at the home and can not be brought to the home.
- 3. Surgery is likely to be required to address care needs.
- 4. A bone fracture is suspected
- 5. A resident is not palliative but has experienced a life threatening event
- 6. A Physician determines transfer to hospital is necessary.
- E.J. McQuigge Lodge may be able to safely discharge some residents to the community/families
  to increase surge capacity. (dependant on family member's ability and willingness to provide
  care).
- E.J. McQuigge Lodge may be required to admit non acute patients from hospital to free up acute care beds (dependant on resident occupancy)

### Possible Actions Prior to Need for Hospital Surge Capacity

- 1. Resident and/or family members voluntarily choose to discharge the resident
- Clearance granted by Physician to discharge the resident to community and/or family member (dependant on family member's ability and willingness to provide care).

### Possible Actions at Time of Need for Hospital Surge Capacity

- 1. E.J. McQuigge Lodge to stop admissions of LTC residents
- 2. E.J. McQuigge Lodge to accept hospital patients as LTC beds become available.

### E.J. McQuigge Lodge's Ability to Address Hospital Surge Capacity Needs Dependant On:

- 1. Changes to care protocols and compliance program standards
- Minimum staffing levels being adequate to safely provide care for hospital patients and LTC residents.
- 3. Minimum staffing levels being adequate to safely provide care if additional beds are set up at EJ.
- 4. Additional beds supplied to EJ.
- 5. Support provided to meet the needs of patients with mental health issues.
- 6. No additional risk created for the residents of EJ.
- Medical director's ability to safely address the care needs of hospital patients and EJ residents.
- 8. Provincial and Public Health support provided for public education.
- The Community Care Access Centre (CCAC) will continue its role as conduit for access to LTC services during an influenza pandemic.

### B. OUTBREAK MANAGEMENT

 E.J. McQuigge Lodge will manage outbreaks during the pandemic with assistance from Public Health.

### Assistance Required From Public Health Will Include:

- Communication provided to Medical Director about the model of care to be followed (e.g. clearing previously symptomatic residents after 2,3, or 5 days).
- 2. Case definition provided.
- 3. Assistance available to facilitate diagnosis if needed.
- 4. Direction provided on use of antivirals (e.g. duration).
- 5. Information disseminated by Public Health to public, including LTC families, on public health direction and management of pandemic influenza.
- Cohorting and quarantine may not be realistic during an influenza pandemic, also due to facility structure and set up.

### C. VACCINE AND ANTIVIRALS

- Distribution of vaccine for an influenza pandemic may not be prioritized in the same manner as vaccine for seasonal influenza.
- E.J. McQuigge Lodge will only administer vaccine to its residents and staff. Family members and volunteers providing direct resident care will be directed to the local Public Health Unity to receive vaccine/antiviral.
- EJ will be responsible for the security of its vaccine and antiviral supplies.
- EJ will manage the distribution of antivirals to ill residents and staff.
- Antiviral supply may not be available for prophylaxis.

### D. HUMAN RESOURCES

- EJ may experience a reduction in the availability of casual and/or part time workers who may
  favour alternate employment during the pandemic.
- Staffing will be a critical issue for EJ McQuigge Lodge.
- There will be no restrictions prohibiting staff from working at multiple sites.
- EJ will attempt to provide care using existing staffing resources.

### E. FAMILIES, VISITORS AND VOLUNTEERS

- Families, volunteers and visitors will play a greater role in providing personal care and support for residents at EJ
- Visitors to EJ may be limited during an influenza pandemic.
- EJ will disseminate information provided by Hastings & Prince Edward County Public Health Unit to its stakeholders
- Education will be provided for families, volunteers and visitors on pandemic influenza, self-care and caring for others.

### F. SUPPLIES AND STOCKPILES

- Access to essential supplies may be disrupted (See Letters of Agreement at end of document)
- EJ will maintain a four week inventory of essential infection prevention and control supplies, as per agreement with Motion Specialties (Belleville). (See Letter of Agreement at end of document)
- EJ will maintain a seven day inventory for current census of food and water and other medical supplies, such as incontinence care products.

### **SECTION TWO**

### CHAPTER 4 - AUTHORITY AND LEGISLATION

The Emergency Plans Act, RSO, 1990, Chapter E.9 governs emergency management in Ontario. Under this Act, the Premier of Ontario may declare that an emergency exists throughout Ontario or in any part thereof. The elected head of council of a municipality may also declare that an emergency exists in the municipality or any part thereof. The Medical Officer of Health is granted specific authorities to protect the health and safety of the public health emergency. Authorities under the Health Protection and Promotion Act, 1990, Chapter H.7 allow the Medical Officer of Health to determine the actions needing to be taken to protect the population.

LTC staff should ensure they are familiar with their legislated professional responsibilities. The Nursing Homes Act, the Charitable Institutions Act and the Rest Homes Act, which govern LTC in Ontario, provide the authority and accountability to LTC homes to:

- Implement surveillance protocols provided by the Ministry of Health and Long Term Care (MOHLTC) for a particular communicable disease
- · Report all communicable disease outbreaks to the Medical Officer of Health
- Comply with the LTC Facility Program Manual
- Provide information to the MOHLTC relating to the operation of the facility

### CHAPTER 5 - ROLES AND RESPONSIBILITIES

An influenza pandemic will have an impact throughout society and will involve the broader emergency management system. Figure 1 illustrates the relationship between the health response to an influenza pandemic and the broader emergency response at the provincial level. Figure 2 illustrates the roles and relationships at the local or community level.

### A. WORLD HEALTH ORGANIZATION (WHO)

WHO is the United Nations specialized agency for health matters. WHO's objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's Constitution as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The WHO is responsible for co-ordinating a global response to an influenza pandemic. WHO has established the phases for pandemic planning, as present earlier in this document, and provided recommendations to jurisdictions for managing pandemic planning and response.

### B. GOVERNMENT OF CANADA

The Government of Canada is responsible for liaising with WHO and other national and international organizations to co-ordinate the nation-wide pandemic response. The government of Canada, through the Public Health Agency of Canada (PHAC), has developed the Canadian Pandemic Influenza Plan outlining the actions the federal government will take and sets out expectations for the provinces and territories. PHAC is the federal agency responsible for national health pandemic planning.

### C. GOVERNMENT OF ONTARIO

The Government of Ontario is responsible for planning and managing the province's pandemic response. The government of Ontario, through the MOHLTC, has developed the Ontario Health Plan for an Influenza Pandemic which describes the province's role and sets out expectations for local health authorities. MOHLTC is the provincial ministry responsible for leading provincial pandemic planning.

### D. PUBLIC HEALTH UNITS

Under the direction of the provincial and federal governments, the Medical Officers of Health and Public Health Units are responsible for coordinating pandemic planning for the health sector in their region, including liaising with LTC homes in their region. As MOHLTC directives are issued to stakeholders Public Health will ensure the health response in their region is coordinated and consistent with MOHLTC directives.

### E. LONG TERM CARE HOMES

LTC homes are responsible for conducting site-specific pandemic planning and for developing their own response plans. They will be required to provide resident care for both those affected and not affected by pandemic influenza in accordance with MOHLTC directives and site-specific response plans. LTCH's may also be expected to contribute, as appropriate, to broader health sector planning and response.

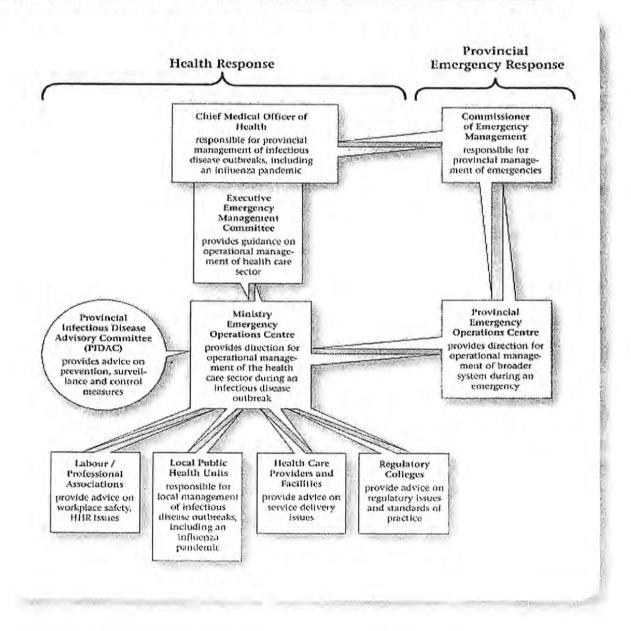
### F. OUTBREAK MANAGEMENT TEAM (OMT)

EJ's OMT will apply the Incident Management System (IMS), as outlined in this Emergency Operations Plan, to organize available human resources and coordinate EJ's pandemic response activities. In accordance with EJ's Infection Prevention and Control Policies and Procedure Manuals, the OMT will include, but will not be limited to, the following members:

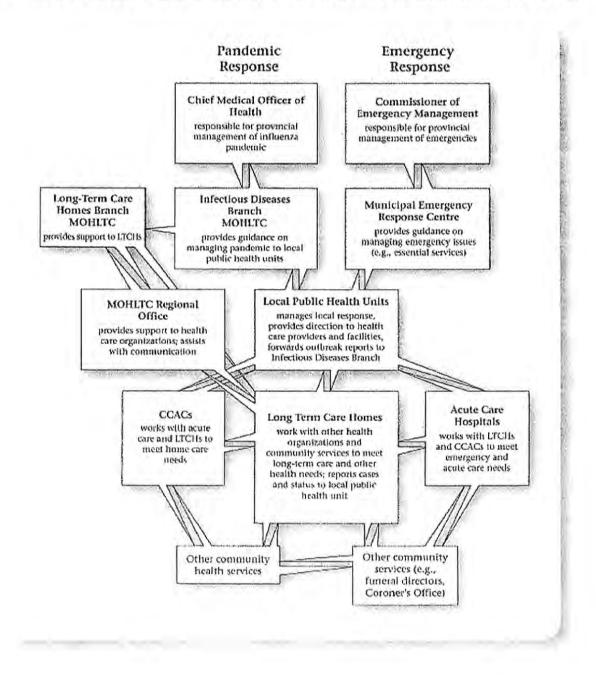
- Administrator
- Director of Nursing
- Infection Control Practitioner (ICP)
- Food Services Supervisor
- Environmental Services Supervisor
- Activity Director
- Administrative Assistant
- Medical Director
- Medical Officer of Health
- Public Health Unit representative(s)

The OMT will be responsible for overseeing, directing and ensuring the outbreak practices and procedures, as recommended by PHAC guidelines and MOHLTC directives and standards, are initiated and followed by staff throughout the home.

### Emergency Management Roles and Relationships at the Provincial Level



### **Emergency Management Roles and Relationships at the Community Level**



# CHAPTER 6 – STAFF RESPONSIBILITIES BY PHASES OF PANDEMIC IN CANADA

As noted previously the WHO's pandemic phases have been adapted nationally to reflect the Canadian situation. PHAC is responsible for declaring the pandemic phases specific to the Canadian context and for providing appropriate direction to stakeholders. The Province of Ontario's MOHLTC and local authorities will provide further direction based on whether or not the pandemic has reached Ontario and our surrounding community.

- The following sections outline staff responsibilities according to the level of pandemic influenza activity within our surrounding community. The phases for purposes of this section are defined as follows:
  - 1. No activity observed in Canada, Ontario or Local Community
  - Pandemic activity observed in Canada and/or Ontario but NO pandemic activity observed in Local Community
  - 3. Pandemic activity observed in Local Community

### A. NO ACTIVITY OBSERVED IN CANADA, ONTARIO OR LOCAL COMMUNITY

Declaration by WHO and/or directives from MOHLTC or Local Public Health Unit that pandemic influenza has been observed internationally but NO activity in observed in Canada, Ontario or Local Community.

Once WHO declares a pandemic influenza has been observed internationally the OMT will meet to review know information on the pandemic influenza virus. The OMT will continue to meet daily and/or more frequently as needed to discuss developments, implement required actions and revise EJ's pandemic response plan to reflect current information.

### OMT Responsibilities:

- Ensure all entrances and exits to the Home are locked, except for the main entrance which will be designated as the only staff entrance.
- Ensure all staff, visitors, volunteers, families, and others who enter the Home are screened for Febrile Respiratory/Influenza-Like Illness (FRI/ILI). Passes will be issued to those who meet the screening requirements and are permitted to enter the Home.
- Ensure suppliers are notified to continue using the back Maintenance door as per usual procedure.
- Assign staff to complete telephone calls to families, students and volunteers to inform them of precautions implemented at the Home.
- 5. Notify all Departments to inform of their respective employees to initiate appropriate components of the pandemic response plan.
- Post signage at all entrances, exits, and unit/department bulletin boards indicating WHO has
  declared the start of an influenza pandemic internationally. Signage will need to be updated as
  new information becomes available.
- Screener will be assigned as needed and available on a voluntary basis, either staff, family or volunteers.

### Screener Responsibilities:

- 1. The screener will be required to wear adequate personal protective equipment at all times. This includes mask, gown, gloves, protective eyewear and access to a hand hygiene station.
- Complete FRI screening forms as provided and issue passes as directed. Passes will be disposable adhesive name badges.

### Screener Responsibilities: Continued....

- Those who fail the FRI screening will be denied access to the Home. The screener will inform the ICP and/or designate of all ill staff, visitors and/or volunteers as necessary.
- 4. Ensure all staff, visitors and volunteers clean their hands upon entering/exiting the Home.
- The screener will ensure visitation is restricted to one visitor at a time per resident with the exception made for palliative residents.
- 6. The screener will follow the directions from the OMT in regards to visitor restrictions.

### All Staff Responsibilities:

- 1. Report any signs of illness (yourself or residents) to the office or Charge Nurse immediately.
- 2. Ill staff are to take direction from the ICP and/or Office regarding returning to work.
- 3. Follow directions as provided by OMT.

### Visitor Responsibilities:

- Follow directions of OMT for the duration of the influenza pandemic.
- 2. Clean hands on arrival, before leaving the resident's room and before leaving the Home.
- 3. Use personal protective equipment (PPE) as instructed by staff.
- Visit only one resident and exit the Home immediately after the visit, unless assisting in providing care for the residents.

# B. PANDEMIC ACTIVITY OBSERVED IN CANADA AND/OR ONTARIO BUT NO PANDEMIC ACTIVITY OBSERVED IN LOCAL COMMUNITY

Declaration by MOHLTC and/or Public Health Unit there is observed pandemic activity in Canada and/or Ontario but NO observed activity in the Local Community.

At this phase, the following responsibilities should be initiated in addition to those noted above in Section A.

### OMT Responsibilities:

Continue activities as outline above in Section A.

### Nursing Responsibilities:

- 1. ICP to ensure increased surveillance for signs of FRI/ILI.
- Residents returning from any stay outside of the Home must be screened for FRI/ILI for 48 hours after return/readmission.
- 3. Follow directions from OMT and continue responsibilities as outlined above in Section A.

### Screener Responsibilities:

1. Follow directions from OMT and continue responsibilities as outlined above in Section A.

### All Staff Responsibilities:

1. Follow directions from OMT and continue responsibilities as outlined above in Section A.

### C. PANDEMIC ACTIVITY OBSERVED IN LOCAL COMMUNITY

# Declaration by MOHLTC and/or Public Health Unit that PANDEMIC ACTIVITY HAS BEEN OBSERVED IN LOCAL COMMUNITY

At this phase, the Home's complete pandemic influenza response plan should be activated. The following response plan should be activated. The following responsibilities should be initiated in addition to those noted above in Sections A and B.

### OMT Responsibilities:

- Ensure all unnecessary contracted services are cancelled. The OMT will determine which contracted services are essential as per the Home's Business Continuity Plan.
- In the absence of directives from the MOHLTC and/or Public Health Unit, consideration will be given to cohorting staff, if possible.
- Complete closure of the Home will be determined as per directives from the MOHLTC and/or Public Health Unit.

### Nursing Responsibilities:

- The RN will cancel all planned resident outings, visits and appointments. Appointments will be rescheduled as per MOHLTC and/or Public Health Unit directives.
- 2. Should any resident need to transfer to another health care facility, fax a completed Patient Transfer Authorization Form to request a transfer authorization number.
- The RN must inform the receiving facility of the resident's current infection control status and obtain name of the person to whom the information was reported. This information is to be recorded in the resident's nursing progress notes.
- All staff are expected to assist with housekeeping and dietary duties when there is a staffing shortage in those departments and when not attending to residents' needs.

### All Staff Responsibilities:

1. Follow directions from OMT and continue responsibilities as outline above in Sections A and B.

### SECTION THREE

### CHAPTER 7 - SURVEILLANCE

Communicable disease surveillance is the collection, analysis and dissemination of information about infectious diseases like influenza. Surveillance date can be used to determine when, where and which infectious agent is circulating, and the patterns and severity of illness. Surveillance date is used to guide interventions and determine an effective response.

Surveillance is an essential component of any effective infection prevention and control program. It is unlikely the spread of a pandemic strain into Ontario will first be detected in a LTC Home but, because residents are highly vulnerable, an influenza pandemic could spread quickly and easily from the community into the LTC environment.

The goal of surveillance in LTC is to ensure early identification of a potential outbreak or an outbreak in its early stages so control measures can be instituted as soon as possible to protect residents and staff.

The designated Infection Control Professional (ICP) is responsible for overseeing surveillance and outbreak management activities. In the ICP's absence, a competent person must be designated to perform these functions, including on weekends and during holiday periods. At EJ Registered Charge Nurses on duty when the ICP is not available will be responsible for these functions.

This section will describe the role of the ICP/Designate in performing influenza surveillance and the contribution of the multidisciplinary team to the surveillance process. It will also identify how surveillance activity will progress with different phases of the pandemic outbreak.

### A. DESCRIPTION OF SURVEILLANCE ACTIVITIES

EJ will conduct surveillance activities for residents, staff, family members and any students that may train at EJ. FRI screening will be conducted throughout the year – not just through influenza season. Signage and hand hygiene stations will be posted at all entrances instructing families, visitors and contractors to:

- Perform Hand Hygiene
- · Self-screen for FRI symptoms
- Not enter if they respiratory symptoms

EJ requires family and visitors to sign in to the home, self screen for FRI prior to visits, perform hand hygiene before and after visits and they are directed to contact the ICP, Office or Charge Nurse if they have respiratory symptoms. If ill, they are discouraged from visiting in the Home.

The current Infection Control Program at EJ supports the requirement of continuous home-wide surveillance activities to establish baseline rates of infection on an annual basis. Infection rates above the baseline may indicate an influenza outbreak or the arrival of the pandemic strain of influenza at the Home. EJ will maintain an ongoing surveillance program to be enhanced during a reported pandemic influenza outbreak in the community.

### LTC SURVEILLANCE OBJECTIVES BY PANDEMIC PHASE

### PHASES 1 and 2 (Interpandemic Period)

### Objectives and Actions:

- To assess for seasonal influenza
- To detect cluster cases of FRI/ILI (Influenza-like Illness)
- To report the condition of any staff member who develop FRI symptoms to the ICP/Charge Nurse/Office
- It is the expectation that staff with FRI/ILI symptoms will not come into work until symptom free
- The ICP or designate will alert Public Health of clusters of FRI in staff, report to the JHSC any
  occupationally acquired infection and report to Ministry of labour and to the WSIB within 72 hours
- To implement management of respiratory outbreak as required and treat flu cases as per outbreak control measures
- To provide annual infection prevention and control education
- To provide annual flu vaccine to residents, staff, volunteers, and families and to report immunization statistics and adverse effects to Public Health
- To provide pneumovax vaccine to all residents who have not had it in the last 5 years and to report immunization statistics and adverse effects to Public Health
- To promote respiratory (cough etiquette) and hand hygiene to residents, staff, volunteers and families
- To notify Public Health of suspected outbreak activity when there are two or more residents in the same unit with similar symptoms within a given timeframe and initiate institutional outbreak reports to public health
- To communicate updates to residents, staff, volunteers, contractors/vendors and families
- Passive FRI screening measures for visitors, contractors and family members

### PHASE 3 (Pandemic Alert Period)

### Objectives and Actions:

- To implement active surveillance measures for FRI/ILI screening for visitors, vendors/contractors and family members
- To notify the ICP, Charge Nurse or Office of reported or identified FRI/ILI and subsequently Public Health will be notified of clusters of FRI in staff, report any occupationally acquired infection to the JHSC and notify the Ministry of Labour and the WSIB within 72 hours
- . The ICP or Charge Nurse will actively monitor residents closely for signs and symptoms by:
  - Conducting rounds
  - 2. Reviewing shift reports
  - 3. Reviewing the physician/resident concern communication book
  - 4. Auditing and reviewing physician and nurses progress notes
  - 5. Reviewing the monthly pharmacy antibiotic utilization reports
  - 6. Reviewing lab reports
  - 7. Communicating with the Registered and General staff about their clinical observations
- To implement management of respiratory outbreak as required for suspected outbreak activity
  when there are two or more residents in the same unit with similar symptoms within a given
  timeframe and initiate institutional outbreak reports to Public Health

### PHASES 4 and 5 (Pandemic Alert Period)

### Objectives and Actions:

- To activate Pandemic Plan and Emergency Plan as needed
- To maintain active surveillance for monitoring of FRI/ILI in residents and staff
- To finalize plans for pandemic vaccine storage and security, through consultation with Public Health
- To develop plans for antiviral storage, security and administration, including staff prophylactic treatment in collaboration with Public Health
- To follow guidelines for avian/pandemic fly and provide education and training to staff for personal preparedness, resident care and pandemic influenza management
- To ensure the availability of a four week stockpile of equipment and supplies
- To provide educational material and in-services; ie EJ Pandemic Protocol, coping with stress, possible HR issues, hand hygiene and MOHLTC fact sheets, posters designed to inform the residents, families, vendors, staff and visitors; and to heighten the awareness and understanding of personal and facility management during a pandemic outbreak

### PHASE 6 (Pandemic Period)

### Objectives and Actions:

- · To implement measures for suspected and confirmed pandemic strain in the home
- To implement mandatory screening of staff, visitors, vendors/contract workers, and family members (see appendix for FRI Surveillance Screening Tool)
- Due to expected shortage of staff during pandemic influenza, ICP will collaborate with the DON/Administrator to determine staff that are fit to work with restrictions ie – staff who are well enough to return to work, staff who have or have not taken antiviral medication, with allowances made for reassignment of duties decreasing the risk of infection within the home
- To implement heightened surveillance of resident and staff illnesses for symptoms of the pandemic influenza as directed by Public Health
- · To implement control and support measures for residents, staff, visitors and families
- To implement access restrictions for staff, visitors, families, volunteers and vendors
- · To implement strict isolation for ill residents
- · To implement visitation restrictions for ill residents
- Recommend one contact per visit for each resident; exceptions will be discussed with the ICP/DON/Administrator in the event of palliative residents or unpredicted sudden illnesses
- To administer antiviral as directed by the provincial and local policies for antiviral distribution, when finalized and released
- · To distribute and administer vaccines, if available, and report adverse effects to Public Health
- · To investigate and review the outbreak
- To maintain receipts and strict accounting of additional costs incurred

As per the Emergency management Unit, MOHLTC's A Guide To Influenza Pandemic Preparedness and Response in Long-Term Care Homes the following policies and procedures are in place for surveillance of residents, staff, students and volunteers.

# CURRENT INFECTION PREVENTION AND CONTROL POLICIES AND FORMS

Refer to Infection Prevention and Control Manual to view the policies, procedures and forms.

# CHAPTER 8 – INFECTION PREVENTION AND CONTROL & OCCUPATIONAL HEALTH AND SAFETY

### A. ROLE OF THE JOINT HEALTH AND SAFETY COMMITTEE (JHSC)

Duties of the JHSC are to identify situations that may be a source of danger or a hazard to workers and make recommendations for the improvement of workers' health and safety.

In Chapter 7 of the Ontario Health Plan for an Influenza Pandemic (OHPIP), the MOHLTC identifies in Ontario, both workers and employers share the responsibility for occupational health and safety. This chapter also identifies the purpose of the Occupational Health and Safety Act, and states several provisions of the act are designed to foster the internal responsibility system, including the requirement for employers to have a health and safety policy and program.

Under the OHSA, the JHSC play a key role in monitoring the internal responsibility system. The Act identifies the basic rules of operation for JHSC's and Health and Safety representatives, and these committees should be involved in pandemic planning and in the pandemic response.

It is the expectation that in the event of an influenza pandemic the JHSC will employ the recommendations of the OHPIP as indicated in Chapter 7. The recommendations with respect to the Occupational Health Management of Health Care Workers during an Influenza Pandemic include the following criteria:

1. Fit for Work/Fit for work with no restrictions.

2. Unfit for Work/Medically determinable illness preventing the employee from carrying out the

regular or modified duties of their occupation.

Fit for work with restrictions – Permits for the re-assignment of duties or re-integration into the
workplace in a manner that will not pose an infection risk to the HCW or to the patients and/or
other individuals in the workplace.

Health care workers who become ill as a result of working at the home will be required to report their illness to their supervisor. The supervisor will ensure that proper documentation is completed to notify WSIB, the JHSC, and the Ministry of Labour (MOL) within four days. Staff requiring work restrictions will provide medical instructions to demonstrate their limitations and action will be taken to accommodate the staff where appropriate/able.

Occupational Health and Infection Prevention and Control Practices during the Pandemic period include the following:

### Ongoing Activities:

- Provide accessible hand hygiene stations
- Provide consistent use of droplet and contact precautions
- · Provide accessible personal protective equipment
- · Implement reporting requirements
- · Complete risk assessments
- Postpone elective high risk procedures
- Use appropriate equipment and precautions for high risk procedures (ie nebulizer treatments)
- Implement precautions for cleaning/disposing of equipment and cleaning the environment
- Implement Repiratory Hygiene programs
- Provide, accurate, complete and timely information about the pandemic

### Activities Reduced or Curtailed:

- Initiate attendance management policies to encourage workers to stay home when ill
- Suspend annual influenza immunization
- FRI Case Finding/Surveillance

### New Activities:

- Implement secure access to the pandemic vaccine and antiviral
- Establish criteria to assess staff who are 'fit to work'
- · Employ practices to limit contact with influenza

# B. ROLE OF PROFESSIONAL ADVISORY COUNCIL (PAC) (INFECTION CONTROL COMMITTEE)

The Infection Prevention and Control Committee is responsible to provide and maintain an effective, well-managed IPAC program to recognize, help prevent and/or control the development and spread of infectious diseases, promote wellness and maintain quality of life and health of residents and staff. The role of the ICP, with support from the JHSC and Professional Advisory Council (PAC) is multifaceted and involves activities such as planning, monitoring, evaluating, updating and providing education as required. This is to ensure adherence to current infection control policies and procedures and to provide management and guidance for specific infection control issues.

In regards to pandemic planning for Phases 3 to 6, the ICP along with JHSC and PAC, would be responsible for the following functions:

Note: The OMT, JHSC and PAC will have a combined mandate that includes:

- Committees to meet quarterly to discuss updates pertaining to pandemic influenza
- Ensuring best practice and current guidelines in regards to an influenza pandemic are incorporated into educational training at the home
- Ensuring influenza and pneumococcal vaccinations are promoted and up to date statistics available.
- Providing plans for the provisions to administer antiviral drugs to residents, staff and volunteers for treatment, outbreak control and prophylaxis (as per Provincial policy)
- Collaborating with public health and provide guidelines for the provision of the vaccinations of residents, staff and volunteers when vaccine is available
- Ensuring adherence to recommendations for housekeeping, laundry and waste management as outlined in the Health Canada Infection Control Guidelines

### C. PERSONAL PROTECTIVE EQUIPMENT

The home will provide an adequate supply of personal protective equipment (PPE) to staff, family, volunteers and students. The PPE must be readily available and accessible to staff at all times during suspected outbreak, heightened surveillance and declared outbreaks. There will be a four week stockpile of PPE at the home and during a pandemic influenza outbreak the home will have access to the MOHLTC stockpile by initiation of contact with the Ministry Emergency Operations Centre.

The Department Heads will closely monitor the use of supplies and ensure adequate replenishment of PPE stock is done routinely. Education and training will be provided on the proper use and application of PPE in regular influenza season and enhanced training and monitoring during pandemic influenza outbreak. The goal of the training is to increase the safety of the LTC work environment, promote resident safety through proper use of PPE and hand hygiene, reinforce safe practices and limit the transmission of infection.

Influenza is thought to be transmitted primarily by droplet and contact spread and possibly airborne transmission, thus the current infection control guidelines in the Canadian Pandemic Plan emphasize droplet/airborne and contact precautions. These include the use of an N95 mask, together with eye protection and gloves and gowns as necessary, for health care encounters within one metre of the influenza patient.

Staff who are within one metre of a resident, exhibiting symptoms of ILI and staff who are exposed to aerosol generating treatments, are required to wear an N95 mask. The home has implemented mask fit testing train the trainer sessions for a core group of staff in all departments. When a Pandemic Influenza Outbreak is declared this core group of trained staff will then implement fit testing for every employee. The core group will be re-fit and trained on how to fit test every 2 years and as needed. Records of the fit testing will be maintained in employee files and required mask list will be kept on file with Motion Specialties, Belleville, who have agreed to stock a four week supply of the required N95 masks. During fit testing all employees will be educated on the proper donning and removal of the N95 mask.

### Core Trained Staff Include:

Nursing - Dana Anderson Sue Potts Cathy Gilbert Loretta Stoffers
Tanya Johnson Sherry Roberts Jillian Hickson Jesse Powell

HK/LDY/KIT - Linda Stapley

The ICP, in collaboration with Public Health, JHSC and the SEOICN, will review updates and scientific data on the pandemic influenza flu virus transmission and update PPE as necessary to prevent the spread of infection and illness. Updated Federal and Provincial guidelines for PPE will be incorporated into this plan as they become available.

### D. STAFF EDUCATION AND TRAINING

The ICP and the JHSC to ensure the following:

- All staff are trained and knowledgeable in regards to principles and procedures for infection prevention and control
- Training needs are assessed
- Appropriate training and retraining will be provided as needed
- · Impact of training is monitored and reviewed

Recommendations for the infection prevention and control education programs will be followed as per the OHPIP 2007.

According to the general content of the infection prevention and control education, the programs for training should include, but will not be limited to, the following:

- Influenza Pandemic Background
- Personal and Family Care
- System Planning for Pandemic Flu
- Advanced Infection Control
- Occupational Health and Safety
- Business Continuity
- Communication Strategies
- Resident Care

Refer to the OHPIP 2007 for specific objectives of each program listed.

Education will provided to staff, residents and families using approved fact sheets and resources provided by Public Health, MOHLTC and the RICN's both before and during a pandemic. Refer to <a href="http://www.health.gov.on.ca/english/public/program/emu/pub\_mn.html">http://www.health.gov.on.ca/english/public/program/emu/pub\_mn.html</a> for MOHLTC publications on Pandemic Influenza.

The home will identify and implement measures to protect workers from the risk of health care associated illness, including respiratory diseases. The home will conduct respiratory disease hazard risk assessment, identify workers at risk, and provide appropriate respirator protection, education and fittesting.

In the event of more highly infectious and transmissible pandemic flu strains, the home will follow the advice on required precautions and training as outlined by the MOHLTC and MOL.

### **CHAPTER 9 - RESIDENT CARE**

### A. STANDARD CARE

The Registered staff will ensure that the basic standard care is given to each resident according to their established care plans. The Registered staff will ensure updates and/or changes that are required to resident's care plans are completed.

### Resident Care Objectives and Actions by Pandemic Phases

### PHASES 1 AND 2 (Interpandemic Period)

Objective – To provide and maintain an optimal level of care to all residents

### Actions:

- Maintain adherence to current home policies and procedures
- Provide each resident with care and services consistent with his/her plan of care in accordance with the Residents' Bill of Rights, the Health Care Consent Act and/or the Substitute Decisions Act
- Employ continuous surveillance for FRI/ILI to provide a baseline for seasonal influenza vs pandemic influenza
- Initiate planning for resident care during a pandemic
- Encourage eligible residents to receive the annual Influenza vaccine and the pneumococcal vaccine as needed

### PHASE 3 (Pandemic Alert Period)

Objective - To continue to provide and maintain an optimal level of care to all residents

### Actions:

- Maintain adherence to current home policies and procedures
- · Initiate education for residents and families regarding Pandemic Influenza
- Encourage eligible residents to receive the annual Influenza vaccine and the pneumococcal vaccine as needed
- Develop a written plan for a pandemic including how to manage residents if the hospital is unable to accept residents from LTC

### PHASES 4 and 5 (Pandemic Alert Period)

Objective - To continue to provide and maintain an optimal level of care to all residents

### Actions:

- New admissions and residents returning from the hospital will be closely screened and monitored for FRI/ILI symptoms
- · Prepare plans to isolate ill residents in their rooms, limiting movement within the home
- The OMT will identify designated areas used by residents experiencing pandemic influenza symptoms
- If residents have shared accommodations, the roommate(s) will be treated as a close contact and placed on precautions
- The ICP/DOC will ensure staff receive specific information on how to care for the ill residents and provide refresher infection control measures and updates
- · Active screening for staff, visitors, family members, students and volunteers will be implemented
- Ensure orders/scripts/Medical Directives are in place for pandemic influenza vaccine and antivirals (antiviral availability and usage as per Public Health)
- Ensure consents are in place for pandemic influenza vaccine and antivirals

### PHASE 6 (Pandemic Period)

Objective - To minimize serious illness and overall deaths in the home

### Actions:

- Identify
  - who could go home to family members if family willing and able to provide needed care
  - who must remain in the home
  - who is likely to require acute care
  - who is at risk of complications
- Resident transfers to another LTC home are not recommended at this time, however may be necessary to ensure the resident receives appropriate care

The level of care to be provided to residents during a pandemic is dependent upon the staffing levels available. The minimum basic care will be provided as follows:

- Essential personal care (essential bathing limited to baths/showers as needed only; face, hands and perineum twice daily and as needed to maintain skin integrity)
- Medication administration
- Personal hygiene and grooming may be modified depending on staff availability. Care of fingernails and feet may not be available
- Oral care twice daily
- Clothing bedding will be changed only as needed
- Routine toileting for continent residents and changing of incontinent products for incontinent residents will be based upon the resident's individual need to maintain skin integrity. Routine catheter care will be maintained as per policy
- Skin and wound care management including routine aseptic dressing changes and sterile
  dressings and colostomy care must be maintained to promote and maintain skin integrity,
  promote comfort and mobility and to promote the prevention of infection
- Assistance with eating as needed. G-tube feeding and maintenance will be maintained as ordered
- Oxygen therapy as required (a one month stockpile of O2 supplies will be available for use)
- Residents incapable of repositioning themselves will be repositioned every 2 hours and as needed to promote comfort and prevent skin breakdown
- Maintain regular communication with families/substitute decision makes of residents in the home to keep them updated and reassured about the situation and discourage unwarranted visiting
- · Non urgent medical appointments should be rescheduled

- All residents with ILI will be restricted to their rooms with no exceptions; If residents have shared accommodations, the roommate(s) will be treated as a close contact and placed on precautions
- Staff displaying symptoms will be either sent home or redeployed with restrictions to prevent spread of infection
- Ensure that appropriate signage indicating outbreak, additional precautions and updates posted for staff, family, visitors and other services
- The OMT will decide what contract services/activities can be curtailed during the pandemic flu outbreak (eg – foot care, hairdressing, activation programs, physiotherapy, psychogeriatric services, etc)
- Ensure Advanced Directives are updated with SDM of residents who are ill and appropriate changes made accordingly, with Palliative Care Plans and RN to Pronounce complete and in place
- Activate enhanced environmental cleaning and disinfection procedures

### B. INFLUENZA CARE

The interventions for influenza care will be administered as outlined in the *Management of A Respiratory Outbreak*, in the *Infection Control Manual*. Further modifications to influenza care will be implemented as per directions given from Public Health. Educational training will be provided to the staff pertaining to the clinical care of residents with FRI/ILI and pandemic influenza. The educational training program will include, but not be limited to, the following:

- Definition of FRI/ILI
- Passive and Active Screening
- Clinical pathway of the pandemic flu strain (when information is available)
- Specimen Collection for lab testing
- Pandemic influenza vaccination and antiviral administration
- Vaccination and antiviral use for staff
- Ethical issues with mass casualties
- · Public Health issues
- Management of well residents
- Infection Prevention and Control Measures

The ICP will monitor for updates provided on the MOHLTC website (<u>www.health.gov.on.ca/pandemic</u>) and provide education to the staff accordingly.

### C. COHORTING

The OMT will decide whether there will be movement of the ill residents to cohort them in their room or assign specific areas for the ill residents, if possible due to facility design.

Residents returning from hospital and new admissions will be screened and monitored closely for FRI/ILI symptoms. Registered Staff will update the outbreak line listing and notify the ICP of any changes to the list.

### D. CRITERIA FOR RELOCATION

An assessment of care needs will determine where the resident will be best cared for. Residents requiring extraordinary care, e.g. Resident requiring renal dialysis, emergency orthopaedic surgery, etc., will be evaluated to determine the best location to meet their care needs. If a resident has been determined eligible to go home with family members (and the resident/family are in agreement with this and capable of providing care at home), the Registered Staff (in conjunction with the DON), will provide support, education, medication and personal care items to support the transfer home. This will not be considered a discharge to the community unless the family/resident wishes a permanent discharge. See Letters of Understanding at end of document for alternate sites that may be available.

### E. RESIDENT, FAMILY AND VOLUNTEER EDUCATION

The ICP and/or any available IPAC educator will collaborate to deliver education to residents, families and volunteers. Education will include but not be limited to:

- Hand Hygiene
- Cough Etiquette
- Infection Prevention and Control Measures
- Donning and Removal of Personal Protective Equipment
- Pandemic Influenza (historical and current facts)
- Altered roles and assistance with Activities of Daily Living Posted
- Feeding Programs

Educational material can be accessed on the following websites:

www.phac-aspc.gc.ca/cpip-pclcpi/ www.health.gov.on.ca/english/providers/program/emu/pan\_flu/pan\_flu\_plan.html www.wsib.on.ca/wsib/wsibsite.nsf/public/flu\_resources

Educational programs will be presented at resident council meetings, care conferences and family educational events.

Appropriate signage and posters will be displayed throughout the home.

### CHAPTER 10 -VACCINE AND ANTIVIRAL MEDICATIONS

### A. DISTRIBUTION

- Public Health will be responsible for the release of the vaccine to health care facilities and agencies that can administer the vaccine to resident's/clients and their own employees
- Antivirals and vaccines (if available) will be distributed according to government directives
- To be effective antiviral medications must be administered within 48 hours after the onset of influenza-like symptoms
- The Medical Directives for the administration of antivirals and vaccines and the administration of epinephrine, if needed due to an adverse reaction, will be in place in Phase 4 and 5
- The enumeration list for antiviral distribution to staff will be maintained by the ICP
- Family members and volunteers who are assisting with resident care will receive antiviral medication through Public Health
- . The current list for non-immunized staff members will be maintained by the ICP
- The current list for the immunization status of residents will be maintained by the ICP
- Tracking sheets to monitor staff antiviral and/or vaccine uptake will be maintained by the ICP using the homes Staff Pandemic Antiviral Tracking Sheet an Staff Pandemic Influenza Tracking Sheet
- The DON and ICP will sign out vaccines/antivirals using a designated double sign out sheet from the locked storage area
- The DON and ICP will deliver antivirals/vaccines to all residents and oversee the administration by the Registered Staff
- A policy for the prophylactic use of antiviral medications during a pandemic will be developed as per direction from Public Health based on the availability of antivirals for prophylactic use
- Influenza/Pandemic Influenza consent forms will be developed and signed by all residents or SDM's currently residing in the home, as well as all new admissions

### B. STORAGE AND TRACKING

- The home will designate a locked area to accommodate vaccines and antiviral medication in Phase 3
- The master key to access vaccines will be kept in the control of Registered Staff
- In Phase 3 the home will ensure they have a designated cold chain storage location monitored twice daily to ensure viability of vaccine
- The pandemic vaccine fridge temperatures will be monitored twice weekly by the DON/ICP in Phases 3-5 and monitored daily when vaccine is made available in Phase 6
- Ensure the pandemic vaccine fridge is connected to an emergency outlet to avoid cold chain failure in the event of a power outage
- The emergency generator uses gas and can operate at full capacity for a maximum of 4 hours before requiring refueling, with a limited supply of back up gas located on site
- During a pandemic there may be multiple disruptions in service, some of which may be for
  extended periods of time. It is also possible refueling may not occur as normal. Therefore, the
  emergency generator will be used only for essential resident and staff safety
- The pharmacy will provide the home with a stockpile of Epinephrine 1:1000 to be stored in the Anaphylaxis Kit for use of anaphylaxis, post administration of pandemic vaccine/antiviral
- Staff given an immunization card from Public Health to track staff influenza and antiviral administration will be requested to provide a copy of the card to the office
- The ICP will receive, store and track antiviral and vaccine use when they are delivered from Public Health
- A 24-hour security guard may be needed when vaccines and antivirals are made available to the home

### C. MONITROING OF ADVERSE REACTIONS TO MEDICATIONS

- The ICP will educate staff on the adverse effects to be reported following the administration of pandemic influenza vaccination and the antiviral
- Adverse reactions and resistance will be monitored using the MOHLTC Adverse Event Following Immunization form
- Adverse reaction form is to be completed by the ICP and forwarded to Public Health
- Adverse reactions will be monitored by the OMT and reported to the Medical Director

### CHAPTER 11 - HUMAN RESOURCE MANAGEMENT

### A. POLICY ISSUES

In the event of a pandemic influenza outbreak, the Employee Standards Act of Ontario will continue to guide decisions.

It is anticipated that the following issues will need to be addressed:

- Absenteeism
- Refusal of Work
- Overtime
- Sick Leave
- Return to Work
- Compensation
- · Cross training of staff
- · Redeployment of staff
- Vacation entitlements

### B. CONTINGENCY STAFFING

It is the expectation that all staff will continue to report to their normal duties unless specific directions are given otherwise. All staff, volunteers, family members and students will be mobilized to assist with essential job duties to provide care to the residents and maintain the home. E.J. McQuigge Lodge is committed to providing optimal service delivery in the home during a pandemic.

### Use of Volunteers and Family Members

The OMT will oversee the redeployments, education and cross training of available staff, volunteers, family members and students.

The OMT will ensure adherence to legal and legislative considerations and to discuss staffing challenges.

### Cross Trained Staff

In the event of a pandemic staffing lists will be reviewed to assess for the possibility of cross training staff. Specific services and programs may be suspended to make additional staff available to assist with essential services.

### Agency Staff

Agency staff may be utilized, if available, to fill in staffing vacancies as required. Consideration will be given to alternate work assignments as deemed necessary to maintain essential services.

### Self and Family Care Guidelines

Education will be provided to the staff and family members to encourage good practices for personal preparedness and family care. It is expected that staff will make every effort to secure child care, elder care and transportation arrangements to enable them to continue to work without disruption.

### Staff Support Services

The OMT will decide the availability of staff support services including, but not limited to:

- Onsite childcare
- Transportation assistance
- Meals
- Overnight accommodation
- Rest areas between overtime shifts

### Volunteer Management

Volunteers that are able and willing to assist will be trained to assist with certain limited aspects of care and steps will be taken to ensure they are not functioning beyond their capabilities. Additional volunteers may be recruited as deemed necessary. Volunteers who present to the home unsolicited will be require to fill out a Volunteer Application Form, screened for suitability and placed according to the needs of the home.

### **CHAPTER 12 - COMMUNICATIONS**

### A. INTERNAL COMMUNICATIONS

- The Administrator or designate will be responsible to ensure the Pandemic Influenza communication plan is implemented
- The Administrator or designate is responsible for communication to the Director of Long Term Care. A status report will be provided at an interval specified by the MOHLTC
- . The Medical Director will be notified in the event of Pandemic outbreak in the home
- The home will use the Main Office as the Emergency Command Center as it is equipped with teleconference abilities and computer network access.
- The OMT will meet daily and as needed in the Command Center. The OMT has the overall responsibility for overseeing, directing and ensuring outbreak practices and procedures as recommended by MOHLTC and Public Health are initiated and communicated to all staff in the home
- The minutes of the OMT meetings will be posted at the Nurses Station, with copies maintained in the Command Center and given to all departments, and posted on the employee communication bulletin board in the back hallway
- Charge Nurses and Supervisors in all departments will relay new information obtained from the OMT to their staff
- Updated pandemic information received from the MOHLTC/Public Health will be maintained in the Command Center and given to all departments, and posted on the employee communication bulletin board in the back hallway
- Any changes to work schedules and assignments will be posted daily at the Command Center for staff, volunteers and family members who have volunteered to assist
- A list of e-mail addresses will be maintained for staff members who wish to voluntarily give their email addresses to receive updated pandemic information or website links to new information
- Signage will be posted at all entrances to inform visitors of the homes outbreak status during the Pandemic
- Signage promoting hand hygiene, cough etiquette, proper use of PPE and social distancing will be posted throughout the home as applicable
- In the event of loss of regular telephone service due to a power supply failure, a black rotary dial
  phone is available in Report Room for emergency use

### B. EXTERNAL COMMUNICATIONS

- All media inquiries and general inquiries regarding the pandemic are to be directed to Public Health. The Media spokesperson will be responsible for providing information to the news media
- A survey of family members and volunteers regarding their ability to volunteer to assist at the home during a pandemic outbreak will be beneficial
- Fact sheets will be provided to families, visitors, staff and volunteers in regards to the Pandemic.
   The OHPIP has key written material in multiple languages that is available to communicate to most ethnic groups
- The Office or RN on duty is responsible for contacting, informing and responding to family
  questions and concerns regarding any changes in resident condition or treatment
- Teleconferences will be used to communicate whenever possible

### **CHAPTER 13 - EMERGENCY PLANNING**

### A. SUPPLY CHAIN CAPACITY/STOCKPILING OF ESSENTIAL SUPPLIES

During an influenza pandemic, health care settings will need large quantities of equipment and supplies to provide care and to protect health care workers. It is anticipated the demand will be high worldwide and traditional supply chains may break down. In preparation for a pandemic, the following measures will be instituted:

- 1. The home will maintain a 31 day stockpile of essential supplies (For a list of essential supplies refer to the supply and equipment template: Care in the Community, OHPIP
- 2. A 7 day stockpile of non-perishable food items for residents will be included in the list of essential supplies
- 3. The home will maintain 24 hours worth of potable/bottled water for residents and staff. An additional supply may be made available through the MOHLTC Emergency Management Unit (EMU).
- All supplies are to be checked for expiration dates and rotated on a regular basis to prevent stock expiration. The Administrator will determine the frequency of the stock rotation.
- The 31 day stockpile of essential supplies will be stored at Motion Specialties locally as per agreement.
- 6. The formula for calculating quantities of N95 masks is under review by the MOHLTC, EMU.

### B. BUILDING SECURITY/TRAFFIC FLOW

- 1. Existing security measures within the home will be maintained and the following additional procedures will be implemented in a pandemic outbreak.
- The home will decide how to lock down all entrances and exits in order to control points of access and maintain security
- 3. The home will test the lock down procedure to ensure feasibility of the plan
- Signage will be posted to direct staff and visitors to the screening station and to provide information about the screening process and the outbreak status of the home, as provided by the communication from the OMT
- 5. The recommendation is that a common entrance and exit is utilized with a screener in place for all individuals entering and exiting the home
- The screener will be responsible to screen for infectious status and monitor the identification of all parties entering and exiting the home
- 7. In the event of an emergency, the office staff will direct emergency service personnel as required.
- A 24-hour security guard may be required to secure the storage area of the pandemic vaccine and antivirals, and to perform other duties as determined by the OMT
- The DON/FSS will be required to have verification of any agency staff credentials during pandemic outbreak, if agency staff utilized
- 10. Steps will be taken to minimize staff and resident movement throughout the home
- 11. All delivery persons will be directed to the common entrance to be screened and granted access to deliver supplies.

### C. VISITOR MANAGEMENT

### Notifying Visitors and Volunteers

The home will activate its pandemic/emergency communication plan and activities in Phase 5 of the Pandemic. Signs will be posted at all entrances indicating the situation (e.g., pandemic activity in the community and/or pandemic activity within the home)

Visitors will be advised of the potential risk of either introducing influenza into the home or acquiring influenza within the home, and of the visiting restrictions, if applicable.

In the event of an outbreak at the home, family members of ill residents and family members of all other residents will be notified immediately. Where possible, the home will keep a telephone list of frequent visitors who should be contacted and advised of the outbreak.

Other communication systems will be used to convey information as appropriate (e.g. facility website, mass e-mail distribution) to maintain communications with family members and visitors.

### Screening of Visitors

- · All visitors are required to be screened in order to enter the home
- · One person at a time will visit only one resident
- Refer to Chapter 7 Surveillance: Screener Responsibilities

### Visitor Restrictions

Visitors are encouraged to postpone visits whenever possible. During a pandemic this policy may not be practical. The home may need family members to assist with resident care. All visitors who choose to visit during an outbreak shall be required to:

- Perform hand hygiene on arrival, before leaving the resident's room and before leaving the home
- Use PPE as instructed by staff
- Visit only one resident and exit the home immediately after the visit. If they are assisting in
  providing care for residents, they will be instructed to perform hand hygiene between residents

The OMT will evaluate the need to restrict visitors based on the nature of the pandemic; however, complete restriction of visitors is not recommended as it may cause emotional hardship to both the residents and their relatives. Visiting restrictions will be discussed by the OMT, at which time the recommendation of one visitor per resident at a time will be discussed.

### Restrictions on III Visitors

Under the FRI screening protocol, ill visitors are asked not to enter the home until they have recovered. During an Influenza Pandemic, if there are severe staff shortages, visitors with Influenza-Like Illness (ILI) may be allowed to enter the home and assist in providing care for residents before they are fully recovered. If this is necessary, they will be restricted to assisting with non-direct care or to working with residents with symptoms of ILI and will use appropriate PPE.

### Visiting III Residents

The screener will direct the visitors to see the Registered Staff prior to visiting. The home will post additional precaution signage on the entrance of ill resident's rooms. The Registered Staff will advise visitors about any restrictions and instruct them in the proper use of PPE, if required. Ill residents and their visitors do not visit other residents unless otherwise directed.

### Communal and Other Activities

Visits by outside groups (e.g. entertainers, community groups, etc) shall not be permitted. Visits to multiple residents will be restricted, unless the visitor is assisting with care and activities of daily living.

### Communal and Other Activities ... continued

A staff member, pastoral care volunteer, social worker or volunteer will be made available if possible to assist in managing and controlling issues that may arise with visitors to the home during the pandemic (e.g. emotional situations resulting from anxiety and shock due to pandemic situations and illness and/or death of a loved one).

A 24-hour security guard may be required to assist in controlling disgruntled visitors. The OMT will evaluate the need to restrict visitors at the time of the Pandemic.

### D. MASS FATALITY MANAGEMENT

### Death Pronouncement

According to the College of Nurses of Ontario (CNO), The College's Resuscitation Practice Standard states a nurse may pronounce death in situations of expected death, meaning the resident is considered palliative and there is no available treatment to restore health or the resident refuses the available treatment, and the SDM is in agreement. Pronouncing death is to declare death has occurred. There is no legal definition of pronouncing death and no legal requirement for a physician to pronounce death.

When deciding if it is appropriate for nurses to pronounce death within a particular setting, consideration must be given to the resident population, the benefit to the resident's family and friends and any potential restrictions in policy and legislation.

In a pandemic outbreak, it may be anticipated that an RN or RPN will pronounce death.

### Death Certification

At present, only physicians can certify the death of residents. This practice, while presently under review, may be altered to reflect a pandemic situation.

Additionally, the *Coroners Act* includes other circumstances in which a nurse would need to report a death to the Coroner for investigation. At present, it is routine practice to report every 10<sup>th</sup> death, however in a pandemic outbreak, the reporting may be altered. Direction will be taken from the Medical Officer of Health to guide the reporting process.

### Temporary Morgue Sites

At present, there is no morgue capacity at the home. The availability of offsite surge morgue capacity is under review and the plan will be updated as information is made available. Direction will be taken from the Medical Officer of Health and Public Health.

### Safekeeping of Personal Belongings After Death

- At present, Power of Attorney and/or family members are required to remove the personal belongings within 24 hours following the death of a resident
- . The home will advise of the need to pick the belongings up as soon as possible
- The home has limited storage and is unable to store resident items for an extended period of time
- The home will adhere to the families' directions for disposal of personal belongings and/or donations
- The home will recommend public storage if families cannot pick up belongings promptly

### E. FAITH PRACTICES AND CONSIDERATIONS FOR DEATH AND DYING

The home has religiously diverse resident populations. It is recognized some faith based groups have special considerations when dealing with death and dying. Should a pandemic influenza result in additional deaths over and above the number of deaths expected from all causes occurring in the Pandemic period, special consideration may need to be given to ensure these practices adhere to as much as possible while dealing with this surge. It is expected many deaths in a pandemic would not require an autopsy since an autopsy is not needed to confirm influenza as the cause of death.

Where faith based practices dictate how a deceased body should be handled, the wishes of the family will be adhered to. If the family are not available for consultation, local religious and ethnic communities may be consulted to obtain information and guidance.

The Palliative Care Team will provide information and support in regards to special considerations for faith based groups. The health care team will be encouraged to consult with the Palliative Care Team to ensure residents are treated with respect and dignity in the process of dying and death according to their chosen faiths.

### APPENDIX A

Family, Friends and Volunteers Emergency Response Assistance Sign Up Sheet

As you have been hearing on the news and reading in the newspapers, there is much discussion about the possibility of a Pandemic Influenza Outbreak. No one knows for sure as to when or how this will occur. As a result, E.J. McQuigge Lodge is in the process of developing an emergency response plan to support the operation.

As part of this plan, we are compiling a list of people who may be able to assist us with various tasks in the event of an emergency situation such as a Pandemic Influenza Outbreak.

Please indicate  $(\sqrt{})$  below if you are willing/able to assist in the event of an emergency situation. Please return this form to the front office upon completion.

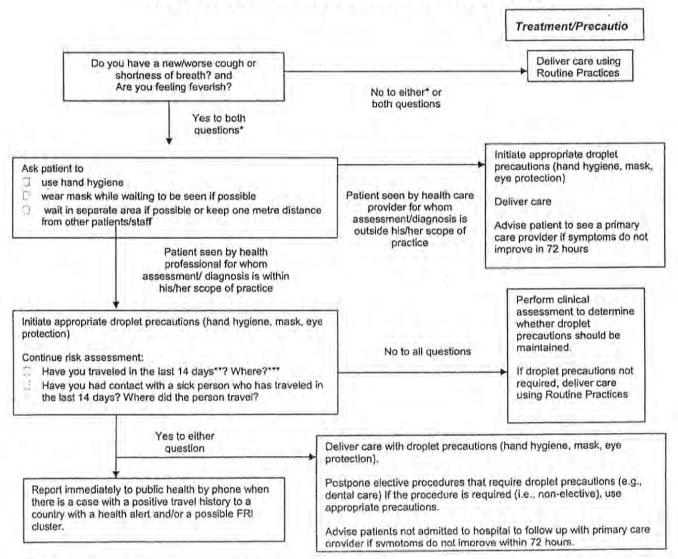
Thank you for your time and cooperation.

E.J. McQuigge Lodge

Name:	
Home Number:	
Business Number:	
Cell Number:	
E-Mail Address:	

Item	√ Below if Able/Willing
Meal Assistance	
Light Housekeeping Duties	
Delivering/Folding Laundry	
Screening Staff/Visitors for Illness	
Delivering/Serving Meals	
Assisted with a Scripted Telephone Message	
Friendly Visiting	
Other (Please List)	
Time Available:	
Specify Days of the Week	
Days	
Evenings	
Nights	

# Case Finding/Surveillance Protocol for Respiratory Illness of Probable Infectious Etiology



Elderly people and people who are immunocompromised may not have a fabrile response to a respiratory illness so the presence of new onset cough/shortness of breath may be enough to trigger further precautions.

The time frame for travel risk has been changed to 14 days (two weeks), which is consistent with recommendations from the Public Health Agency of Canada, (see: http://www.phac-aspc.gc.ca/sars-sras/pdf/sars-icg-nonoutbreak\_e.pdf

\*\*\* For a current list of countries with health alerts, see: http://www.phac-aspc.gc.ca/tmp-pmv/index.html

### RETURN TO FACILITY

### Return to the Facility

This should be done only after a walk through inspection by all the department heads and senior staff to ensure that the facility has indeed returned to its working environment and is completely safe for residents and staff.

### Procedure

- Inspection
- · Completion of Checklists