E.J. McQuigge Lodge

Emergency Operations Plan

ACRONYMS

CIDPC	**Centre for Infectious Disease and Control, Public Health Agency of Canada**
CMOH	**Chief Medical Officer of Health, Ontario**
CPIP	**Canadian Pandemic Influenza Plan, Public Health Agency of Canada**
EMU	**Emergency Management Unit, Ontario Ministry of Health and Long-Term Care**
E.M.S.	**Emergency Medical Service**
E.O.C.	**A municipal or provincial Emergency Operations Centre**
F.D.	**Fire Department**
HAZMAT	**Hazardous Materials**
HU	**Health Unit**
I.M.S.	**The Incident Management System**
I.O.C.	**Institutional Operations Centre**
MOHLTC	**Ministry of Health and Long-term Care**
NCPs	**Nursing Care Plans**
OPP	**Ontario Provincial Police**
PPE	**Personal Protective Equipment**
SEOCCAC	**South East Ontario Community Care Access Centre**
WHO	**World Health Organization**

EMERGENCY OPERATIONS PLAN

INTRODUCTION

Emergencies or disasters usually happen suddenly and unexpectedly. One seldom knows in advance when and where they are going to occur or what the magnitude will be, but natural and man-made disasters such as floods, hurricanes, explosions and fires occur frequently enough that their possibility must be foreseen.

Planning for the safety and well being of residents is an inherent responsibility of the administrators of special care facilities.

This health care facility provides support services to individuals who could not function independently in the community. The residents are completely dependent on the care and accommodation provided them by the facility. It is essential, therefore, to ensure continuous provision of support and services by proper planning for any disaster that may befall the operation.

Types

♦ Door Alarm Failure – Code Grey
♦ Fire – Code Red
♦ Electrical/Water/Hydro Failure – Code Grey and Green
♦ Bomb Threat – Code Black
♦ Chemical Spills/External Air Exclusion – Code Brown
♦ Acts of God—tornadoes, hurricanes, broken windows – Code Green
♦ Community Evacuation – Code Orange
♦ Infectious Outbreak (see Infection Control Manual)
♦ Missing Resident – Code Yellow
♦ Aggressive threat – Code White

EMERGENCY OPERATIONS GUIDELINES

PRE-PLANNING

Primary and Alternate Control Centres

A specific location in the facility should be established as the **Control Centre** for the Plan. For example, the Nursing Station may be designated as the **Primary Control Centre**.

In the event that the disaster precludes the use of the **Primary Control Centre**, an alternative **Control Centre** should be kept at each location.

In the Emergency Operations Plan, the primary and alternate control centres should be spelled out.

CONTROL CENTRES

1.   Nursing Station – Primary Control

2.   Dining Room – Alternate Control

EQUIPMENT

1.   Bold-lettered sign to identify area.

2.   Phosphorescent vest to be worn by person at the top line of authority.

3.   Copy of Disaster Plan.

4.   Necessary checklists and assignments.

BUSINESS CONTINUITY PLAN

PURPOSE
The purpose is to outline the steps to be taken in the event of an emergency situation affecting this facility.

OBJECTIVE
The objective of this plan is to ensure the safety and welfare of all residents lodged at the nursing home. At the discretion of the person in charge at the time of the disaster, it will be decided whether partial or total evacuation is necessary. If in doubt, the nursing home is to be cleared of all residents. Move all residents to one area if possible.

POSSIBLE CONTINGUENCY SYSTEMS
- Back-up Generator for all safety systems (Fire Alarms, call bells, lighting etc.)
- Software and electronic records are web-based
- Back-up server to prevent loss of data
- Pandemic Plan

PARTIAL EVACUATION
An entire area of a facility must be cleared of residents, staff, records, and equipment due to a disaster endangering their well being or safety. Refuge is taken within another part of the facility.

> For example: - smoke or fire damage that **cannot** be contained
> - weather conditions, i.e. hurricane which has produced partial damage to the nursing home

TOTAL EVACUATION
The entire facility must be evacuated of residents, equipment, and records to protect the occupants.

> For example: - smoke or fire damage that **cannot** be contained
> - explosion
> - bombing
> - chemical spills

POSSIBLE SITES
> Previous arrangements made with the facility (see Letters of Agreement).
> - Contact Placement Co-ordination Services for possible vacancies in other nursing homes
> - Wellness Centre - Contact:
> - Travelodge, Belleville; Holiday Inn, Trenton; Belleville General Hospital

POSSIBLE TRANSPORTATION
> Previous arrangements made with the facility (see Letters of Agreement).

Basic Plan

Introduction

Purpose

This plan establishes a framework for an effective system of managing any emergency, either internal or external, that affects the normal operations of this Nursing Home. The purpose of this plan is to:

a) Reduce the vulnerability of this Nursing Home, its' residents and staff to damage, injury, and loss of life and property resulting from natural, technological or manmade emergencies.
b) Prepare our Nursing Home for prompt and efficient response to emergencies occurring either outside the institution, or within our own walls.
c) Respond to emergencies using all systems and resources necessary to preserve the health, safety, and welfare of all persons affected by the emergency.
d) Recover from emergencies by providing for the rapid and orderly start of restoration activities affecting our staff, residents, and property.
e) Provide an emergency management system embodying all aspects of preparedness, response, recovery and mitigation.

Scope

a) This plan establishes fundamental policies, program strategies and assumptions.
b) This plan establishes a concept of operations spanning the direction and control of an emergency from initial monitoring through post-emergency recovery and mitigation.
c) This plan defines an interdepartmental coordination mechanism to facilitate direction, control of response, and recovery assistance from within our home, from other healthcare facilities, and from the community.
d) This plan assigns specific functional responsibilities to appropriate staff members or departments, as well as to outside agencies.
e) This plan addresses the various types of emergencies which are likely to occur.
f) For each magnitude of event, the plan identifies actions to be taken by those assigned to promote the response of this hospital to an emergency, and to promote recovery from that emergency.

Methodology

This Emergency Operations Plan was developed using generally accepted principles and practices for emergency management. It incorporates format and planning elements derived from documents provided by Emergency Preparedness Canada, provincial and territorial Emergency Measures Organizations, and the Federal Emergency Management Agency (U.S.). This plan has been reviewed and had input provided by representatives of local emergency response agencies.

Authority

a) The plan and its' elements have been reviewed and approved by the Owner and Administration of this Nursing Home.

b) This plan recognizes the primacy of, and is intended to coordinate with the City Of Belleville emergency planning by-law, the provincial Emergency Planning Act, and the federal Emergency Plans Act.

Situation

a) Vulnerability

The types of incidents affecting E.J. McQuigge Lodge in the past are:
- *Respiratory Outbreak*
- *Acts of God such as Ice Storm, Tornado Warning*
- *Disruption of power (Hydro)*
- *We are located near major Highways and the Moira River*

b) Trends

The average age of our community is increasing and more complicated and frail. This provides for increased demands on the community's health resources.

c) Planning Assumptions

All normal suppliers identified in the Plan will continue to be available at alternate site for up to 48 hours. Mutual aid will be available from elsewhere in Hastings & Prince Edward Counties through the Access Centre and other agencies. Letters of Understanding are available for support and/or services in the event of a disaster.

Definitions of Disaster

Internal Emergency – An isolated event within our Nursing Home.

External Emergency – Occurring in the community at large, but affecting our Home, by interfering with operations.

Local Emergency – A single event relatively confined to one point or area. It can be managed by the affected Department, or with minimal upper level assistance. (Dietary, Laundry etc.)

Minor Disaster – Any incident which exceeds the resources of the affected Department. Any incident which exceeds the ability of the affected Department to manage response, and requires major assistance from other Departments/Nursing Home staff.

Major Disaster – Any incident, which exceeds the resources of this Home. Any incident which exceeds the ability of this Home to manage response, and which requires major assistance from hospitals, CCAC, Nursing Homes, Retirement Homes and/or the community. Local E.O.C. will probably be activated.

Catastrophic Disaster – An incident which threatens the survival of this Nursing Home, or of the community we serve. The provincial E.O.C. will probably be activate.

Concept of Operations

General

a) Upon becoming aware of any internal emergency situation, staff members will ensure that all residents, staff members and visitors are safe.

b) 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.

c) Upon becoming aware of any emergency, either internal or external, staff members may alert the rest of the Nursing Home by *the Registered Nurse who will declare "Disaster Plan is in effect"* and by having the appropriate code announcement made on the paging system. The Registered Nurse on-duty will be notified of all emergency code announcements. These codes are posted at the Nurses' Station.

d) In either case, the Registered Nurse on-duty will assess the situation, and will determine whether sufficient resources are readily available, and whether Senior Management staff should be notified. Notification will automatically occur for any initiation of the Disaster Plan.

e) During normal business hours, notification will be directed to the *Administrator/DON*. The on-call roster and telephone list for Senior Management staff will be kept at the Nurses' Station and within the Disaster Packs. Upon receiving notification, the senior staff person will decide whether to activate the Emergency Operations Plan, or whether a lesser response is required.

f) Upon deciding to activate the Emergency Operations Plan, the Registered Nurse on-duty will assume the role of Incident Manager, until either confirmed or replaced by the Administrator/DON.

g) The Incident Manager will make the decision to activate the Institutional Operations Centre, or will decide that the incident can be effectively managed without this resource.

h) In the event that the Operations Centre is to be activated, staff assigned to the Operations Centre will be notified using the Operations Centre staff roster and telephone list, which are located at the Nurses' Station or in the Disaster Packs. It is the responsibility of the Administrative Assistant to ensure that the staff roster and telephone list are kept current at all times.

i) Upon receiving notification, Operations Centre staff members will report to the Operations Centre(**Dining Room or Nurses' Station**) immediately. They will report to the Incident Manager, who will assign the appropriate roles.

Disaster Organization

a. **Emergency Support Functions**

There are seventeen key Emergency Support Functions which may be activated and assigned as required during an emergency. Each is described in detail in an ensuing section of the Plan. These Emergency Support Functions are:

ESF# 1 – Evacuation/Transportation   E.M.S, Parkhurst Transportation, Taxis
ESF# 2 – Communications   Administrator, Radio Stations
ESF# 3 – Engineering   Public Works
ESF# 4 – Firefighting   Belleville Fire Department
ESF# 5 – Information and Planning   Emergency Management Team
ESF# 6 – Mass Care
ESF# 7 – Resource Support
ESF# 8 – Care of the Injured
ESF# 9 – Search & Rescue
ESF#10 – Hazardous Materials
ESF#11 – Food & Water
ESF#12 – Energy
ESF#13 – Outside Hospital/Community Liaison
ESF#14 – Public Information Coordinator
ESF#15 – Volunteers and Donations
ESF#16 – Law Enforcement & Security
ESF#17 – Animal Services

None of these functions is mandatory. If activated, the positions should be subordinate to the Incident Management System roles, as described in the following:
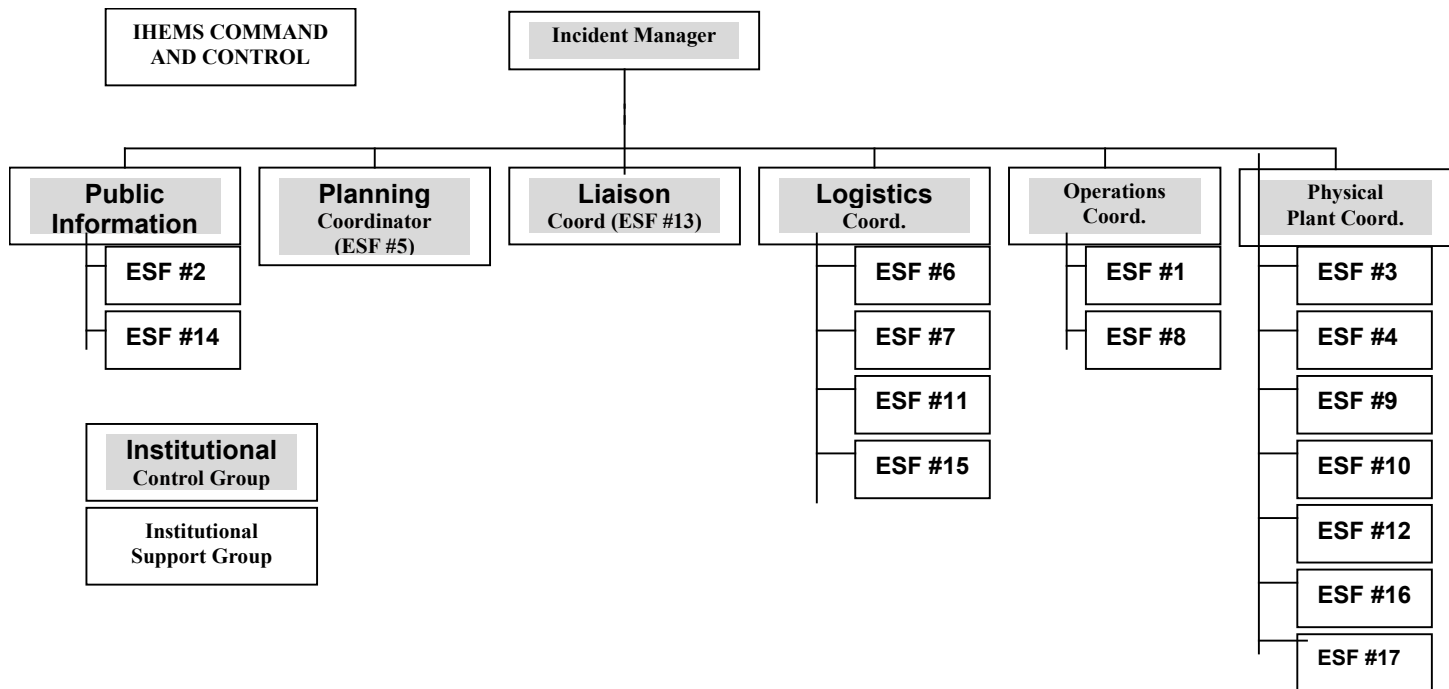
Those assigned to the upper two tiers of positions (Incident Manager, Operations, Liaison, Planning, Logistics, Physical Plant, Communications) are known as the Control Group, and actually staff the Institutional Operations Centre. Those responsible for key Emergency Support Functions are known as the Support Group. These individuals may be directing operations elsewhere in the facility, but should be immediately available to the Control Group for consultation.

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.

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.*

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.

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.

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	*Nurses' Station*
Black Telephone	*Nurses' Station*
Portable Phone	*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.

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.
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).
i) 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.
l) 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

a) 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 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.

ROLE AND RESPONSIBILITY OF THE
INCIDENT MANAGER

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

1.   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

5.   Remain visible—you are supervising and coordinating.
6.   Recheck the evacuated area—all residents should now be in a central area awaiting instructions.
7.   Restrict entry into building.
8.   Have all records and documents brought to you.
9.   Have Assigned Task Sheets returned.
10.   Prepare hand relocation over to evacuation site.
11.   During the evacuation of the building, remain at primary control centre to simplify access.

AUDIT OF EVENTS

Assigned by Incident Manager

1.   Operations/Liaison (first available Registered Staff – Staff Pool Coordinator).

2.   Logistics (Department Heads, Senior Person or Staff on Duty – Equipment Managers).

Dietary: Name _____

Housekeeping: Name _____

Laundry: Name _____

Nursing: Name _____

3.   Resident Identification (HCA/PSW)

        Name _____

4.   Family Update (Director of Nursing/Registered Person)

        Name _____

5.   Public Information/Media Updates (Administrator)

        Name _____

6.   Safety – Relocation Coordinator Centre (Second Registered/Senior Staff Person)

        Name _____

    7.   Direct Resident Care Coordinator (Third Registered/Senior Staff Person)

        Name _____

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 injuries from families.		
20	Notify advisory physician and attending physicians of the situation.		
21	Ensure parking area is clear to allow sufficient room for evacuating and emergency vehicles.		
22	Ensure parking area is clear to allow sufficient room for evacuating and emergency vehicles.		
23	Make final check of empty building to ensure that all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.		

	EVACUATION OF THE FACILITY (Continued)	Complete	Incomplete
24	Ensure that all evacuated areas are sealed off, appropriately secured and barricaded as necessary (record).		
25	Notify police that building is evacuated or with minimal staff on duty.		
26	Post signs on door indicating whereabouts and phone number		

	DEALING WITH THE MEDIA		
1.	Use local radio, local T.V. and newspaper to inform the community, and to obtain staff and volunteers as needed.		
2.	Designate one spokesperson to deal with the media.		
3.	Instruct all staff to maintain complete confidence and refer them to the designated spokesperson.		
4.	Do not allow unauthorized persons in the building.		
5.	Ensure that factual statements are released to the media periodically, only by the spokesperson.		
6.	Avoid irrelevant issues.		

ROLES AND RESPONSIBILITIES
IN THE EVENT OF DISASTER

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

1.   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.

3.   Ensures communication flows through the lines of authority so that all staff are appraised of the situation.

4.   Makes herself/himself available to outside agencies entering the facility, to aid in evacuation (i.e. police, fire fighters, ambulance, etc.).

5.   Double-checks all evacuated areas (where possible) to ensure that they are cleared.

6.   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.

7.   Makes sure that records left behind are secure.

8.   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

1.   In the event that additional volunteers or staff are required, contacts radio and television stations to announce the need.

2.   The designated spokesperson is the only individual authorized to release information or make comments to the media.

3.   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.

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.

2. 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.
   f)   Direct Care Staff – Registered Staff.
   g)   Record Security – Incident Manager.
   h)   Safety (Relocation Coordinator) – Registered or Senior Staff
   i)   Ambulance Attendant Assistant – Registered Person.

2. Assist Incident Manager to hand out necessary information on assignments noted above.

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

4. Keep record of events.

AUDIT OF EVENTS

Operations/Logistics (Staff Pool Coordinator) (Secure one phone line for your use)

Know who **Safety** Relocation Coordinator is_____

Know evacuation sites to be used:

Hospital_____

Home_____

Thurlow Recreation Centre_____

Best Western_____

Staff Not Yet Reached

_____

_____

Check On Original Assignments:

Traffic Control O.P.P_____

Family Update_____

Public Information_____

Logistics(Equipment Manager)_____

Resident Identification_____

Direct Care Staff_____

Record Security_____

Ambulance Attendant Assistant_____

Staff Not Yet Reached

_____

_____

_____

Keep Record of Events

_____

_____

_____

ROLES AND RESPONSIBILITIES

RESIDENT ATTENDANT ASSISTANT
(Registered Staff)

The Resident Attendant Assistant:

1. 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.

2. Ensures that a staff member is assigned to accompany residents who are going to the hospital are to be loaded for evacuation

3. Ensures that residents' I.D. wristbands are in place.

4. Organizes residents for further evacuation, ambulatory residents first, then chair fast.

5. Ensures that sufficient medical documentation accompanies residents.

6. Maintains a head count, list of residents, and the hospital to which each resident is going.

7. Ensures that Ambulance Attendant Coordinator has a complete list of all residents who have been evacuated to hospitals.

Equipment Needed

1. Residents' Medical Charts

2. List of Residents' Names, Next of Kin, etc.

3. Pencil and paper

RESIDENT ATTENDANT ASSISTANT

Responsibility of_____

1. Ensure that residents going to the hospital are the first to be safely removed from the facility ⇐ to free up ambulances for evacuation.

2. Ensure that residents' I.D. wristbands are in place.

3. Ensure that sufficient medical documentation accompanies residents.

RECORD OF TRANSFER OF EVACUATED RESIDENTS

RESIDENT	TRANSFERRED TO (FACILITY)	TIME	CHARTS SENT	
			YES	**NO**

AMBULANCE ATTENDANT ASSISTANT

Responsibility of_____

♦ 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

RESIDENT	TRANSFERRED TO (FACILITY)	TIME	CHARTS SENT	
			YES	**NO**

ROLES AND RESPONSIBILITIES
DIRECT CARE STAFF

The Direct Care Staff:

1. Ensures that residents are appropriately dressed and covered.

2. Ensures that residents are safely removed from the facility.

3. Ensures that residents have I.D. wristbands in place.

4. Ensures that any individual transporting residents to receiving facility is apprised of each resident's medical situation.

5. Accompanies residents to receiving facility.

6. 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.

7. Ensures that sufficient medical documentation accompanies residents.

8. Directs one staff in each area to maintain head count.

9. Receives information from Resident Identification Person.

10. 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.

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

DIRECT CARE STAFF
CHECKLIST

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 facility?	_____	_____
Residents' I.D. wristbands are in place?	_____	_____
Residents have been transported in an appropriate fashion to meet medical needs?	_____	_____
Residents have been accompanied to the relocation site?	_____	_____

Families who have decided to take responsibility for residents:

	YES	NO
Have been properly informed as to the condition of the residents,	_____	_____
Have necessary medications, and	_____	_____
Have left a forwarding address?	_____	_____
Sufficient medical documentation accompanied residents?	_____	_____
One direct care staff member is in each area to maintain a head count?	_____	_____
One direct care staff member seals each evacuated room with masking tape?	_____	_____

DIRECT CARE INFORMATION AND AUDIT REPORT

Assigned to (Registered Person)_____

Keep a list of residents' conditions

_____
_____
_____
_____

Maintain resident assessment and assign specific care tasks

_____
_____
_____
_____

Assigns direct supervision of any resident leaving the area once received

_____
_____
_____
_____

Rechecks nametags.

Supervises eating and fluids.

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.

**RESIDENT IDENTIFICATION AUDIT
AND INFORMATION SHEET**

Responsibility of_____

Resident Identification

Report to Incident Manager_____

Report to Direct Care Supervisor_____

1. Pull envelopes from resident charts and apply I.D. bands on residents' wrists.

2. Recheck at time of evacuation.

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:

1.	Report to areas as assigned.

2.	Remain calm.

3.	Stay organized.

Logistics (Equipment Manager):

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

1.	Ensures that the appropriate necessary equipment is evacuated from the facility.
2.	Ensures that transportation of equipment and supplies is carried out rapidly.
3.	Reports to the Incident Manager or individual in charge when step 1 and 2 are completed.
4.	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

** See attached lists from each department

Responsibility of _____

Logistics (Equipment Manager) – Nursing

- ♦ NCP's

- ♦ Charts

- ♦ Photo on Software

- ♦ 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

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

LOGISTICS (EQUIPMENT MANAGER) INFORMATION
AND AUDIT SHEET

Assigned to:_____

Responsibilities:

    1.   Receive equipment, records and supplies.

    2.   List all items received.

         ◆ _____

         ◆ _____

         ◆ _____

         ◆ _____

    3.   Maintain in one area.

    4.   Supervise and restrict movement.

LOGISTICS (EQUIPMENT MANAGER) – HOUSEKEEPING AND LAUNDRY

Responsibility of _____

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

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

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.

`

Family Update – Report to Incident Manager

Responsibility of_____

1.   This person shall call families to inform them of problems, any resident that can go home should be released to family's care.

2.   Keep complete list of names, calls made, and time.

3.   Direct family relocation centre to assist in supervision if unable to take resident home.

        Report to _____ at Evacuation Site.

        Report to _____ at Quinte Health Care, Belleville General

RELOCATION CHART

```
                    ┌─────────────────────────┐
                    │    INCIDENT MANAGER     │
                    └─────────────────────────┘
                                 │
                                 │
                                 ▼
                ┌──────────────────────────────────┐
                │   SAFETY - RELOCATION CENTRE      │
                └──────────────────────────────────┘
                  ╱                              ╲
                 ╱                                ╲
                ▼                                  ▼
┌──────────────────────────┐          ┌──────────────────────────┐
│   SUPPORT SERVICES       │          │    NURSING UNIT          │
│     (Dept. Head)         │          │   (Registered Person)    │
└──────────────────────────┘          └──────────────────────────┘
```
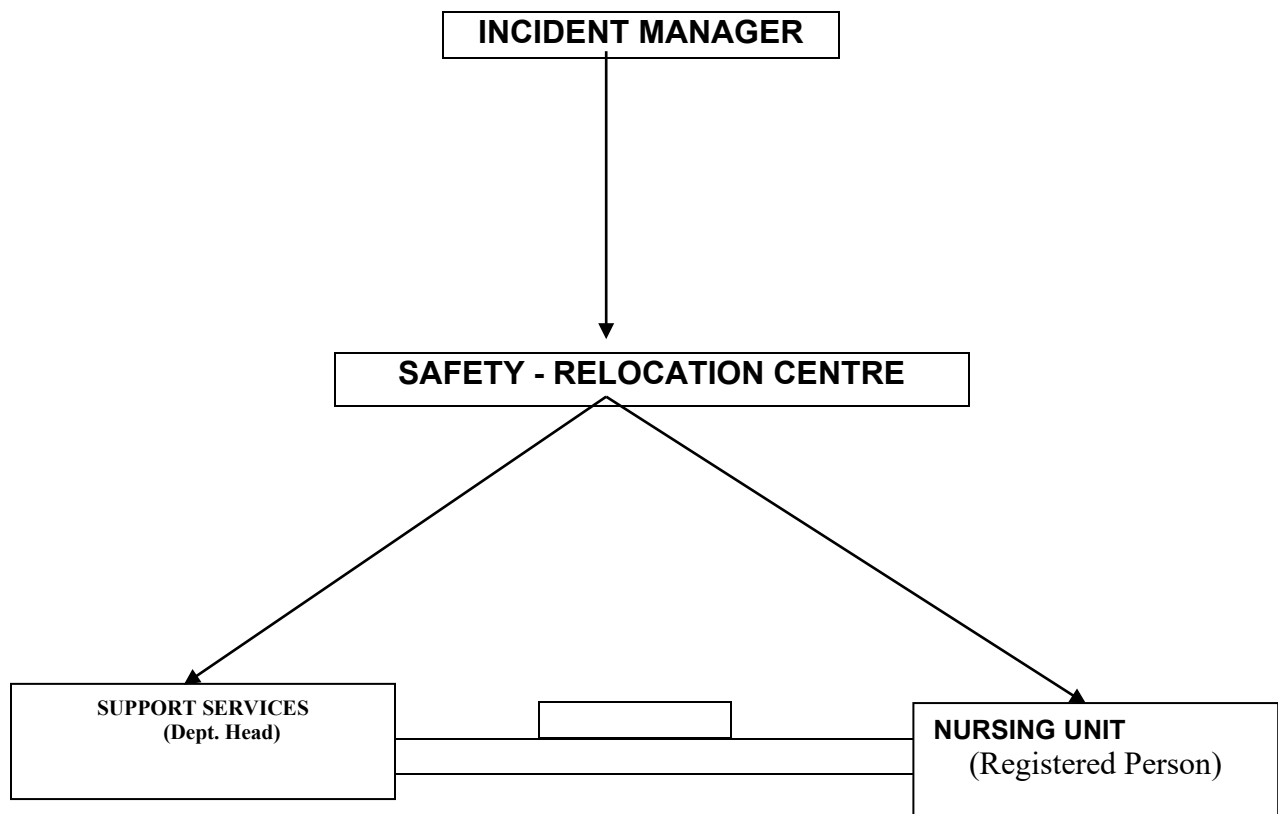
SAFETY - RELOCATION COORDINATOR

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

1.	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

5.	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.

9.	Keep team and families informed of current status.

10.	Restrict entrance to essential person. Avoid Media

AUDIT AND INFORMATION SHEET

***AVOID MEDIA

1. Establish Control Centre (post sign)_____
   _____

2. Designate receiving area:
   Equipment _____   People _____

3. Assign: Traffic Flow_____
   Logistics (Equipment Manager and Records Keeper)_____
   _____

   Direct Care Supervisor_____

   Supervisor of Wandering Residents_____

4. Receive everyone and everything coming in _____
   _____
   _____

5. Establish Care Level List (Attached)

6. Arrange Transportation and Transfer _____
   _____
   _____
   _____

7. Notify Physician_____

8. Arrange for Nourishment_____
   _____

8. Keep a list of people with whom you have communicated (Attached)

COMMUNICATED WITH FAMILY

DATE _____

TIME	PERSON	SITUATION

**INFORMATION REGARDING EVACUATION
FOR O.P.P.**

1.   Residents will be evacuated from safest exit, opposite disaster.

2.   Residents will then be assisted on to bus for evacuation and will proceed to Relocation Centre. Thurlow Recreation Centre.

   ♦ **Map of building is located on the reverse side of this page**

E.J. McQuigge Lodge
Case Specific Procedures

CODE SYSTEM

The following emergencies will be announced, using the ***paging system.*** This section contains the specific policies and procedures for each.

BLACK – Bomb Threat.

BLUE – Cardiac Arrest (Not Included).

BROWN – Hazardous Materials Spill
Internal – Spill has occurred inside our Nursing Home.
External – External hazardous materials incident which may pose a threat.

GREEN
Standby – Prepare residents for evacuation, but do not evacuate.
Internal – Evacuation within our facility.
External – Evacuation to an outside location.

GREY – Electrical/critical infrastructure failure

ORANGE – Mass Casualty Incident(Not Included)

PINK – Paediatric/Neonatal Cardiac Arrest (Not Included)

RED – Fire in the Nursing Home.

WHITE – Psychiatric/behavioural problem.

YELLOW - Missing Patient

E.J. McQuigge Lodge

Emergency Operations Plan

Code Black Protocol

Code Black Procedure

<u>**To Be Used In Case Of:**</u> Bomb threats received by any means, or suspicious packages located on the premises.

<u>**Authority to Declare:**</u> *Registered Nurse on-duty, Administrator or DON*

<u>**Notification:**</u> If on the phone write **"Code Black"** on a paper and give it to the first staff that is seen.

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

<u>**Policy Statements:**</u>   The seriousness of a threat should never be minimized. Treat the threat in a serious, diplomatic manner. A person making a bomb threat may have two (2) purposes:

- To cause damage
- To disrupt the normal activity of the environment

Threats are normally transmitted by phone and immediate action must be taken to prevent the devastating effect of a blast

<u>**Specific Procedures:**</u>

1. Remain calm
2. Be courteous – do not panic – do not interrupt
3. Notify othe personnel by a predetermined signal while you are on the phone: **Code Black**

   Write **"Code Black"** on a paper and give it to the first staff that you see. All staff must report immediately to area where supervisor is located. Tell staff not the discuss situation with visitors or residents.
4. Obtain as much information as you can

Data Collection

1. Time of call
2. Time blast is set for
3. Location or approximate location
4. Sex of caller
5. State of mind of caller – intoxicated, unbalanced
6. Is caller's voice familiar
7. Are there background noises?
8. Notify OPP. Give all available details
9. Notify Administrator
10. Initiate a search:

- Fan out assigned by Charge Nurse
- Complete search sheets as you go
- Look for unusual objects, misplaced items and moved equipment, doors, tiles, furniture, etc.
- Seal rooms off with masking tape once they have been searched

Search

If you see something suspicious: **Do not move it, touch it, or approach it.**

- Report immediately to the charge nurse!!!

If an area is secure:
1. Post a person to control traffic and movement within the area
2. Do not leave residents unsupervised

If an area is not considered secure (if a suspicious object is found):

- Evacuate entire building at once and move to lower parking area.

Nurse in charge should:

1. Remain visible
2. Instruct staff
3. Hand out search sheets
4. Assign one staff member to handle entry and exit

Entry and Exit

Non-essential persons should not be allowed to enter the facility. They should be advised that the facility is temporarily closed and asked to return in approximately one hour, when visitation will be resumed

Non-essential persons already on the premises should be asked to leave through one specific exit. Explain that visitation has been temporarily suspended and that they return in one hour.

Do not make visitors aware of the Bomb threat under any condition. If they object to leaving then ask them to remain in a designated area until further notice.

Police Arrival

The nurse in charge will give a completed report of her actions, i.e.

- Persons notified
- Search and results of search
- Areas covered

At this point the **Police** will take charge

BOMB THREAT DATA COLLECTION RECORD

Exact Date and Time of Call: _____

What line did the call come in on: _____

If possible, write down exact words of caller and Threat:

_____

_____

Gender of caller _____

Manner: Confused ☐ Intoxicated ☐ Pleasant ☐

Vulgar ☐ Calm ☐ Intelligent ☐

Humerous ☐
Other _____

Ask for bomb location _____

Description of bomb _____

What will cause it to explode _____

Reason for placement _____

Background noise _____

Familiar voice _____

Accent _____

Speech: **Slow** ☐ **Fast** ☐

Slurred ☐ **Soft** ☐

Other _____

Questions: _____

_____

Completed by _____ Date _____

SEARCH SHEET (HAND OUT)

ZONE 1	**CLEAR**
Kitchen Storage	_____
Kitchen	_____
Dining Room	_____
Holding Unit	_____
Mechanical Room – Both Sides	_____
Laundry	_____
Staff Lounge	_____
Men's Change Room	_____
A.D. Office	_____
Janitor's Closet	_____
Staff Change Room	_____
Storage Area	_____
Porter's Closet	_____

SEARCH SHEET (HAND OUT)

ZONE 2   *CLEAR*

Main Entrance   _____

Office   _____

Visitors' Bathroom   _____

Tub Room #1   _____

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   _____

Oxygen Room   _____

SEARCH SHEET (HAND OUT)

ZONE 3   **CLEAR**

Storage Area   _____

Room #7   _____

Room #18   _____

Room #8   _____

Room #17   _____

Storage Room   _____

Linen Closet   _____

Room #9   _____

Room #16   _____

Room #10   _____

Room #15   _____

Room #11   _____

Room #14   _____

Room #12   _____

Room #13   _____

RECOMMENDED ASSIGNMENTS

Exit/Entry   -   HCA

Search   -   HCA

Checklist for Charge Nurse:

    1.   Have all staff have been alerted? _____

    2.   Have support staff been alerted? _____

             O.P.P.   ☐   Ambulance   ☐

             Fire Department   ☐   Administrator   ☐

    3.   Have search sheets been completed? _____

    4.   Has the area been double-checked? _____

    5.   Has data been collected?_____

POST ANALYSIS

The Administrator will:

1. Phone the Ministry of Health

2. Notify the families of residents

3. Notify the media

4. Interview staff

5. Reassess procedure for problems or failures (this could involve Police Services, Ambulance, etc.)

BOMB THREAT ANALYSIS REPORT

1. Did the Charge Nurse perform all necessary functions? _____

    _____

    _____

2. Did staff react professionally? _____

    _____

    _____

3. Did personnel arrive as required? _____

    _____

    _____

4. Was search effective? _____

    _____

    _____

5. Describe events of bomb threat (to include location/disposal, if necessary) _____

6. Duration of emergency _____

7. Summary/Conclusions _____

    _____

    _____

Conducted by _____ Date _____

E.J. McQuigge Lodge

Emergency Operations Plan

Code Brown Protocol

Code Brown Procedure

To Be Used In Case Of:

The spillage or accidental release of any hazardous material in the community, which has the potential to adversely affect hospital operations.

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

Notification: "Code Brown"

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.*

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

Specific Procedures:

The Charge Nurse should instruct staff to:

1. Close all windows
2. Turn off exhaust fans immediately (Labeled switch at Nurses Station)
3. Limit entry and exit from building by posting a person to supervise all doors
4. Maintain supervision of residents
5. Establish Control Centre
    - Contact Police Services
    - Prepare for evacuation

Post Spill Analysis Report

Administrator will:

1. Phone Ministry of Health
2. Contact Residents' families
3. Notify media with statement
4. Interview staff and file report
5. Reassess procedures used (this could include support services)

NATURAL GAS LEAK

1.   Leave the area immediately. Secure the building by closing all doors and windows. **DO NOT RE-ENTER** area. Remove manuals, if possible, when leaving.

2.   Call Belleville Fire Department.

3.   Call Uniongas   1-800-267-2218.

4.   Contact Police Services.

5.   Prepare for evacuation—evacuate all area emitting a gas odour.

6.   Shut down all electrical equipment.

7.   Do not turn on lights, flashlights, etc. as a spark could ignite an explosion.

8.   Prohibit smoking or use of matches, lighters, etc.

9.   Remain calm.

10.   Equipment, food and products may be contaminated. Do not use without consulting gas authorities.

      Attached is a package that will allow you to identify the odour.

      All Fire Departments work in conjunction with the gas companies and are equipped with knowledge and equipment required to shut off the Natural Gas to the building. The Fire Departments work with companies and will

E.J. McQuigge Lodge

Emergency Operations Plan

Code Grey Protocol

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.*

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

Specific Procedures:

FOODING 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.(Shaw's Plumbing)

ELECTRICAL FAILURE

BACKUP GENERATOR WILL AUTOMATICALLY START AND SUPPLY THE ENTIRE BUILDING WITH BACKUP SYSTEMS

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.

♦ 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.

Emergency Operations Plan

Code Yellow Protocol

Code Yellow Procedure

<u>To Be Used In Case Of:</u>

Missing Resident

<u>Authority to Declare:</u> *Registered Nurse on-duty, Administrator or DON*

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

<u>Specific Procedures:</u>

WANDERING PERSON

The exits from the nursing 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:

a) 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.)

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.

COMMUNICATED WITH _____

Date _____

TIME	PERSON	SITUATION

SEARCH SHEET (HAND OUT)

ZONE 1   **CLEAR**

Kitchen Storage   _____

Kitchen   _____

Dining Room   _____

Holding Unit   _____

Mechanical Room – Both Sides   _____

Laundry   _____

Staff Lounge   _____

Men's Change Room   _____

A.D. Office   _____

Janitor's Closet   _____

Staff Change Room   _____

Storage Area   _____

Porter's Closet   _____

SEARCH SHEET (HAND OUT)

ZONE 2   **CLEAR**

Main Entrance   _____

Office   _____

Visitors' Bathroom   _____

Tub Room #1   _____

Room #1   _____

Room #23   _____

Room #2   _____

Room #22   _____

Shower Room   _____

Clean Utility Room   _____

Room #3   _____

Room #21   _____

Room #4   _____

Room #20   _____

Dirty Utility Room   _____

Room #5   _____

Room #6   _____

Pharmacy   _____

Infirmary   _____

Room #19   _____

Nursing Station   _____

Report Room   _____

Sprinkler Room   _____

Lounge   _____

Oxygen Room   _____

SEARCH SHEET (HAND OUT)

ZONE 3   **CLEAR**

Storage Area   _____

Room #7   _____

Room #18   _____

Room #8   _____

Room #17   _____

Tub Room   _____

Linen Closet   _____

Room #9   _____

Room #16   _____

Room #10   _____

Room #15   _____

Room #11   _____

Room #14   _____

Room #12   _____

Room #13   _____

SEARCH SHEET (HAND OUT)

External Grounds	**CLEAR**
North of Building	_____
South of Building	_____
East of Building	_____
West of Building	_____

Inquiries to surround neighbours _____

_____

_____

_____

_____

_____

_____

_____

E.J. McQuigge Lodge

Emergency Operations Plan

Code Green Protocol

Code Green Procedure

To Be Used In Case Of:

Preparing residents for evacuation, but do not evacuate(Standby). Evacuation within our facility(Internal). Evacuation to an outside location(External).

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.*

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

Specific Procedures:

ACTS OF GOD DISASTERS

Possible Causes: Wind, Tornado, Hurricane, Severe Storm

Procedures:

♦ Listen to the local radio and television stations for information
♦ Stay away from doors and windows.
♦ Use privacy curtains for protection
♦ Remain inside
♦ Prepare to evacuate
♦ Remain calm
♦ Take shelter in smaller rooms and under furniture if necessary
♦ Do not move to one large room since it would be the most likely to collapse under pressure

After the Storm:

♦ Listen to the local radio and television stations for information
♦ Give emergency medical treatment
♦ Report damage to the appropriate authorities
♦ Use telephone for emergency calls only
♦ Provide extra pillows, blankets, etc.
♦ Remain prepared for evacuation
♦ Take a count of residents
♦ Walk through the facility to investigate damage
♦ Notify the Administrator

NATURAL DISASTER ANALYSIS REPORT

Did the Charge Nurse perform all necessary functions?_____

_____

_____

Did staff react professionally? _____

_____

_____

Was building properly secured? _____

_____

_____

Describe events of disaster? _____

_____

_____

Duration of disaster? _____

_____

_____

Summary _____

_____

_____

_____

_____

_____

_____

Completed by _____ Date_____

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? _____

Dietary

1. Is equipment ready? _____
2. Is there an adequate food supply? _____
3. Is staff prepared? _____
4. Are records up-to-date? _____

Laundry

1. Is equipment ready? _____
2. Is staff read? _____
3. What needs to be replaced? _____

Other

_____
_____
_____
_____
_____

RETURNING TO FACILITY – CHECKLIST

1. Has facility been inspected by appropriate individuals or authorities and approved for re-occupancy by residents?_____

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:

E.J. McQuigge Lodge

Emergency Operations Plan

Code White Protocol

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, call911)
- 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.

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 quiet 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

CODE WHITE REPORT

Date of incident: _____   Location: _____
Time of Incident: _____

INDIVIDUAL INFORMATION:
Name of individual: _____
Resident: _____   Family: _____   Visitor: _____   Other: _____
Mental Status: oriented_____ disoriented _____   confused _____
Behaviour: physically aggressive _____   verbally aggressive ____ suicidal ____ elopement___
            Self-destructive____ destroying property _____   refusing to leave _____
            Unco-operative _____
Weapons: Yes_____   No _____Type_____

INTERVENTION:

Talked down _____   returned to room/facility _____   placed in seclusion ____
Escorted from area _____
Medication ____ State what was given _____
Restraints ____   Describe _____
Placed on constant attention _____
Required Police assistance ___   Describe _____
_____

REPORT OF INJURIES:

Was anyone injured? Yes ____ No ____ If "YES": Staff ____ Resident ____ Other ____
Name: _____
If Staff, did they report to First Aid? Yes _____ No _____
Worker's Report of Injury completed? Yes ____ No ____

DEBRIEFING

RECOMMENDATIONS: _____

SIGNATURE _____