

# **Maple Villa Long Term Care Centre**

## **Emergency Preparedness and Planning**

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plan/response shall be determined by the Administrator or designate. The designate shall be the Director of Care or on-duty Charge Nurse. Evacuating the home, partial or full shall be in consultation with the community authorities (EMS).

Reporting Emergency Response Plan Activation

It shall be the responsibility of the Administrator / Designate to contact MLTC and follow-up with CIS report as indicated, and to notify the owner of Maple Villa.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION

DATE OF ORIGINAL ISSUE: MAY 2022

ISSUED &

REVIEWED/REVISED: JULY 2022

APPROVED BY: ADMINISTRATOR

SIGNATURE: Barb Goetz

TO: ALL STAFF

SUBJECT: EMERGENCY PREPAREDNESS

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The primary focus of emergency planning is the preparedness phase, including the development, testing, evaluation, and updating of emergency plans.

The emergency management process includes identifying and avoiding or reducing risks, preparing for those that cannot be avoided, activating an emergency plan to respond to an emergency, and returning to normal functioning.

1. Prevention: actions taken to stop an emergency or disaster from occurring.
2. Mitigation: actions taken to reduce the adverse impacts of an emergency or disaster that cannot be reasonably prevented.
3. Preparedness: actions done in advance to ensure the organization is ready to manage a disaster should it arise.
4. Response: measures taken immediately before, during, or immediately after an emergency for the purpose of managing consequences.
5. Recovery: the process of restoring an affected community to a pre-disaster or higher level of functioning.

Maple Villa is ultimately accountable for the health and safety of those who live and work in the home; including developing, evaluating, and updating emergency plans for any type of potential hazard which could jeopardize their safety.

If the emergency exceeds part or all the capacity of the home, to effectively respond, the LTCH can request support from community partners and the municipality.

Maple Villa is responsible for the health and wellness of residents and their staff, including developing emergency response plans that address potential disasters and emergencies.

Maple Villa is required, by law, to develop, test, update, activate, and deactivate emergency plans. All emergency plans shall be tested annually, within a 12-month period and planned evacuation at least once every 3 years.

#### Developing Emergency Plans shall be the responsibility of the Administrator

- Consult with appropriate emergency service providers
- Consult with the Residents' Council and Family Council
- Ensure all hazards or risks that could lead to an emergency are identified and assessed
- Consulting and engaging externally with potential emergency partners
- What resources they could offer in an emergency, and set up back up plans if the emergency prevents response from a community partner. For example, a meal preparation company contracted to support the LTCH during an evacuation may also be experiencing food shortages and be unable to supply the necessary resources.

#### Hazard Identification and Risk Assessment

Maple Villa is required to provide a safe and clean environment with proper accommodation, nutrition, care, and services. These provisions apply at all times, which is why it is important to identify any potential hazards that would give rise to emergency situations impacting the safety and care of residents.

#### Risk Management

The implementation of preventative maintenance programs to service property and equipment is the responsibility of both the site Administrator and Maple Villa. Daily visual inspections and regular audits assist with the maintenance process.

The Emergency Plan outlines the education and training for the response of personnel. The plan provides the understanding of how to maintain and protect people and property which can lessen the devastation in the event of a major disaster.

Maple Villa recognizes the need to identify and minimize all aspects of risk. This is accomplished through the development and monitoring of risk indicators as well as, the development of policies and procedures designed to minimize risk.

#### Emergency Plan Requirements

- Identifying staff roles and responsibilities internally to the organization and externally, as well as contact information for consulted emergency service providers.
- Access to reliable communications equipment in the event of a power-outage.
- A plan for food, fluid, and drug provision.
- Resources, supplies, personal protective equipment, and equipment vital for emergency response must include, at a minimum: hand hygiene products, cleaning supplies, and a process to ensure that required resources, supplies, PPE, and equipment are not expired.

#### Types of Emergencies

Have emergency plans(s) that address specific, but not limited to, potential emergencies.

To meet minimum requirements, the home's emergency plan shall address the following:

- Outbreaks
- Fires
- Community disasters
- Violent outbursts
- Bomb threats
- Medical emergencies
- Chemical spills
- Missing resident
- Loss of one or more essential services
- Gas leaks
- Natural disasters or extreme weather events
- Boil water advisories, and
- Floods.

Essential services refer to services such as electricity, heating and cooling, food preparation, water supply, communications equipment, elevators, etc.

For emergencies such as outbreaks, epidemics, pandemics, Maple Villa will be pro-active in the identification of outbreaks. In the event of an outbreak, a management plan is in place and will be implemented by an "Outbreak Management Team" as expeditiously as possible to interrupt further transmission of a disease/infectious causing agent.

#### Emergency Service Providers

Maple Villa shall work closely with their emergency service providers.

- Identifying emergency service providers
- Consulting with them
- Roles and responsibilities for the emergency service providers
- Maintaining a record of current contact information

Examples of entities may include

- Transportation services
- Police departments
- Fire departments
- Ontario Health Regions
- Local Public Health
- Utility providers
- Local long-term care homes, retirement homes, and/or hospitals.

Maple Villa shall have access to reliable communications equipment.



- Access to multiple forms of communication (e.g., a landline, walkie talkies, and runners who are designated to transfer messages physically) should the need arise.
- Keep contact information for emergency service providers with emergency communication equipment.

Maple Villa shall have a plan for food and fluid provision, and the timely access to drugs that have been prescribed. Critical to these plans are supply and staffing. To limit supply issues, Maple Villa must think critically about their resource stockpiles and include non-perishable items or extra supply that may become necessary, as well as identify alternate supply options and/or partners that can be called upon in a timely way if the need arises.

In the event of staffing shortages, food, fluid, and drug provision may become strained. Staffing contingency plans is beneficial to preparing for all outcomes.

### Resource Stockpiling

Maple Villa shall set aside the resources, supplies, personal protective equipment (PPE), and equipment vital for emergency response. At minimum, the stockpile must include hand hygiene products, cleaning supplies, and a process to ensure that required resources, supplies, PPE, and equipment are not expired.

Each emergency plan must have the following components:

- Plan activation,
- Lines of authority,
- A communications plan,
- Specific roles and responsibilities for staff,
- Plans for recovery;

Each emergency type requires clear criteria when a response needs to be initiated as well as when the response should cease.

### Lines of Authority

Emergency plans must clearly outline delegation of authority, referring to positions in which a key personnel member has the authority to complete a particular task (e.g., declaring an emergency). These authorities may be invoked on a temporary basis, such as during a public health emergency.

Responsibilities for administrator or management may include alerting staff and residents, contacting emergency partners, communicating with families and substitute decision makers, confirming evacuation is complete, and sounding the all-clear.

### Communications Plan

Communications must include the beginning of the emergency, when there is a significant status change, and when the emergency is over.

Emergency communications plan consider information sharing within Maple Villa with external partners, media coverage, and communicating with family.

- The Administrator shall lead, co-ordinate, designate all communications activities
- Set clear expectations with families that they should designate a single point of contact for receiving emergency communications who will manage the distribution of information among family and friends.

### Staff Roles and Responsibilities

Roles should be assigned by position, not by person. All departments should understand the roles and responsibilities they will have in each type of outcome, and what contingency plans they can make use of if there is a staff shortage.

### Plan for Recovery

Maple Villa shall have plans in place for recovery. This must include a debrief for residents, substitute decision-makers, staff, volunteers, and students, a plan for how to resume normal operations, and supports for those who are experiencing distress due to the emergency.

Additional Emergency Plan Requirements for Outbreaks of Communicable Diseases of Public Health Significance, Epidemics, and Pandemics.

- Fire Safety Plans are required to be reviewed and approved by the local Chief Fire Official, who will date it, and sign or stamp it.
- There are specific training requirements under the Ontario Fire Code, such as knowing how to use a fire extinguisher.

### Testing and Evaluating Emergency Plans

#### Testing

These exercises can promote preparedness, clarify roles and responsibilities, highlight gaps in skill or planning weaknesses, and improve performance.

Every Year:

- Outbreaks,
- Fires,
- Missing resident,
- Loss of one or more essential services,
- Medical emergencies,
- Natural disasters or extreme weather events,
- Boil water advisories,
- Floods

- Community disasters,
- Violent outbursts,
- Bomb threats,
- Chemical spills,
- Gas leaks, and

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

Table-top exercise is defined as a discussion-based session where team members meet to discuss their roles during an emergency and run through potential scenarios.

### Evaluation

Emergency plans must be evaluated and updated:

- Within 30 days of an emergency being declared over, after each instance that an emergency plan is activated, or annually should the plan not be activated.
- Emergency plans must be evaluated annually.

### Evacuation Plans

Maple Villa is required to have evacuation plans that include:

- A system to account for resident whereabouts,
- Identification of safe evacuation location,
- A transportation plan for residents, staff, students, volunteers, and others,
- A transportation plan for critical medication, supplies, and equipment.
- Is tested and evaluated at least once, every 3 years

### Information in the Home

The contact information and telephone numbers for local emergency services, police, fire, and ambulance services, are posted in a conspicuous and easily accessible location on each floor of the home.

### Training and Orientation

- The Residents' Bill of Rights,
- Fire prevention and safety,
- Emergency and evacuation procedures,
- Infection prevention and control

Retraining is to occur annually.

Training content can include, but is not limited to:

- Detailed procedures for emergency response that addresses all types of hazards,
- Specific hazards and response duties,
- Regulations and appropriate standards,
- Specialized training for personnel responsible.

### Attestation

Maple Villa is required to attest to their compliance with FLTCA emergency planning requirements.



3. An evaluator who will watch the exercise unfold, take notes, and compile an After-Action Review (AAR) shall be assigned. The goal is to identify gaps and areas of improvement.
4. Define goals for the exercise. Goals can range from understanding the gaps in your current plan to exploring potential policy changes.
5. Develop a realistic scenario for the exercise.
6. Provide a timeline for the exercise to be completed.
7. Ensure all participants, facilitator, and evaluator receive a complete package of relevant information to guide the exercise.

### Developing the Exercise Overview

The Exercise Overview provides a summary of the planned exercise. This written, one-to-two-page document should be distributed to all participants and include basic details of the exercise.

- Exercise Name/Test

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- Exercise Date & Time
- Scope: Exercise Duration
- Purpose: To improve prevention, protection, mitigation, Response and/or Recovery
- Threat or Hazard
- Scenario
- Participants
- Evaluation
- Action Plan

### MONTHLY FIRE DRILL

Monthly fire drills are an important training component of education techniques and emergency response and are held on each shift monthly, conducted by the on-duty registered nurse, as assigned.

### MAJOR EMERGENCY EXERCISE – REQUIRING EVACUATION

A major emergency involving more than 2 services within the home and including the participation of community response agencies will be conducted once every 3 years.

The major emergency could be an exercise with partial or full evacuation resulting from, for example:

- Loss of utilities
- Fire, smoke

- External Air Exclusion or explosion

### **LOCAL FIRE DEPARTMENT**

Shall conduct annual inspections of the premises, must have a copy and approve the facility fire plan, conduct and record “worst case scenario” fire drill annually.

- Request the fire department’s assistance with in-service programs for your staff, especially in the use of fire extinguishers, fire blanket, evacuation practices, lifts and carries;
- Discuss desired protocol at potential fire scene, i.e. who has ultimate authority when various offices are at the fire scene (including responsibility of evacuation of residents).
- It shall be the responsibility of the administrator to ensure that all emergency response plans are tested and evaluated annually.
- A copy of all Emergency Responsibility Plan testing shall be kept on file with the administrator and made available upon request.





Telephone lists are to be stored in an accessible location for staff and respect for the privacy of personal contact information.

1. **Manager Contact List** – contains all home Managers
2. **Emergency Services Contact List** – short listing of the most pertinent services required during an emergency
3. **General Service Contact List** – general alphabetical listing by service of all other providers the home may use at anytime.
4. **Fan-Out List** – a listing of all staff prioritized by response time to the home and position.
5. **Resident Emergency Contact** – update with each change in status (admission & discharge or as identified by a resident / family / POA).

“Emergency Bag” with all current resident information is to be maintained in a private area - “grab and go” availability for staff.

#### **Fan Out List (Emergency Call Back To Duty) Procedure**

Each site is responsible to maintain a current Fan-Out List. The order of the list is based on a staff member’s proximity to property and skill set, etc.

In the event of a Disaster/Major Emergency, it is expected that staff will return to work when contacted.

If the home has a designated, alternate telephone line available for use in the event of a power failure, this is to be communicated as part of the emergency plan resources.

Fan-Out Lists are to be maintained as private document containing a staff name and a contact number, no other information is to be listed. Lists are to be maintained in secure areas and not readily available for any person to obtain.

#### **Maintaining Fan-Out Lists**

1. The Administrator is responsible to maintain all telephone and call back lists or supervise the assignment of another designated staff member to complete the task.
2. All staff employed at the home will make themselves available for a return to work upon learning of a disaster/major emergency.
3. All staff are responsible to inform supervisors if their personal contact information changes.

#### **Fan-Out List Drill**

**The Administrator is responsible to ensure a Fan-Out Drill is complete at minimum once annually.**

**Emergency Telephone in Power Failure**

- The emergency telephone for use in power failure is located: at front reception, 1<sup>st</sup> and 2<sup>nd</sup> floor station.





**MAPLE VILLA LONG TERM CARE CENTRE**

**DEPARTMENT: ADMINISTRATION**

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**ISSUED &**

**APPROVED BY: ADMINISTRATOR**

**SIGNATURE:                     *Barb Goetz***

**TO: ALL STAFF**

**SUBJECT: EMERGENCY RESPONSE; EMERGENCY COLOR CODES**

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**PURPOSE:**

Maple Villa utilizes Provincial Codes to standardize our method of communicating and identifying an emergency situation throughout the Home without alarming our residents and visitors but alerting all employees. An emergency is a serious, unexpected and often dangerous situation requiring immediate attention.

**EMERGENCY CODES:**

- |               |  |
|---------------|--|
| <b>Red</b>    | <b>Fire</b>  |
| <b>Green</b>  | <b>Evacuation, either partial or full</b>  |
| <b>Yellow</b> | <b>Missing Resident</b>  |
| <b>Black</b>  | <b>Bomb Threat</b>   |
| <b>White</b>  | <b>Violent Interaction</b>   |
| <b>Purple</b> | <b>Hostage Taking</b>  |
| <b>Grey</b>   | <b>Air Hazard</b>  |
| <b>Brown</b>  | <b>Chemical Spill</b>  |
| <b>Orange</b> | <b>Disaster (announces an “alert” to all staff to prepare for an emergency and report to the location announced)</b> |
| <b>Blue</b>   | <b>Medical Emergency</b>   |
| <b>Silver</b> | <b>Person with a Weapon</b>  |



## **Answering a Code**

**All staff on duty are to respond to a code call following the protocol outlined in the Emergency Plan. Safety of all is important; staff must ensure their workstation is safe and secure before responding to the call.**

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### **Example:**

- **If you are providing care with residents, ensure they are in a safe location and you are able to leave**
- **Turn off all appliances which cannot be supervised**
- **Depart the work area/station in a safe manner; be quick but calm and controlled**
- **Designated “home areas” (care and secure areas) which have multiple staff will follow their fire plan response to have a designated “charge person” to provide direction and the areas cannot be left without supervision.**

## **Terminating a Code Call**

**When the person in charge has determined an emergency has ended and is authorizing the end of an emergency and return to areas and routine activity, the same principles of announcing are reversed in a clear, precise voice. A termination code call is to be announced using the repetition of three (3) announcements to inform all staff.**

**A code script to terminate an emergency code is as follows:**

**“Attention All Staff, Code \_\_\_\_\_ has ended, ALL CLEAR”**  
**“Attention All Staff, Code \_\_\_\_\_ has ended, ALL CLEAR”**  
**“Attention All Staff, Code \_\_\_\_\_ has ended, ALL CLEAR”**

**Upon the announcement of an “All Clear”, staff are to return to normal duties unless otherwise directed and ensure the area of work is safe for residents and staff. If equipment has been used as part of the emergency protocol, it is to be returned to safe storage and/or replaced if required. The person in charge will direct a de-briefing session to review incident and obtain all information relevant to the situation.**

MAPLE VILLA LONG TERM CARE CENTRE

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APPROVED BY: ADMINISTRATOR

SIGNATURE: *Barb Goetz*

TO: ALL STAFF AND VOLUNTEERS

SUBJECT: CODE RED: FIRE

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PURPOSE

The home will reference all protocols as outlined in the site-specific fire safety plan that has been developed in accordance with local and provincial regulations and approved by the Fire Department.

POLICY

Fire within the building

In the event of a fire, the home team members will activate the fire alarm system and take action/implement Evacuations Procedures as per the Fire Plan.

The on-duty RN will announce the Code Red so that staff are able to respond immediately, by announcing

“Attention all staff, Code Red, report to location”

“Attention all staff, Code Red, report to location”

“Attention all staff, Code Red, report to location”



- When the on-duty RN has determined that the emergency has ended and it is safe to return to normal activities, the termination code will be announced:

**“Attention all staff, Code Red has ended; All Clear”**

**“Attention all staff, Code Red has ended; All Clear”**

**“Attention all staff, Code Red has ended; All Clear”**

### **External Fire Presenting Risk**

Any fire in close proximity to the building requires an immediate closure of all windows and airways (HVAC units) to maintain the air supply within the building to its safest level.

A fire on the property grounds or in the surrounding area may require an evacuation from the building due to hazards and loss of utilities. Maple Villa will be instructed by the emergency responders in the community.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION      DATE OF ORIGINAL ISSUE: AUGUST 1987

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APPROVED BY: ADMINISTRATOR

SIGNATURE: *Barb Goetz*

TO: ALL STAFF AND VOLUNTEERS

SUBJECT: FIRE PREVENTION

Page 1 of 2

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The purpose of a Fire Prevention Program is to prevent fires from happening. This could only be possible by the complete co-operation of all persons using this building.

Good Fire Prevention Is:

1. Good housekeeping
2. Good maintenance / Preventative maintenance checks
3. Good employee discipline
4. Adhere to smoking and fire safety policies of this home

Good fire prevention entails that each employee and resident carry out his/her responsibilities.

Administrator and Director of Nursing have the responsibility to:

1. Ensure that all employees are knowledgeable of the fire procedures and policies relating to fire safety.
2. Ensure that all employees are knowledgeable of the basic fire hazards in their work area.

The Employee has the responsibility to:

1. Be knowledgeable of the contents of the fire manual.
2. Be knowledgeable of the location of the fire alarm pull stations, firefighting equipment and exists in his/her work area.
3. Adhere to the fire safety policies of the facility
4. Report to the Nurse in Charge any accumulation of combustible waste material inside or outside of the building
5. Report to the Maintenance personnel any defective mechanical or electrical equipment

## FIRE HAZARDS

Fire prevention and the elimination of all fire hazards are the responsibility of all staff. You are to report to your superior supervisors all potential fire hazards. Management will take all steps to eliminate the hazards that are identified

## THE MORE COMMON HAZARDS INCLUDE:

1. Careless smoking and disposal of butts in combustible containers.
2. Storage in stairways, corridors and the blocking of exit doors.
3. The blocking of fire protection equipment (extinguishers, pull stations, hose cabinets, etc.)
4. Fire doors that are blocked open.
5. The accumulation of rubbish or other debris in any part of the building.
6. Use of extension cords as permanent wiring.
7. Frayed cords on appliances.

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## FIRE PREVENTION PROCEDURES

1. All exit doors are magnetically locked at all times and will release upon enunciation of fire alarm. This security system may also be controlled manually. This device is located at the first floor nurses station.
2. It is not permitted to wedge open any doors in this facility. Doors that serve as smoke barriers should always be kept closed in the absence of traffic except where they are held open by magnetic devices interconnected with the fire alarm system that will ensure their closing in the event of a fire. Bedroom doors are held open by magnetic devices which will also release if the fire alarm system is activated.

3. **All flammable liquids used in this facility must be labeled, kept in a suitable container and stored in a non-combustible cabinet when not in use.**

4. **STORAGE IN FIRE ROUTES:**

**It is not permitted to use corridors, stairwells, and exit door areas for storage of any other article of equipment or supplies, either on a temporary basis or longer periods of time. Whenever such conditions are discovered, they should be reported to the department head for immediate action. The exterior of exit doors must never be obstructed either by snow or any other article of equipment or lawn furniture.**

5. **All mattresses and draperies are made of flame-retardant materials.**
6. **Combustible materials shall not be accumulated or stored in such a fashion as to create a fire hazard.**
7. **All electrical equipment and appliances shall be inspected by maintenance personnel prior to use.**



4. Upon Hearing Second Stage Alarm:
  - (Chief Fire Warden) **Charge Nurse** at 1<sup>st</sup> floor nurse's station, delegates responsibilities;  
Delegation of Tasks (based on available staff):
    - Assist with evacuating residents
    - Block elevator access
    - Meet the fire department at main entrance (exclude on night shift)
    - Stay with residents relocated to holding areas and also those who may be at risk of elopement.
  - (Fire Response Team) **Nurses** proceed to the zone of fire origin to aid in the horizontal evacuation of occupants as directed
  - **Other Staff** go to the Ground Floor nurse's station to determine if their assistance is required.
5. When evacuating residents from rooms slide door "flag to red" to indicate room was checked and empty.
6. **If false alarm and origin confirmed i.e. observed a resident activate pull station, call Fire Monitoring ASAP to stop trucks from coming.**
7. When finished reset fire alarm panel at the station.
8. Call all clear on intercom. "Code Red all clear"- repeat 2 times.
9. Reset magnetic doors at first floor nursing station with key.
10. Request immediate head count to make sure all residents are accounted for
11. Fill in fire drill evaluation report and forward to Administrator for review and follow-up as required.
12. Fill in attendance sheet for staff in Fire Drill Record Binder.
13. **Call Fire Monitoring of Canada and have system taken off test again. Call fire station to tell them fire drill is complete.**

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT:       ADMINISTRATION                      DATE OF ORIGINAL ISSUE: JULY 1987  
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APPROVED BY:       ADMINISTRATOR                      REVIEWED/REVISED: JANUARY 2017  
SIGNATURE:         \_\_\_\_\_

TO:                    ALL STAFF

SUBJECT:             FIRE DRILL EVALUATION REPORT

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**POLICY:**

There shall be an attendance record and information data kept concerning regular fire drills.

**PURPOSE:**

To provide administration with a summary to assess the effectiveness of fire drills and the need for in-service required as well as a record of ongoing staff attendance.

**PROCEDURE:**

1. The R.N. will complete the record of fire drill attendance and fire drill report upon completion of the fire drill.
2. All information on the forms is to be completed.
3. The R.N. shall ensure that all new employees are added to the attendance sheet.

**Fire Drill Evaluation Report:**

This report deals with the particulars of each individual fire drill and is also an assessment of the drill by supervisory personnel. In addition, the Fire Drill Evaluation Report requires a verification of the proper operation of the fire prevention and detection equipment.

**Fire Drill Attendance Record:**

Enables the Administrator to be kept regularly informed of staff participation in fire drills. This record contains the names of all staff members and indicates the fire drills attended by each individual.

*N.B. All fire drill reports will be forwarded to the Administrator and OHS Committee.*

MAPLE VILLA LONG TERM CARE CENTRE

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SIGNATURE: Barb Goetz  
TO: ALL STAFF AND VOLUNTEERS  
SUBJECT: PREVENTATIVE MAINTENANCE PROGRAM

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**PURPOSE:**

To the main building, equipment and supplies according to the requirements of the Ontario Fire Code.

**PREVENTATIVE MAINTENANCE PROGRAM:**

1. Regular maintenance checks, servicing and equipment repair to ensure compliance of the Fire code by in-house maintenance personnel  
The Fire Code requirements shall be documented in a log book.
  
2. Inspections by outside agencies to ensure proper functioning of equipment to meet specifications of the Fire Code
  - Fire Out Protection – every 6 months – range guard system.
  - Enek Electric – annual inspection and required maintenance of fire alarm system, emergency power supply, fire extinguishers, stand pipe and hose systems and the sprinkler system.

**CHECK/TEST INSPECT REQUIREMENTS OF THE FIRE CODE:**

To assist you in fulfilling your obligations, included is a list of the portions of the Fire Code which require that checks, inspections and/or test be made of equipment and facilities from time to time. It is suggested that you read over this list and perform or have performed the necessary checks, inspections and/or tests for the items which may apply.



Fire Prevention Officers may check to ensure that the necessary checks, inspections and/or tests are being done, when conducting their inspections.

This list has been prepared for purposes of convenience only. For accurate reference, the Fire Code should be consulted.

Definitions for key words are as follows:

- CHECK and is** - means visual observation to ensure the device or system is in place not obviously damaged or obstructed.
- TEST** - means operation of device or system to ensure that it will perform in accordance with its intended operation of function.
- INSPECT will** - means physical examination to determine that the device or system apparently perform in accordance with its intended function.

It is stated in the Fire Code that records of all tests and corrective measures are required to be retained for a period of two years after they are made.

FIRE CODE REFERENCE NO.	<u>PORTABLE FIRE EXTINGUISHERS:</u> (reference should be made to NFPA 20 – 1978 for exact details)	INSPECTION FREQUENCY
6.2.7.2	<ul style="list-style-type: none"> <li>• Inspect all portable extinguishers</li> </ul>	Monthly
6.2.7.1	<ul style="list-style-type: none"> <li>• Subject to maintenance</li> <li>• Hydrostatically rest carbon dioxide and water type extinguishers</li> <li>• Hydrostatically test dry chemical and vaporizing liquid type extinguishers</li> <li>• Empty stored pressure type extinguishers and subject to maintenance</li> </ul>	Annually  Every 5 years  Every 12 years  Every 6 years

6.2.7.6 & 6.2.7.1	<ul style="list-style-type: none"> <li>• Recharge extinguisher after use or as indicated by an inspection or when performing maintenance</li> </ul>	As required
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FIRE CODE REFERENCE NO.	<u>FIRE ALARM AND VOICE COMMUNICATION SYSTEMS:</u> (reference should be made to ULC S-539-1979 for exact details)	INSPECTION FREQUENCY
6.3.2.1  6.3.2.2	<ul style="list-style-type: none"> <li>• Check fire alarm AC power lamp and trouble light</li> <li>• Check for trouble conditions</li> <li>• Check central alarm and control facility</li> </ul>	Daily
6.3.2.1  6.3.2.3	<ul style="list-style-type: none"> <li>• Check all fire alarm components including standby power batteries</li> <li>• Test fire alarm system</li> <li>• Test voice communication to and from floor areas to the central alarm and control facility</li> </ul>	Monthly
6.3.2.1  6.3.2.3	<ul style="list-style-type: none"> <li>• Test fire alarm system by persons acceptable to the authority having justification for service</li> <li>• Test voice communication to and from floor areas to the central alarm and control facility</li> </ul>	Annually (controlled service)

FIRE CODE REFERENCE NO.	<u>STANDPIPE AND HOSE SYSTEMS</u>	INSPECTION FREQUENCY
6.5.3.1	<ul style="list-style-type: none"> <li>• Inspect hose cabinets to ensure hose position and that equipment is in place and operable</li> </ul>	Monthly

6.5.5.2	<ul style="list-style-type: none"> <li>Inspect hose valves to ensure tightness to ensure no water leakage</li> <li>Remove and re-rack hose and replace worn gaskets</li> <li>Remove plugs or caps on fire department connections and inspect for wear, rust or obstructions</li> </ul>	Annually (contracted service)
6.4.2.5		
6.4.1.2		
6.4.3.6	<ul style="list-style-type: none"> <li>Hydrostatically test standpipe system piping which normally remains dry</li> </ul>	Every 5 years
6.4.3.1	<ul style="list-style-type: none"> <li>Hydrostatically test standpipe systems that have been modified, extended or are being restored to use after a period of disuse exceeding 1 year</li> </ul>	As required

FIRE CODE REFERENCE NO.	<u>SPRINKLERS</u>	INSPECTION FREQUENCY
6.5.3.1	<ul style="list-style-type: none"> <li>Check that unsupervised sprinkler system control valves are open</li> </ul>	Weekly
6.5.5.2	<ul style="list-style-type: none"> <li>Test sprinkler alarms using alarm test connection (#11 valve – on back of alarm check valve)</li> </ul>	
6.5.3.2	<ul style="list-style-type: none"> <li>Check exposed sprinkler system pipe hangers</li> <li>Check all sprinkler heads</li> <li>Inspect dry pipe valve priming level</li> <li>Remove plugs or caps on fire department connections and inspect for wear, rust or obstructions</li> <li>Test waterflow on wet sprinkler systems using most remote test connection</li> <li>Trip-test dry pipe system</li> <li>Test flow on water supply using main drain valve</li> </ul>	Annually
6.5.3.5		
6.5.4.3		
6.5.4.4		
6.5.5.3		

6.5.5.4		
6.5.5.5		

FIRE CODE REFERENCE NO.	EMERGENCY POWER SYSTEMS	INSPECTION FREQUENCY
6.7.1.1	<ul style="list-style-type: none"> <li>• Check all components of the system; operate the generator set under at least 50% of rated load for 30 minutes</li> </ul>	Monthly
6.7.1.1	<ul style="list-style-type: none"> <li>• Inspect and service generator and generator set</li> </ul>	Annually

FIRE CODE REFERENCE NO.	<u>MEAN OF EGRESS</u>	INSPECTION FREQUENCY
2.2.3.4	<ul style="list-style-type: none"> <li>• Inspect all floors in fire separations</li> </ul>	Monthly
2.2.3.5	<ul style="list-style-type: none"> <li>• Check all doors in fire separations to ensure they are closed</li> <li>• Maintain exit signs to ensure they are clear and legible</li> <li>• Maintain exit lights to ensure they are illuminated and in good repair</li> <li>• Maintain corridors free of obstructions</li> </ul>	As Required

FIRE CODE REFERENCE NO.	<u>SERVICE EQUIPMENT, DUCTING, CHIMNEYS</u>	INSPECTION FREQUENCY

2.6.1.4	<ul style="list-style-type: none"> <li>• Check hoods, filter and ducts subject to accumulation of combustible deposits and clean as necessary</li> </ul>	Weekly
2.2.3.7  2.6.1.5  2.6.1.8  7.2.3.1	<ul style="list-style-type: none"> <li>• Inspect all fire dampers and fire stop slaps</li> <li>• Inspect all chimneys, flues, fluepipes and clean as necessary</li> <li>• Inspect disconnect switch for mechanical air conditioning and ventilation</li> <li>• Inspect controls for air handling systems used for venting</li> </ul>	Annually
2.4.1.5	<ul style="list-style-type: none"> <li>• Clean lint traps in laundry equipment</li> </ul>	As required

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT:       ADMINISTRATION                   DATE OF ORIGINAL ISSUE: DEC 1990  
ISSUED &  
APPROVED BY:       ADMINISTRATOR                   REVIEWED/REVISED: MAY 2018  
SIGNATURE:         \_\_\_\_\_

TO:                   ALL STAFF

SUBJECT:            WORKPLACE INSPECTIONS – FIRE AND SAFETY

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RE: Monthly Fire & Safety Inspections

**PURPOSE:**

To inspect the physical conditions of the workplace. To prevent injuries and illness. To identify and record hazards and make recommendations for corrective action.

**POLICY:**

Work place inspections shall be conducted at least once monthly by a member of the Health & Safety Committee, an employee or departmental supervisor.

It shall be the responsibility of the persons conducting the inspection to complete the Fire & Safety Checklist (see procedure for conducting inspections and completing checklist). Throughout the inspection contact shall be made with the employees to inquire as to their knowledge of health and safety standards. Employees may also be commended and/or corrected regarding health and safety performance. The completed checklist inclusive of the fire fighting equipment shall be forwarded to the Administrator. All hazards observed shall be classified on the reporting form to identify loss potential. Should any hazardous conditions or act present potential for physical harm they would be class "A" and would require immediate corrective action. Hazards observed which relate to property damage would be class "B" and would require reparative action.

It shall be the responsibility of the "inspectors" with the Administrator to complete the "Follow-up Report of the Monthly Fire & Safety Inspection" and to notify responsible persons for corrective

action. A copy of this report shall be sent to appropriate supervisor and to Health & Safety Committee for review / follow-up; to insure corrective action is complete.

The Administrator shall respond in writing to any written recommendations regarding Health & Safety within 21 days of receipt which are agreeable / feasible and give reasons for any recommendation which is not acceptable.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: MAINTENANCE  
ISSUED &

DATE OF ORIGINAL ISSUE: AUG 2000  
REVIEWED / REVISED: JULY 2022

APPROVED BY: ADMINISTRATOR

SIGNATURE: Barb Goetz

TO: MAINTENANCE  
SUBJECT: TESTING OF POWER GENERATOR

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PURPOSE:

To ensure that the generator for back-up power supply is in optimum working order at all times.

POLICY:

The facility has a diesel fueled generator located in the roof top mechanical room. It shall be the responsibility of the maintenance personnel to ensure the generator is efficiently operational at all times. The procedure for testing is posted in the roof top mechanical room and shall be conducted once monthly.

In the event of power loss to the facility, the generator automatically engages to provide a back-up power system (see Policy "Loss of Power - What Happens and What to do in the Event of Power Failure")

A full "switch" test shall be conducted annually by the maintenance supervisor by shutting down the main electrical supply, ensuring the generator is fueled, engages promptly and is providing power to all dedicated equipment. This test shall be recorded and kept on file for future reference.

The generator shall be properly maintained and inspected annually by a certified contractor. Inspection records shall be kept on file and made available to authorities, upon request.



MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: RESIDENT SAFETY      DATE OF ORIGINAL ISSUE: MAY 1998

ISSUED BY: ADMINISTRATOR      REVIEWED/REVISED: May 2020

APPROVED BY: ADMINISTRATOR

SIGNATURE: *Barb Goetz*

TO: ALL STAFF

SUBJECT: SMOKING POLICY  
of 2

Page 1

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**PURPOSE:**

In our commitment to provide a healthy and safe Home for everyone, we ask for the co-operation of all to follow and abide by our smoking policies in accordance with the "Smoke Free Ontario Act".

In our efforts to provide a safe environment, the following smoking policy has been established.

**POLICY:**

Smoking indoors is prohibited.

Smoking outdoors must be 30 feet from any entrance or exit.

**Residents are encouraged not to smoke. If they do so, they must:**

- Wear smoking aprons when permitted to smoke.
- Resident's smoking materials shall be under the strict control of the staff and kept under lock when not in use.
- No refillable cigarette lighters or fuel is permitted in the Home.

- Must be able, in the opinion of the Administrator to smoke safely without assistance from an employee.
- Be offered cessation program

**Visitors:**

- Resident's smoking materials are under strict control of the staff within the Home.
- Visitors must not give smoking materials to residents under any circumstances.
- Visitors are permitted to smoke in outdoor courtyard area, 10 feet from windows, 30 feet from any entrance or exit.

**Staff:**

- Staff must be alerted to "problem smokers" and be aware that residents may obtain these materials from some unknown source and be able to identify signs that would indicate there is a smoking problem, i.e. burn holes in resident's clothing, burn marks in furniture, discarded materials in non-smoking areas and the presence of smoke odour in non-smoking areas.
- Staff is permitted to smoke in the outside courtyard area during lunch and coffee breaks ONLY, at least 10 feet away from exterior windows and 30 feet from any entrance or exit.
- Staff shall report any violation of policy to administration.

**Management:**

- Shall ensure that each staff member receive a copy of the smoking policy, must be reviewed with all current staff and new staff at the time of their employment.
- Shall prominently post the smoking policy in various resident and staff areas for easy reference. A copy shall also be given to persons violating the policy and management personnel shall retain written record of such violations.
- Shall ensure staff receives training in the "stop, drop and roll" techniques for extinguishing a fire involving a person's clothing.
- Shall take appropriate action to address unsafe smoking practices.

## **Enforcement:**

The purpose of this statement is to outline the actions that will be taken by this facility to address unsafe smoking practices in violation of the smoking policy.

Should anyone encounter an incident in contravention of the smoking policies, the following action must be taken:

1. Immediate extinguishment of smoking material. (Notify supervisor/administrator).
2. Removal of smoking materials, i.e. cigarettes, matches, etc.
3. Verbal warning.
4. A letter will be issued to the next-of-kin/POA notifying them of the incident.
5. If there is a repeat of the incident, a written letter will be issued to:
  - Ministry of Long-Term Care
  - Relatives/POA
  - The resident
  - Copy kept on file
6. Resident will be prohibited from smoking.
7. If resident does not comply and the incident reoccurs, management will be forced to take further action.
8. If a staff member does not comply, disciplinary actions shall be taken.
9. If a visitor does not comply:
  - Ask the visitor to comply with the policy
  - Ask the visitor to cease smoking
  - If visitor refuses to comply, ask the visitor to leave the premises and report the incident to Administrator.



In the event of a large-scale community incident the home will be instructed by emergency response team in regards to the hazard and directions as part of the community plan which may result in a code that requires response such as evacuation, loss of utilities, shut-down air hazard. The home may be notified of smaller scale potential emergency that may require the home to prepare such as property flooding, intermittent losses of power, etc.

The Administrator/Designate will direct that staff, residents, and visitors be informed of the event via the public address system or word of mouth that the Emergency Response Plan is in effect, by announcing

“Attention all staff, Code Orange, report to • specify the location”

“Attention all staff, Code Orange, report to • specify the location”

“Attention all staff, Code Orange, report to • specify the location”

- The Administrator/Designate will authorize the termination of the declaration of disaster according to protocol.

“Attention all staff, Code Orange has ended; All Clear”

“Attention all staff, Code Orange has ended; All Clear”

“Attention all staff, Code Orange has ended; All Clear”

#### Community Threat (Explosion, Fire, Spill, Etc.)

In the event the property is in proximity to a community disaster, proceed as directed by community emergency management services (EMS). The process would be a Code Orange assessment and the decision to call the appropriate code and set up a control station.

This may require evacuation for safety, example: environmental air contamination or as a result of the loss of all utilities.

If the event is during non-conventional hours:

- Immediately the R.N on-duty must contact the Administrator or designated on-call manager for direction OR to relay direction provided from EMS
- Proceed with all instructions provided from EMS as required use the resources within the manual for your reference – example: lock down of air units or transportation for evacuation.

You may be required to turn off power, water, and gas, etc. in and on the property either at the onset of an evacuation or at the conclusion of an evacuation. Lock the building on final departure if full evacuation is required.



- Beverages and nourishments will be prepared for the residents who are being received.
- Assist with making the residents comfortable and assist with care as needed.
- Approve the use of the home as a Receiving Centre.

Page 2 of 2

- Designate a staff member to orientate evacuees to the home and explain necessary routines.
- Maintain contact with and liase with the Administrator or delegate from the home that is in Code Green (Evacuation).
- Implement procedure for identification and speedy documentation for residents admitted for temporary accommodation to the facility.
- Call in system for off-duty staff.
- May need to set up assessment and treatment center with triage if incoming residents/children are casualties.
- Revise staff scheduling based on increased occupancy.
- Notify Medical Director, and Ministry of LTC about the situation.

Note: Give assistance and care to the residents you will be receiving. Maintain a list of additional expenses that you are incurring, i.e. staffing, supplies, etc. for insurance purposes afterwards.





### **Immediately following the cancellation of the CODE GREEN:**

- An all clear will be announced, THREE TIMES, using the telephone/ PA system.
- Staff will return to their normal duties.
  
- A staff debriefing will take place with representatives as directed by the IC, and Emergency Services if available.
- Provide detailed accounting to corporate.

### **Circumstances Requiring Evacuation**

- **Fire**
- **Explosion**
- **Flood**
- **Bomb Threat**
- **Loss of heat, power or water for an extended period of time**
- **Community disaster e.g. toxic spill, loss of utilities or gas leak**

Evacuation is the movement of residents to a temporary safe area or refuge, either horizontally or vertically. Total evacuation of all occupants from the building would be final stage, if deemed necessary by the community authorities (EMS).

There are three evacuation stages as follows:

HORIZONTAL: Removal of residents from a fire affected area to a fire safe area on the same floor.

VERTICAL: Removal of a resident from a fire affected or threatened floor to a fire safe floor or area within the building.

TOTAL / COMPLETE: Evacuation of the building – removal of residents from the fire affected or threatened building.

The fire barrier doors on each floor will automatically close when alarm sounds. All residents on the affected floor shall be moved immediately to the opposite side of the doors away from the danger area and staff are to await instructions as to further evacuation, vertical or complete.

Due to the nature of the structure, in the event that the fire affected area is on the 1<sup>st</sup> floor, southside, it is necessary to evacuate immediately and horizontally (1<sup>st</sup> floor) followed by horizontal evacuation 2<sup>nd</sup> floor above affected area, prior to vertical or complete evacuation.

In case of complete evacuation during bad weather (rain, snow, cold temperatures), there will be designated “holding areas” where residents shall be gathered together within the facility until transportation arrives. The designated areas will be as such according to the area of danger (opposite side of the building) and will be designated by the person in charge of the evacuation.

If necessary, outside “holding” areas shall be apartment parking lot or lobby on each side of the Facility

### THE HOLDING AREAS ARE:

1. Activity Room
2. Main Dining Room 1<sup>st</sup> Floor

### 3. Lounge 1<sup>st</sup> Floor

A designated staff member shall be appointed by the person in charge to remain in the holding area with the residents while other staff continue evacuating.

Only the Fire Chief or the Administrator or designated person shall order a complete evacuation.

#### ORDER OF EVACUATION OF RESIDENTS:

1. Residents in immediate danger.
2. Ambulatory residents.
3. Wheelchair residents.
4. Non-ambulatory residents.
5. Resistive residents

#### RESPONSIBILITY DURING EVACUATION:

The charge nurse will be responsible for directing the removal of residents, making sure the residents can be identified, maintaining a record of residents evacuated and where, removal of evacuation bag, staff work schedules and medication carts.

#### **EVACUATION BAG**

To ensure adequate resources are made available to deal with emergency evacuation.

Contents include, residents I.D. bands, resident contact information, personnel phone numbers, other contacts i.e. (Pharmacy, Ministry of Long-Term Care, Ontario Health West, Placement Service), also a "Red" cap and orange vest to be worn, designating person "in charge", flashlights, walkie-talkies, clipboard, evacuation log sheets, pencil and paper, first aid kit, and residents Kardex.

The above-mentioned article shall be available at all times in a red bag designated for "EVACUATION" located in the first-floor medication room. It shall be the responsibility of the RN/RPN – first floor to remove this bag in event of an evacuation.

It shall be the responsibility of the RPN on night shift to update this information as necessary on the 12<sup>th</sup> day of each month i.e. I.D. Bracelets and request updated list of resident contacts from Administrator and staff phone lists.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION      DATE OF ORIGINAL ISSUE: AUGUST 1987

ISSUED &      REVIEWED/REVISED: JULY 2022

APPROVED BY: ADMINISTRATOR

SIGNATURE: Barb Goetz

TO: ALL STAFF

SUBJECT: EVACUATION – METHODS OF MOVING RESIDENTS

Page 1 of 3

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1. Walk residents to nearest haven of safety.
2. Use sheets and blankets as temporary stretchers, if necessary.
3. Use chairs:
  - Working alone
  - Working as partners

Sheets or Blankets as Temporary Stretchers:

1. Work in "TWO".
2. Roll sheet or blanket in right roll towards resident
3. Use rolls as handles, lift resident.

Using Chairs:

Working Alone:      Place resident in chair and push resident to exit.

Working with Partner:      Place resident in chair. Tip chair backwards. Lift chair  
by back and      front legs.

Carrying Resident:

Working Alone:      Roll resident facing to your back. Place an arm under  
resident's      thigh and under resident's body.

Working with Partner:      One-person lift resident between thighs. Second  
person lift      resident under shoulders.

LIFT AND CARRIES

In a Long-Term Care facility fire, the first duty of personnel is to remove the resident who may be in immediate danger. This may require removing one person, or many, and staff must be trained in workable methods of removing them.

Several factors must be considered in emergency handling of residents:

- (a) The nature of the emergency
- (b) The weight and condition of the resident
- (c) The resident mental condition

It is important that all staff completely understand the procedures and be competent to instruct others.

#### (A) THE UNIVERSAL CARRY

The Universal Carry is a method of removing a resident from a bed onto a blanket on the floor. It is a quick and effective method for removing a resident who is in immediate danger. This carry can be used by anyone regardless of the size of the resident.

1. When you approach the bed, stay low because if there is a smoke condition, the smoke will have a tendency to rise. By staying close to the floor, you will not have to breathe in the smoke and heat.
2. Now spread the blanket, sheet, or spread on the floor, place one third of the blanket under the bed. Leave about 8 inches above the resident's head.
3. Grasp the resident's ankles and move the legs until they drop over the bed at the bend of the knees.
4. Place your hands on each shoulder of the resident. Slowly pull your hands toward you until the resident is in a sitting position.
5. Encircle the resident with your arms, place your arms underneath the resident's arm-pits and lock your hands together in front of them.
6. Slide the resident slowly to the edge of the bed and lower to the blanket. If the bed is in a high position allow the resident to slide down one of your legs.
7. ALWAYS PROTECT THE RESIDENTS HEAD
8. Gently lower the head to the blanket, wrap the blanket around the resident
9. At the resident's head, grip the blanket with your hands above each shoulder of the resident. Do not let the head snap back.
10. Place the resident in a half-sitting position and pull the blanket toward you. The blanket will slide easily on the floor allowing you to move the resident to safety.

#### (B) DOUBLE CRADLE DROP

The Double Cradle Drop is recommended for two rescuers to use when one person cannot control the resident.

1. If there is smoke or heat, stay close to the floor.
2. With the blanket on the floor, place one third of it under the bed and leave about eight inches above the resident's head.
3. The person who will handle the top half of the resident will be referred to as "A" and the person who will handle the lower half of the resident will be "B".
4. "A" slide your arm under the resident's head and grasp the opposite shoulder. Your arm goes completely under the body at the waistline.
5. "B" slide your arms under the legs on both sides of the resident's knees and extend through to support this half firmly.
6. Do not jerk the resident into mid-air
7. Together, gently pull the resident toward you by rocking back into a sitting position and lower into a sitting position.
8. Always protect the residents head by lowering this part to the blanket last. Wrap the blanket around the resident
9. Together, move to the resident's head, grasp the blanket above the shoulders. Do not let the head snap back.
10. LEAVE THE RESIDENT IN A PRONE POSITION and pull the blanket towards you.

(C) BEAR HUG HOLD

If the path is narrow, or the resident is disturbed emotionally, it may be to your advantage to use the Bear Hug assist on the resident.

1. Approach the standing resident from the rear
2. Place your hands between the resident's body, and arms, take hold of the wrists, keep your hands on the top, your thumbs to the inside.
3. Fold your arms to encircle the resident from the around the chest.
4. Your arms will not be in the Bear Hug position.
5. MOST IMPORTANT is that you keep your head to one side of the resident's head so that the resident cannot butt you.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION

DATE OF ORIGINAL ISSUE: NOV 1990

ISSUED &

REVIEWED/REVISED: JULY 2022

APPROVED BY: ADMINISTRATOR

SIGNATURE: *Barb Goetz*

TO: ALL STAFF AND VOLUNTEERS

SUBJECT: EVACUATION CHECKLIST

Page 1 of 4

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1. Ensure that one person has overall charge of the plan (Administrator or delegate).
2. Designate a central area as control. Minimize number of evacuations sites (exists) for purposes of control.
3. Delegate a staff member in each area the responsibility of maintain a resident head count and also a staff member as a communications coordinator (C.C.)
4. Call in staff as appropriate for evacuation assistance (fan-out list) and as necessary to report to receiving centre.
5. Ensure those residents requiring special medical attention (or nursing attention) are designated to go to the appropriate facility.
6. Keep residents completely informed of the situation.
7. Notify Medical Director to make arrangements at Joseph Brant Hospital as necessary, and to reach the facility as quickly as possible.
8. Notify the Burlington Waterfront Hotel at 905-681-5400, for temporary shelter.
9. Ensure that all residents are individually identified, including condition and diet. (Identification bands, family and staff phone numbers in "Evacuation Bag" at the 1<sup>st</sup> floor nurses' station).
10. Decide how individual residents are to be transported; use the most appropriate means of transportation (cars, ambulances, vans, bus, Handivan: 905-639-5158, "First Student": 905-335-7010).

11. Assign personnel (C.C.) necessary personnel to the appropriate means of transportation.
12. Assign personnel (C.C.) to advise all attending physicians.
13. Assign personnel as appropriate to inform families of situation, by telephone.
14. 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.
15. Maintain a record of each resident's destination.
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 inquiries from families.
20. Ensure parking area is clear to allow sufficient room for evacuating and emergency vehicles.
21. Make final check of empty building to ensure that all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.
22. Ensure that all evacuated areas are sealed off, appropriately secured and barricaded as necessary.
23. Notify police that building is evacuated or with minimal staff on duty.
24. Post signs on door, indicating whereabouts and phone number.
25. Contact Placement Services for resident's temporary transfer to other L.T.C Homes.

**TOTAL EVACUATION MAY BE NECESSARY DUE TO:**

- (A) INTERNAL DISASTER

Fire

Smoke

Water

Loss of heat, power, water for an extended period of time

**(B) EXTERNAL DISASTER - Community**

Chemical Spills,

Toxic Waste Spills

Explosion

Severe Weather, flooding

Loss of Utilities

**EVACUATION CONTROL CENTRE**

In the event of an emergency, which requires the evacuation of our residents, the nurse's station on the floor of the emergency shall be utilized for the co-ordination of emergency

If it is not possible to use this location due to a safety risk, 1<sup>st</sup> floor reception area shall be utilized as an alternative location.

The charge nurse on duty shall be responsible for the co-ordination of personnel and evacuation of residents in the absence of the Administrator and/or Director of Nursing.

**EQUIPMENT AND NECESSITIES TO BE CONSIDERED FOR EVACUATION**

1. Emergency Procedures Manual
2. Evacuation Bag (red) – located at 1<sup>st</sup> floor nursing station
3. Adequate blankets and Bedding
4. Resident's personal clothing
5. Contenance products
6. Commodes
7. Staff phone number list and work schedules
8. Attending physician's phone number lists
9. Families phone number lists
10. Adequate recreational supplies and physiotherapy equipment
11. Ensure that records and documents left behind are properly secured
12. Medication cart and available computer laptops

N.B. Equipment on this list represent the ideal situation. Depending on the situation it may not be feasible or possible to follow the list. Resident safety is OUR PRIMARY RESPONSIBILITY.



The Emergency Manual must accompany an evacuation due to information/procedure information it contains.

Once the decision has been made to transfer residents or other persons to an external area of refuge or evacuation site, discharge resident/injured person to hospital or to home of family member, the Transfer and Discharge procedure will be implemented.

Implement the Transfer and Discharge procedure to expedite the relocation process. The Emergency Response Administrator will assign a Registered Nurse, (if possible) as the Transfer and Discharge Supervisor. Authorities such as the Ministry of Health and Long Term Care would be involved in this process, Ontario Health West, and the LHIN Placement Services.

1. Chronologically numbering the residents who are transferred or discharged is important until such time as the following procedure can be carried out in a safe manner;
2. Implement the Transfer & Discharge Record to document transfer/discharge.
3. Serially number each resident or injured person being transferred and enter the name opposite the assigned number.
4. Place adhesive tape on the person with the name and number as time permits, regardless of whether the person has been assessed and is wearing a triage identification tag
5. Transfer to a hospital of an injured person shall be determined by EMS
6. Transfer to family home will be determined by a Registered Nurse.
7. The "TD" sheets will be used to later reconcile the location of all residents and others.

## EMERGENCY RESPONSE – NOTIFICATION OF MEDIA

### MEDIA GUIDELINES

Emergency Response Administrator will instruct all staff to maintain complete confidentiality and refer inquires to designate spokesperson.

The media WILL NOT be allowed to enter the building.

Spokesperson authorized to make press releases should do so through social media platform. (This shall be done in consultation with the Stakeholders).

Whenever possible the spokespersons for the Ministry of Health and LTC or Emergency Management Services should also be utilized to keep the media informed.

## SECURITY GUARDS

The Emergency Response Administrator will instruct the security guards as to:

- Entrances and exits to control;
- The time rounds of the premises are to be made;
- Areas to check, especially unsupervised areas;
- Evacuated areas to seal off, secure and post appropriate signage.

### Standard Signage

Place signage at entrance doors to direct people to a specific location and or a contact number for information; it is best to have all traffic directed to one location and one contact to screen visitors.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION      DATE OF ORIGINAL ISSUE: AUGUST 1987

ISSUED &      REVIEWED/REVISED: JULY 2022

APPROVED BY: ADMINISTRATOR

SIGNATURE:     *Barb Goetz*    

TO: ALL STAFF AND VOLUNTEERS

SUBJECT: EVACUATION / FACILITY RE-OCCUPANCY (WHEN IT IS OVER)    Page 1 of 2

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1. Home must be inspected and approved for resident re-occupancy by appropriate individuals and authorities, ie. Halton Public Health and/or MLTC.
2. Notify Ministry of LTC Inspection Branch and Placement Service about the return.
3. Check all operational equipment, and air building out.
4. If possible, arrange for a meal or snack for returning residents.
5. Notify families about time and date of return. Schedule readmission of residents who have been with families last.
6. Contact staff regarding scheduling for readmission.
7. Gather up all lists of residents and equipment to be returned.
8. Notify Advisory and attending physicians of return date and time.
9. Designate a central control area for returning residents, staff and equipment.
10. The Administrator or delegate should be made responsible for returning traffic.
11. Double check and identify residents as they disembark from the various means of transportation.
12. Ensure checklists of residents and equipment are continually updated.

13. Ensure that residents and equipment are returned to appropriate areas.
14. Home must be inspected and approved for residents' re-occupancy by appropriate individuals and authorities.
15. Investigate missing items immediately.
16. Establish routine as soon as possible.
  - I. Resume normal operations as quickly as possible to minimize inconvenience to residents.
  - II. Assess inventory and equipment loss – replace as needed.
  - III. Evaluate additional costs.
    - a. Assess inventory/equipment loss.
    - a. Additional staffing costs.
    - b. Establish total cost evacuation.

#### COMMUNICATION WITH MEDIA

1. The Administrator is responsible for all release of information to media.
2. All staff is instructed to maintain complete confidentiality and refer all inquiries to the Administrator.
3. No-unauthorized individuals are permitted in the Home.
4. Ensure factual statements are given to the media only by Administrator or designate.

#### COMMUNICATION WITH RESIDENTS/FAMILY, STAFF, STUDENTS, AND VOLUNTEERS

1. The Administrator / Director of Nursing, or designate (C.C.), are responsible for notification of resident's family as soon as emergency situations permits, to ensure ongoing communication at the beginning of the emergency, when there is a significant status change, and when the emergency is over.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION

DATE OF ORIGINAL ISSUE: MAY 2018

ISSUED &

REVIEWED/REVISED:

APPROVED BY: ADMINISTRATOR

SIGNATURE: Barb Goetz

TO: ALL STAFF AND VOLUNTEERS

SUBJECT: CHECKLIST – POST EVENT

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1. \_\_\_\_\_ Thank everyone:
  - Residents that have been inconvenienced
  - Staff who have helped
  - Volunteers
  - Families
  - Media
  - Government agencies
  - Receiving facilities
  - Ambulance
  - Transportation
2. \_\_\_\_\_ Notify Government Agencies of residents who went home for billing purposes
3. \_\_\_\_\_ Take linen inventory to assess loss
4. \_\_\_\_\_ Take food inventory to determine costs/loss
5. \_\_\_\_\_ Take equipment inventory to assess loss
6. \_\_\_\_\_ Take supply inventory to determine costs
7. \_\_\_\_\_ Investigate missing items immediately
8. \_\_\_\_\_ Establish additional staffing costs
9. \_\_\_\_\_ Reimburse staff for expenses due to travelling etc.
10. \_\_\_\_\_ Establish total cost of evacuation
11. \_\_\_\_\_ Write a formal report; complete a CIS to M.O.H

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION      DATE OF ORIGINAL ISSUE: AUGUST 1987

ISSUED &      REVIEWED/REVISED: AUGUST 2020

APPROVED BY: ADMINISTRATOR

SIGNATURE: Barb Goetz

TO: ALL STAFF

SUBJECT: RELOCATION IN THE EVENT OF AN EVACUATION

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If total evacuation is necessary, residents will be relocated to the following facilities:

1. If emergency medical treatment is required, residents will be transferred to hospital:

Joseph Brant Memorial Hospital

Lakeshore Road

Burlington, ON.

905-632-3730

2. If no emergency medical treatment is required, temporary holding areas:

Neighboring Lobby areas of apartment/condominium complexes

(The Villa's 905-632-5258)

3. The Waterfront Hotel Burlington

2020 Lakeshore Road

Burlington, ON.

L7R 468

905-681-5400

MAPLE VILLA LONG TERM CARE CENTRE

ISSUED BY: ADMINISTRATOR                      DATE OF ORIGINAL ISSUE: AUGUST 1990  
APPROVED BY: ADMINISTRATOR                      REVISED: JULY 2022  
SIGNATURE: Barb Goetz  
TO: ALL STAFF  
SUBJECT: CODE YELLOW: MISSING RESIDENT

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PURPOSE:

- To ensure resident's safety and accountability of all residents at all times.
- To assist in the co-ordination of searching and reporting missing/lost resident.

POLICY:

It shall be the responsibility of staff to adhere strictly to the policy and procedure regarding the door alarm system. The on-duty nursing staff shall be responsible for determining full accountability of their residents.

In the event of a resident missing or unaccounted for, the on-duty Charge Nurse shall take immediate action to attempt to locate the resident and notify the proper authorities.

PROCEDURE:

1. Should nursing staff fail to account for any resident, he/she shall immediately notify the Charge Nurse (on duty R.N.). The charge nurse shall announce

**“Code Yellow, all staff report to first floor nurse's station”**

**“Code Yellow, all staff report to first floor nurse's station”**

**“Code Yellow, all staff report to first floor nurse's station”**

to activate the response plan.

2. The Charge Nurse shall then instruct and co-ordinate on-duty personnel to search the entire facility and the outside grounds of the facility. When a “bed check” is done, there must be a visual check of each resident. Utilizing the home's floor plan for search, areas on the search map should be covered by designated staff personnel. Record designated staff name(s) directly on floor plan. After each room search “flag” RED staphchek on door in acknowledgement.

3. RN to print residents transfer/discharge record – Resident picture from “Profile tab”.

4. SEARCH PLANS – STAFF ROLES

When a call goes out that a person is missing, it is imperative that each staff member knows what role he/she is to play in the search.

Search Co-ordinator (on Duty R.N.) – responsible for implementing the search plan.

Searchers: (all on-duty staff) – responsible for systematically searching an assigned section of the premises or grounds and reporting back to search co-ordinator. Whenever possible staff should work in pairs. They should:

remain silent except for essential conversation

- listen for the person
- remember that the person may not respond to his/her name being called.

A suggestion of how to systematically search a room:

1. Step inside doorway.
2. Scan from right to left with eyes low – i.e. scanning the floor.
3. Scan from right to left at middle range – i.e the walls.
4. Scan from right to left up high taking in the top of shelves and cupboards.
5. If you can't see over, under, inside, or behind something, one person should move to check the object i.e. garbage can, shower stall, cupboard.
6. **REMINDER:** When exiting the room, use fire evacuation mechanism (staphchek), place in “red” position to illustrate “room clear”.
7. Report back to Search Co-ordinator.

Supervisors, remaining PSW's and other available support/service staff are responsible for the care and safety of remaining residents. They are also responsible for restricting and limiting outdoor access and traffic until police arrive. This will facilitate the work of police, should they be needed.

5. When the facility and outside search is completed, the Charge Nurse should make sure that all areas on the search floor plan have been covered.

6. If failure to find the missing resident should occur, within 20 minutes, the Charge Nurse shall notify the police with a full description of the resident. At this point, the Report of Missing Resident form should be filled out. The Administrator or Director of Care, shall be notified of the situation as well as the resident's next-of-kin and attending physician. If requested by the authorities, the Charge Nurse shall designate a staff member to accompany in the search for ease of identification. When the emergency is over, Authorities and POA (resident' next-of-kin) shall be contacted accordingly.



All Parties involved, resident, family member, staff, student, and volunteers debriefed after the emergency is over and provide emotional support (refer to social worker or E.A.P., if applicable) to anyone experiencing distress due to the emergency.

7. Copies of the Missing Resident Report shall be given to:
    - a) DOC
    - b) Administrator
    - c) Police
  8. The Administrator or Director of Care shall notify the Ministry of L.T.C. @ 8:30am – 4:30pm, Monday – Friday: 1-855-819-0879, after hours: 1-888-999-6973 and send a written report (CIS). Immediate: if missing more than 3 hours and/or returns to the home with injury. 1 business day: if missing less than 3 hours and returns to the home with no injury, as well as the attending physician
  9. A list of Residents with wanderguard bracelet can be found in PCC – Care Plan item/Task Listing Report.
  10. It shall be the responsibility of the DOC/Administrator to conduct a practice/drill of a missing lost/resident annually as a training exercise for all staff. Written record of each exercise shall be kept on file for a period of three years. This policy/plan shall be tested and evaluated annually, within a 12- month period and updated accordingly.
- When the emergency is over in the home, the person in charge shall announce

**“Code Yellow, all clear”**  
**“Code Yellow, all clear”**  
**“Code Yellow, all clear”**

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION      DATE OF ORIGINAL ISSUE: AUGUST 1987  
ISSUED &      REVIEWED/REVISED: MAY 2022  
APPROVED BY: ADMINISTRATOR  
SIGNATURE: Barb Goetz  
TO: ALL STAFF AND VOLUNTEERS  
SUBJECT: BOMB THREAT – CODE BLACK      Page 1 of 3

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PROCEDURE

This procedure will be activated immediately following receipt of a Bomb Threat. The procedure will apply to all staff once the announcement of a Code Black is made.

**“Attention All Staff, Code Black, Report to \_\_\_\_\_.”**

**“Attention All Staff, Code Black, Report to \_\_\_\_\_.”**

**“Attention All Staff, Code Black, Report to \_\_\_\_\_.”**

Receiving a Bomb Threat

By Telephone:

Bomb threats are normally transmitted by telephone, and the person receiving the call must obtain precise information and enter it on the Bomb Threat Checklist.

If you receive a bomb threat, stay calm and try to get as much information as possible. Although this might be difficult, try to note any unique features about the voice and any background sounds you hear over the telephone. Keep the caller on the line as long as possible and take detailed notes about what is said.

Try to detect and note the following on the Bomb Threat Checklist:

**DO NOT HANG UP THE PHONE** – Line Required for Phone Trace

**Contact 9-1-1 immediately**

## **By Letter or Note:**

When staff receive / find a note / letter, reduce the handling of the letter / note to a minimum, staff must secure the letter / note (utilize another staff member if required) and leave as is (e.g. if found in an elevator, leave the note for the police and secure the elevator).

## **Notification**

The Receiver of the Threat Will:

- *REMAIN CALM*
- Use a different phone than the one on which the threat was received OR get another staff member to place the call.
- Notify policing authorities; call 911.
- Advise there has been a bomb threat at: name and street location of the property.
- During "normal" business hours notify the Administrator/DOC.
- During other hours of operation, notify the R.N. on duty, who will be acting as the Incident Commander of the threat.; have another staff member contact the Administrator/DOC.

## **Responsibilities**

- Refer to Code Black Checklist
- Announce the Code Black (3 times) and any additional information required, to remind residents to remain in their respective suites/rooms.

**During a Code Black, the facility paging system will be used for emergency announcements only.**

## **Bomb Search General Procedures**

Once a decision is made that the bomb threat appears to be valid, the Administrator/Designate will work in full cooperation following the full instructions from regional EMS support.

- 
- The Administrator/Designate in conjunction with EMS will decide whether a full or partial search and/or evacuation is required. This individual is also authorized to give the order to re-enter the premises, once the threat has been dealt with satisfactorily.
- The Administrator/Designate will assign staff members to:
  - Have all entrances "Locked Down" to prevent further entry.
  - Assign one staff to check all exits and ensure they are locked and that the alarm system is on and functional, unless evacuation is ordered.
  - Complete the Bomb Threat Check List
- Residents and visitors are to remain in their rooms

## **A Decision to Search**

A search will be determined by emergency responders and the home may be requested to support by providing building schematics or search grid (Code Yellow).

The home may be required to evacuate (Code Green) until such time as it has been determined the home is safe. Staff must report to emergency responders any unusual findings, such as bags, or boxes or items moved from a normal location if observed during the bomb threat or evacuation. Staff are not to touch or move any items found.

## **Action(s) if an Unidentified Object is Located**

### **Suspicious Objects:**

Do not touch or move it.

- Do not assume it is the only device
- Immediately contact the person in charge or supervisor

While awaiting the arrival of the Emergency Services the person in charge will:

- Establish perimeter control of the area to ensure that no one approaches or attempts to move the object;
- Endeavor to establish ownership of the object.
- Determine the most direct route to the object; and
- Delegate someone familiar with the building and area where the object is located to meet Emergency Services personnel on their arrival and direct them to the suspected object.

## **Evacuation of the Building or Area**

The decision to evacuate may only be made by the Administrator/ Designate on advice by the police and following consideration of the circumstances surrounding the threat. In the event circumstances dictate an immediate evacuation, then the Administrator/Designate will initiate Code Green.

## **Cancellation of Code Black**

The decision to cancel the Code Black may only be made by the Administrator/ Designate. They are to take the advice of Emergency Services and following considerations surrounding the threat.

**“Attention All Staff, Code Black has ended; all clear.”**

**“Attention All Staff, Code Black has ended; all clear.”**

**“Attention All Staff, Code Black has ended; all clear.”**

If any devices were located, they must have been removed, or the threat was determined to have been a false alarm before the Code Black can be cancelled.

**Immediately following the cancellation of the Code Black:**

- Staff will return to their normal duties.
- A staff debriefing will take place with the Administrator/ Designate and EMS personnel (if available) and make any referrals to Social Services or E.A.P., or support to those experiencing distress due to the emergency.



## PROCEDURES

1. Upon discovery of a situation where a person is demonstrating behavior that could potentially harm others, the staff member will GET HELP and notify the on-duty R.N. immediately.

The R.N. in charge shall:

- ✓ Immediately remove all persons out of the danger zone into a safe area
- ✓ Immediately report the threatening or active acts of violence or situation to policing authorities to determine actions
- ✓ If possible, lock down the area where the danger present if a safe distance is maintained
- ✓ If the offender is interior / exterior of the building / property lock down points of entry / exit / windows to prevent access
- ✓ Monitor presence of the offender from a safe distance without antagonizing the situation
- ✓ Obtain descriptive information as available; name, relationship, dress, physical stature, etc.
- ✓ Obtain any information on the offender from sources as available to provide to authorities

## LOCK DOWN PROCESS

- Lock down process may be applicable in a code white or on the event of other emergencies, such as an animal threat
- LOCK DOWN THE BUILDING FROM THE INTERIOR/EXTERIOR; depending on source of danger by LOCKING all main doors to prevent entrances / departures
- As appropriate; post warning; example: "DANGER DO NOT ENTER/EXIT DANGER ON PROPERTY" for all residents, guests and staff
  
- If a resident is the aggressive offender: Registered Staff can use the following to de-escalate the situation:
  - ✓ Establish and maintain eye contact
  - ✓ Talk in a slow gently reassuring voice; try to keep the residents talking
  - ✓ Offer the resident tea or coffee or offer a snack
  - ✓ Do not patronize the resident or talk in a degrading manner
  - ✓ Ask simple questions of the resident
  - ✓ Offer them a seat or the option of going back to bed
  - ✓ Offer to call a relative and let them talk with the Other Registered Staff responding to the situation should review physician orders for physical or chemical restraint orders.

- If the resident does not settle and continues to pose a risk, contact the physician regarding hospital transfer, under the Mental Health Act. If the resident is violent call 911 for transport to the hospital for assessment.

Note: The original of the Form 1 form must accompany the resident to the hospital; a copy is kept for the resident chart.

2. Once the situation is de-escalated consider assigning one-on-one staffing to the resident for the remainder of the shift or the next shift (Contact the DOC or designate for approval).
  3. Following the conclusion of the situation all staff should meet to debrief on how the situation was handled, what worked well, what didn't work, how staff felt in the situation, what care changes will be made, what about use of medications, and what would be done differently in the future. This debriefing session should be documented, attached to the Incident Report form, and forwarded to the Joint Occupational Health and Safety Committee for review. Refer any person involved to Social Support Services, who are experiencing distress due to the incident.
  4. Documentation to include:
    - Process Notes – should clearly document the occurrence from the beginning to the end. Clearly identify the trigger if known; state what worked and what didn't work; what made the situation better, what made it worse; what actions did staff take; who was called and when; were restraints used or not; if what was response, etc.
    - Care Plan – should clearly identify risk for behavioural outbursts. Include what triggers the behaviour, time of day risk is highest, what are the effective interventions, etc.
    - CIS Report – if 911 was called or if there were any injuries a Ministry of LTC Unusual Occurrence Report Form is to be completed.
    - Resident Incident Report – Complete and forward to the Direction of Care
    - Employee Incident Report – Complete if there were any negative effects on the staff.
- The plan is deactivated by paging:

**“Code White – All Clear.”**

**“Code White – All Clear.”**

**“Code White – All Clear.”**





## **FIRST SENIOR PERSON ON THE SCENE**

1. Assess the situation, advise both the Police and the Administrator and take control until they have arrived.
2. Try to have the following information available when police and Administrative staff arrive:
  - Threats and demands by the hostage-taker;
  - Type and number of weapons thought to be in hostage-taker's possession;
  - Presence of any non-participating persons;
  - Precise location of the area controlled by hostage-taker, if available;
  - Floor plan of the area;
  - Identify and description of participants;
  - Photographs of hostages and hostage-taker, if available;
  - Location and numbers of available area telephones.
3. Supplement and reinforce as the situation dictate, in order to prevent death or injury to hostages

## **GENERAL GUIDELINES**

Negotiations with hostage-takers is best handled by Police, who have trained personnel for this type of job. If the **Universal Care** staff must enter into negotiation with hostage-takers pending the arrival of police:

- Have negotiations conducted by junior-rank personnel in order to allow delaying tactics, for example, "I'll ask", "I'll seek clarification"
- Meet demands with "I'll do my best". Never say "No"
- Under no circumstances should drugs be given to any parties involved in the incident
- Every effort should be made to reign control of the situation by peaceful means, I.e., discussion
- Staff on duty should not hesitate to control those clinical staff who are familiar with and may have some influence over the persons involved in the hostage situation
- Leave any decision-making process to Police and Administrator
- Do not follow orders given by hostage under conditions of duress, expect to save lives



1. The shut down for the HVAC system is located in the mechanical room – roof top.
  2. The shut down for the kitchen range hood is located in the kitchen.
- When the person in charge has determined that the emergency has ended and it is safe to return to normal activities, the termination code will be announced:

**“Attention all staff, Code Grey has ended; All Clear”**

**“Attention all staff, Code Grey has ended; All Clear”**

**“Attention all staff, Code Grey has ended; All Clear”**

### **Internal Air Exclusion Plan (IAEP)**

#### **Natural Gas Supply**

If/when advised by emergency services, close all gas valves and proceed to:

- The main gas supply is located on the north exterior wall, mid-way, yellow in colour
- The main gas valve **MUST BE RE-OPENED** by certified technician this equipment can only be re started by qualified persons, and only after the “Code Grey, all clear” is given.
- Ventilate the area/home.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION DATE OF ORIGINAL ISSUE: MAY 2018

ISSUED & REVIEWED/REVISED: JULY 2022

APPROVED BY: ADMINISTRATOR

SIGNATURE: *Barb Goetz*

TO: ALL STAFF AND VOLUNTEERS

SUBJECT: CHEMICAL SPILL PROTOCOL – CODE BROWN

Page 1 of 2

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## PURPOSE

The purpose of Code Brown is to respond to hazardous material spill in a timely and appropriate manner and to protect the environment, property and human health through emphasis on awareness and spill prevention.

Hazardous spills include the discovery of spills, contamination, leak and/or suspicious and/or unusual smell of an unknown substance, liquid, powder, gas or vapor.

## POLICY

Should any staff witness a spill or sense that there are hazardous materials polluting the environment it is important that you report this immediately to the Administrator or Designate to determine the extent of danger associated with the spill.

**“Attention All Staff, Code Brown”**

**“Attention All Staff, Code Brown”**

**“Attention All Staff, Code Brown”**

A Code Brown will be called if there is an internal spill/contamination, leak, suspicious unusual smell, gas, or vapor, or discovery of an unknown substance, liquid or powder.

## Manageable Spill

1. Staff member discovering the spill will attempt to identify the cause of the spill and will restrict access to the area, remove anyone from the area and report the spill immediately to the charge nurse, who shall then announce “Code Brown” x 3 to the 1<sup>st</sup> floor station.

2. The Environmental Services Supervisor/Coordinator, Director of Care or delegate and the Infection Control Coordinator will report to the location announced and will assess the spill.

- The PSW's, at the direction of the charge nurse, will ensure that residents in the area are kept away from the spill to ensure their safety.
- If the spill can be cleaned up by site staff the Environmental Services Supervisor/Coordinator will delegate staff to get specialized equipment (auto scrubber, shop vacuum etc.) to assist with the cleanup.
- If there are any fumes the air handling systems should be shut down to prevent the fumes contaminating the entire building.
- If the spill is a large amount, products that absorb liquid may need to be used.

### **Unmanageable Spill**

- If a spill has been identified as not being able to be cleaned up by site staff the Environmental Services Supervisor/Coordinator will inform the Administrator
- The Administrator will contact the Environment Services Manager.
- At the direction of the Administrator the Environmental Services Supervisor/Coordinator will contact the appropriate company to clean up the spill (this will have been determined in consultation with the Corporate Staff and Environmental Services Manager.
- During this time the Director of Care will assess the risk to residents and may need to initiate a horizontal evacuation to another Resident Home Area (Code Green will be announced if this is necessary)

If the fumes are so toxic that a total evacuation of the building is required then a Code Green Stat will be announced and authorities notified immediately by administrator or designate.

If the emergency situation or the chemical spill has been managed and removed safely,

**“Code Brown, All Clear”**

**“Code Brown, All Clear”**

**“Code Brown, All Clear”**

Shall be announced and all staff shall return to normal duties and a debriefing shall be conducted by the Administrator / Designate, including referrals or support to those experiencing distress due to the emergency.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION

DATE OF ORIGINAL ISSUE: MAY 2018

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REVIEWED/REVISED: JULY 2022

APPROVED BY: ADMINISTRATOR

SIGNATURE: Barb Goetz

& D.O.C.

SIGNATURE: Jocelyn Page

TO: ALL STAFF AND VOLUNTEERS

SUBJECT: MEDICAL EMERGENCY – CODE BLUE

Page 1 of 2

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**DEFINITION**

Code Blue alerts all staff to a life-threatening medical emergency when a person is experiencing a cardiac arrest or a respiratory arrest (as a result of choking or anaphylactic shock) requiring immediate resuscitation.

**PURPOSE**

To ensure the immediate provision of BCLS (Basic Cardiac Life Support) as per the Heart and Stroke Foundation by certified Registered Staff and Physicians.

**POLICY**

The Home will initiate a system that easily allows staff to quickly determine the Level of Care Directive status of residents in the event a resident is exposed to a life threatening situation.

Examples of systems include:

- Code Status: “4 – Transfer to Acute Care Hospital with CPR” identified in Resident Electronic Health Record in PCC.
- Colour coded blue sticker – on spine of Resident Hard Copy Chart.

**Note: The Level of Care Directive needs to be documented. If there is no signed consent for the Level of Care Directive, then it will be assumed that Code Blue will be initiated.**

- A Code Blue will be initiated on all persons suffering a cardiac/respiratory arrest who have a known Level of Care Directive 4, or an advanced care directive or a resuscitation care plan
- Code Blue announcements are assumed to be adult.
- Resident Goals of Care will be respected related to DNR and CPR wishes.
- A registered nurse or registered practical nurse shall, at the time of hire, present certification of being trained and competent in basic cardiac life support. Annual re-certification is a condition of employment, which is the personal and professional responsibility of the employee. Proof of certification must be presented to D.O.C.
- All available Staff will respond immediately to a Code Blue announcement.

## PROCEDURE

1. Upon discovery of a person experiencing respiratory or cardiac difficulties the staff member will immediately get HELP (pull call bell and yell “HELP”) and stay with the person.
2. Registered Staff (1<sup>st</sup> Responder) informed of the person’s status will assess LOC, airway, breathing, and circulation.
3. First Responder will announce Code Blue and location on the public address system and repeat 3 times (i.e. “Code Blue Room \_\_\_\_, Code Blue Room \_\_\_\_, Code Blue Room \_\_”) and call 9-1-1, and another to obtain the red back board, Rescuer Face mask and Ambu-bag, located in the Clean Utility Room.
4. Certified Registered Staff will initiate CPR. Person will be placed on their back on firm flat surface or back board. Check for respirations/carotid pulse. Initiate 30 compressions to 2 breaths. Continue CPR until EMS arrives or person regains consciousness/respiration/heart rate.
5. When Resident’s status stabilizes or when order received by Physician to stop CPR, Registered Staff will announce “Code Blue all clear” and repeat 3 times.
6. Registered Staff to inform SDM/POA and Primary Physician of Code Blue and outcome.
7. Document in Progress Note: Resident’s status, time Code initiated, time Code ended, Resident’s response (survived/expired), vital signs, transferred to hospital, family notified, MRP notified.
8. Code Blue Debrief and Evaluation:
  - What worked well
  - What didn’t work well
  - Improvement opportunities
  - Provide support to Residents, Staff and Families



**Please Note:**

- Rescuer Face Mask is a one-time use and discard.
- Rescue respirations can be performed using either the Rescuer Face Mask or Ambubag.



When conditions prevail which may trigger flooding in a region, the local authorities will monitor and inform the public of the potential for risk; a “flood warning” or “flood advisory”.

If a flood is likely in our area, we shall:

- Listen to the radio or television for information.
- Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
- Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.

The period of time between warning and flood conditions may be short; preparation on advance at an early warning stage is important for the safety of all and to minimize property damage.

At any time, if a property is instructed to prepare to evacuate by local community emergency personnel, immediately implement the Code Green procedure.

The emergency response actions undertaken to reduce or minimize the flood damage should be based on an understanding of the flood scenario which includes the following:

- Type of flooding
- Reliability and the amount of warning time available
- Time required to undertake emergency action

### **Flood Advisory Preparation Steps**

1. In the absence of the Administrator on site, notify designated On Call Manager for direction.
2. Proceed to inform staff of Code Orange and a sequence of conditions which may result in implementation of protocols to manage emergency situation from power failure to Code Green. Contractual portable generator may be secured.
  - After meeting with staff; post “Flood Alert” warning sign for residents and provide direction as required which may include:
    - Warning to remain indoors and be in a prepared state for implementation of emergency measures.
    - Prevention protocol and placement of sandbags to reduce flow of water in at exterior doors
    - Changes in routines to accommodate building emergency preparation
    - Preparation for Code Green (Evacuation)
    - Instruct residents to secure their flashlights ready for use

- Staff are assigned to secure all flashlights ready for use and inform staff of location of battery supplies, etc.
- Inform staff of generator power outlets that would be available in a power failure
- Assigned communication officer to monitor flood warning or advisory
- Assigned person to shut power down if water is to penetrate the electrical area
- In any area of water concern, turn off all computers and move what equipment that can be moved to higher elevated areas
- Prepare vessels for drinking water

- Preventative protocol may include staff preparation and placement of materials to block or reduce water entry into the building or specific vulnerable zones.
- Preparation phase and/or flooding into the building may result in power failure; review all measures in preparation
- Have residents and staff source flashlights in preparation
- Turn off appliances to minimize power usage and prevent electrical shock or surge

3. If the level of emergency requires a Code Green fully building evacuation, it will be determined in conjunction with
  - Administrator/ Designate
  - Community Emergency Response Services



- Remember, rubber-soled shoes and rubber tires provide NO protection from lightning. However, the steel frame of a hard-topped vehicle provides increased protection.
- Secure outdoor objects that could blow away or cause damage.
- Shutter windows and secure outside doors. If shutters are not available, close window blinds, shades or curtains.
- A cell phone or cordless telephone are safe for use; using a corded telephone only when a cordless or cell are not available.
- Ensure critical equipment is plugged into surge protection outlets.
- Use your battery-operated / wind-up radio.

### **Wind Hazards (Tornado / Hurricane)**

Understanding the hazard:

This facility is NOT generally a geographically higher risk area for tornado or hurricane winds

When conditions prevail or public broadcast advisories are issued in your region of pending high force wind conditions; emergency measures should be put into place for the protection of all persons.

#### **General Precautions are:**

- Monitor local radio
- Prepare for evacuation; if at anytime local emergency authorities advise or direct; follow all directions and refer to Code Green procedures.
- Move people away from open window exposure to more sheltered interior locations.
- Move equipment away from windows; if flooding is possibility, elevate equipment from floor areas.
- Secure doors and windows with latches when possible
- Reinforce the property as possible; ensure outdoor patio and balconies have secured or removed lightweight furnishings to secure location. Items such as furniture, tables, umbrella, awnings, hanging plants, garbage cans and other light weight outdoor objects may become air borne hazards causing bother personal and property damage.
- Prepare for power outages; locate all flashlights and battery supply.
- Prepare generator for use.
- Provide warning to all residents to prepare for emergency measure and locate their flash lights and batteries.

#### **Best Prevention Practices:**

- Maintain good arborist practices, ensure dead trees / tree limbs are removed to prevent a hazard
- Maintain good maintenance practices to ensure eaves trough are clear at all times and downspout is secured and drainage is directed away from building
- In the event there is construction on the property, secure the materials as best possible. If there is construction in close proximity for flying debris

**What to Do During a Tornado / Hurricane**

If you are under a tornado WARNING, seek shelter immediately!

Go to a pre-designated shelter area such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls. Put as many walls as possible between the outside. Get under a sturdy table and use your arms to protect head and neck. Do not open windows.





## **Existing Water Supplies Contamination**

### **Administrator / Designate shall:**

Contact local Health Authorities to determine type of water issue

Based on issues, determine if the water issue is:

- Boil water advisory for all food washing / preparation, dishes, drinking and resident care or
- Contamination issue which means NO USE AT ALL

### **Contamination**

#### **Maintenance / or designated staff will:**

- Shut down all water access / supply EXCEPT to the fire sprinkler
- Drain all existing water from the system & supply lines
- Destroy all existing water ie. machines, water in fridge
- Follow all the direction provided by the local Health Authority

#### **Housekeeping Services will:**

- Discontinue all laundry operations
- Modify Housekeeping processes
- Eliminate auto scrubbing and wet mopping procedures
- DO NOT dry mop floors; this means use the micro-fibre systems where possible

### **Toileting Areas**

- Disinfect toileting areas frequently
- Remove garbage cans from all resident rooms and offices. Designate approved garbage locations
- Increase frequency of garbage pick-up from approved locations; confirm with Administrator / Designate

### **Arrange for distribution of “BOIL WATER ADVISORY” and/or “DO NOT DRINK WATER” notices.**

- Contact the Municipal authorities to update facility status and request emergency water and sanitary supplies including outdoor latrines as required.
- If admitting residents from community or other health care facilities, identify the number of persons that can be safely accommodated. This number will depend on the scope of internal damages, supplies, casualties and the status of other community health facilities and emergency shelters.

#### **Maintenance staff will:**

If it is a NO USE OF WATER, all water access is to be turned off EXCEPT TO THE FIRE SPRINKLER

**Boil Water Advisory:**

- Shut-off water supply lines to sinks where water access may be used as drinking water
- Arrange for pick-up and distribution of emergency water supplies
- Inform kitchen to use boiled water in all preparation of foods
- Provide hand sanitation solutions for use.

**No Water Use:**

The Administrator / Designate will:

- Shut-off water supply lines to sinks where water access may be used as drinking water
- Identify emergency water source locations. Such locations may include:
  - Hot water holding tank, bath tubs
  - Toilet tanks (not the bowl)
  - Ice cubes from ice machine
- Water pipes if external water supply has been severed (release air pressure into the plumbing system by turning on the highest faucet in the building and then draining from the lowest faucet).
- Verify on-hand water supplies and confirm volume availability
- Arrange for pick-up and distribution of emergency water supplies
- Inform kitchen to cease use of water at source in all aspects of food service including food preparation, dishwashing and sanitation
- Provide hand sanitation solutions for use.

**Environmental Services will:**

1. Discontinue all laundry operations
2. Modify Housekeeping processes
  - Eliminate typical scrubbing and wet mopping procedure
  - DO NOT dry mop floors. Use damp mop only.
  - Disinfect toileting areas frequently.
  - Remove garbage cans from all resident rooms and offices. Designate approved garbage locations.
  - Increase frequency of garbage pick-up from approved locations; confirm with Administrator / Designate.

**Food Services Refer to Food Service Failure will:**

- Post "Non-potable" water signs throughout food preparation and delivery areas including the main kitchen, ice machine, and juice machines.
- Use bottled water as required for food preparation purposes
- Educate those preparing and/or serving meals or nourishments to residents of the precautions that are taken under a Boil Water Advisory so that they are prepared to answer any questions.
- Ensure Food Safety and Infection Control during emergency conditions by:

- Reheating foods to reach an internal temperature of 74 degrees C for 15 seconds before serving.
  - Cooling stored foods to an internal temperature of 21 degrees C within two hours and 4 degrees C within 6 hours. Leftover foods should be used within 72 hours.
  - Maintaining clean food preparation surfaces. Use disinfectant solution when required.
  - NOT using foods from bulging or punctured cans.
  - Ensuring that prepared food does not become cross contaminated with “non-potable” water.
  - Wearing gloves when handling food and dispose of gloves after touching any contaminated utensils or surfaces.
- Designate staff to assess and confine ALL food items that may have come in contact with “non-potable” water prior to the alert.
  - Contaminated food products are to be tallied and recorded prior to being discarded.
  - Consider the preparation of hot and cold food and nourishments that can be made without “potable drinking water”
  - Cold items including baked goods with meringue, diet lemonade, juices, raw fruits and vegetables, pureed/minced fruits, Jell-O or products made with gelatin, boiled eggs for sandwiches/salads.
  - Hot items including coffee, tea, hot chocolate, hot water, sauces, soups, entrees made with water, pureed/minced vegetables, and pureed/minced meat.

Designated Staff will:

Post “NON-POTABLE” water signs at all water taps within their assigned area including:

- Common Washrooms
  - Resident Washrooms
  - Laundry Room
  - Dining Areas
  - Utility Rooms
- Water taps in kitchen used for food preparation, handling, pot washing

**Communicate the following water treatment procedure in the event of a Boil Water Advisory:**

- Bring water to a boil for two minutes and then allow to cool
- Water can be disinfected with standard household bleach (4 – 6% Sodium Hypochlorite)

- Add 2.25 ml of bleach to 5 gallons of clear water or double this amount if water is cloudy. The treated water should be agitated and allowed to stand for 30 minutes prior to use. Double the standing time for water colder than 15 degrees C. (1.0 ml of bleach = 20 drops from an eye dropper)
- Public Health will Advise if the above procedures are not appropriate, e.g. for water that is heavily polluted or has parasite contamination.

Consider the use of tip buckets or serving bowls for hand-washing to minimize the potential for water being accidentally drained in sinks.

- Tape plastic bags over all toilet seats (except those approved by the incident commander for emergency use)
- Tape flush handles on all toilets (DO NOT FLUSH), close doors to resident washrooms and tape shut.
- Communicate Emergency Sanitation information to all building occupants:

**Emergency toilet locations (as approved by the Incident Commander)**

Toileting procedures for approved locations:

- Garbage bags must be placed in the toilet bowl before use
- DO NOT FLUSH emergency toilets as this will use up valuable water supply

**Waste disposal guidelines:**

- Identify approved garbage can locations. Cans in resident rooms and personal offices will be removed by housekeeping services

**Water substitutes for cleansing**

- Hand sanitizers
- Rubbing alcohol
- Lotions containing alcohol
- Face creams and lotions
- Use damp wash cloth to clean teeth, wash face, comb hair and wash body

**Disinfectants**

- Use common disinfectants as available. An alternative and very effective disinfectant solution is 1 part liquid chlorine bleach to 10 parts water.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT:       ADMINISTRATION                   DATE OF ORIGINAL ISSUE: JULY 1987  
ISSUED BY:         ADMINISTRATOR                   REVIEWED/REVISED: MAY 2020  
APPROVED BY:      ADMINISTRATOR  
SIGNATURE:        *Barb Goetz*  
TO:                 ALL STAFF  
SUBJECT:           LOSS OF HOT WATER AND/OR WATER SUPPLY

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In the event of loss of hot water, contact Burlington Public Utilities at 905-333-1851 and request repair service as quickly as possible. Union Gas may also be called.

**Loss of Hot Water:**

Whether the loss of hot water is for a brief or an extended period, the following procedure is to be followed:

1. Suspend operation of laundry and dishwashing services in order to conserve hot water for resident care.
  - Sanitary disposable wipes, continent product and linens in emergency supply.
  - Residual hot water available in hot water tanks.
  - Use disposable dishes as needed.
2. Suspend the use of the bathtub and shower until hot water supply is restored.
3. Hot water can be obtained by heating large pots of water on stove for use by the dietary department.
  - Refer to Emergency Menus.

**Loss of Water Supply:**

In the event of a disruption of our water supply for an extended period of time contact:  
Bright's at 1-877-696-3609.



- Call-bell system is out so patrol rooms to see which residents need help. (Use manual call bells).
- Keep vacant room doors closed to minimize loss of heat.
- **Freezer – don't open door. Make plans to empty if power is off long (more than 12 hours).**

#### Emergency Supplies for Use in Power Failure

- Located in maintenance office area in locked black cabinets (basement). Keys in Administrator's office. Includes:
  - Flashlights, dome lights (for bedside), manual "call bells", 2 phones (jacks located at Reception Desk and 1<sup>st</sup> floor nurses station), radio, batteries.
  - "Walkie-Talkies" in Evacuation Bag at 1<sup>st</sup> floor Nurses Station
  - Emergency fuel for generator is located in the outdoor storage room

#### TEMPORARY LOSS OF MAIN ELEVATOR USE DUE TO POWER OR MECHANICAL FAILURE:

In the event of mechanical failure, maintenance personnel, Administrator or designator or designate shall notify Elevator Service Contractor immediately and determine if any persons are trapped in elevator cabin.

Stairwells or service elevator may be used as an alternate access between floors. Residents may use service elevator only accompanied by staff member.

If possible, portable steam table shall remain on 2<sup>nd</sup> floor – meals transported in hot/cold carts via service elevator; otherwise physical carry via stairwell.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT:       ADMINISTRATION                   DATE OF ORIGINAL ISSUE: JULY 1987  
ISSUED BY:         ADMINISTRATOR                   REVIEWED/REVISED: MAY 2022  
APPROVED BY:      ADMINISTRATOR  
SIGNATURE:        Barb Goetz  
TO:                 ALL STAFF  
SUBJECT:            LOSS OF COMMUNICATION SERVICES

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In the event of loss of regular services, utilize a resident's phone if available, and contact Cogeco Telephone Repair Service. Notify Repair Service of the disruption and request immediate emergency repairs. If only our business phones are affected, call Brant Telephone at 905-632-2000.

In the event of a power failure, utilize the Black phone at reception area and black phones at each nursing station. These phones can only be used in the telephone jacks "P/F" and are stored in "Emergency Supply" in the maintenance room (black cabinets).

In the event that all local telephone service is disrupted, Administration shall provide cell phone access.

The same procedure is to be followed to obtain ambulance service or medical services during the emergency period.

Battery operated radio(s) are/is located in "Emergency Supply" for staff to keep abreast of a community (or greater) disaster situation.



MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION      DATE OF ORIGINAL ISSUE: AUGUST 1987  
ISSUED BY: ADMINISTRATOR              REVIEWED/REVISED: MAY 2015  
APPROVED BY: ADMINISTRATOR  
SIGNATURE: *Barb Goetz*  
TO: ALL STAFF  
SUBJECT: EMERGENCY MEAL SERVICE

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**OBJECTIVES:**

To maintain meal service in the event of a disruption of the department i.e. fire, loss of utilities etc.

**PROCEDURES:**

The Food Service Supervisor shall ensure that there is at least 7-day food supply in stock at all times.

The Activity Room shall be utilized as an alternative dining area.

Catering services and/or Food Suppliers shall be contacted by the Food Service Manager, if necessary, initiate emergency menus.

**IN THE EVENT OF ELEVATOR BREAKDOWN DURING MEAL TIMES:**

- Charge Nurse shall notify Dietary Department.
- Dietary Aides will take food service carts and clean dishes and cutlery to level 2 stairway, porter to 2<sup>nd</sup> Floor Dining Room.
- PSW's shall assist with transporting all prepared food and beverages to 2<sup>nd</sup> Floor. The same process shall be utilized to return soiled dishes and leftover food, beverages.

**LOSS OF WATER SUPPLY:**

- Use all disposable dishes and cutlery, cook foods in microwave, broiler, stove, oven, as possible.

**TEMPORARY DISHWASHER BREAKDOWN:**

- Wash all dishes manually using “washing utensils procedure”
- Following meal, use disposable until dishwasher is operational.

**POWER FAILURE:**

- Open refrigerator and freezer doors as little as possible.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION      DATE OF ORIGINAL ISSUE: AUGUST 1987  
ISSUED BY: ADMINISTRATOR              REVIEWED/REVISED: MAY 2020  
APPROVED BY: ADMINISTRATOR  
SIGNATURE: *Barb Goetz*  
TO: LAUNDRY PERSONNEL  
SUBJECT: DISRUPTION OF LAUNDRY SERVICES

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**PURPOSE:**

To maintain laundry services in the event of an internal or external disaster of the laundry department i.e. fire, loss of utilities etc.

**POLICY:**

In the event of a disruption of the laundry services within the Home, administration shall contract outside agency to provide linen service for the duration.

Residents' sponsors shall be encouraged to launder personal clothes at home otherwise this service shall be performed by laundry personnel at public Laundromat.

The use of linen shall be minimized:

- Bed changing only when soiled
- Personal clothing re-worn if not soiled
- Sanitary disposal wipes for bathing

Laundering of residents' personal clothing shall not be a priority.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION                      DATE OF ORIGINAL ISSUE: JUNE 2014  
ISSUED BY: ADMINISTRATOR                      REVIEWED/REVISED: MAY 2022  
APPROVED BY: ADMINISTRATOR  
SIGNATURE: *Barb Goetz*  
TO: ALL STAFF  
SUBJECT: CARBON MONOXIDE DETECTION

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**PURPOSE:**

To ensure the safety of all persons in the event of carbon monoxide present.

**POLICY:**

Carbon monoxide detectors (19) have been installed throughout the Home in the vicinity of natural gas operating equipment. They are located in the following areas:

- Corridors (outside rooms: 103, 110, 206, 215)
- Rooms: 106, 107, 108, 109, 111, 207, 209, 211, 213, 215, 217, 219
- Basement (outside electrical room)
- Laundry
- Kitchen

**Carbon Monoxide Poisoning**

Carbon Monoxide is an odourless, tasteless gas that can cause illness and even death due to exposure. Carbon monoxide poisoning occurs most often in confined spaces, or when air must be re-breathed. Some health problems such as lung disease or respiratory problems can lead to carbon monoxide issues.

The symptoms of carbon monoxide poisoning such as headache, lethargy and nausea can be mistaken for other more common illnesses such as the flu.

Mild carbon monoxide poisoning brings symptoms such as elevated blood pressure, twitching muscles, flushing and reduced neural activity. This level of exposure causes illness but not death.

As the severity of exposure or length of exposure increases so do the symptoms to include headache, lethargy, panic, convulsions, stomach pain, irregular heartbeat, chest pain memory problems, and unconsciousness.

In the event that a detection goes into alarm the person in charge will evacuate the immediate area.

- Ventilate the area / home
- Isolate the source and determine risks
- Resolve the issue and have equipment serviced
- Seek emergency assistance as required; evacuation may be necessary
- Announce an “All Clear” after all issues are resolved and it has been determined safe to do so

Prevention is better than treatment in these cases; any gas sourced appliance or vehicle is a possible source of contamination.

In the event that a detector goes into alarm, it is the responsibility of the administrator or designate to evacuate the immediate area, ventilate if possible (open windows) and call “911”.

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION      DATE OF ORIGINAL ISSUE: NOVEMBER 1991

ISSUED BY: ADMINISTRATOR                      REVIEWED/REVISED: MAY 2022

APPROVED BY: ADMINISTRATOR

SIGNATURE: *Barb Goetz*

TO: ALL STAFF

SUBJECT: LABOUR DISRUPTION OR SEVERE STAFF SHORTAGES - CONTINGENCY STAFFING

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PURPOSE:

To ensure the delivery of care to the residents, to maintain essential services and to ensure the safety of all residents in the event of decreased staffing levels or absentee levels of 25% or greater.

POLICY:

All managerial/supervisory staff and advisory physician shall be notified and shall report to the Administrator immediately.

They shall be responsible for co-ordinating all activities and act as an advisory committee to the Administrator. The administrator shall obtain legal council with regards to the position of the facility as to legal obligations concerning the labour laws. In conjunction with the Administrator, management personnel shall notify the following of the present situation at the Home as applicable:

Directors/Owners:

Ontario Ministry of Long-Term Care

Insurance Company

Ministry of Labour

Police Department

Fire Department

Ambulance Service

Medical Director

Ontario Health West

The Administrator shall then organize a meeting with all on-duty staff. It may also be necessary to call in off duty staff.

The following issues may need to be addressed:

- Absenteeism
- Refusal of Work
- Leave of Absence
- Compassionate Leave
- Overtime
- Sick Leave
- Return to work
- Compensation
- Cross training of staff
- Redeployment of staff
- Vacation entitlements

Contingency staffing shall be initiated when staffing absentee levels decrease by 25%.

It is the expectation that all staff will continue to report to their normal duties unless specific directions are given otherwise. All staff, volunteers, family members, and students will be mobilized to assist with essential job duties to provide care to the Residents and maintain the home.

### **Use of Volunteers and Family Members**

The Management Team will oversee the redeployment, education and cross training of available staff, volunteers, family members, and students.

Maple Villa will collaborate with their Labour Relations Consultant to ensure adherence to legal and legislative considerations and to discuss staffing challenges.

### **Listing of Cross Trained Staff**

HR will maintain a list of cross trained staff. Specific services and programs may be suspended to make additional staff available to assist with essential service.

### **Agency Staff**

Agency staff may be utilized to fill in staffing vacancies as required. Consideration will be given to alternate work assignments as deemed necessary to maintain essential services.

### **Self and Family Care Guidelines**

Education will be provided to the staff and family members to encourage good practices for personal preparedness and family care. It is expected staff will make every effort to secure child care, elder care and transportation arrangements to enable them to continue to work without disruption.

## **Staff Support Services**

The home will decide the availability of staff support services including, but not limited to:

- Transportation assistance
- Meals
- Overnight accommodation (Waterfront Hotel Burlington)
- Rest areas between overtime shifts

## **Volunteer Management**

The volunteers will be trained to assist with certain limited aspects of care and steps will be taken to ensure they are not functioning beyond their capabilities. Additional volunteers may be recruited as deemed necessary. Volunteers who present to the home unsolicited will be screened for suitability and placed according to the needs of the home.

## **COMMUNICATIONS**

### **Internal Communications**

- The Administrator/designate is responsible for communication to the Ministry of Long-Term Care. A status report will be provided daily or as requested.
- The Medical Director and all attending physicians will be notified in the event of a labour shortage.
- The Management Team will meet daily and ad hoc in a designated location.

### **Other measures as required:**

A system shall be established whereby all working and/or available employees are kept fully informed of all events by means of verbal communications, postings or emails.

All news releases to the public, press, radio or television shall be prepared beforehand and cleared through legal council by the Administrator.

Residents and their families shall be informed and kept up to date on all events by means of statements from the Administrator. Families shall be made aware that their assistance would be appreciated and they may be called upon if necessary.

Under the direction of the advisory physician, plans shall be made for the discharge of residents who could be cared for at home or should be sent to hospital along with necessary medical information and resident care plan in order to ensure continuation of care during the time of labour disruption. Preparations for the continuation of all services shall be made.

At the first rumor of a labour disruption, management staff shall be responsible for purchases of additional supplies. Disposable items may be a consideration especially items needed in the dietary department ie. Disposable dishes.

Food of a non-spoilage, easy to prepare nature shall be ordered. Food catering services and area facilities shall also be contacted by Food Service. Supervisor to determine if food could be supplied and for how long.



Microwave cooking shall also be considered as an alternative to the preparation of food. The Food Service Supervisor shall prepare appropriate menus to supply the necessary nutritional requirements to the residents with the type of food supplies available; Emergency menus shall be implemented as necessary.

All laundry services are provided within our home, therefore in the event of a disruption of laundry services, every effort would be made to continue to provide the services now available, however, priority would be given to the laundering of linens. Families or volunteers could be requested to aid with personal clothing laundering and maintenance, cross training of available staff and volunteers.

Because the amount of staff available cannot be depended on it may be necessary to contact the volunteers, church groups and families and friends of the resident.

Lines of communication must be established by the Administrator for the co-ordination of assignments. Each individual must be made aware of their duties and what is expected of them.

The Administrator or member of the management team shall co-ordinate the recruitment and assignment of personnel to work in various areas of the Home. There are enough varied functions that most staff could do what is comfortable to them. All available staff shall be assigned to specific duties so that all essential areas of the Home are adequately covered.

Plans for relief of staff as well as replacement if they should be sick must also be prepared in order to co-ordinate reassignment of duties.

Documentation of actions is essential. The Administrator shall designate a staff member to record the entire sequence of events and this shall be made known to all on duty staff in order to direct communications.

All communications with the employees refusing to work shall be by the Administrator only, and shall be cleared through legal council before its release.

The employees refusing to work shall be advised that the Home expect no restrictions to be placed on the delivery of goods and supplies to the Home. There shall be no refusal of entry to any employees who chooses to continue to do their regular work, that the Home intends to protect its property and that essential services must be provided.

All on duty employees shall be advised that they may continue to report to work as usual. In the event that any employee does not report to work, this shall be considered an unauthorized absence.

The pharmacy shall be notified by the Director of Care to obtain additional medical supplies and medications.

Complete inventory shall be maintained of all supplies to ensure availability and to keep management informed when to take steps to replenish. Rented trucks may be necessary to go directly to the distributors. A large supply of plastic garbage bags must be on hand and arrangements for a rented truck shall keep the garbage under control. Male volunteers shall be put in charge of garbage collection.

Volunteers shall also be assigned to housekeeping duties if necessary.

Only emergency lab tests and x-rays shall be ordered and only when authorized by the advisory physician or the Director of Care.

It shall also be made known that the Home's telephone must be restricted to facility business only.

Entrance and outside lighting shall be checked, all keys to the building must be collected and accounted for. Arrangements for the security of entrances, perimeters and parking lots shall be made by the Administrator.

A staff member shall be assigned to a specific entrance to allow authorized personnel into the Home.

All fire fighting equipment shall be checked to ensure that it is in good operating condition.

Police and Fire Departments shall be kept up-to-date on events to ensure their availability if needed.