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OVERVIEW

Valleyview Residence is committed to protecting the well-being of our residents, staff and visitors. An important aspect of this responsibility is the development and active commitment in the effectiveness of an Emergency response plan.

Long term care homes are required under the Fixing Long Term Care Act 2021 and O.Reg 246/22 to post emergency response plans on our Home's.

The purpose of the emergency response plan is to outlines the framework for the safe and efficient response to the home emergencies.

The Emergency Plan is composed of individual Code plans, and a Pandemic Plan; each representing an emergency/disaster situation as follows:

Code Red: Fire

Code Green: Evacuation

Code Yellow: Missing Resident

Code Black: Bomb Threat

Code White Aggressive Person

Code Brown Hazardous Chemical Spill

Code Grey Loss of Essential Services

Code Orange External Community Disaster

Code Blue Medical Emergency

Protocol Pandemic - Infection Control

Each plan provides instructions and guidelines for effective responses to an emergency situation or Pandemic. Staff, volunteers, students, residents/families must receive regular education on all components of the Emergency Plan to ensure a coordinated response within the Home and with emergency personnel to an actual or impending threat that may affect the lives and property of residents and staff of Valleyview Residence.

A written fire plan is required by law under the Ontario Fire Code O. Reg. 388/97 that is a provincial regulation made under the *Fire Protection and Prevention Act, 1997*. The Home is also mandated by the Ministry of Health & Long-Term Care (MOHLTC) to have written emergency plans and to carry out regular education.

If any questions, comments or suggestions contact Administrator at 416-398-0555 Ext 1103

RAPID RESPONSE OF EMERGENCIES

Follow these steps if you recognize a potential or actual emergency that may threaten or impact:

- the health and safety of occupants (including residents, staff, and visitors),
- the Home's ability to provide care, or
- the environment and/or building property.
-

STEP 1	Protect yourself and those in the immediate area from harm. If appropriate, call 9-1-1 for emergency response and sound the facility alarm and/or overhead code and follow Emergency Code specific response procedures.
STEP 2	Asses the situation. Gather basic facts: <ul style="list-style-type: none">• Type of incident, including specific hazard/agent,• Location of incident,• Number and types of injuries, and• What you have done so far. If the situation allows, begin to document your actions
STEP 3	Contact your immediate Manager/Supervisor to report the incident and get further instructions. Activate overhead codes and/or the Home emergency alert system as appropriate.
STEP 4	Notify additional authorities if appropriate and indicated by Emergency Code response procedures.
STEP 5	Follow the Home's policy for documenting actions and incident reporting.

VALLEYVIEW RESIDENCE PROFILE

STRUCTURAL INFORMATION

The building is a 4 storey, 145,000ft² long term care facility, with 1 mechanical penthouse. An underground tunnel connects Valleyview Residence to North York General Hospital, Branson site. Each floor is divided into several fire separations equipped with door hold open devices. Lumacare Day Program Senior Services and Northview Advent Child Day Care are external agencies within the building premise.

Room Type	Rooms	Multiplier	Number of Beds
1 Bed	152	X1	152
2 Beds	11	X2	11
3 Beds	0	X3	0
4 Beds	0	X4	0
Total Number of Rooms	163	Total Number of Beds	174
Original Construction Date (Years)	2002-2004		
Renovations:	No Renovations		
Number of Units/Resident Home Areas and Beds			
Unit/Resident Home Area		Number of Beds	
5 Units (2 West, 2 East, 3 West, 3 East, 4 West)		30 beds per unit	
1 Unit (4 East)		24 Beds per Unit	

OPERATIONAL INFORMATION

Facility Name	Advent Valleyview Residence
Facility Address	541 Finch Ave West Toronto, ON M2R 3Y3
Facility Major Intersection	Finch Ave West/Bathurst Street
Facility Telephone #	416-398-0555
Facility Fax #	416-398-0554
Facility Email	info@vvres.org
Facility Web Address	www.vvres.org
Administrator/Phone #	Elizabeth Bryce - 416-398-0555 Ext 1103
Director of Resident Care/Phone #	Anne Holden - 416-398-0555 Ext 1104
Environmental Services Manager/Phone #	Dash Belliu - 416-398-0555 Ext 1123
Infection Prevention and Control Lead/Phone #	Kamaljit Bahra - 416-398-0555 Ext 1490
President/CEO Advent Health Care Corp./Phone #	Todd Bruce – 416-398-5270
Insurance /Phone #	HIROC 1-800-465-7357
Fire Alarm System/Contact #	Chubb Edward Simplex Grinnel
Fire Alarm Panel (Monitoring)/Contact #	Chubb Security System
Average # of Staff – Days	85
Average # of Staff - Evening	60
Average # of Staff – Nights	14
Emergency Power Generator Provider/Type/Location/Areas Powered	Ronnie’s Generator Type: Cummins Power Generator Engine Model: DFBF-5632625 Engine Serial Number :
Fuel Storing/Location	Diesel Tank 2 (900L) Ground Floor (west side)
Emergency Communication System	Via NEC Phones for Overhead paging (All home areas, reception and offices) Resident Call Bell System Provider: WIRELESS RNA

EMERGENCY CONTACTS

Type	Phone #/Email
Police	Emergency Number: 9-1-1 Non-Emergency Number: 416-808-3200 (32 Division)
Fire	Emergency Number: 9-1-1 Non-Emergency Number: 416-338-9520
Public Health	Saturday, Sunday and Statutory Holidays 9am-5pm Email lrcrct@toronto.ca Evenings 5pm-9am (7 days a week) including statutory holidays)Call 311 or 416-392-2489
Ambulance	911
Poison Information Centre	Emergency Number: (416) 813-5900 Non-Emergency Number: (416) 813-5900
Public Utilities – Water	Emergency: City of Toronto 311
Public Utilities – Hydro	Toronto Hydro
Public Utilities – Gas	Enbridge Gas
Telephone	Wireless RNA
IT System	Matrix IT
Air Conditioning & Heating BUILDING AUTOMATION	Ambient Mechanical ACE AUTOMATION
HVAC	Laser Heating & Air Conditioning Inc.
Pharmacy	GeriatRx
Food Service	Sysco
Medical Supplies	Cardinal Health Medline
Elevator	OTIS:
Plumbing	D.E.L Plumbing
Human Resources/Staffing Agency	Provider Name: Tranquil Care
HR/Staffing Agency	Provider Name: Right at Home Canada
HR/Staffing Agency	Provider Name: Vanell
HR/Staffing Agency	Provider Name: Staff Relief
HR/Staffing Agency	Provider Name: Everest
HR/Staffing Agency	Provider Name: Front Line Health Care
Home & Community Care Support Services	Emergency Number: 905- 948-1872
Personal Protective Equipment (PPE)	Ministry of Health/Critical Supplies and Equipment

COMMUNICATION PLAN

The Home will conduct a communication Fan-out System and a team will be set up to ensure frequent and ongoing communication with residents, families, team members, volunteers, and Resident and Family Council with the goal of keeping all parties apprised of the status of the emergency.

The Administrator or designate will ensure ongoing communication using various methods at the beginning of the emergency, when there is a significant change throughout the course of the emergency, and when the emergency is over.

Emergency Fan out is not posted as it contain confidential personal information.

Each Department Lead/Managers have a staff phone list to contact in case of an emergency.

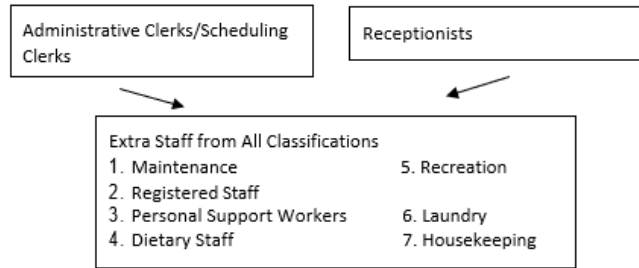
Receptionist will review and update the Administrative Services Manager emergency fan-out phone list monthly and redistribute if any changes to Department Leads/Managers.

The Emergency/Evacuation list is kept in an appropriate place by Department Leads/Managers and with the Rn in charge.

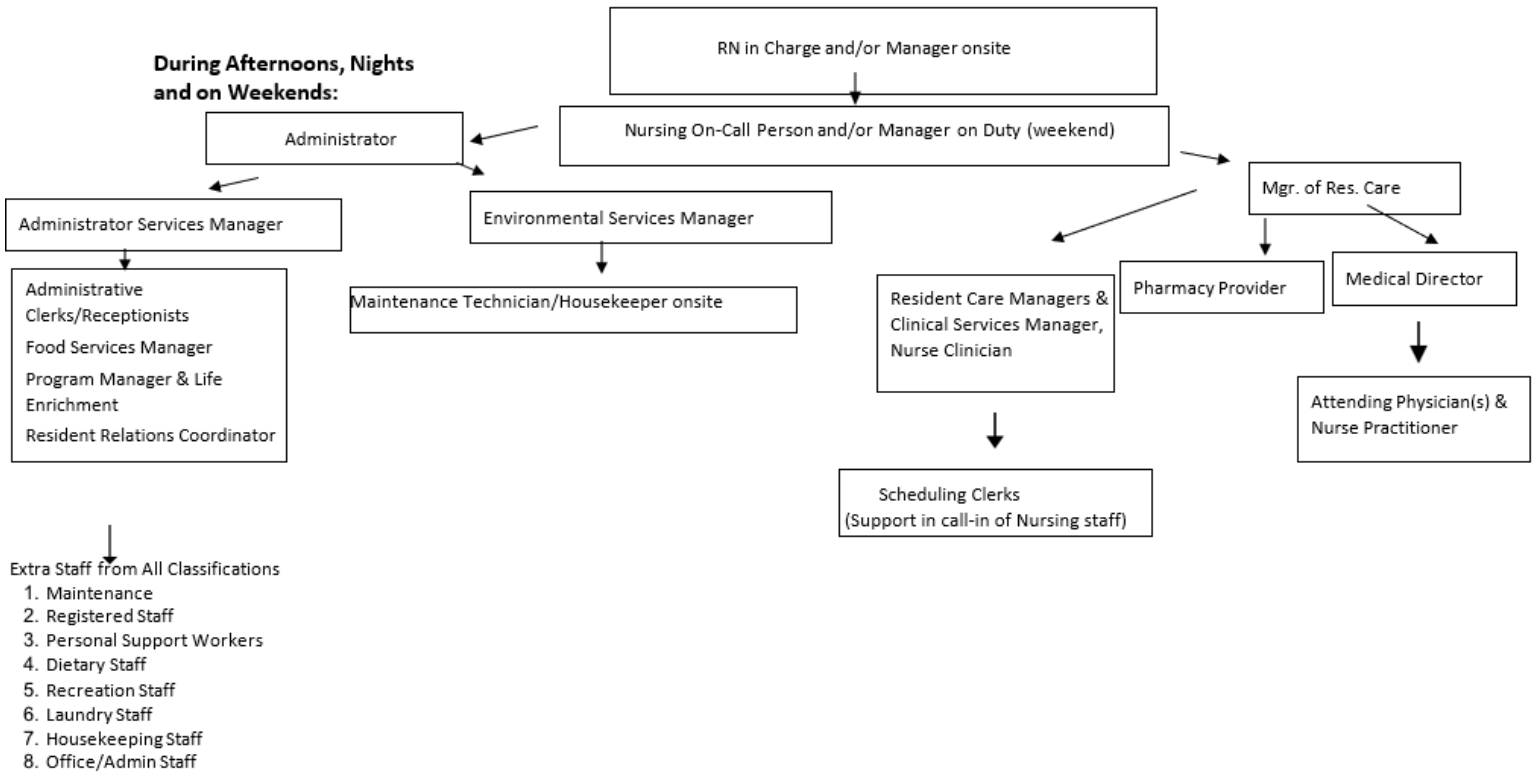
This list is posted at reception in the Emergency Plan binder.

The fan out diagram establishes the lines of communication to call in management and staff.

FAN OUT PROCEDURE DIAGRAM
During Regular Business Hours:



During Afternoons, Nights and on Weekends:



Fan-out Calling Procedures:

1. During regular business hours the administrator, or delegate, of the building would initiate the fan out procedures. During afternoons, nights and on weekends, the RN in charge contacts the Nursing On-Call Person who contact Administrator and then makes the decision to activate the fan out procedures. In the unusual event that the On-Call Person is not accessible, contact the Director of Care, Environmental Services Manager and/or any person on the On-Call schedule.
2. Calls are made to persons according to the fan out diagram.
3. Once contacted, the Scheduling Clerk, Administrative Clerks report to the Home and proceed to call in extra staff.
4. As management are contacted, they make their calls before coming in. All others report to the Home immediately.
5. If a management person is not available when called, leave a voice message and proceed to call the persons they were responsible of calling. If others are unavailable keep going down the fan out call list, OR delegate others to call.

6. If a person is not available and does not have an answering machine, skip to the next one. Once at the Home, advise the Receptionist/Administrative Services Clerk/and or designate persons missed and they will follow-up by re-contacted them and leaving a message on their work voicemail and e-mail (if feasible).
7. Once calls are completed, management personnel immediately report to the Home emergency command area.

Phone Communication: Incoming Calls:

Administrator and/or delegate will assign a staff member to receive incoming calls, prepared to respond with/to:

- Status updates on emergency/location/residents
- Help/resources or staff coming from other LTC homes
- Staff calling to find out their work schedules
- Medical information (as appropriate)
- Redirect media to Administrator and/or organizational representative
- A voicemail messaging recording may be used to share a status update and redirect callers as appropriate.

Phone Communication: Residents & Families:

Administrator and/or delegate will assign a staff member to call family members to assure them of their family member's safety and advise them of the Home's plan for the emergency.

When placing calls, the staff member will:

- Advise if unable to contact via telephone where family members may call and/or visit website to obtain further information
- Advise family members that the team will be focused on providing resident care and protection
- Confirm the primary family contact, their phone number and email address where they may receive updates
- Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information.
- A tracking record of all calls will be documented and will highlight any follow up required.

Written Communication:

A written memo will be communicated to residents and families and will consist of the following areas:

- Type of emergency
- Estimated time and severity of impact
- Expected disruptions to services and routines
- Actions take to mitigate risk

- Estimated time frame for the next status update
- What residents and family members can do to help

Onsite Communication:

Based on the nature of the emergency, staff will keep residents informed via various strategies such as daily updates, one to one conversations, updates to all residents in the dining room with opportunity for Q&A, Residents’ Council meetings, etc.

Family and Resident Town Halls may be organized by the Administrator to provide situational updates, to answer questions and address concerns. The frequency of written updates and Town Halls will be determined by the Administrator.

STAFF, VOLUNTEERS & STUDENTS

Based on the nature of the emergency, daily updates, huddles, debriefing, one on one conversation and memos will occur.

ADVENT HEALTH CARE CORPORATION

Administrator will be in continual communication of emergency with President & CEO of Advent Health Care Corporation Office.

ALTERNATE METHODS

- Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures)
- Telephones (both cellular and landline if operating)
- Two-way radio (always keep in a charger because you may be without power at any point)
- Internet (emails/websites) or local area networks (if computer systems are operative)

COMMUNICATION: PROVINCIAL REGULATORY AUTHORITIES & COMMUNITY PARTNERS

The Administrator/designate will ensure provincial regulatory authorities are kept informed as required in the event of an emergency.

Based upon the type of emergency, and as deemed necessary, ongoing communication with community partners will be facilitated by the Administrator/designate.

Organizational and External Support

Emergency Plan Activation

Activation of the emergency plan may be based upon the situation. For example, the person who sees a fire will pull the fire alarm, thus activating the Code Red response and emergency plan.

Lines of Authority

Lines of Authority will begin with the most senior person/manager at the site leading the emergency response, then to the Administrator or designate. For example: In a Code Red, the Fire Department, once on site, will take the lead until an all clear is called and the line of authority is handed back to the site. When an emergency service response (police, paramedics) or 3rd party is onsite (gas, electrician), they will lead until they have transferred authority back to the site.

The Incident Manager will be the immediate authority based upon the management team structure when no emergency service or 3rd party is involved.

During an outbreak, the IPAC Lead/designate will be the immediate authority ensuring all Public Health measures are implemented.

Team member roles are further defined within each Emergency Code/Procedure response as related to the specific emergency incident.

External Support Roles & Responsibilities

The Home has established and current agreements with external entities/community partners to provide support during an emergency. They include other LTC homes, external partnerships of vendors and suppliers, health services. Agreements for mutual aid or assistance during an emergency with community partners, agencies, and/or vendors are negotiated and formalized into written agreements.

These agreements include, but are not limited to:

- Provision of accommodation/temporary shelter for an evacuation
- Provision of Transportation in the event of an evacuation
- Provision of Services (ie. oxygen, Pharmacy)
- Provision of Supplies (non-food items such as linen, cots, mattresses)
- Provision of Resources (food & water)
- Generator if needed

EMERGENCY CODES

CODE RED - FIRE

IF YOU FIND FIRE OR SMOKE

1. **Remove** any person in immediate danger and leave the fire area immediately.
2. **Ensure** that doors to the affected area are closed and set the rescue door marker, which indicates the room is empty.
3. **Activate** the nearest fire alarm pull station to alert building occupants.
4. **Call the Fire Department at 911.**
5. **Try to extinguish the fire if trained and if it is safe to do so.**
6. **Search/assist with evacuation in the area(s) you have been assigned.**
7. **Check all doors before opening them.** Using the back of your hand, check the door for heat:
 - a. If the door is hot, leave the door closed and unlocked and proceed to the next door to be checked.
 - b. If the door is not hot, brace yourself against it and open slightly. If you feel air pressure or hot draft, close the door quickly, leaving it unlocked. Try an alternate door.
7. **If you are unable to exit or are trapped:**
 - a. Return to a room or suite and close the door, leaving it unlocked.
 - b. Seal off all openings which may admit smoke.
 - c. Crouch low to the floor if smoke enters the room.
 - d. **Call the Fire Department at 911** and alert them to your location.
 - e. Wait to be rescued. Listen for instructions given by authorized personnel.
8. **Report dangerous conditions.** If you have information relating to persons still in the affected area, report it immediately to the Emergency Coordinator or Fire Department personnel.

UPON HEARING A FIRE ALARM

General Procedures for Fire Alarms

1. Close all doors and windows and be alert for signs of smoke or fire.
2. Move residents, visitors and any equipment that may be in the hallways in nearby rooms.
3. Explain to residents and visitors that everything is under control and they are to remain in their rooms, with doors closed, until further notice.
4. Close hallway windows.
5. Report to the person in charge for further instructions.

Fire Alarm in Your Area

1. Return to your area as quickly as possible using the stairs. You can then be accounted for and assist with an evacuation if necessary.
2. Report to a person in charge for further instructions.
3. Close all doors and windows in your area, and stay alert for signs of smoke or fire.
4. Move residents, visitors and any equipment that may be in the hallways into nearby rooms.
5. Explain to residents and visitors that everything is under control and they are to remain in their rooms, with doors closed, until further notice.
6. Elevators are to be kept clear for:
 - residents evacuation
 - use by the Fire Team and Fire Department.

CODE GREEN (EVACUATION)

There are four evacuation modes:

- (1) Code Red (Alert Stage) – Means a fire condition and calls for immediate evacuation of residents from actual room(s) of fire origin, rooms immediately adjacent and room opposite (“T” Formation).
- (2) Code Green (Alert Stage) – Remove all residents from a fire affected zone to a fire safe zone on the same floor. This is accomplished by moving all residents to the area through the closest fire separation on the same floor.
- (3) Code Green Stat (Alert Stage) – Means moving of occupants from a fire affected area to a safer area on another floor, below the fire floor or outside (Vertical Evacuation). In this case, the boundary between the fire affected area and the safe area is the fire separation doors on each floor. Vertical evacuation will be necessary to move residents to a safe holding area.
- (4) Total Evacuation (General Alarm Condition) – Bells ringing continuously. The second stage of the alarm will be initiated by the Nursing Home Administrator or Nurse in Charge in consultation with the Fire Department Official. All building residents/visitors will be taken to the outside of the building via exit stairs.

During code “Red” and “Green” conditions, floors above the floor of the fire origin should be inspected for smoke migration and reported to the Nurse in Charge

➤ ROLE OF NURSE IN CHARGE (Bright Orange Vest)

The Nurse in Charge is most familiar with the environment, the staff, and the residents on the floor, and thus should take charge of emergency procedures until the arrival of the Toronto Fire Department. T

The Nurse in Charge is to inspect the fire alarm panel to locate the area of the fire, utilize the intercom and repeat three times: “Code Red and the area of fire”.

The Nurse in Charge is to send two staff members trained to use a fire extinguishers to assess the fire origin, to identify the type of fire (electrical, chemical, etc.) and the direction of fire.

If the fire cannot be easily extinguished with a portable extinguisher, leave the fire area immediately and ensure all the doors are closed to confine the fire.

The Nurse in Charge should remain at the Nursing Station where she can oversee the emergency operation and provide direction to other staff members. Duties include instructions to other staff members to:

1. Move residents in immediate danger into rooms away from the fire.
2. Move residents and visitors who are in corridors into rooms away from the fire.
3. Close room doors.
4. Check fire doors to make sure that they have closed properly.
5. Clear the corridors of obstructions
6. Reassure family and visitors and sure that they remain with residents.

EVACUATION PROCEDURES

When a fire emergency occurs, you must respond with calm. Certain basic procedures must be followed in an emergency; however, no single precise order of action can be prescribed, as each particular emergency situation will create its own unique problems.

Nurses realize that medical complications can ensue in any of the following:

1. Intravenous therapy
2. Oxygen respirators and other support systems
3. Urinary drainage hook-ups
4. Traction and other medical equipment and restraint devices

Nurses must use their professional judgment during a fire emergency. They must also be aware that medical conditions must become secondary to immediate life threateners – smoke and fire.

The general stages of evacuation involve the movement of patients to a temporary refuge, either horizontally or vertically. A description of the four types of evacuation follows.

PARTIAL EVACUATION

A partial evacuation involves removing one or more patients from a dangerous room or ward. When it is necessary to transport patients from imminent danger, they need not be carried great distances – 20 feet may be all that is necessary.

NOTE: PATIENT REMOVE IS THE FIRST PRIORITY

HORIZONTAL EVACUATION

Horizontal evacuation refers to moving patients from a fire affected area to an area-of-refuge zone

on the same floor beyond fire barrier doors. The following steps should be taken during a horizontal evacuation:

1. Remove all people from the fire area to the adjacent area beyond the fire barrier doors. Remove residents from immediate danger and use "T" evacuation. First – evaluate the affected room (source of fire) if possible, then evacuate the rooms on either side of the affected room. Evacuate any room directly across from the fire. Proceed to remove any other resident from the affected area.
2. When a resident room has been evacuated, the door should be shut and red magnetic strip placed in front of the door on the door frame. This will inform staff, that Fire Team and the Toronto Fire Department that the room has been evacuated.
3. If possible, take resident records and staff schedule.
4. Use lists at Emergency Binder at Reception to check all resident and staff members.
5. Follow the direction of the Toronto Fire Department, Home emergency response lead.

IMPORTANT:

1. All staff must be familiar with evacuation principles and emergency methods of removing residents.
2. There will be a current list of all non-ambulatory occupants at each nursing station.
3. Staffing schedules, phone lists, medical records are to be removed to a safe place if possible.

VERTICAL EVACUATION

Vertical evacuation refers to the moving of residents from a fire affected area to a safer area on another floor below the fire floor. Evacuation by way of the stairways will involve numerous difficulties.

Ambulatory residents should be instructed to hold hands and form a chain. One staff member should then lead the chain safely down the staircase to the safe area. Another staff member should follow behind the residents to watch for stragglers. The following steps should be taken during a vertical evacuation:

1. Remove all people from the fire area to the safe area on the lower floor.
2. When a resident room has been evacuated, the door should be shut and a red magnetic strip placed in front of the door. This will inform staff, the Fire Team and the Toronto Fire Department that the room has been evacuated.
3. If possible, take residents records and staff schedule.
4. Use the above lists to check all residents and staff members.
5. Follow the direction of the Toronto Fire Department, Home emergency response lead.

TOTAL EVACUATION

If evacuation of the entire building is considered essential by those in charge of the fire emergency, the following steps will take place:

1. The Nurse in Charge or Nursing Home Administrator in consultation with the Fire Department Official will notify Communications to make the Total Evacuation announcement and the location of those areas being evacuated. If it is an entire zone that is being evacuated, the Administrator, Head Nurse or person in consultation with the Chief Fire Official will insert a key into the pull station located within any fire zone and set the evacuation alarm.
2. A total evacuation because of inherent danger is a last resort. It would require the help of all available personnel as well as outside agencies.
3. The Nurse in Charge and senior staff from the Toronto Fire Department will take charge of the fire emergency. They will be stationed at the Nurses Station on the ground floor along with senior officials from the Toronto Police Department and other essential services.
4. Information from the Nurses Station is transmitted to all areas of the nursing home by the PA system.
5. If a total evacuation is deemed necessary, contact of other LTC homes with signed agreements to contact. Residents will be held if required at the building at 555 Finch Ave W (Branson), Forestview Retirement Home & Willowdale Church may be considered a place of refuge.

In order to ensure care needs of residents are met throughout an emergency evacuation and relocation, the following procedures will be in place.

- 1) **Resident Identification:** an identification label is located on each unit at the Nursing Station. The identification information includes: name, level of transfer/mobility, allergies, and DNR designation.
- 2) **Evacuation Log:** to be maintained for all residents transferred out, including relocation site, injury/treatment, time of transfer, how they were transferred, and that SDM has been notified.
- 3) **Resident Chart:** MAR books and any hard copy chart records must be removed from the site. Any hard copy chart records must be removed from the site using linen bags for transportation. Each unit's records are the responsibility of the Nurse in charge of the home areas. These records must be taken to the relocation site
- 4) Most of the actual chart can be retrieved on electronic health record out of the community. This can be completed offsite.
- 5) **Medications:** The pharmacy is to be contacted and provide same day service to replace all medication in a seven-day package. GeriatRx Pharmacy will be contacted. The pharmacy will provide all medications at the relocation site as needed
- 6) **Other life sustaining equipment (oxygen, g-tube feeds):** may require evacuation with the resident or triage at treatment zone based on care needs.
- 7) **Food & Fluid** (as per the Provision of Food & Fluid Continuity Plan)
- 8) **Physician on call:** The doctor on call will decide:
 - whether a site physician should be called
 - whether a coroner should be onsite
- 9) Evacuation Supplies Located At Each Nursing Station

CODE YELLOW (MISSING RESIDENT)

The code yellow procedure will be automatically implemented when:

1. Resident is thought to be missing but no exit alarm has sounded;
2. An exit alarm sounds and upon staff response and search of the immediate surroundings, a resident is thought to be missing.

PROCEDURE

SEARCH CO-ORDINATOR

- Once a resident is presumed missing, the search co-ordinator (administrator, director of resident care, or nurse in charge will be contacted immediately.
- Dial *10 to announce "CODE YELLOW" and its location three times with resident's description over the P.A. system.
- The search co-ordinator has overall responsibility for the implementation of the missing resident search procedure.

FACILITY SEARCH PROCEDURE

Search Co-ordinator will:

- Identify search parties and zones.
- Assign 2 persons to search each zone.
- Identify each zone using building floor plans (copies to be available).
- Mark off each area searched in zone by search party, using highlighter, including all closets, storage, tub rooms, cupboards etc.
- Ensure search party signs off search plan and returns to command post.
- Post completed search forms/plans at command post.
- Ensure repeat searches are done as per search co-ordinator's instructions

SEARCH KIT CONTENTS

- One for each zone
- Contents: yellow highlighter, map of zone, flash light.
- Zones can be:
 - Wing
 - Floor
 - Kitchen
 - Parking lot
 - Staircase

SEARCH COMMAND POST

Reception area on the main floor with access to a phone and fax will be the search command post.

Upon implementation of the missing resident search procedure, the search co-ordinator will:

- Move immediately to the search command post and:
 - Gather all available information regarding the missing resident (if identified) and,
 - Emergency binder at reception will have copy of the building plan fire drawings as a guide. The facility search record form will be completed as the search proceeds.
 - Notify police at **911** within **15 minutes** of the resident going missing.
 - Designate staff to search for the resident in the building.
 - Specify areas/zones to be searched and instruct all staff to report back as soon as search completed.

Search all of the following areas:

- | | |
|---------------------------|---------------------|
| - rooms | - hidden areas |
| - closets | - other floors |
| - bathrooms and tub rooms | - roof tops |
| - beneath beds | - unlocked vehicles |
| - lounges, common areas | - vacant suites |
| - stairwells, elevators | - dining room |
| - storage room | - garbage area |

NOTE: Make certain that the search is progressively expanding within the building.

Instruct two staff to search the outside grounds checking the following areas:

- all vehicles
- bushes
- sheds
- roads, etc.

NOTE: Do not conduct a car search or a walking search off the property. Police will do that.

Provide the following information to the police:

- name of resident
- a description of the resident
- a recent photograph of the resident
- the time the resident was last seen
- history of elopement
- pre-elopement verbal information (wanted to go home)
- cash on hand

- time of last medication pass
- medication missed and effects
- the clothing worn by the resident
- the resident's general medical diagnosis and condition
- the resident's ability for self care
- level of confusion and any contributing factors
- the places the resident is likely to go
- friends in the building & neighbourhood
- previous address prior to living at the facility
- spouse's address (if applicable)
- if deceased, location of grave site
- family history for LOA sign in/out notification
- was resident wearing and ID bracelet/shoe tags

Residents on the wandering registry with the Alzheimer Society will have this information already on file with the police department.

If the staff member found the resident in Valleyview Residence, the staff member shall inform the manager. The search coordinator or nurse in charge will direct staff member to announce "Code Yellow All Clear" three times.

FOR WANDERING RESIDENTS:

If a staff person observes a resident on roam alert list leaving the Valleyview Residence building, they should identify the resident and determine if they are allowed to leave the building unattended. If the resident is not allowed to leave unattended, or if the staff person is unsure about the resident's identity or status, the staff person shall do the following:

- Announce "CODE YELLOW" and its location three times with resident's description over the P.A. system.
- Immediately notify the resident home area and the manager or a delegate.
- Conduct a search of Valleyview property: have your cell phone or walkie-talkie at reception desk.
- Keep the communication with reception or delegate.
- Follow the resident and keep track of the resident's location at all times in Valleyview Residence property.
- Encourage the resident to return to Valleyview Residence.
- Do not conduct a car search or a walking search off the property. When resident walks off Valleyview Residence property call 911!

If it appears that the resident is about to leave Valleyview Residence property, then the staff member should contact the police immediately with the identity and description of the resident.

If the resident returns to the Valleyview Residence, the staff member shall inform the manager. The search coordinator or nurse in charge will direct staff member to announce "Code Yellow All

Clear” three times.

Manager may choose to call the police (911) at any point after being informed if the manager believes that the residents’ history suggest the risk of harm.

Notify:

Please use Valleyview Residence Phone Directory to contact:

Administrator

Director of Resident

President of Advent

Notify the resident's family

Notify the attending physician

Notify the Ministry of Long Term Care

Document:

- time resident last seen and by whom
- time resident discovered as missing
- any unusual behaviour
- search procedures and involvement
- notification time of pertinent individuals

- Contact any off duty staff who had contact with the resident to determine time and location last seen.

WHEN RESIDENT IS FOUND

When the resident has been found the search co-ordinator will:

- Make an announcement that the resident has been found and that the search is cancelled.
- Notify those shown in the facility search record.
- Have the resident's condition assessed by the physician.

CODE BLACK (BOMB THREAT)

RECEIVING A BOMB THREAT BY PHONE

- All threats must be taken seriously and dealt with in such a way as not to create panic. The person handling the call must remain calm and appear undaunted as panic is contagious and can cause personal injury and property damage.
- The call recipient must remember to do many things, all of which will aid the search for the device and provide authorities with as much information as possible for their later investigation.
- The “Telephone Check List (BOMB)” - Form, should be kept at each phone in an envelope marked “Code Black”.

- The call recipient must get the most from the communication while it is going on. Try to keep the caller on the line as long as possible and attempt to record everything being said using the exact wording in the threat.

Be an intent listener for the following:

- Is the caller male or female, nervous or calm and approximate age?
- Is the voice rough, refined, has an accent or speech impediment?
- Are there any unusual or reoccurring phrases?
- Is the voice familiar and if so who does it sound like?
- Are there background noises such as music, running motors, traffic, whistles, bells, horns, aircraft, trains, machinery or other sounds?
- Did the caller sound as though they were familiar with the home? If so how?

When the opportunity arises try and obtain the following information if not freely offered:

- When is the device set to detonate?
- Where is it located?
- What type of device is it?
- What size is the device?
- What does it look like?
- Why kill or injure innocent people?

Other information to note:

- Did the call come in on an unlisted line?
- Was any information displaced and if so recorded?
- Use call trace *57 to obtain information for the police.

THREAT BY TANGIBLE FORM

- If the threat is received in a tangible form, all the materials, including envelopes and containers must be saved and all contact with these materials minimized. Use caution not to destroy fingerprints or other clues while placing in container or in a safe area.
- Record how the threat was delivered and by whom. If by messenger, record the personal and vehicle descriptions.

REPORTING THE THREAT

- Do not discuss the threatening phone call or tangible material with other persons.
- Report all information obtained immediately to the administrator/general manager/charge person.

RESPONSE TO THE THREAT

The administrator/charge person or designate will:

- Establish a control centre in a secure location on or outside of the property
- If control centre is on the property make a complete search of the control centre and adjacent rooms to ensure area is safe before use.
- Review the completed "Telephone Check List" with staff who received call.
- Assess information and decide if a preliminary search is to be conducted or if an evacuation is to be implemented. (See next section: "Search Procedure").
- Upon further assessment of the situation, make a decision whether to call 911.
- Call 911 to report the threat and instruct a staff member to receive emergency personnel at a designated entrance and direct them to the control centre. Staff will secure entrance from anyone else entering and note that the home is temporarily closed.
- Announce "Code Black - B.T." to alert all personnel that there is a bomb threat.
- Confirm that staff have locked down any other entrance points into the home prior to calmly reporting to the control centre.
- Locate home drawings and offer them to the emergency personnel upon arrival.
- Offer assistance to emergency personnel as requested.
- Designate staff to reassure and monitor resident response throughout emergency and report any untoward symptoms to DRC/HCC.
- Have staff prepare for a Partial, Total or External evacuation as advised by emergency personnel.
- Notify the administrator (if not in home), and Ministry of Long Term Care (complete on-line CIS form, after hours call (after 5pm).

SEARCH PROCEDURE - PRELIMINARY

The following guidelines can be used as search procedure:

The administrator or person in charge will select a group of searchers and provide them with a briefing of the type of things that they are searching for.

Searchers are not to touch anything suspicious during search

- If the caller identified or made reference to the possible location of the bomb, the search will start in this location.
- Areas accessible to the public and entrances/exits should be searched next.
- Staff to search their own work areas.

The search is to be systematic.

- Enter room or area and stand quietly and listen to identify unusual background noises and sources.
- Complete a visual search starting at floor level and working upward to waist level,

then eye level and then to upper limit.

- Be mindful of the movement of rugs, furniture, drapes, hanging pictures or any other object for a possible booby trap.
- At upper limit, light fixtures, heating ducts and vents must be inspected.
- Searchers report back to control centre when designated search areas are completed.
- Any suspicious items or circumstances must be reported.
- Searched areas will be highlighted on home floor plans.
- Information must be turned over to emergency personnel and await further instructions.

IF BOMB IS FOUND

- Do not go near or touch any suspicious article and keep everyone away.
- Do not use cell phone or other electronic devices close by.
- Notify administrator/general manager/charge person and give a description and location of object found.
- Evacuate all staff and residents from immediate area (Code Green - Partial).
- Use signs, ropes or other barricade measures, to secure area.
- Leave light switches in the position they are found. Do not turn them on or off.
- Do not discontinue the search.
- Remain in the area, but outside the cordoned area until police arrive.
- Establish the most direct route to the suspicious item for quicker action by the police.
- Emergency personnel should be on site by this time to give further direction.

EVACUATION DURING BOMB THREAT

- After consultation with emergency personnel an evacuation may be advised prior to, during or following search procedures. If an evacuation is decided upon, emergency personnel are to ensure that the evacuation routes have been searched and are clear of explosive devices.
- Evacuation plans will include an instruction that all building occupants remove personal belongings (purses, briefcases, lunch bags, etc.) when evacuating the home.
- Announce "Code Green" and direction to exit home then follow procedure ensuring all residents are accounted for.

ANNOUNCING ALL CLEAR

The administrator or delegate will announce all clear upon assurance from emergency personnel that the home is safe to reoccupy.

POST EMERGENCY EVALUATION AND FOLLOW-UP

The administrator or delegate will:

- Review the plan and its provisions to determine if the procedures were appropriate or if anything needs revision. This review should be in the form of critique involving all staff members involved in the threat and representatives from the emergency services.
- Prepare a report and distribute it to the regional manager and all persons and agencies having a responsibility for any action to the incident.
- Incorporate the changes after approval from corporate office.

CODE WHITE (VIOLENT SITUATION/OUTBURST)

DECLARING OF CODE WHITE:

Code White is to be called/used to alert staff when a violent or potentially violent individual, who is unmanageable by any other means, presents a danger to self or others.

When there is threat of violence by an aggressor or telephone caller, always consider the following :

Do not argue or attempt to be a hero.

- Attempt to keep the aggressor or caller talking and calm.
- Do not look at the aggressor straight in the eye
- Note all details of the aggressor i.e. size, weight, clothing, speech accent and any other unusual characteristics and record them as soon as possible. These details to be given to police and/or management upon request.

ROLES AND RESPONSIBILITIES

If the violent person is on the main floor during business hours:

- **Team Lead** : Administrator or designate calls 911, makes decisions/changes as needed.
- **Talks to/calms aggressor:** Resident & Family Relations Coordinator or designate talks to aggressor, calms aggressor, attempts to de-escalate aggressor, constantly monitoring aggressor.
- **Observer/Writer:** Director of Resident Care or designate constantly monitoring aggressor, observing, writing down observations, uses tools provided (observation tool located at each nursing station & reception)
- **Movers:** Recreation staff moves residents to safety (boardroom and/or staff hallway).

If the violent person is on the main floor outside of business hours:

- **Team lead:** Receptionist calls code white, calls 911 and notifies management.
- **Talks to/calms aggressor:** Reception staff talk to aggressor, calms aggressor, attempts to de-escalate aggressor, constantly monitoring aggressor.
- **Observer/Writer:** Nurse in charge of building constantly monitoring aggressor, observing, writing down observations, uses tools provided (also assists receptionist if needed, observation tool located at each nursing station & reception).
- **Movers:** Dietary, laundry, housekeeping moves residents to safety (boardroom and/or staff hallway)

If the violent person is on the unit during day shift:

- **Team lead:** Charge nurse on unit calls code white, calls 911 and notifies management if on weekend.
- **Talks to/calms aggressor:** Recreation staff talks to aggressor, calms aggressor, attempts to de-escalate aggressor, constantly monitoring aggressor.
- **Observer/Writer:** Nurse in charge of building goes to unit constantly monitoring aggressor, observing, writing down observations, uses tools provided (observation tool located at each nursing station & reception).
- **Movers:** 3 PSW's on unit to move residents to safety.

If the violent person is on the unit during evening shift:

- **Team lead:** Charge nurse on unit calls code white, calls 911 and notifies management.
- **Talks to/calms aggressor:** Assigned PSW from unit talks to aggressor, calms aggressor, attempts to de-escalate aggressor, constantly monitoring aggressor.
- **Observer/Writer:** Nurse in charge of building goes to unit constantly monitoring aggressor, observing, writing down observations, uses tools provided (observation tool located at each nursing station & reception).
- **Movers:** 2 remaining PSW's (1 from unit and 1 from adjoining unit) to move residents to safety.

If the violent person is on the unit during night shift:

- **Team lead:** Charge nurse on unit calls code white, calls 911 and notifies management.
- **Talks to/calms aggressor:** Assigned PSW from unit talks to aggressor, calms aggressor, attempts to de-escalate aggressor, constantly monitoring aggressor.
- **Observer/Writer:** Nurse in charge of building constantly monitoring aggressor, observing, writing down observations, uses tools provided (observation tool located at each nursing station & reception)
- **Movers:** Remaining two PSW's from floor and housekeeping move residents to safety.
- Nurse in Charge to request additional assistance if required

When threat is gone:

- Call all clear when threat is gone. Provide management with observation tool.
- Follow-up with police if necessary to obtain a report.
- Administrator or designate to file reports where necessary i.e. Critical Incident Reporting to Ministry of Long Term Care, Ministry of Labor.
- Occupational Health and Safety Committee to debrief.

CODE BROWN (CHEMICAL SPILLS & GAS LEAKS)**Chemical Spills****DEFINITIONS:**

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

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

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

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

PROCEDURE

Minor Spills:

1. Minor, indoor spills of hazardous materials or waste that present no immediate threat to personal health or safety, or of being released to the environment, are to be cleaned up by the personnel responsible for the spill unless they are not comfortable doing so.
2. Access spill kit, and use to clean up the spill.

Major Spills:

1. Immediately notify the person in charge of the building
2. Notify Environmental Services Manager/Maintenance immediately. After hours maintenance on-call number will be called.
3. When possible, obtain spill kit and use to control spread of chemical.
4. Evacuate residents and staff from affected area as necessary.
5. Major spills are to be reported to the Ministry of the Environment, Spills Action Centre: 1-800-268-6060 immediately.

Spill Kits:

Depending on the chemical used in a specific area any of the following pieces of equipment or products may be required to be readily available:

1. Absorbent clay materials.
2. Floor drain covers.
3. Commercial containment tubes. (Socks)
4. Neutralizing products.
5. Chemical resistant mop and bucket.
6. Chemical resistant dust-pan, broom and brush.
7. Wet floor signs.
8. Squeegee.
9. Wet / dry vacuum.
10. HEPA vacuum.
11. Fans.

GAS LEAK

CLASSIFICATION OF GAS LEAKS

- | | |
|-------------------------------------|---|
| Class 1 - Faint Gas Smell | - Leak from an appliance or fitting crack. |
| Class 2 - Strong Gas Smell | - Break in a line, gas filling a room, wing or floor etc. |
| Class 3 - Exterior Gas Smell | - Smell of gas entering building from outdoors. |

IN ALL CLASSES IN THE AFFECTED AREA

DO NOT - Pull fire alarm.

DO NOT - Smoke or use a flame of any sort.

DO NOT - Turn lights or appliances on or off.

DO NOT - Use paging system, phones or elevator.

In all cases, if gas leak cannot be found immediately call Enbridge Gas: 1-866-763-5427

PROCEDURE

Class 1 - Faint Gas Smell

The person smelling gas or delegate will:

- Identify location of leak, if possible, and shut off source. Use flash light if location is in a dark area. Keep flash light with fresh batteries in close proximity to gas appliances.
- Open windows and doors to exterior to allow fresh air in.
- Evacuate area and close door to room.
- Verbally alert others of code Brown and location.
- Monitor fumes. If smell persists or intensifies, proceed to Class 2 leak procedure. If smell dissipates, tag off equipment or source as "do not use until serviced", and notify maintenance.

Class 2 - Strong Gas Smell

The person smelling gas or delegate will:

- Shut off remote valve to room or area with gas leak. If not quickly found, proceed to evacuation.
- Evacuate room, close door and ventilate room. If large area, run to get assistance to notify charge person of situation. Continue to evacuate area.

Charge person will ensure to:

- Verbally alert others issuing instructions to pass on code Brown, location and code Green, total evacuation, repeated 3 times.
- Alert Reception (After hours 2nd floor charge nurse) to call 911 and gas company emergency number. If leak in area of Reception to leave area or building to make calls.
- Receive and direct fire department or gas company to area of concern and to location of gas meter.

Class 3 - Exterior Gas Smell

The charge person will:

- Initiate customized Exterior Air Exclusion Procedures (Code Grey)
-

The Administrator & Environmental Services Manager will:

Ensure new staff are orientated to the location of gas shut-offs and the process to turn them off, for gas appliances within the home.

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

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

CODE GREY (EXTERNAL AIR EXCLUSION)

MINOR ODOUR - Fertilizer or new built roof application nearby.

MAJOR ODOUR - Heavy, toxic or gaseous odour or smoke entering home quickly.

IN ALL CASES:

DO NOT pull fire alarm.

IF ODOUR POTENTIALLY EXPLOSIVE:

DO NOT smoke or use a flame of any sort.

DO NOT turn lights or appliances on or off.

DO NOT use elevator or other major equipment.

PROCEDURE:

The person smelling the exterior odour will:

- Close windows and exterior doors in the immediate area.
- Shut off bathroom fans, if applicable.
- Contact the charge person so they can determine if the odour is minor or major.

MINOR ODOUR:

The charge person/designate will:

- Contact reception or use facility phone to dial *10 to announce "CODE GREY" and location 3 times.
- Manually shut down ventilation and heating fans.
- Physically cover exterior wall louvers or exterior open penetrations.

All staff will:

- Close windows or exterior doors in affected area, as well as shutting off bathroom fans, if applicable.
- Close corridor fire doors to contain odour from spreading.
- Continue regular duties until instructed otherwise or "Code Grey all clear" is announced.

MAJOR ODOUR:

Charge person/designate will:

- Contact reception or use facility phone to dial *10 to announce "CODE GREY" and location 3 times and call 911 with the nature of the emergency. If determined to be natural gas, call gas emergency.
- Call off duty maintenance manager to report to work immediately.
- Manually shut down ventilation and heating fans. If charge person determines odour is not explosive, a decision to pull the fire alarm to automatically shut down the ventilation and heating fans may be made.
- Shut off gas to all appliances and equipment.
- Physically cover exterior wall louvers or exterior open penetrations.
- Await arrival of fire department and follow further directions.
- Notify Administrator or delegate.

All staff will:

- Close windows and exterior doors in total building, as well as shutting off bathroom fans, if applicable, starting with affected area first.
- Close corridor fire doors to prevent odour from spreading.
- Prepare for full evacuation.
- Monitor all occupants for adverse effects.
- Await further instructions.

ADDITIONALLY:

- If evacuation is required, implement CODE GREEN.
- Equipment location and shutoffs as noted on following pages.

EQUIPMENT LOCATION FOR SHUT DOWN:

- Only shut down gas for Major Air Exclusion.

LASTLY:

- Ensure all resident washroom fans, tub rooms, public and staff washroom fans are turned off.
- Unplug resident window air conditioners and wrap with plastic if necessary.

ALL CLEAR:

- Upon all clear, if emergency was due to explosive gas fumes, ensure all areas are properly ventilated prior to turning power and gas back on.

CODE GREY (LOSS OF HEAT)

Description

The loss or interruption of heat for a LTCH can affect the safety and provision of care/services for the residents of a home.

Loss of All Heating Systems

1. In the event that the heating system is not functional, immediate steps must be taken to conserve and preserve body heat.
2. All residents and staff should congregate in one area of the home (if possible), close all doors to other areas, and use all available blankets and bed clothing for warmth.
3. Develop a contingency plan to deal with a prolong shortage of heat on each unit.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances;

No Later than One Business Day

1. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including:
 - a. A breakdown or failure of the security system,
 - b. A breakdown of major equipment or a system in the home,
 - c. A loss of essential services

After Being Made Aware of a Loss of Heat

1. Administrator/designate commands lead of the emergency situation
2. Announce "Code Grey-Loss of Heat" three times slowly and clearly
3. Environmental Services Manager Initiate the Protocol for Urgent Maintenance Services if

required

4. Initiate the emergency fan out system for your home if required.
5. Team leads meet at the designated Emergency Command Area at the Lobby
6. Assign staff to close non-resident area doors to conserve heat
7. Assign staff to inventory emergency supplies (portable heaters)
8. Collect the inventory of surplus supplies
9. Assess residents at risk
10. Assign staff to install portable heaters for residents at high risk
11. Call in additional staff as required
12. Notify residents and visitors of disruption of service
13. Contact Ministry of Long-Term Care (MLTC) as required

If the Situation Requires Relocation of Residents to another Facility

1. Determining relocation of residents will be authorized by the home's Administrator or emergency crews
2. Activate & follow the Code Green Emergency Response Plan

When Code Grey Loss of Heat Is Over

1. Announce 'All Clear Code Grey-Loss of Heat' three times
2. Debrief with staff and complete a report
3. Report to the Ministry of Long Term Care as required

After Being Made Aware of a Code Grey Loss of Heat

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Tell staff to close windows in your area
4. Tell staff to inventory surplus supplies such as sheets, blankets
5. Report to the Chief Warden at the EOC with the inventory of surplus supplies if safe to leave residents
6. Follow instruction from the Chief Warden

All Other Staff – After Being Made Aware of a Code Grey Loss of Heat

1. If not directly supervising residents, return to your assigned area by the safest route.
2. If directly supervising residents report to the assigned lead where you are
3. Follow instruction from the assigned lead

Building Services - Code Grey Loss of Heat

1. Work to ensure systems are operational and/or repaired
2. Ensure generator is in a state of readiness
3. Ensure departmental emergency equipment and materials are in a state of readiness

CODE GREY (LOSS OF WATER/BOIL WATER ADVISORY)

The loss, interruption and/or contamination of water services for a LTCH can affect the safety and provision of care/services for the residents of a home.

The services that may be affected include fire protection systems (i.e. sprinkler systems, hose and stand pipe systems etc.), the preparation of meal service (i.e. equipment such as steamers, combi ovens, coffee machines and water cooled refrigeration equipment will not function), and bathing or personal care for the residents.

There are varying interruptions that a home may be faced with such as:

A planned shutdown or interruption of water services, which provides the home an opportunity to pre-plan for the event. A planned interruption or loss of water service may be initiated by the municipal water service provider due to repairs/upgrades of local water mains etc. A planned shutdown or interruption may also be scheduled by the home for maintenance or to make repairs/alterations to systems within the home.

- An emergency shutdown or loss of municipal water service that requires immediate actions to be taken by the home's staff.
- A potential contamination of the municipal water service that requires immediate actions to be taken by the home's staff.

After Being Made Aware of a Loss or Contamination of Water

1. Administrator/designate commands lead of the emergency situation
2. Announce "Code Grey-Loss of Water/Boil Water Advisory" three times slowly and clearly
3. Initiate the Protocol for Urgent Maintenance Services if required

4. Initiate the Emergency Fan out System for your home if required.
5. Team leads meet at the designated Emergency Command Area of Lobby and assign required duties
6. Notify residents and visitors of disruption of service

If the Situation Requires Relocation of the Residents to Another Facility;

1. Determining relocation of residents will be authorized by the home's Administrator or emergency crews
2. Activate and follow the Code Green Emergency Response Plan

When Code Grey Loss of Water/Boil Water Advisory Is Over

1. Announce "All Clear Code Grey Loss of Water/Boil Water Advisory" three times
2. Assign staff to turn on and flush water lines throughout the home if required.
3. Ensure proper notification to required personnel that the emergency is over.
4. Collect the emergency supplies.
5. Audit remaining bottled water inventory and notify Food Services Manager so stock can be reordered.
6. Debrief with staff and residents and complete report
7. Complete and distribute Emergency Drill Report.
8. Report to the Ministry of Long-Term Care, Public Health etc. as required

All Other Staff – After Being Made Aware of a Code Grey Loss of Water/Boil Water Advisory

1. If not directly supervising residents, return to your assigned area by the safest route
2. If directly supervising residents report to the incident lead of where you are
3. Follow instruction from lead

CODE GREY (LOSS OF ELECTRICITY)

Description:

Each long term care home has an emergency backup generator to supply power to critical systems and equipment in the event of a loss of electricity. The home's emergency generator may be natural gas or diesel powered.

The emergency generators in each home will provide power for critical systems such as:

- Fire alarm systems
- Door security systems
- Nurse call systems
- Elevators
- Heating, Ventilation, Air Conditioning (HVAC) systems
- Lighting systems
- Dietary equipment

- Refrigeration equipment
- Selected outlets throughout the home (indicated with a red outlet)

In addition to the emergency generator each home maintains a supply of emergency equipment including flashlights, batteries, extension cords, portable battery backup.

After being made aware of a loss of electricity

1. Administrator/designate commands lead of the emergency situation
2. Announce “Code Grey Loss of Electricity” three times slowly and clearly
3. Initiate the protocol for Urgent Maintenance Services if required
4. Initiate the emergency fan out system if required
5. Team leads meet at the designated Emergency Command Area of Lobby and assign required duties
6. Review the Required Actions
 - If nurse call system is not functional assign staff to monitor residents
 - If door security system is not functional assign staff to monitor doors
7. Assign staff to duties
8. Notify residents and visitors of disruption of service

If the situation requires relocation of the residents to another facility

1. Determining relocation of residents will be authorized by the home’s Administrator or emergency crews
2. Activate and follow the Code Green Emergency Response Plan

When Code Grey loss of electricity is over

1. Ensure that magnetic locks are reset.
2. Verify the door security, fire alarm and nurse call systems are operational
3. Ensure a head count is completed for each resident area
4. Collect the emergency supplies issued to staff such as flashlights, batteries, extension cords, etc.
5. Ensure that special mattresses are re-inflated.
6. Announce 'All Clear Code Grey Loss of Electricity" three times
7. Debrief with staff and complete report
8. Report to the Ministry of Long-Term Care as required

Home Area leads – after being made aware of a Code Grey loss of electricity

1. After instruction with Emergency response lead to return to home area by the safest route, if you are not already on the area.
2. Tell staff to get emergency supplies (flashlights, extension cords etc.)
3. Tell staff to identify residents with oxygen (O₂) and air surfaces, and ensure equipment is plugged into a red receptacle
4. Report to the Incident lead at the Lobby (Emergency response area) if safe to leave residents
5. Follow instruction from the Chief Warden

All Other Staff – after being made aware of a Code Grey loss of electricity

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Home Area Lead
2. If directly supervising residents report to the Home Area Lead where you are
3. Follow instruction from the Home Area Lead

Building Services - Code Grey loss of electricity

1. Work to ensure systems are operational and/or repaired
2. Ensure generator is in a state of readiness
3. Ensure departmental emergency equipment and materials are in a state of readiness

CODE GREY (EXTREME WEATHER – LOSS OF COOLING)

Heat Related Illness Prevention and Management Plan

The Heat Related Illness Prevention and Management Plan for the home shall be implemented every year during the period from May 15 to September 15, and it shall also be implemented:

- Any day on which the outside temperature forecasted by Environment Canada for the area in which the home is located is 26°C or above at any point during the day; and
- Anytime the temperature in an area in the home measured by the licensee in accordance with Ont. Reg. 246/22 reaches 26°C or above, for the remainder of the day and the following day.

Heat Warning – Environment Canada

A Heat Warning is issued by Environment Canada when two or more consecutive days of daytime maximum temperatures are expected to reach 31°C or warmer and nighttime minimum temperatures are expected to fall to 20°C or warmer, or;

A heat warning is issued when two or more consecutive days of humidex values are expected to reach 40°C or higher. This may also be communicated as a heat advisory by other issuing agencies.

Cooling Areas

In the event of system failure impacting resident comfort and central air conditioning is not available in one or more areas of the LTCH, separate designated cooling areas for every 40 residents will be established.

The resident home area dining rooms will serve as the default resident cooling areas (as required) until cooling systems are functional and/or air temperatures begin to drop. The LTCH may consider other areas for cooling areas as long as capacity does not exceed 40 residents.

If central air conditioning is not available in one area of the home, residents will be relocated to areas of the home where cooling systems are maintaining legislated temperatures.

After being made aware of indoor temperatures rising above 26 degrees Celsius or of a cooling system failure

1. Administrator/designate commands lead of the emergency situation
2. Announce “Code Grey Loss of Electricity” three times slowly and clearly
3. Initiate the protocol for Urgent Maintenance Services if required

4. Initiate the emergency fan out system if required
5. Team leads meet at the designated Emergency Command Area of Lobby and assign required duties
6. Assign staff to prepare fans and close resident room windows for the areas where mechanical cooling system(s) have failed and residents are experiencing duress
7. Continually assess residents at risk
8. Prepare cooling area on resident's home area dining room (or alternate location)
9. Move at risk residents to cooling area if the space they are in is unable to be cooled.
10. Call in additional staff as required
11. Assign staff to duties
12. Notify residents and visitors of disruption of service
13. Contact the Ministry of Long-Term Care (MLTC) as required

If the situation requires relocation of the residents to another facility

1. Determining relocation of residents will be authorized by the home's Administrator or emergency crews
2. Activate and follow the Code Green Emergency Response Plan

When Code Grey loss of cooling is over

1. Announce 'All Clear Code Grey-Loss of Cooling' three times
2. Debrief with staff and document report
3. Report to the Ministry Long-Term Care as required

Home Area Lead – after being made aware of a Code Grey loss of cooling affecting your area

1. After debrief and instruction with emergency response lead return to your area by the safest route, if you are not already on the area
2. Tell staff to ensure windows are closed in your area
3. Tell staff to monitor residents
4. Report resident status
5. Establish cooling area as directed
6. Follow instruction from emergency response lead

Home Area Lead – after being made aware of a Code Grey loss of cooling outside of your area

1. After debrief and instruction with emergency response lead return to your area by the safest route, if you are not already on the area
2. Tell staff to ensure windows are closed in your area
3. Tell staff to monitor residents
4. Report resident status
5. Follow instruction from emergency response lead

Building Services - Code Grey loss of cooling

1. Work to ensure systems are operational and/or repaired
2. Ensure generator is in a state of readiness
3. Ensure departmental emergency equipment and materials are in a state of readiness

CODE GREY – EXTREME WINTER WEATHER

Description

A Winter Storm Warning is issued by Environment Canada when severe and potentially dangerous winter weather conditions are expected, including;

1. A major snowfall (25 cm or more within a 24 hour period) or a snowfall warning (15cm or more within a 12 hour period) combined with other cold weather precipitation types such as:
 - a. Freezing rain
 - b. Strong winds
 - c. Blowing snow
 - d. Extreme cold

Blizzard conditions may be part of an intense winter storm, in which case a blizzard warning is issued instead of a winter storm warning.

Administrator (or designate) - after being made aware of a Code Grey winter storm warning being issued

1. Announce “Code Grey Winter Storm Warning” to the building
2. Assume lead and instruct emergency protocols
3. Ensure Communication Plan is consulted and followed accordingly
4. Ensure Extreme Weather Plan is consulted and followed accordingly

Administrator (or designate) & Home Area Leads - when the Code Grey winter storm warning is over

1. Debrief with staff and residents, complete report.
2. Announce “All Clear Code Grey: Winter Storm Warning” to the building

Department Leads/Home Area Leads - after being made aware of a Code Grey winter storm warning

1. Ensure staff are aware of responsibilities
2. Ensure departmental equipment required for the emergency response is in a state of readiness
3. Assume the role of Emergency response lead if required

Building Services - after being made aware of a Code Grey winter storm warning

1. Ensure systems are operational
2. Ensure generator is in a state of readiness
3. Ensure departmental emergency equipment and materials are in a state of readiness

CODE ORANGE (COMMUNITY DISASTER)

Description

Code Orange Community Disaster is an influx of residents or patients from another facility due to a community disaster, facility disaster etc.

Due to the influx of additional people menus may need to be changed or altered during the emergency.

Each home is to having sleeping arrangements for the number of residents they have identified they can accommodate in the LTCH’s Reciprocal Relocation Agreement.

The Administrator (or designate) will ensure the evacuating facility has obtained temporary licenses as required by the Ministry of Long Term Care.

The Administrator (or designate) will be responsible for announcing “All Clear Code Orange” once all residents or patients have returned to their home facility at the conclusion of the emergency.

After being made aware of a community disaster

1. Administrator/designate commands lead of the emergency situation
2. Announce “Code Orange” three times slowly and clearly
3. Team leads meet at the designated Emergency Command Area of Lobby and assign required

duties

4. Initiate the emergency fan out system if required
5. Call in additional staff if required
6. Collect surplus inventory info from staff reporting from other resident home areas
7. Assign staff to prepare a receiving area
8. Assign staff to prepare
 - Extra sheets and blankets
 - Mattresses and beds
 - Towels and face cloths
 - Incontinence products
 - Hygiene supplies
 - Emergency identification tags

When residents/patients arrive

1. Assign staff to ensure each person has identification
2. Assign staff to review each person's medical records if available, if not available interviewing each person or care giver responsible for the person
3. Document each residents needs
4. Assign staff to take and record each person's vitals
5. Complete and distribute Emergency Drill Report

Note: The Administrator (or designate) will be responsible for announcing "All Clear Code Orange" once all residents or patients have been relocated from the receiving long-term care home (LTCH) at the conclusion of the emergency.

Home Area Lead – After being made aware of a Code Orange community disaster

1. Return to your area by the safest route, if you are not already on the area
2. Home Area Lead to tell staff to inventory surplus supplies in the area you are assigned to
 - Sheets, blankets, pillows
 - Face clothes, towels
 - Incontinence products
 - Mattresses, empty beds

3. Send available staff to the Lobby (Emergency response area) to report surplus supply inventory to the Emergency response lead

Managers - after being made aware of a Code Orange community disaster

1. Return to your assigned area by the safest route, if you are not already on the area and report to Emergency response lead
2. Follow instruction from the Emergency response lead, and emergency crews
3. Assume the role of Emergency response lead if required

CODE BLUE (MEDICAL EMERGENCIES)

Description

Medical Emergency: An event requiring the rapid assessment and intervention of trained medical personnel which may include but is not limited to serious injury, unconsciousness, serious respiratory symptoms, symptoms of cardiac crisis.

PROCEDURE

Staff member will:

1. Announce a building wide "CODE BLUE" by pressing *10 on the spectralink and state the location 3 times for medical assistance to respond upon discovering an emergency.
2. Registered staff will assess status of person in need including Advanced Directives and coordinate the administration of aid accordingly.
3. Day Shift: Medical Staff, NP (if on site) and Charge RN will respond to the Code Blue. Reception will direct Paramedics to the appropriate Home Area
4. Evening Shift: Charge RN will attend as well as the corresponding Home Area Registered Staff (ie. Code Blue on 2E, then 2W will attend). When 911 is called, reception to be notified in order to direct the Paramedics to the correct Home area.
5. Night Shift: All Registered Staff shall attend. PSW's on the Home Area will manage the other residents ensuring safety. PSW on the Home area will retrieve items as directed by the Registered Staff (such as oxygen concentrator, backboard, and ambu-bag. Maintenance staff will be assigned to the front door to let the Paramedics in and Direct them to the correct Home area.

WHEN MEDICAL EMERGENCY CONCLUDES

Manager or delegate will:

1. Make an announcement "CODE BLUE" all clear 3 times.
2. Call doctor, family (SDM). Document and fill out appropriate paperwork.
3. Have the resident's/staff's condition assessed by health personnel.

4. Follow up with Director of Resident Care, Administrator, Managers, etc.
5. File necessary reports i.e. Ministry of Health and Long-Term Care: Critical Incident Report, Ministry of Labour, etc.

INFECTION PREVENTION AND CONTROL PROTOCOL - PANDEMIC

All instances of outbreaks of communicable diseases or public health significance, pandemics and epidemics will be responded to according to the Infection Control Manual and Public Health's Outbreak Management Guide

Home is prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance by referring to the organization's Infection Prevention & Control and Pandemic policies & procedures.

The local Public Health Unit (PHU) would activate and deactivate an outbreak within home. Depending upon the situation, the direction to activate and deactivate response to epidemic/pandemic would come from the provincial authority and World Health Organization (WHO) as appropriate.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable unless otherwise directed.

INFECTION PREVENTION AND CONTROL (IPAC)

Outbreak Management

HIGH RISK

Active COVID-19 on multiple home areas

- Immediate communication with Public Health for direction and in consultation with the Medical Director
- Departmental Leads meeting to review infection control measures checklist, protocols as per Public Health Ontario (PHO) Checklist IPAC lead to conduct a risk assessment, including the identification of any close contacts (Residents, staff, and essential visitors).
- Direct communication from the NP and/or designate Nursing lead to contact families of affected areas and/or residents confirmed and/or probable COVID-19
- Focus on additional cohorting of all teams of affected home areas. PSWs will be additionally cohorted and dedicated to either well or suspected/probable residents of COVID-19. PSW attendants will also be assigned to home areas in support of PSWs such as feeding, cleaning.
- No group programming, residents isolated in their rooms. One on one programming only.
- Staff to move to pandemic staffing model if there are shortages and a safe reduction of services to allow provision of essential care. Department heads to change staffing schedules to accommodate acceptable ratios of staffing per designated home areas to maintain essential services during the duration of outbreak.
- Dependent of residents affected to close off sections of home areas with dedicated staff.
- Housekeeping are cohorted and follow outbreak cleaning protocols that include frequent cleaning of high touch areas and clean from clean to contaminated and from top to bottom.
- If any vacancies of private rooms of affected areas to transfer residents in shared rooms to mitigate possibility of spread.
- Dietary will provide tray service for all meals in resident rooms. Dietary team will change to their cohorting plan in maintaining safe service and cohorting of dietary aides.
- Cancellation of all indoor and outdoor visits. Private caregivers will remain as essential support to residents. Only one (1) essential visitor will be allowed for very ill or end of life Resident visits.
- Consult with Pharmacy and Physicians to consolidate medications to reduce with a goal of 2 medication passes and/or reduction of medications through review.
- Support from Pharmacy to provide extra medication carts for extra nursing staff when cohorting areas of well vs affected residents
- No group programming, all resident
- Recreational team maintain cohorting and assist with care such as feeding in residents' room.
- Virtual visits are scheduled by the recreational team.
- No new resident admissions during this time. No re-admission of Residents who were not a part of the outbreak line list into the outbreak areas until the outbreak is over; readmission of Residents who are part of the outbreak line list will be considered with a risk assessment/discussed with Public Health in consultation with the Medical Director
- Communication to all staff, families and stakeholders regarding outbreak and measures in place during outbreak

MODERATE RISK

Outbreak Management

COVID-19 outbreak and/or heightened surveillance due to a Positive staff case with all residents stable with no immediate signs of probable symptoms

*Contained to One (1) designated home area

- Immediate heightened surveillance measures as per Public Health Ontario (PHO) Checklist IPAC Lead/designate communication with Public Health for further advice and guidelines
- Department Leads meeting to review measures
- Communication to all staff and families of outbreak with infection control measures
- No new resident admission to the confirmed outbreak of designated home area if declared by PH
- Cohorting of staff of home areas in heightened surveillance and/or of confirmed outbreak.
- Virtual visits are supported
- Meals of affected areas will be provided with meal service as residents will be in isolation
- Housekeeping team to follow heightened infection measures of environmental cleaning

NO OUTBREAK

- Following of policies, which include required precaution and procedures, Admission/Readmissions, Leave of Absences, Managing Visitors etc. Any new changes to policies communication to staff, residents and families

Infection Prevention and Control (IPAC) Infrastructure (includes Environmental Service/Cleaning)

- Dedicated IPAC Lead in the Home (When in outbreak/and or Facility Exposures):
- In communication with Public Health. Notifies Administrator, Management Team.
- Immediate heightened surveillance measures are put in place and Conducts a meeting to review Public Health Ontario (PHO) Conduct a risk assessment, including the identification of any close contacts (Residents, staff, and essential visitors) (less than 2 metres and over a sustained period of more than 15 minutes) within 48 hours of receiving the positive test result.
- Arranging of COVID-19 Testing both residents and staff in collaboration with Nursing Leadership.
- Continual communication with Public Health, Medical Director, LHIN and NYGH for duration of outbreak
- IPAC COVID 19 assessment review conducted with support of clinicians from NYGH
- Leadership Team meets frequently for outbreak updates.
- Ensure daily updates regarding residents status are shared daily
- Increased frequency of IPAC auditing and training from the Leadership team that staff are follow IPAC procedures and guidelines and that appropriate PPE are readily available and appropriately utilized.
- Containment of outbreak – cohorting of staff, dedicated teams to care for sick vs. well residents, additional testing of staff and residents based on exposure of symptoms, active screening, staff breaks take place on the home area dining room, resident and staff screening of temperature checks twice daily.

Infection Prevention and Control (IPAC) Infrastructure (includes Environmental Service/Cleaning)

- Dedicated housekeepers each home area - Housekeeping are cohorted and follow outbreak cleaning protocols that include frequent cleaning of high touch areas and clean from clean to contaminated and from top to bottom.
- Use of Virox disinfectant for cleaning
- Frequent garbage collection of home areas affected
- Cleaning of areas for staff breaks
- Auditing of cleaning processes to identify gaps

- Current IPAC Practices Plan
 - Frequent risk assessment of Public Health checklist with a completed action plan to maintain compliance and improve preparedness and response of future COVID 19 outbreaks/flu. Fall preparedness meetings with IPAC hub
 - Frequent hand hygiene audits of departments for trending and identification of risks and need for increased training.
 - Development of a QI Board for all home areas that will include infection/prevention and control assessment results of audits so all teams are aware and to collaboratively formulate action plans to improve and increase compliance of findings.
 - Continual Learning of Public Health Ontario Core Competencies of Infection Prevention and Control (IPAC) – Online Learning.
 - Development of Policies – COVID-19 outbreak management
 - Changes to the pandemic plan to include new directives and guidance from Public Health and Ministry of Health
 - Ongoing education to support IPAC protocols to staff and visitors – masking, donning & doffing of PPE, isolation protocols.
 - Involvement of the Occupational Health & Safety team in which discussion regarding IPAC is discussed which include audit results
 - Education to be provided via demonstrations of practice, quality/audit huddles, pamphlets to private caregivers and visitors, online Surge learning.
 - Continuation of IPAC champions of front line staff to audit and education
 - Focus on IPAC measures for new hires during orientation and for staff who were on leave of absences during the pandemic.
 - Areas in need of better access to hand sanitizers are installed – ie. entrance of all resident rooms, dining, shower rooms, entrance to nursing stations, all elevators
 - To review screening that safety is maintained.
 - Housekeeper is assigned schedules to clean – lobby washrooms more frequently, designated areas for indoor visits, courtyard, elevators
 - Special equipment purchased for cleaning of fabric chairs for each home area, increase certain equipment to limit sharing of different home areas to mitigate cross contamination.
 - Deep cleaning plan after resident in isolation, rooms of discharge residents, dining rooms, serveries, kitchen.
 - Continual PPE supply procurement and use with emphasis of conserving PPE. Continual purchasing of home pandemic stockpile of all PPE for future COVID 19 and/or flu outbreaks (as per pandemic Plan approximately 3 months stockpile).

Personal Protective Equipment (PPE) Supply Management and Stewardship Planning

- This plan is important to enable sufficient PPE supply levels during and in anticipation of prolonged procurement and distribution disruption: Since outbreak a continuous control of PPE supply to home areas for specific use such as for care for residents in isolation (droplet/contact precautions), maintenance of universal masking of all staff (2 per day). When not in outbreak use of reusable gowns to conserve isolation gowns for allocation of PPE to areas of highest risk and workers providing the most critical services during outbreaks.
- Conservation of PPE supplies is important. The IPAC lead ensures PPE is used appropriately and is used when needed.
- IPAC lead and Department Lead to monitor and audit appropriateness and utilization within every service delivery.
- A central area of the Home of pandemic supplies stockpile in place (Should have approximately 3 month amount). The inventory amounts of all PPE is documented and maintained to ensure availability for critical services and increased demand during an outbreak.
- Established agreements with vendors.
- **HIGH RISK:** If PPE is for less than 3 days to connect with regional supports for emergency stock and continue to speak with vendors for expedited orders of equipment in need. Report to Management of vendors of any deficiencies in orders and delivery. Continual communication with vendors to ensure receipt of 2 week allocation of back orders.
- Dependent of COVID-19 Emergency funding – This will be utilized for PPE purchases for current use and to increase stockpile.
- An area for focus to staff to minimize PPE use – minimizing contact with residents suspected or confirmed to have COVID -19 i.e restricting health care workers enter rooms to only those in their direct care, maximize cross-disciplinary work
- Staff cohorting of well vs. infected with suspected and confirmed COVID 19 assists with conservation of PPE

Physical Infrastructure

- Most rooms in home are private (single room) to accommodate resident isolation and maintain IPAC standards and protocols
- During outbreak, vacant rooms allowed movement of residents in rooms of 2 (shared washroom) to private rooms.
- Also the layout of each home area is divided by 2 sections which supports containment of well vs affected residents
- Dining room was utilized for staff breaks which are located at each home area
- Cohorting can be maintained with the infrastructure in which dedicated staff can be divided per home area to allow containment of well resident vs. affected.
- The activity room can be also utilized for 1 resident if needed – Furnishings will be removed from the area
- Spacing in dining room and activity areas has floor marking to maintain physical distancing.
- Visitation (virtual and/or indoor) of very ill residents can be accommodated and enabled through physical infrastructure
- During COVID outbreak, the adult day program area was closed that has rooms and large space for staff accommodation.
- Large multipurpose room when not in outbreak for staff to have breaks and maintain physical distancing
- 3 Elevators – 1 Elevator used for garbage, laundry. Dietary had an elevator for food delivery. Serveries on each floor – maintained cohorting of dietary aides

Testing

- During outbreak, internal swabbing of residents and staff is supported, contacting of Public Health and Ontario Health for external support
- When outbreak identified, working with Public health to identify swabbing protocols and supports for contact tracing
- Antigen testing for surveillance –increase testing dependent on community COVID 19 increases

HUMAN RESOURCES

Leadership

- Experienced IPAC lead (Nurse Manager) during waves that supported the outbreak management processes in collaboration with Public Health. Involved in continuous IPAC risk assessments, education and ensuring best practices are in place to foster safety and compliance of IPAC measures
- As per Fixing Long Term Care Act, 2021; Infection Prevention and Control Coordinator to be hired.
- Administrator led pandemic planning which all within the Leadership involved in executing roles as per plan.
- During outbreaks reach out to external support – LHIN, NYGH, Public Health and Ministry, and other stakeholders
- Leadership presence to support front line staff. Administrator maintains communication to staff, families, residents and Ministry.
- Food Service Leadership – supported teams with a new routines to maintain cohorting during the outbreak and change to emergency planning of tray service for the entire home.
- Administrative Services – works on recruitment due outbreak and pandemic to replace staff on leaves due to the emergency order and in preparation of potential COVID-19 waves.
- Programs — support teams during outbreak, PPE preparation and organization of virtual visitation for families and residents and one on one resident support during outbreak.
- Family/Resident Coordinator – support to front line staff on the floor, organizing of safe return of private caregivers, involved in new admission in collaboration with the LHIN ensuring COVID testing results.
- Medical Leadership – Medical Director present and collaborative in pandemic planning and in participating in external meetings in which knowledge and resources shared to the team.

Human Resource Planning

- During outbreak and during pandemic a rigorous hiring strategy and plan was in place. Job positing and use of recruitment sites to gain staff. Contacting of schools for support aides. Agencies contacted prior and organized staffing to be assigned only to Valleyview.
- Support Aides support all departments during outbreaks if needed
- Initiating 12 hour shift model
- Pandemic plan is in place that includes staffing plan – teams were cross trained during outbreak to assist PSWs, food service and housekeeping. (Use of the CHRI website)
- Increased staffing ratios for home areas in outbreak and to maintain cohorting was supported
- Increased ratio of housekeepers to support cohorting and allowed separate housekeepers for affected areas. This also allowed deep cleaning and extensive focus on high touch areas and surfaces.
- Change of routines focussed on essential resident care and services and to enable IPAC practices.
- During outbreak Part time staff to Full time to fill vacancies
- Established partnerships with schools for students include Canadian Care Academy, Osillia Institute – PSW, Humber College – RPN Refresher Program, Pending Peak Healthcare College, Food Service Program
- Increase of agency agreements