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**POLICY**

In addition to fire and evacuation plan, the Home will have plans for the following contingencies:

1. Violent Resident/ Intruder **CODE WHITE**
2. Missing Resident **CODE YELLOW**
3. Bomb Extortion Threat/  
Suspicious Object **CODE BLACK**
4. Medical Emergency **CODE BLUE**
5. Suspected Poisoning **STAT RN**
6. Labour Interruption
7. External Air Exclusion **CODE GRAY**
8. Fire Protection System  
(Alternate Measures) **CODE GRAY**
9. Loss Of Essential Services **CODE GRAY**
  - Loss of Power
  - Loss of Heat
  - Loss of Hot Water
  - Loss of Elevator Services
  - Loss of Water/Alternate Water
  - Call Bells Malfunction
10. Infrastructure Loss/Failure **CODE GRAY**
  - Telephone Communication Disruption
  - Internet Disruption
  - Cooling System Failure
  - Flooding
  - Gas Leak
  - Damage to Building/Resident living areas

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- 11. Alternate Menu
- 12. Chemical Spills  
Hazardous - External **CODE BROWN**
- 13. Natural Disaster  
External Threats **CODE ORANGE**
- 14. Boil Water Advisory
- 15. Pandemic Planning/Infectious Outbreak
- 16. Hostage Taking **CODE PURPLE**
- 17. In-House Hazardous Spills **CODE BROWN**
- 18. Evacuation **CODE GREEN**

- Key Note:
- 1. All contingency plans will be practiced by facility staff on an annual basis.
  - 2. Staff will take full direction from the Charge Nurse, unless otherwise directed by the DON, Administrator or external agencies such as Police, Public Health, Fire Department or any governments agencies governing the operations of the Home.

*Approval*

***CORPORATE COMMITTEE***

<b>Last Review/Update:</b>	<b>SUBJECT: BOMB EXTORTION/ SUSPICIOUS OBJECT CODE “BLACK”</b>	<b>Policy No.</b> FDM-08-02-01
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**POLICY** Bomb and extortion threats/Suspicious Objects will be considered serious and handled efficiently to ensure the safety of staff and residents.

**CODE** **CODE BLACK** (ALL STAFF) - announced three times on the Public Address.

**SEARCH PERFORMED BY** All staff

**TOOLS** Bomb threat Report.

**PROCEDURE**

- Person Receiving Call**
1. Treat the call serious; speak in a normal tone.
  2. Attempt to prolong the conversation, do not interrupt the caller.
  3. Signal another employee (use a brief written note) to:
    - Alert the Administrator or Director of Nursing immediately
    - Request a trace on the call from another phone

Using the Bomb Threat Report as a guide attempt to get as much information from the caller as possible.
  4. Ask the caller for the location of the bomb, and the time it is due to detonate.
  5. Listen for background noises which may help you to identify the location of the caller.

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6. Note the caller’s voice, accent and other characteristics which may help determine sex and ethnicity.

When the connection is broken, record the details of the call on the bomb Threat Report. The report must be made available to the Police to be used in the investigation.

**REMEMBER: STAY CALM**

Answer all questions in the report as fully as possible during the phone call. Write down in as much detail as possible. Remember, in the excitement of this type of threat, it is easy to forget details you might observe.

Charge Nurse

1. Ensure 911 has been notified.
2. Page CODE BLACK ALL STAFF - three times on the public address.
3. Notify Administrator, if after hours, and if unable
4. Notify the Owner/Designate
5. Ensure elevator is locked off.
6. Interview the person who received the phone threat.
7. Review the Bomb Threat Report.

Management Staff

8. Upon hearing CODE BLACK - Go to the Control Centre (main nurses station - front lobby) for direction.

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9. Determine appropriate action based on the report and available staff. Consider these options: evacuation of high risk area; deployment of staff.

10. Assign staff to monitor and control entrance/exit of people.

11. When the police arrive, they will initiate a Facility Search.

Police

12. Police to coordinate search:  
(a) assign area/zone to search;  
(b) establish reporting systems.

13. If any suspicious objects are found:

- instruct staff to evacuate residents from the immediate area (at least three or more adjoining rooms) as well as the same area on the floor above/ below (if applicable).
- cordon off the suspected area until checked by the police.

14. Announce “ALL CLEAR” upon advice of the police.

Person in Charge  
of Area/ Zone Search

1. Return to assigned area/zone.

2. Assemble all staff and inform them of the situation.

3. Designate staff to provide needed assistance as may be directed by the Police and others to monitor resident’s needs.

4. Remain within view of the nursing station to facilitate staff reporting.

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5. If any suspicious object is found:
  - report immediately to person in charge of building via phone/runner
  - evacuate adjacent rooms or area, if so instructed
6. Report to Person in Charge via phone/runner when search is complete.

Staff Search Guidelines

Upon hearing CODE BLACK, immediately return to your work area.

1. Remain calm and avoid alarming residents.
2. Proceed as directed by the Police/Fire Department.
3. LOOK and LISTEN
4. DO NOT TOUCH SUSPICIOUS OBJECT.
5. Report anything unusual to person in charge
6. DO NOT OPEN OR CLOSE cupboards or drawers.
7. DO NOT MOVE THINGS ABOUT.
8. DO NOT OPEN OR CLOSE WINDOWS.

*Approval*

***CORPORATE COMMITTEE***

<b>Last Review/Update:</b>	<b>SUBJECT: SUSPECTED POISONING “STAT RN”</b>	<b>Policy No.</b> FDM-08-03-01
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**PURPOSE** To detail procedures for responding to a suspected poisoning of a resident, staff, volunteer or visitor.

**CODE** **STAT - RN**

**FIRST PERSON  
ON SCENE**

1. **Announce STAT - RN** to \_\_\_\_\_ location 3 x over the PA System

**PROCEDURE**

**Charge Nurse**

1. Identify the suspected poison/drug and the amount taken.
2. Telephone the Poison Centre at: 1-800-268-9017 and obtain instructions.
3. Telephone Ambulance (911) if necessary.
4. If speaking to the Poison Control Centre:
  - a. Follow their direction.
  - b. Transport to hospital with poison sample.
  - c. Notify resident’s attending physician.
  - d. If resident is on an outing, call an ambulance and transport directly to hospital; emergency.
  - e. Notify resident’s Substitute Decision Maker/POA
  - f. Notify Administrator/Director of Nursing.
5. If a member of staff/volunteer/visitor:
  - a. Follow the direction from Poison Control Centre.
  - b. Transport to hospital with poison sample.
  - c. Notify Substitute Decision Maker/POA.

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- 6. Complete an Internal Incident Report and submit a copy to Administrator/DON
- 7. Notify Owner/Designate
- 8. Investigate in full and prepare a report
- 9. Complete/submit reports as per legislated requirements

*Approval*

***CORPORATE COMMITTEE***



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**POLICY**

The Home shall ensure that appropriate measures and procedures are developed and followed by all staff in the event of power failure, loss of heat, loss of water to the building, loss of hot water and loss of elevator services. The Administrator will ensure that the Owner/designate, residents/SDM including regulatory government agencies are notified as per legislated requirements.

For every occurrence, the Charge Nurse shall complete an Internal Incident Report and submit to DON/Administrator.

The Home will ensure staff training and education on the established procedures. Staff are responsible to know the emergency systems and adhere to the established procedures as follows:

**GUIDELINES**

**POWER FAILURE:**

**Emergency Lighting**

**Emergency battery operated lighting provides light in the hallways for up to 2 hours. All exit signs will remain illuminated.**

Flashlights are available from the Disaster Kit located in the Medication Room

**Zone Doors**

All zone doors will close automatically when even a brief power failure occurs.

**Exit Doors**

Exit door monitoring system will not be functional until the Generator system kicks in. The Nurse in Charge of the building will assign staff to visually monitor all exit from the building. After the Generator kicks in re-set will be required ( main entrance panel)

**Notification**

The Nurse in Charge of building will notify the local Hydro company, the Director of Nursing, Administrator, and the fire department if necessary.

**KEY NOTE**

***The generator system is forced by gas and will be sufficient to produce adequate power in the building until the power outage is restored.***

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**POWER FAILURE -EMERGENCY RESPONSE:**

Failure of certain areas only  
Charge Nurse

1. Check breaker box for that area to ensure all switches are turned on;
2. Call Maintenance Worker for assistance.

Full Power Outage

1. Call Hydro to determine if outage is specific to the Home or throughout the area. Notify Administrator.
2. Bring residents to a central location for easy monitoring, e.g. dining room, if deemed necessary
3. Take a head count of all residents every 15 minutes as all exit doors will be unlocked
4. Initiate hourly checks of the entire building from basement up, for fire and smoke
5. Use flashlights to ensure safe medication administration

Administrator

6. Meet with the management team and discuss contingency plan for each department
7. Determine if additional staff are required and if yes, initiate the call-back -list
8. Communicate and post the contingency plan for facility staff to use as a guideline
9. If power outage cannot be restored for a long period of time, notify Ministry, Public Health and other regulatory agencies governing the operation of the Home.
10. If it is determined that the evacuation is warranted, implement evacuation procedures.

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11. Assign staff to contact families (1-2 people to do this). Ask families if they want family member to be taken home or to the evacuation area.

**DEPARTMENTAL RESPONSE TO POWER OUTAGE:**

Nursing

1. Use high power battery operated flashlights to ensure safe medication administration.
2. Residents using O2 concentrator are to be switched over to liquid O2 (tanks) - contact the supplier
3. Electric air-mattresses should be removed and regular mattresses with egg crate on top placed on the bed. Some air mattresses have a bottom section which takes about 24 hours to deflate and may not require changing
4. Refrigerated meds and vaccines are to remain in the designated fridge (bring some bagged ice). Temperature should be monitored hourly to establish if and for how long the medication was sitting outside of "safe zone" temperature. Insulin is usually safe up to 30 days. Vaccines are more fragile and Public Health will determine their safety.
5. Mechanical/Sit-To-Stand lifts, if properly charged every night, should last for at least 24 hours of normal usage
6. If summer months, ensure residents are lightly dressed and receive plenty of fluids.
7. Disposable wipes are to be used continence care - no bathing is to be done without restoration of water.
8. Use cell phones for continuous communication

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Dietary

1. All refrigeration will be affected - to be opened minimally to maintain temperatures in a safe zone
2. Food will be safe up to 4 hours in a refrigerator and up to 24 hours in the freezer.
3. Food preparation should be unaffected as foods are cooked on gas stoves.
4. Disposable dishware will be used
5. All dishwashing will be done by the 3 sink method.
6. Additional staff will be brought in, if deemed necessary
7. Instant coffee is to be used
8. Bottled water to be made available
9. Ice maker will keep the ice for 15-20 hours if not opened frequently
10. Where applicable, food may have to be carried up the stairs

Housekeeping

1. Chemical dispensing stations will not work - chemicals used to wash floors are to be poured manually
2. All floor washing is to be done by mop

Laundry

1. Washer/dryer will not work - use disposable bibs, add more towels/sheets into circulation
2. If necessary, make arrangements to have the laundry done at the local Laundromat
3. Ask families if they can take home and wash the personal laundry for their family member

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- 4. Assist with disposal of incontinence products to minimize odour
- Recreation
- 1. Cancel all community programs
  - 2. Alter in-house programs as may be necessary
  - 3. Increase the number of daytime programs
  - 4. Assist with meal service - assist to carrying food up the stairs, as well as serving and feeding
- Administration
- 1. Ensure adequate staffing in each department
  - 2. If outage is longer than 4 hours contact Public Health and other regulatory government agencies
  - 3. Ensure all managers are in the building during the outage
  - 4. Direct and assist managers in managing during crisis
  - 5. Use cell phones to communicate

**LOSS OF ELEVATOR SERVICES:**

During a power failure or equipment breakdown, the elevator/s will stop, and any occupants will be temporarily trapped. The emergency call signal bell will operate manually.

If a maintenance worker is on duty he will manually open the elevator door and check that the elevator is unoccupied. This is a standard procedure even when an elevator is assumed unoccupied.

If any persons are trapped in the elevators when a power failure and/or fire alarm occurs, and there is no maintenance worker on duty, contact the elevator company immediately (see emergency telephone list)

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Occupants can expect to be out within 15 minutes of a power failure/equipment breakdown. Staff should reassure trapped occupants to remain calm. Air shortage cannot occur as elevators are not air tight.

Clean laundry will be delivered via stairs by laundry/housekeeping or nursing staff

**LOSS OF WATER SUPPLY:**

In the event of any interruption of the normal water supply to the Home, the Charge Nurse will contact the Superintendent of the **Public Works at: 905-685-1571** to seek information on the cause of the problem.

In the event of extended interruption of the water supply, the Superintendent of Public Works will supply the Home with water until the issue is resolved.

The Home will ensure that following measures are in place if the public water supply is cut off or becomes contaminated:

- \* bottled water to be purchased and made available for residents for drinking
- \* Arrangements with **Aqua Source (905)646-6823; The Water Source (905) 685-5420; Water Depot (905) 371-1055**; or other water suppliers shall be made to ensure adequate supply of water is available for basic resident care, cooking, cleaning (see emergency contact #'s).
- \* External agency will be acquired to wash linen.
- \* Staff will be assigned to wash personal laundry at the local Laundromat
- \* Families shall be contacted to take out resident’s personal clothing for laundering

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If the water is cut off due to a community disaster, other water suppliers may be summoned from areas outside of the region.

**LOSS OF HOT WATER:**

In the event that there is a loss of hot water, the Charge Nurse will immediately assess the situation and contact the Maintenance Worker. If unable to correct the problem, the Charge Nurse will contact the Administrator

The Administrator will coordinate and ensure the following measures are undertaken:

1. Arrange for a service contractor to attend the facility and correct the problem
2. If the contractor is unable to fix the problem immediately, initiate the following emergency measures:
  - use disposable face cloths, bibs and wet wipes
  - use "no-rinse" soap for peri-care
  - enlist the service from outside laundromat
  - obtain hot water from the kitchen - coffee maker *(to ensure safe hot water temperature, mix 3 parts of cold water to 2 parts of hot water before you take it to resident area - pour cold water first and then add hot water to prevent scolding )*
  - ensure containers with handles are used to pour water
  - use disposable dishes, where appropriate
  - implement 3 sink washing for all dishware - dishwasher is NOT to be used.
  - Heat-up additional water on the stove to disinfect dishes, pots and pans

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**LOSS OF HEAT :**

The heating system uses natural gas supplied by Gas company. The system generally operates from September 15 - May 15 of each year

If the supply of natural gas is interrupted or if the heating system fails between September - May, the Charge Nurse will contact the Maintenance Worker to address the problem. If unable to fix the problem, the Charge Nurse shall notify the Administrator.

The Administrator/Designate will initiate the following procedures:

1. Contact Gas company to determine if the loss of heat is specific to our Home or sector wide.
2. Contact the External Contractor to attend to facility immediately. If unable to correct the problem within 2 hours, the following procedures will be initiated:
  - bring up the electric heaters from the storage room. Assign the Maintenance Worker to purchase additional electric heaters if required;
  - close all curtains and shut the doors to all resident rooms to minimize heat loss;
  - ensure all residents are dressed adequately and put a second layer of clothing on each resident, i.e. sweater or jacket and extra blankets on their bed;
  - If deemed necessary, move residents to a common area (main dining room). Bring extra blankets, pillows and coats, including the electric heaters.
  - monitor the residents every 15 minutes to ensure they are retaining adequate body heat.



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3. **If the outage is expected to last for more than 2 hours**, call a meeting with representatives from Nursing, Dietary, Programs, Housekeeping, Laundry and Maintenance to develop a Contingency Plan to provide essential priorities to include:
  - \* medication administration
  - \* toileting
  - \* bathing/showering
  - \* meal production/service
  - \* rest periods & sleeping
4. Determine if additional staff are required.
5. Assign staff responsibilities for ensuring essential priorities are provided.
6. Assign a staff member to check room temperature every 15 minutes and record on chart to determine rate of heat loss in the building
7. Ensure effective communication at all levels, including family notifications.
8. **If the outage is expected to last for more than 12 hours**, call an emergency planning meeting with key stake-holders and regional disaster planning staff.
9. Determine if building evacuation is warranted and if so, implement evacuation procedure as per Home’s policy.
10. When contacting families, check to determine if they want their family member to be taken home or sent to the evacuation area.
11. Contact bus company and warn them of emergency evacuation stand-by

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12. Contact Regional Emergency Authorities and put them on emergency evacuation stand-by
13. Maintain contact with Gas Company and heating/plumbing Contractors
14. Purchase extra portable heaters if electricity is not interrupted

**KEY NOTE:** *If the heating system fails when outside temperatures are freezing, an immediate response will be required*

**THRESHOLDS**

If the **temperature falls to 10 degrees** or below, consider implementation of evacuation plan. However, if residents show signs of heat loss be prepared for immediate evacuation.

If the building **temperature falls below 0 degrees**, implement building shutdown procedures in conjunction with heating and plumbing contractors.

Ensure the following steps are included:

- a) shut off main water supply
- b) drain water pipes including sprinkler system
- c) starting in the basement, open all taps and drain
- d) empty all toilet bowls.

**CALL BELL MALFUNCTION**

Failure in one or two rooms only

Charge Nurse

1. Contact Maintenance Coordinator and if unable to repair immediately, place table bells or baby monitor in resident's room and washroom and show the resident how to use them.

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2. Instruct PSWs to do frequent checks (every 10 - 15 min) in resident's room and provide assistance as needed.
3. Notify DOC/Administrator and if requested, contact the approved external agency to come in and do the repairs.

Complete failure/malfunction

4. Contact Maintenance Coordinator, DON and Administrator immediately.

DON/Administrator

5. Contact External Service provider to conduct "emergency" service to the Home. Ensure table bells, whistle or other devices are placed in resident rooms/washrooms for immediate use.
6. Arrange emergency meeting with the management team. Assess the need for additional staff
7. Assign managers, RPNs and PSWs to do rounds every 10 -15 min.
8. Bring residents to a central location for easy monitoring, e.g. dining room, activity room, lounge areas
9. Ensure effective communication to staff, residents and visitors (memos, notices, etc.)

Key Note

If the equipment CANNOT be repaired for a long period of time, notify MLTC (complete CI report), Owner and other regulatory agencies governing the operation of the Home.

Ensure special attention to bed ridden or confused residents

*Approval*

***CORPORATE COMMITTEE***

<b>Last Review/Update:</b>	<b>SUBJECT: EXTERNAL AIR EXCLUSION CODE “GRAY”</b>	<b>Policy No.</b> FDM-08-04-02
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**PURPOSE** To ensure the safety of all Residents, staff and visitors in the event of toxic or foul smelling air entering the Home.

**RESPONSIBLE** Administrator/Designate  
Registered Nurse in charge of building

**PROCEDURE**

- All Staff
1. Upon discovering foul smelling air, report to the Charge Nurse on the floor immediately.
  2. Assess the immediate potential risk to the residents. Contact the Administrator or Director of Nursing immediately for further instructions. Notify all department managers and other staff.
  3. Ensure the following measures are taken:
    - \* shut down all incoming air sources (including room air conditioners)
    - \* close windows and doors
    - \* shut down all exhaust systems
    - \* evacuate all residents from rooms to area beyond zone separation doors
    - \* leave wet towel plated on floor at zone separation doors to prevent air from entering
- Administrator/DON
4. Immediately notify Owner/Designate.
  5. Immediately contact Police, Fire Department to obtain an assessment and receive specific instruction.
  6. Initiate a full or partial evacuation as instructed by Public Health. (See evacuation procedure)

*Approval*

**CORPORATE COMMITTEE**

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**SUMMARY**

The Administrator/designate will ensure that when any fire protection equipment or system is shut down or out of order, the fire department, including fire monitoring company will be notified immediately and alternate measures will be established to maintain the safety of the building occupants.

**OUT OF ORDER  
PROCEDURES**

(Fire Watch & System Test) Alarm System

**TOOLS**

Whistle, Bell

**RESPONSIBILITY**

Charge Nurse

1. Notify the fire department, fire monitoring company, Maintenance Worker, DON, and Administrator
2. Notify all staff of the alternate method of sounding the alarm. (whistle or bell)
3. Notify all residents of the alternate method of sounding the alarm.
4. Implement a foot patrol system for all areas of the building on an 15 minutes 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.
5. When the system is back to normal, notify the fire department, fire monitoring company, staff , residents, DON and Administrator.

Portable Fire Extinguishers  
& Automatic Extinguishing  
System

Service as required by Ontario Fire Code.

*Approval*

***CORPORATE COMMITTEE***

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**POLICY**

The Home shall ensure that appropriate measures and procedures are developed and followed by all staff in the event of telephone/internet disruption, cooling system failure, flooding, in-house hazardous spills, gas leak, damages to the roof and/or resident living/eating areas.

The Administrator will ensure that the Owner/designate, Residents/SDM including regulatory government agencies are notified as per legislated requirements.

For every occurrence, the Charge Nurse shall complete an Internal Incident Report and submit to DON/Administrator.

The Home will ensure staff training and education on the established procedures. Staff are responsible to know the emergency systems and adhere to the established procedures as follows:

**PROCEDURES:**

**TELEPHONE COMMUNICATION DISRUPTION - CODE GRAY:**

Internal or external failures are two types of possible telephone communication disruption.

**Charge Nurse**

**In the event of internal telephone system failure:**

1. Assign staff to assess the situation - check to see how many phones are affected and in what areas.
2. Advise the Business Office who will contact the telephone company and request repair serviceman ASAP.
3. Notify DON and Administrator

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4. Develop an interim contingency plan:
- use cellular system of communicating
  - use P.A. System
  - designate staff to act as courier

**In the event of external telephone system failure**

1. Advise the Business Office who will contact the telephone company repair service to determine the extent of the problem and estimated time down.
2. Set-Up command Centre at the Main Floor Nursing Station.
3. Use cellular system
4. Establish cellular links with laboratory, pharmacy, Medical Director, and Regional Emergency Services.
5. In the event of cellular disruption, deploy staff to act as courier with key service suppliers.
6. Use hand written message system. Ensure all messages include date, time and sender’s name and initial.  
Maintain a log of all messages
7. Contact Administrator and review the situation

**Internet Disruption:**

**To maximize the efficiency of the day to day operations, the Home has contracted the services from Cogeco as a primary internet service provider, and Bell as a secondary internet back-up service provider. In addition Bell provides an emergency 20 hour backup in case Bell’s main internet line goes down.**

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The following services are internet/web based :

- email
- payroll system
- Financials - Billing ARs; APs and Payroll
- reports to/from government regulatory agencies
- resident clinical records information - PCC
- resident daily documentation of care provided direct care givers - POC
- medication system - Pharmacy
- ordering of medical supplies, housekeeping and laundry supplies
- ordering raw food and supplies

**If the Home is unable to establish internet connection:**

- |                  |   |
|------------------|---|
| Business Office  | <ol style="list-style-type: none"> <li>1. Contact the service contractor to identify the reason and time frame to correct the problem.</li> <li>2. If the problem is internal, contact IT service provider to come in and check the system.</li> <li>3. Notify Administrator</li> </ol>   |
| Administrator    | <ol style="list-style-type: none"> <li>1. Call a meeting with representatives from Nursing, Dietary, Activities, Housekeeping, Laundry and Maintenance to develop a Contingency Plan to provide essential priorities to include:                     <ul style="list-style-type: none"> <li>* medication administration</li> <li>* clinical records documentation - PCC</li> <li>* daily care documentation - POC</li> <li>* ordering of supplies</li> <li>* payroll processing, billing and accounts payables</li> </ul> </li> </ol> |
| Department Heads | <ol style="list-style-type: none"> <li>1. Have Charge Nurse contact the pharmacy and arrange for sending med orders/discontinuation via telephone order/ fax. Print MARS</li> <li>2. Advise Registered staff to use hard copies and manually input/complete resident clinical information.</li> </ol>   |



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3. Ensure PSWs use hard copies to document daily care provided to the assigned residents.
4. Medical, nursing, dietary, housekeeping and laundry supplies to be ordered over the phone.
5. Payroll information to be processed manually and information to be called in to payroll processing company.

**COOLING SYSTEM FAILURE - CODE GRAY:**

The system generally operates from June 1 - September 1 of each year

If the cooling system fails between June - September, the Charge Nurse will contact the Maintenance Worker to address the problem. If unable to fix the problem, the Charge Nurse shall notify the Administrator.

Charge Nurse

1. Assign staff to close windows and pull curtains over window to prevent the sun from shining in.
2. Ensure residents are lightly dressed.
3. Assign maintenance to turn on all ceiling fans and bring in stand-up fans and place in hallways, dining and sitting areas.
4. Advise dietary dept. to prepare and serve cold food plates, e.g. fruit salad plates, sandwiches, etc.
5. Provide and encourage extra fluids, ice cream, popsicle throughout the shift
6. Advise activity staff to limit resident activities
7. Assign staff to reduce the lighting throughout the building

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- 8. Closely monitor all residents identified as high risk through heat risk assessment program

Administrator

- 1. Arrange for external Contractor to come in and assess/repair the cooling system.
- 2. Ensure adequate supply of fans is available throughout the building.
- 3. Monitor temperatures throughout the building.
- 4. Ensure that staff are supplied with extra liquids and more frequent breaks throughout the day.

CROSS REFERENCE

Heat Stress Management - Health & Safety Manual

**FLOODING - CODE GRAY:**

Charge Nurse

- 1. Determine the cause, if possible and immediately contact the Administrator or Director Of Nursing.
- 2. Ensure Residents are moved to a safe area.
- 3. Assign all staff to start cleaning up the flooded areas. Use pumps to clean the flooded area promptly.
- 4. Ensure "Wet Floor" signs are placed around the flooded area.
- 5. Assign staff to disconnect all electrical machines and equipment.

Administrator

- 6. Attend at the Home, assess the situation and determine the source of the problem
- 7. arrange for a service by a contractor
- 8. Notify the Public Works Department and the Fire Department, if warranted

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9. If the flooding requires partial evacuation, notify families of affected residents and other regulatory agencies governing the operations of the Home.
10. If necessary, close off the area and call extra staff to come in and help
11. Ensure Maintenance Coordinator inspects and approves for use all electrical machines and equipment prior to usage.

**GAS LEAK - CODE GRAY:**

- |               |   |
|---------------|---|
| All Staff     | 1. Upon discovering gas smell, report to the Charge Nurse on the floor immediately.   |
| Charge Nurse  | 2. Notify maintenance to assess the problem and determine where the smell is coming from.   |
|               | 3. Assess the immediate potential risk to the residents. Contact the Administrator or Director of Nursing immediately for further instructions. Notify all department managers and other staff. |
|               | 4. Move residents from the immediate area into the safety zone.   |
| Administrator | 1. Notify Gas company immediately and ask them to send a repairman ASAP   |
|               | 2. Call Fire Department and ask for direction, if deemed necessary  |
|               | 3. Hold a meeting with the management team and emergency planning committee to discuss and determine if full or partial evacuation may be required.   |
|               | 4. Take direction from the Fire Department and follow their instructions.   |
|               | 5. Notify Owner/Designate.  |

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**DAMAGE TO BUILDING/ RESIDENT LIVING AREAS:**

The Home will ensure that immediate corrective measures are taken in cases where resident living areas may be affected due to leaking roof/flooding, broken windows, or damage to building structure e.g. a car smashing into part of the building.

ALL STAFF

Report the situation immediately to the Charge Nurse

Charge Nurse

1. Report the scene immediately and assess the situation.
2. Remove the residents from immediate danger area
3. Close off the affected area.
3. Notify Administrator/DON immediately

Administrator

1. Report the scene immediately and assess the situation
2. Contact Maintenance Worker and determine if repairs can be done in-house
3. Contact several external service providers to assess the cost and provide an estimate to do the necessary repairs
4. Meet with all managers and discuss the contingency plan.
5. If necessary, contact insurance company, public health or fire dept
6. Complete required reports and notification to Owner/designate and as required by the regulatory government agencies governing the operation of the Home.

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**If damage is in the residents rooms:**

- determine if moving the resident to another location is warranted.
- if the residents needs to relocate for several hours, have the staff take the resident to the lounge area and arrange for activity staff to keep the resident active
- if more than 2 hours, check if there is any vacant beds in the Home and temporarily move the resident/bed to use the vacant room, and if not move the resident/bed to a safe location which has easy access to call bell system
- ensure effective communication with the residents and responsible family members on an ongoing basis till the problem is resolved
- arrange for adequate supervision of the resident and initiate 15 min. check. Use baby monitor devices

**If damage is in the dining room:**

- designate another area to serve meals or provide temporary tray service in the residents rooms until the problem is resolved.

**If severe damage in the kitchen:**

- serve sandwiches, order food in, contact food suppliers to deliver prepared foods which may require heating only

***APPROVAL***

***CORPORATE COMMITTEE***

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**PURPOSE**                    To ensure staff resources are effectively used in all cases of staff shortages

To ensure care and services procedures are modified to best meet the needs of residents in the Home.

- POLICY**
1.     The Home shall ensure that appropriate measures and procedures are developed and followed by all staff in the event of extreme staff shortages.
  2.     The Administrator will ensure that the Owner/designate, Residents/SDM including regulatory government agencies are notified as per legislated requirements.
  3.     In extreme snow storm situation or a community disaster where the staff are unable to report to work, the Home shall ensure that the existing staff remain at the Home until the extra staff volunteers or families can be brought in.
  4.     During extreme shortages of staff the Home shall provide ONLY the essential care and services to the residents  
       Essential Services shall include but are not limited to:
    - \*        meals/nourishments
    - \*        medication;
    - \*        wound care/treatments;
    - \*        toileting/transferring/positioning;
    - \*        mouth care/bed bath
    - \*        Cleaning toilets/sinks
    - \*        Cleaning spills, disinfecting
    - \*        Waste removal
    - \*        Provide essential bedding  
       Non-Essential services may include:
    - \*        bed making;
    - \*        deep cleaning;
    - \*        baths/showers
    - \*        recreational programs/activities

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5. The staff /volunteers/families working will be provided free meals, beverages and more frequent rest periods.
6. The Home shall make every attempt to arrange for transportation to have the staff brought to work.
7. The management of the Home shall assume and assist with direct care and services to the residents, as needed.

The Administrator, senior management and all other non-union staff will be required to assume extended shifts.

8. The Home shall have in place an agreement and /or arrange with the local colleges and universities to temporarily provide student placement to assist with the care of residents.
9. The Home shall have in place a signed agreement with a local Employment Agency to provide agency staff as may be needed.
10. In the event of a labour confrontation, work stoppage or staff walk-out from the Home, the Administrator will be contacted immediately, including the Owner/Designate.
11. In the event of an illegal strike, management will develop a plan to ensure adequate staffing coverage in all areas. This plan will be reviewed with the staff and communicated to the residents/families/substitute decision maker.

The Volunteers and families will be contacted to provide assistance with care and services to the residents, including the care of personal laundry

Registered Nurses the supervisory staff hours will be increased, including the agency staff to compensate for the greatest extent possible for the loss of nursing, dietary, and housekeeping staff.

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12. The Home will ensure staff training and education on the established procedures. Staff are responsible to know the emergency systems and adhere to the established procedures
13. The Home shall coordinate cross training of staff to perform basic duties in other departments. For example, PSWs trained in dietary
14. The Home shall ensure that labour interruption forms part of the Fire & Safety Preparedness Plan and that the plan is reviewed on an annual basis and goals and target dated developed based on identified needs.
15. For every extreme occurrence, the Charge Nurse shall complete an Internal Incident Report and submit to DON/Administrator.

SCOPE

Volunteers	Volunteers will be used, whenever available. Volunteers will include: <ul style="list-style-type: none"> <li>* Off duty staff</li> <li>* Programs department volunteers</li> <li>* Family members</li> <li>* Red Cross</li> <li>* Other community organizations</li> </ul>
Accommodation	Temporary sleeping and living quarters may be set up to accommodate off duty staff working double shifts.
Discharge	<p>In the event of extended extreme staff shortages, residents may be discharged to another health care facility or their own families where feasible. Care plans to ensure a continuum of care will be sent with the residents. A physician’s order will be required to discharge all residents.</p> <p>Residents requiring care may be transferred to a hospital or another Long Term Care Facility depending on bed availability and the resident’s condition.</p>



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Communication

The Administrator/Designate will be responsible for communication with the Ministry, media, resident families and concerned citizens. All inquiries shall be directed to the Administrator/ Designate. The Administrator will respond to all inquiries within a 24 hour period of receiving the inquiry.

Police Protection

If the situation warrants police protection due to labour confrontations, or incidents of public mischief, contact Police. Give your location and explain the nature of the problem. Staff are not to initiate any retaliatory action. Staff are to remain calm, neutral and non-aggressive at all times.

**PROCEDURES:**

Administrator

1. Arrange emergency meeting with senior managers
2. Review the policy and assign responsibility to each manager based on the situation at hand
3. Provide supervision, direction and assistance as needed
4. Ensure essential services are provided to the residents
5. Ensure contacts with local collages/universities for student placement, including Employment Agencies is made

DON/Clinical Mngr/  
Charge Nurse

1. Notify nursing staff of the situation and coordinate the work to be performed by each discipline
2. Provide direction to staff regarding essential services to be provided to the residents.
3. In all cases where there is shortage of RPNs the DON/CM/Charge nurse will assume the responsibility of medication administration.
4. Extend shifts as directed by Administrator.
5. Hire Agency personnel to supplement existing staff.

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- 6 Contact Families to assist in the routine personal care of residents ( i.e.: washing, dressing, grooming, feeding, walking)  
Contact local colleges and universities for student placements

All toileting, transfers, treatments, and medication as well as other skilled nursing care will be performed by the nursing staff.

- 7. Assign responsibilities to recreation staff to assist with meals, nourishments, etc.
- 8. Residents will be provided with bed bath - bath /showers will be temporarily discontinued  
Only essential bedding will be changed.
- 9. Report any concerns to the Administrator

Nutrition Manager

- 1. Coordinate meal service and assist with cooking/serving.
- 2. Arrange with local hospitals to temporarily deliver the food to the Home, including local restaurants
- 3. Prepared foods will be ordered as deemed necessary.
- 4. All special functions and menus will be put on hold.
- 5. Use disposable paper products as a temporary measure to include plates, cups, glasses
- 6. Make easy to prepare meals such as sandwiches, stews, disposable servings of desserts - puddings, ice cream, fresh fruit
- 7. Provide direction, supervision and assistance to dietary staff as needed.

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8. Report any concerns to the Administrator

9. May use Volunteers in meal prep and serving.

Programs

1. Activities outside of the building or in areas requiring additional staff assistance (porting, supervision) will be discontinued.

2. The activity staff will assist with care and services as needed and directed by the DON.

3. Families and volunteers will be requested to provide 1:1 visiting and individual activities (i.e., walking).

Environmental Coordinator  
Laundry

1. Only essential bedding will be provided.

2. Families will be requested to process and provide personal laundry.

3. If needed, linens and bedding will be sent out to the commercial laundry, as directed by the Administrator.

Housekeeping

1. Use contract services- Minimal services must be provided including:

- \* removal of waste
- \* cleaning of sinks and toilets
- \* dry and wet mopping of floor areas as indicated by need
- \* clean up of all spills

2. All staff are expected to assist in maintaining the cleanliness of the building.

3. Volunteers and outside contractors will be utilized as required.

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**Maintenance**

Safety of the resident is the first PRIORITY.

Outside contractors will continue to be used during labour interruption.

Contracted services may be increased to meet the needs of the situation (i.e., routine maintenance)

Services to be coordinated by the Administrator/Designate.

Ensure timely delivery of supplies to all RHA, including disposables

Assist with waste disposal as directed by the Administrator/DON

**KEY NOTES:**

1. Specific staff will be assigned to maintain daily contact with SDM/POAs - business office - admissions coordinator
2. Administrator will be responsible to maintain daily contacts with the Owner/designate, Ministry, Public Health and other community agencies
3. Scheduling Coordinator will be responsible to contact off duty staff and arrange replacements, including agency staff
4. Administrator/DON to complete and submit Critical Incident Report to the Ministry immediately and/or as per Ministry established guidelines

*Approval*

***CORPORATE COMMITTEE***

<b>Last Review/Update:</b>	<b>SUBJECT:</b> ALTERNATE FOOD MENU	<b>Policy No.</b> FDM-08-06-01
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**PURPOSE** To ensure that residents receive adequate nutrition in the event of an interruption of service from the supplier.

**RESPONSIBILITY** Nutrition Manager  
Dietitian  
Administrator

**GUIDELINES** The Nutrition Manager will ensure that there is a minimum of 3 days supply of perishable foods and 1 week supply of other foods.

Depending on the length of the interruption in service, the Home may have alternate suppliers available. Contract with other alternate supplier must first be approved by the Administrator. They include:

- \* Food suppliers currently available through the Purchasing Group
- \* Local food stores such Food Basics, etc.
- \* Purchase already prepared foods, including foods for residents on pureed diets.
- \* arrange for prepared food deliveries through local hospital and/or restaurants

Make changes to the menus accordingly.

*Approval*

***CORPORATE COMMITTEE***

<b>Last Review/Update:</b>	<b>SUBJECT: VIOLENT PERSON/INTRUDER CODE “WHITE”</b>	<b>Policy No.</b> FDM-08-07-01
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**POLICY**

Police will be called in all situations involving any violent person or an intruder in the Home. Known information shall be provided to the police over the phone to include gender, person’s approx. age, height, weigh, behavior, possession of any fire arm, knife, explosives or any other life threatening objects. Brief outline of person’s location in the building, any known injuries or assaults at the time of call

**INSTRUCTIONS**

All Staff

1. When a violent person or an intruder is identified, immediately inform the Charge Nurse/Person-In-Charge. **Announce “CODE WHITE”** and location, 3 x over the public address.
2. DO NOT attempt to confront the intruder. Stay calm. Do not argue or question the person. Remain in the safe area
3. If able, remove the residents from the immediate area and close the doors to the rest of the rooms.
4. Monitor intruder from a safe distance. Await for other staff to come to the scene to provide assistance with residents as may be needed
5. Report to scene after hearing announcement system.
6. Take direction from the Police and/or Person in Charge.
7. After all clear is announced, remain and provide comfort to assigned residents.

Charge nurse/ Person-In-Charge of Building

1. Call police upon notification. Assign staff to await their arrival. **DO NOT ALLOW VISITORS IN THE BUILDING**
2. Ensure police have all details of intruder.
3. Notify Administrator and Director of Nursing.

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4. Take charge of the situation until the Police and/or Person in Charge of the Building arrive. Assist as needed
5. After emergency is over, announce “**ALL CLEAR**” 3 x Complete Internal Incident report and submit to Administrator/DON
6. Assess the residents and staff that may have been affected and make a referral to the Social Service Worker. Notify physician/ SDM/POA of any reported concern or sustained injuries. Send to hospital if required

Administrator/DON

1. If present, take charge of the situation until the Police arrives. Assist and direct the staff as needed till ALL CLEAR is announced. Notify Owner/Designate
2. Review Internal Incident Report and follow-up with the police for additional information. Request a Police Report and #
3. Deal with residents/visitors concerns-hold a meeting if needed
4. Assign a staff member to contact all families and inform them of the situation, if needed - use business office
5. Control the media. Prepare the press release under the direction of Owner/Designate
6. Complete/submit appropriate reports to the Ministry as per legislated requirements
7. Review at Emergency Preparedness Meetings

CROSS REFERENCE

**HOSTAGE TAKING      Policy No. FDM-08-13-01**

*Approval*

***CORPORATE COMMITTEE***

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**PURPOSE** To ensure the safety of all residents, staff and visitors.

**POLICY** The Home will ensure established procedures and interventions are adhered to by all staff in cases where a resident becomes violent

**RESPONSIBILITY** Registered Staff, PSW

**RESPONSE** **Do not attempt to handle aggressive verbal or physical situation alone**

**In the case Of Verbal Aggression:**

- |                  |   |
|------------------|---|
| PSW              | <ol style="list-style-type: none"> <li>1. Alert a co-worker of your need for help at the earliest opportunity</li> <li>2. Calmly request their assistance with a cooperative request, i.e. “Jane, could you help me with Billy”</li> <li>3. All members will approach with Non-aggressive Response.</li> <li>4. Use your team member to help you implement the appropriate interventions (most senior staff member to lead).</li> <li>5. Team members should remain within close proximity while the situation is being resolved.</li> <li>6. Inform the Reg. Staff in charge of the unit</li> <li>7. Document resident’s behavior - POC</li> </ol> |
| Registered Staff | <ol style="list-style-type: none"> <li>1. Initiate Behavioral Assessment Record and monitor resident’s behaviour as per Home’s policy.</li> <li>2. If warranted, notify attending physician and SDM</li> <li>3. Document on 24 hours shift report and progress notes - PCC</li> </ol>   |



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**In the cases of Escalating Physical Aggression:**

- ALL STAFF
1. Announce **CODE “WHITE”** and location 3 x over the PA System
  2. Do NOT attempt to handle physical aggression alone. Ask a co-worker of your need for help at the earliest opportunity.
  3. Await for instructions from the Nurse in Charge

- Charge Nurse
1. Report to the scene immediately.
  2. Assess the situation by questioning the staff .
  3. Respond by using a Non- Aggressive Response. Ensure all non-aggressive interventions have been tried.
  4. If a staff member, visitor or another resident is being physically abused, use the least intrusive physical intervention to ensure the immediate safety of the resident, staff member and/or visitor.
  5. Determine the level of injury if any, and if needed, assign a staff member to call 911 and request for ambulance IMMEDIATELY
  6. Take vital signs
  7. Take appropriate steps to treat the person. If Head Injury, initiate head injury procedures.
  8. Remain with the person and give direction to staff to provide assistance as may be required until the ambulance arrives
  9. If needed, contact the Police

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10. If staff member is injured, notify Next Of Kin. Initiate WSIB procedures and complete reports as per Homes policy

11. If Resident To Resident Abuse:

- notify attending physician
- notify the substitute decision maker
- initiate follow-up with the hospital as per Home’s policy, if hospitalization is required
- document on resident’s medical chart - PCC and 24 hours shift report
- If head Injury, initiate head injury procedures
- notify police

12. Announce “ALL CLEAR” 3 x over the PA System

13. Complete and submit reports to DOC as per Home’s policy

Administrator

1. Notify Owner/Designate, if warranted
2. Initiate investigation, if warranted
3. Where appropriate, complete and submit mandatory reports as per legislated requirements.

Key Note:

Most situations can be defused through verbal intervention. Physical intervention should only be used in response to overt physical aggression that threatens the safety of staff, residents and visitors.

CROSS REFERENCE

NURSING DOCUMENTATION MANUAL Responsive Behavior

**APPROVAL**

**CORPORATE COMMITTEE**

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**OVERVIEW**

Pandemic planning is preparedness planning in case of an infectious outbreak of huge proportions that may have devastating effects locally, regionally, or internationally and the traditional infection control program may not be enough.

**POLICY**

Ensure that staff is well trained and familiar with specific guidelines to be undertaken in case of Pandemic Outbreak

**PROCEDURES:**

**CHARGE NURSE:**

1. Notify Administrator/Director of Nursing immediately
2. Admin/DON to notify/meet with Outbreak Management Team:
  - Accounting Manager
  - Nutrition Manager
  - Programs Director, Staff Ed.
  - Recreation Manager
  - Admissions Coordinator, Scheduling Coordinator
  - Clinical Manager/IPAC Manager
  - Environmental Coordinator
  - QI Coordinator
  - RAI/MDS Coordinator
3. Initiate and keep current Line Listings
4. Fax updated list to Public health Department on a daily basis
5. Set up Infection Control Measures:
  - isolation of symptomatic cases
  - cohorting residents/staff , if possible
  - observe hand hygiene procedures
  - PPE- masking, gowning, gloving, eye protection, where appropriate, when in contact with affected residents
  - limiting visitations
  - staff/visitors screening/visitation
  - notifications to fsmilies

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- enhancing environmental cleaning/sanitizing - 1 Minute wipes
- exclusion of staff with symptoms from work, where possible
- suspension of social activities
- restriction of new admissions, re-admission and transfers
- inform hospital IC staff and/or any transport agencies of the outbreak prior to transfer.
- advise staff, volunteers not to work at other facilities

- Key Notes:*
1. *Ensure approved signage is placed on the doors of infected rooms*
  2. *Check the Resident Roster. This Roster should be kept current and define those residents who may be transferred to family care, those who need to go to hospital for life sustaining reasons i.e., dialysis. USE POINT-CLICK CARE (PCC) TO PRINT OUT THE RESIDENT ROSTER*
  6. Monitor the outbreak

**OUTBREAK MANAGEMENT**

**TEAM:**

1. Meet in the Administrator’s office upon notification of the outbreak

**ADMINISTRATOR**

1. Coordinate overall activities in collaboration with the Medical Director
2. Ensure availability of staff to implement control measures
3. Ensure availability of supplies as needed, including PPE
4. Mobilize Housekeeping and Laundry

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5. Assume the role of Media Person
6. Notify the Owners

DIRECTOR OF NURSING

1. Notify Public Health and MLTC .
2. Complete and submit Critical Incident to MLTC.

Key Note. This can be completed on line at [ltchomes.net](http://ltchomes.net) and provides a direct link to Inspectors.

MEDICAL DIRECTOR

1. Attend OMT meetings
2. Assist with/administer vaccine when available
3. Collaborate with staff re treatment & control measures
4. Liaise with Public Health

ADMISSIONS COORDINATOR

1. Post signage at each exit
2. Ensure adequate supplies of hand sanitisers ( automatic dispenser) is placed at each exit
3. Contact family/friends and ask for assistance as per nursing input
4. Cancel appointments scheduled for specified residents

RECREATION MANAGER

1. Cancel all scheduled activities and assist with resident care as directed by the Charge Nurse

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- |                           |  |
|---------------------------|--|
| NUTRITION<br>MANAGER      | <ol style="list-style-type: none"> <li>1. Re-assign dietary work routines, hours, and staff to cover essential services</li> <li>2. Deploy all extra staff to nursing</li> <li>3. Use disposables for all meals, populate inventory</li> <li>4. Ensure adequate food supply is available</li> <li>5. Contact local food suppliers if regular suppliers are unable to deliver</li> </ol>                    |
| ESS                       | <ol style="list-style-type: none"> <li>6. Ensure housekeeping isolation techniques are implemented</li> <li>7. Extend housekeeping staff hours, if needed and approved by Admin</li> <li>8. Ensure laundry isolation techniques are implemented. Use only disposable incontinence products</li> <li>9. Extend laundry staff hours, if needed</li> <li>10. Initiate high touch cleaning schedule</li> </ol> |
| SCHEDULING<br>COORDINATOR | <ol style="list-style-type: none"> <li>1. Coordinate staffing schedules and ensure proper record keeping of all shifts</li> <li>2. Coordinate the purchasing/ordering of all nursing supplies as may be directed by the Charge Nurse and/or DON</li> <li>3. Control the access of unauthorized personnel to the facility</li> </ol>  |
| PROGRAMS<br>DIRECTOR      | <ol style="list-style-type: none"> <li>1. Coordinate staff education at all levels. Assist with other management functions as needed</li> </ol>  |

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- MAINTENANCE:
1. Maintain the security of the physical plant
  2. Help in any department, as directed by the Admin/DON
  3. Assist with staff transportation issues - assume facility taxi-driver role, when necessary
  4. Assist with waste disposal as may be necessary

**KEY NOTES:**

1. All nursing staff, including non-nursing staff will adopt 12-hour shifts during the pandemic outbreak to assist with resident care under the direction of Charge Nurse.
2. Students from local School of Healthcare (PSW) will be used for extra help if needed;
3. Non-essential services such as recreational activities, appointments, therapies and consultations will be postponed until the outbreak is declared over.
4. In case of **computer failure**, use the computer in the Medical Clinic office near the Home for essential services. Internet access or email. The Administrator can access the Point Click Care software from any computer, even if outside from facility. In cases of an emergency, the Director of Nursing will contact PCC and ask them to open access to all staff from any computer.
5. **Nursing Department has one month of essential supplies** in stock to include but not limited to gloves, gowns, masks, dressing trays, catheters, bandages, etc. The bulk of supply is located in the main storage room in the basement and a small quantity in supplies room.

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If the main supplier is not available to deliver required supplies alternate suppliers should be considered including but not limited to Med Mart, Trillium Safety Supply, Shoppers Home Health Care, Dell Pharmacy.

6. Personal protective equipment like **N95 masks** will be kept in stock (4 weeks supply) and MLTC will supply extra if outbreak exceeds the 4 weeks
7. The facility has up to **6 days of Raw Food supply**. Keep food outside, if cold enough when refrigeration is out of order. Order extra ice to keep food cold or make arrangements with local food suppliers to store food.
8. All resident **Medication** will be supplied by pharmacy. Multi retail outlets can be used to handle overload.
9. **Vaccine** will be stored in the fridge in the locked medication room and tracked as given to the residents and recorded on the MAR by the Med Nurse, Doctor or Charge Nurse. The vaccine will be provided by the Public Health Dept. MLTC guidelines are to be used
10. **Lab Services** shall be provided by the Life Labs Service. In the event that they are unable to meet the needs of the facility, venipuncture trained in-house staff will collect specimens and deliver to the lab accordingly.
11. **Visitation** will be assessed and decided by the Administrator and will depend on the nature of outbreak. Signage at the exits will communicate the information related to visits by family and significant others. Ill visitors will be refused entry.
12. **Staff education** will include an annual in-service on Pandemic Planning to staff at all levels, orientation to policy for all newly hired employees, including an annual review/revision by the OMT committee as necessary .



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ROLL CALL SHEET SAMPLE

<b>RESIDENT</b>	<b>RM.#</b>	<b>WING</b>	<b>COMMENTS:</b>
SMITH, A	123B	SOUTH	NSG. HOME
JONES, R	130C	WEST	FAMILY
LEE, M	132A	NORTH	HOSPITAL (dialysis)

*Approval*

*CORPORATE COMMITTEE*

<b>Last Review/Update:</b>	<b>SUBJECT: CHEMICAL SPILLS - (HAZARDOUS) CODE “BROWN”</b>	<b>Policy No.</b> FDM-08-09-01
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**PURPOSE** To ensure safety of all residents, staff, families and significant others in the event of external hazardous chemical spills that could potentially infiltrate the facility. This may involve a train derailment or truck accident on the main road causing a spill of hazardous chemicals

**RESPONSIBLE** Administrator/Designate  
Registered Nurse in charge of the building

**Announce Code “BROWN” over the P.A System 3 times**

- Charge Nurse**
1. Notify Fire department and identify the location of accident/spill
  2. Notify Administrator/DON
  3. Notify all department managers
  4. Assess the immediate potential risk to the residents

- All Staff**
1. Shut down all incoming air sources, including room AC units
  2. Close windows and doors
  3. Shut down all exhaust system
  4. Follow instructions by the Charge Nurse or Fire Official

- Administrator/DON**
1. Notify the Police, Owners, Public Health and other regulatory government agencies, if necessary
  2. Prepare for full or partial evacuation as instructed by Fire Official and Public Health Department
  3. Prepare/submit reports as per Home’s policy and as per legislated requirements.

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Admission  
Coordinator

1. Start notifying family members
2. Lock the front door entrance to limit the opening of doors

Scheduling  
Coordinator

1. Ensure staffing shifts are extended to meet the needs of residents
2. Ensure adequate supplies in each unit are available for staff’s use
3. Call in staff off-duty to come and provide assistance as may be required and directed by the Administrator

Nutrition  
Manager

1. Shut off all equipment
2. Modify menu
3. Send dietary staff to assist in nursing department

Environmental  
Coordinator

1. Shut - off all equipment
2. Assist with residents as may be required.
3. Assist in resident care as directed by the Administrator

**IN-FACILITY HAZARDOUS SPILLS - CODE BROWN:**

The dispensing of housekeeping, laundry and dietary chemicals is done through a computerized chemical dispensing equipment to minimize the possibility of internal hazardous spill and spread of toxins throughout the Home.

Any manual mixing of hazardous chemicals can only be performed by trained staff. Manual mixing of any hazardous chemicals shall take place in designated areas ONLY.

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The Home uses high quality and environmentally safe paint to ensure resident, staff and visitor protection and safety at all times.

Specific instructions must be followed when chemicals are used in specific resident areas to ensure resident safety.

- |               |  |
|---------------|--|
| All Staff     | 1. Upon discovering a hazardous spill announce <b>CODE “BROWN” 3 x</b> over the PA System.   |
| Charge Nurse  | <ol style="list-style-type: none"> <li>1. Report to the scene immediately and assess the situation;</li> <li>2. Ensure all residents or visitor are removed from immediate area to a safety zone.</li> <li>3. Close off the affected area and if necessary, shut the doors, close windows to minimize the spread of toxins and odour</li> <li>4. Provide first aid assistance, if required</li> <li>5. Contact Environmental Coordinator and/or Maintenance Coordinator to do the clean-up of the area</li> <li>6. Notify Administrator/DON and advise of situation</li> <li>7. Complete Internal Incident Report</li> </ol> |
| Administrator | <ol style="list-style-type: none"> <li>1. Assess the situation</li> <li>2. Ensure proper procedures were initiated</li> <li>3. Call 911, if warranted</li> <li>4. Initiate partial evacuation, if warranted</li> <li>5. Contact regulatory government agencies, if warranted</li> </ol>  |

*Approval*

***CORPORATE COMMITTEE***

<b>Last Review/Update:</b>	<b>SUBJECT: NATURAL DISASTER - EXTERNAL THREAT - CODE “ORANGE”</b>	<b>Policy No.</b> FDM-08-10-01
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**PURPOSE** To detail procedures for responding to natural disasters such as wind storms, hurricanes, ice storms, earthquakes, tornados, thunderstorms, snowstorms, and other types of natural disaster that are beyond the Home’s ability to control and/or manipulate, and which could pose danger the health and safety of the residents, staff and significant others.

**RESPONSIBLE** Administrator/Designate

- Administrator**
1. Determine the extent of the problem
  2. Notify Owners/Designate
  3. Notify appropriate authorities
  4. Prepare for precautionary evacuation - take direction from Fire Official and/or Public Health

- Charge Nurse**
1. Ensure all residents are accounted for. Follow instructions by the Administrator or Public Officials
  2. Report any unusual occurrences to the Administrator
  3. Provide direction to nursing staff - extend shifts, if necessary

- Accounting/Admission Coordinator**
1. Start notifying family members, if directed by the DON
  2. Assist with resident care as may be required

- Nutrition Manager**
1. Modify menu, if necessary
  2. Ensure adequate supply of raw food
  3. Extend dietary shifts, if required

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Environmental  
Coordinator

1. Advise staff/residents of situation.
2. Extend shifts, if required
3. Assist in resident care as directed by the Administrator

ALL STAFF

1. Follow the instructions by the department manager and the Administrator
2. Prepare for precautionary Evacuation

**KEY NOTE: The most important thing is to be innovative. Always be safe but the standard operating rules will not apply when you are concerned about delivering the basic necessities of LIFE.**

CROSS REFERENCES

LABOUR INTERRUPTION GUIDELINES - TAB 8

*Approval*

***CORPORATE COMMITTEE***

<b>Last Review/Update:</b>	<b>SUBJECT: MISSING RESIDENT CODE “YELLOW”</b>	<b>Policy No.</b> FDM-08-11-01
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**PURPOSE** To ensure appropriate procedures are initiated and documentation completed for any missing resident, including follow- up corrective measures.

**COMPLETED BY** Charge Nurse

**FREQUENCY** Whenever a resident is absent without authorized leave.  
Annually, simulated

**PROCEDURE** **Upon Discovering that the person is missing:**

- Charge Nurse
1. Announce “**Code Yellow**” over the PA System 3 times and request staff to report to the main nurses station.
  2. Instruct the staff to initiate the search in residents rooms, common areas and building/grounds.
  3. If unable to locate the resident, contact the Administrator/DON
  4. Contact Police if the resident is still missing after a complete search of the facility and the outside grounds.  
  
Provide detailed description of the resident, including background information regarding the resident such as: time last seen, by who and what location.  
  
Describe the resident's race, height, weight, mobility status; describe any outstanding physical characteristics of the resident; describe clothing the resident was last seen wearing.
  5. Notify the Attending Physician and Medical Director.
  6. Notify the legally appointed substitute decision maker.

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7. Initiate the Missing Resident Record. Document the time the search of each area begins and end. Include your initials to denote completion. Ensure that no area is overlooked.
8. Enter the name of the persons contacted and time called. Include your initial to denote this has been completed. If the police have been notified then take their name and badge number.
9. Document where the person was located, the time, and date.
10. Enter the name of the person locating the resident.
11. Notify and inform persons contacted that the resident has been located. Check each box as each person is notified.
- Resident Located
12. Do a complete nursing assessment and document this information fully on the form and the progress notes. If required for medical care call the attending physician.
13. Review the facts and a corrective action plan to prevent recurrence.
14. Start a wandering list x 24 hours post wander.
15. Document the time the incident report was completed and the time the charting was completed.
16. The Search Leader/Charge Nurse signs, including designation, and dates the bottom of the form.
17. Complete the Missing Resident Report and submit to Administrator.



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18. Document on 24 hours shift report.

KEY NOTES

1. Missing resident must be immediately reported to:
  - Administrator
  - Director of Nursing

Administrator

19. Notify Owner/Designate
20. Complete and submit mandatory reports as per legislated requirements.

***APPROVAL***

***CORPORATE COMMITTEE***

<b>Last Review/Update:</b>	<b>SUBJECT: MEDICAL EMERGENCY CODE “BLUE/STAT RN”</b>	<b>Policy No.</b> FDM-08-12-01
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**PURPOSE** To detail procedures for responding to a medical emergency of a resident, staff, volunteer or visitor.

**POLICY** Code “BLUE” will be used for cardiac arrest. “STAT RN” shall be used for other medical emergencies such as choking, injuries due to falls, work related injury or physical abuse causing bodily harm.

**RESPONSIBILITY** Charge Nurse

**FREQUENCY** Whenever there is reported medical emergency.  
Annually, simulated

**REPORTS** Internal Incident Report shall be completed by the Charge Nurse for all non-resident related medical emergencies and submitted to DON

**PROCEDURE** **CARDIAC ARREST:**

Person witnessing/  
discovering the person Announce “**CODE BLUE**” & **location** over the PA System 3 times

- Charge Nurse
1. Report to the scene immediately.
  2. Have the staff member assist to lay the person flat on the floor, if required. Instruct the staff member to call 911
  3. Perform CPR. If resident please check if “full code”.
  4. Use Defibrillator to stimulate the heart, if required ( if equipment is available).
  5. Take vital signs
  6. Await for ambulance and provide necessary information as may be required.

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7. If Resident of the Home:
  - notify attending physician
  - notify the substitute decision maker
  - initiate follow-up with the hospital as per Home’s policy
  - document on resident’s medical chart - PCC & 24 shift report
  
8. Notify Director of Nursing/Administrator

**CHOKING:**

Person witnessing/  
discovering the person

Announce “**STAT RN** “ & **location** over the PA System 3 times

Charge Nurse

1. Report to the scene immediately.
2. Use fingers to clear the airway, and if unable
3. Perform Heimlich Maneuver as per established guidelines
4. If the person becomes unconscious proceed with CPR.
5. Assign a staff member to call 911 and request for ambulance IMMEDIATELY
6. Take vital signs
7. Remain with the person and give direction to staff to provide assistance as may be required
8. If Resident of the Home:
  - notify attending physician
  - notify the substitute decision maker

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- initiate follow-up with the hospital as per Home’s policy
- document on resident’s medical chart - PCC and 24 hours shift report

9. Notify Director of Nursing/Administrator

**PHYSICAL/HEAD INJURIES** (Falls, Work Injury, Physical Abuse, etc):

Person witnessing/  
discovering the person

Announce “**STAT RN** “ & **location** over the PA System 3 times

Charge Nurse

1. Report to the scene immediately.
2. Assess the level of injury and determine if hospitalization is required.
3. If deemed necessary, assign a staff member to call 911 and request for ambulance IMMEDIATELY
4. Take vital signs
5. Take appropriate steps to treat the person. If Head Injury, initiate head injury procedures.
6. Remain with the person and give direction to staff to provide assistance as may be required until the ambulance arrives
7. If staff related, notify Next Of Kin
8. If Resident of the Home:
  - notify attending physician
  - notify the substitute decision maker
  - initiate follow-up with the hospital as per Home’s policy

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- document on resident’s medical chart - PCC and 24 hours shift report
- If head Injury, initiate head injury procedures
- If staff related injury, initiate WSIB procedures and complete reports as per Homes policy

9. Notify Director of Nursing/Administrator

Administrator

1. Notify Owner/Designate, if warranted
2. Initiate investigation, if warranted
2. Where appropriate, complete and submit mandatory reports as per legislated requirements.

***APPROVAL***

***CORPORATE COMMITTEE***

<b>Last Review/Update:</b>	<b>SUBJECT: HOSTAGE TAKING CODE “PURPLE”</b>	<b>Policy No.</b> FDM-08-13-01
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**POLICY**

Hostage taking is considered a dangerous activity and must be handled efficiently to ensure the safety of staff, residents and visitor.

911 shall be called immediately and police/fire department intervention requested.

All staff shall follow the instructions from the Police/Fire Department representative.

**ALL STAFF**

Announce **CODE “PURPLE”** 3 x over the Public Address (PA) System, including location.

**Charge Nurse**

1. Report to the scene immediately. Direct a staff member to call 911
2. Assess the immediate potential risk to the residents.
3. Determine if any form of weapon is in the possession of the Hostage Taker (knife, gun, hard object)
4. Respond by using a Non- Aggressive Response. Ensure all non-aggressive interventions have been tried.
5. If necessary, instruct staff to move all residents and visitors to safety zone.
6. Remain on the scene and give direction to staff to provide assistance as may be required until the Police/Fire Department arrives, apprise them of the situation and follow their instructions.
7. Notify DON and Administrator
8. Provide first aid as may be required

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9. Announce “**ALL CLEAR**” 3 x over the PA System
10. Ensure all residents are informed and receive counselling (Social Worker, Activity /Nursing Staff)
11. Complete Internal Incident Report and submit to DOC/Administrator

If Resident of the Home is held Hostage:

- notify attending physician
- notify the substitute decision maker
- initiate follow-up with the hospital as per Home’s policy, if hospitalization is required
- document on resident’s medical chart - PCC and 24 hours shift report
- If head Injury, initiate head injury procedures

Administrator

1. Notify Owner/Designate.
2. Contact Police. Request copies of Police reports
3. Ensure effective communication with all managers, residents, staff and visitors until the situation calms down and normal operation of the Home is restored. Notify
4. Where appropriate, notify and/or complete and submit mandatory reports as per legislated requirements.
5. Prepare a written statement for media release, if warranted

***APPROVAL***

***CORPORATE COMMITTEE***

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**PURPOSE** To ensure that drinking water is safe for human consumption and to prevent any illness caused by contaminated water in the Home or the community.

**OVERVIEW** Boil water advisories are important tools in public health risk management. The primary intent of a boil water advisory is to protect consumers from potential health risks related to drinking water of an unacceptable microbiological quality. They advise the public to boil the drinking water prior to consumption in order to eliminate any disease-causing microorganisms that are suspected or confirmed to be in the water (this could be in the Home or the community at large)

- POLICY**
1. The Home shall ensure that boil water advisory issued by the local health officials is implemented immediately and in accordance with the Home’s policy and PH instructions
  2. In the event of a boil water advisory, the Home shall use boiled water, bottled water, or water from another safe public supply not affected by the advisory, and will follow procedures as indicated by the public health officials for preparing food, drinks, ice, dishwashing, personal hygiene, cleaning and sanitizing, including compliance with the established infection prevention and control guidelines and best practices.
  3. While under the boil water advisory, the Home shall NOT use tap water to:
    - \* drink;
    - \* prepare foods;
    - \* make juice;
    - \* make ice;
    - \* wash fruits or vegetables;
    - \* brush teeth;
    - \* give to pets or animals in pet therapy programs



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4. The Home shall ensure that all staff, residents, families and visitors are made aware of boil water advisory in effect, including when its over
5. The Home shall ensure that the Boil Water Advisory Signage is made available and posted at the entrance to each location where there are faucets, hand washing sinks, including the kitchen area, housekeeping and laundry areas
6. The Home shall ensure that all coffee/tea/juice dispensers and ice machines are disconnected
7. The Home shall ensure that hand sanitisers are made available in all resident and public washrooms and at all standalone hand sinks
8. The Home shall ensure that staff training and education is provided on how to safely boil water, use without spilling, and avoiding burns
9. The Home shall ensure that only boiled water that has been cooled to the room temperatures or sterile water is used to wash broken skin and wounds and other related resident care activities (commercial bottled water is not sterile)
10. The Home shall ensure that input and feedback from the medical director regarding any special precautions that may be needed for residents with weakened immune systems
11. The Home shall ensure that all water using fixtures and faucets are flushed
12. The Home shall ensure that all equipment with water line connections (refrigerators, ice dispensers ) are drained, flushed, cleaned, and disinfected according to the manufacturer’s recommendations

When the Boil Water  
Advisory Has Ended

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13. The Home shall ensure that Boil Water Advisory exercise is carried out on an annual basis, including the date, time the exercise was held, # of persons participated and the overall evaluation and recommendations if any.
14. The Home shall ensure that Boil Water Advisory reports are submitted to and reviewed at the JHS committee meetings.

**PROCEDURES**  
Administrator

1. Call a meeting with senior management team immediately to discuss the Boil Water Advisory implementation plan.
2. Designate each manager to coordinate and perform specific functions
3. Ensure alternate sources of water are provided to staff, residents and visitors
4. Liaise with PH, Ministry officials and community agencies that could provide necessary assistance
5. Ensure adequate supplies of bottled water, food and drinks are made available in the Home at all times
6. Communicate to the owner/designate, government officials, facility managers, staff, residents and visitors when the Boil Water Advisory has ended
7. Conduct a debrief with the managers to review procedures and, in necessary, make adjustments to the policy and department-specific practices
8. Review at the semi-annual Emergency Planning Committee meetings

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IPAC Manager

1. Post notices to the entrance to the building, on each floor by the elevator, Health & Safety Board, staff lounge, kitchen
2. Post signage at all faucets, including the kitchen area, washrooms, and hand sinks as a reminder that boil water advisory is in effect and that the water is not safe to drink
3. Post signage advising all staff, residents and visitors to apply alcohol-based hand sanitizers
4. Maintain a daily contact with PH officials and provide updated information as may be requested
5. Monitor/report any infections in residents, staff or visitor

CM/DON

1. Ensure adequate amount of boiled water (cooled to the room temperature) is delivered and available in each RHA to wash broken skin, wounds and other personal care needs
2. Maintain close contact with the Nutrition Manager and ensure adequate supplies of boiled water is delivered to the unit, including drinking water needs per each shift
3. Coordinate purchase of sterile bottled water through approved suppliers, especially for the severely compromised residents . Use bottled water to brush residents teeth/dentures  
  
Discuss with the Physician/NP any special precautions that may be needed for residents with weakened immune system
4. Provide hands on staff education and training on proper use and storage of all water supplies received
5. Ensure all nursing staff is following the established Boil Water Advisory guidelines
6. Report any concerns or staff/visitor non-compliance with the established guidelines to the Administrator

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Nutrition Manager

1. Maintain close communication with nursing department
2. Discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays
3. Direct kitchen staff to prepare boiled water as needed:
  - a. bring water to a rolling boil for at least one minute;
  - b. use an electric kettle if possible;
  - c. only boil enough water that you can safely lift without spilling;
  - d. if boiling water on the stove, place the pot on the back burner. Take all precautions as needed to avoid burns
3. Check with the Public Health department about the brands of bottled water or water dispensers considered to be safe / that are produced in locations not affected by the boil water advisory
4. Ensure adequate supply of bottled water/dispensers is available at all times
5. Report any concerns to Administrator immediately

Environmental  
Coordinator/Maintenance

1. Disconnect all ice machines, soda dispensers with post mix services
2. Ensure all washrooms and hand sinks are supplied with hand sanitizers

When the Boil Advisory  
Has Ended

3. Flush all water using fixtures and faucets by running them for 5 minutes - begin on top floor and work your way down
4. Ensure all equipment with water line connections (refrigerators, ice dispensers are drained, flushed, cleaned and disinfected according to manufacturers's recommendations

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5. Replace the filters on any water filtration devices, and flush the fixtures according to the manufacturer’s directions
6. Drain and refill hot water heaters that have been set below 45 degrees celsius

Key Note: Some of these functions may be performed by an external service provider

**POINTS TO REMEMBER**

1. Do not use water from any appliances connected to the water line, such as ice machines
2. Be sure residents don’t swallow any water during the scheduled bath/shower - consider sponge bath
3. Cancel hairdressing services
4. Use disposable dishes and disposable cups and glasses during meal times and scheduled activities.
5. Hand Washing - follow PH guidance - use hand sanitizer after washing hands

***APPROVAL***

***CORPORATE COMMITTEE***

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**PURPOSE** To monitor, record and follow-up on all unusual incidents that occur in the facility.

**POLICY** The Home will ensure that all unusual incidents and o/or occurrences which occur in the Home and pose a risk or harm to the safety, security, welfare and/or health of a resident, a staff member, a volunteer or a visitor are immediately documented and reported.

The Home will ensure that proper follow-up is undertaken by the management team, information communicated to the Owner/designate and where required, reported to the regulatory government agencies as per legislated requirements.

**COMPLETED BY** Charge Nurse/Clinical Manager/Departmental Managers

**FREQUENCY** All internal incidents - reported immediately to Charge Nurse, CM/DON/Admin and to JHSC for all incidents involving employees

**TOOLS** Internal Incident Report

**WRITTEN REPORTS** Internal Incident Reports shall be completed for the following incidents:

- medical emergency
- unauthorized leave
- missing resident
- alcohol/drug abuse
- unlawful entry
- violent intruder
- fraud/theft
- building/system malfunction
- bomb threat/suspicious object
- suspected poisoning
- false fire alarm
- fire protection system failure
- fire/partial/full evacuation
- internal damages, spills, floods

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- infrastructure loss/failure
- External - chemical spill, air exclusion
- loss of essential services - heat hydro, water, security system
- unusual incidents or injuries, such as fatalities, involving staff, visitors and general public
- critical injuries
- loss of time/WSIB
- occupational illness
- boil water advisory - contaminated water

**PROCEDURE**

Charge Nurse/Dep. Head.

1. Complete each applicable section of the Internal Incident Report
2. Enter date, time and location of the incident.
3. Indicate the type of incident by ticking-off appropriate item(s).
4. Under the category of the person/s involved in the incident, check off applicable box.
5. Describe the incident in detail, including the events leading to the incident, if known.
6. Describe the immediate response/action taken. Take vital signs, where appropriate. Indicate suspected cause and control measures undertaken including supervision requirements to prevent further problems and/or complications.
7. Check-off if first aid treatment was provided and/or hospitalization required.
8. Check-off persons/agencies notified regarding the incident.
9. Sign the report, including date and time of completion.

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10. Review the report with responsible caregivers, where appropriate.

11. File the report in designated area for review and further follow-up by the DON/Administrator and/or designate.

CM/DON/Designate

1. Complete follow-up investigation on all resident related incident reports within 24 hours, including action plan to prevent reoccurrences.

2. Complete reports as required by regulatory government agencies and submit to Administrator for final review and further action as may be required.

3. Ensure follow-up with persons involved, hospitals, including legally responsible parties and significant others as per policy

Administrator

1. Inform Owner/designate of serious incidents

2. Where appropriate, file the report with appropriate government agencies - on line

3. Ensure effective communication at all levels, as required

4. As applicable, coordinate staff education on Home's policies and practices.

5. Review at Senior Staff/CQI Meeting and Registered Staff meetings, including other committees as deemed necessary.

KEY NOTES

\* Document factual information only, DO NOT MAKE ASSUMPTIONS.

\* All resident related incidents must be documented in the clinical record, and 24 hours shift report including the resident's care plan.



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- \* Attending Physician, Legal Representative must be notified of all resident related incidents
- \* Life/Safety threatening situations must be reported to the Administrator immediately.
- \* Internal incident Report shall be used for simulated training sessions

CROSS REFERENCE                      Hazardous conditions are defined under HS-04-02-10

Employee Incident report -    HS-07-01-05

***APPROVAL***

***CORPORATE COMMITTEE***