

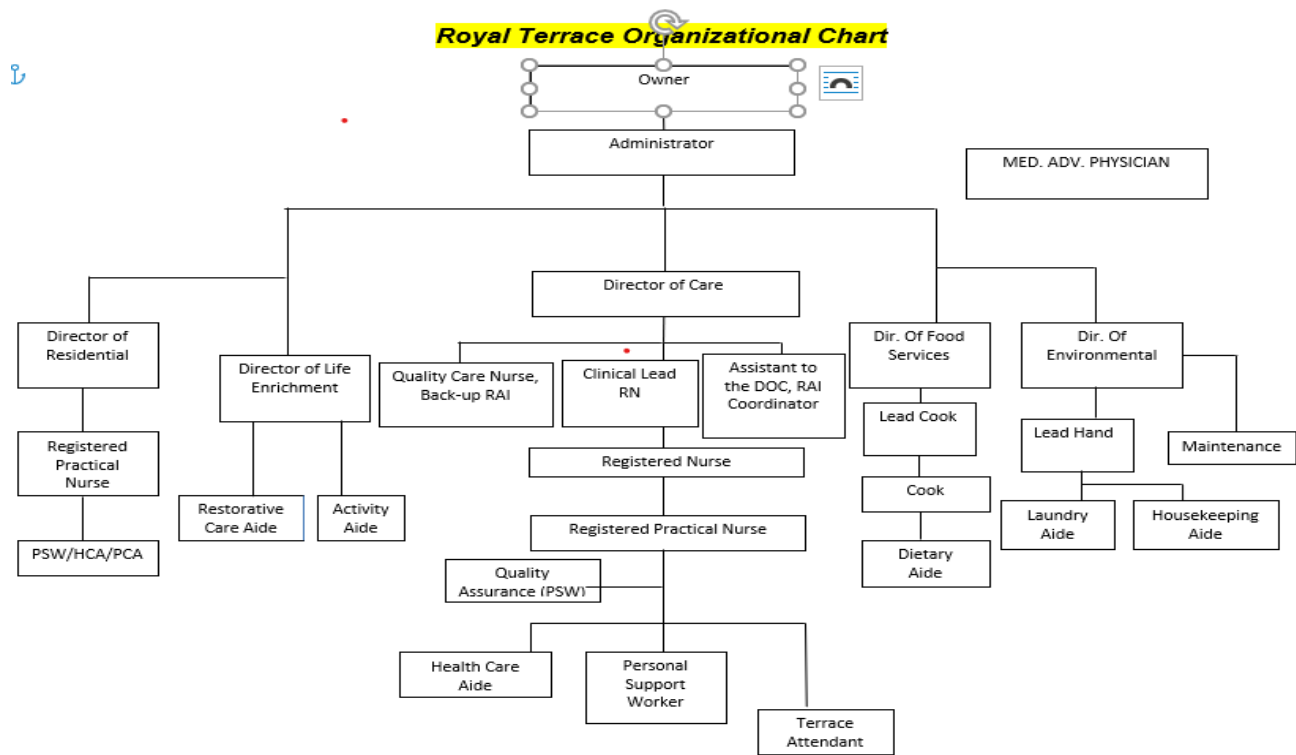
**ROYAL TERRACE LONG TERM CARE
EMERGENCY PLAN**

Royal Terrace Long Term Care
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 Palmerston, ON
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EMERGENCY FAN OUT LIST – TEAM MEMBERS

The Team Member’s Emergency Call list will be activated by the Director of Care or designate as required to contact team members in an organized fashion in the event of an emergency

Note: The Team Member’s Emergency Call list is located within the Emergency Plan as is not posted due to confidentiality of personal information.



Emergency Plan Activation

Activation of an emergency plan is based on the situation. For example, the person who sees a fire will pull the fire alarm, therefore activating a Code Red response and emergency plan.

Lines of Authority

Lines of Authority begins with the most senior person that is on site for the emergency, then to the designate. For example, In a Code Red, the Fire Department will take lead once on site until an all clear is called and the line of authority will be transferred back to the Royal Terrace designate.

Team member roles are further defined within each Emergency Code and the specific incident.

COMMUNICATION PLAN:

A communication team will be set up to ensure frequent and ongoing communication with families, residents, staff, volunteers, and Resident and Family Council with the goal of keeping all parties up to date of the status of the emergency.

The Director of Care or designate will ensure ongoing communication using a variety of methods at the start of the emergency, when there is a significant change during the course of the emergency, and when the emergency is over.

PHONE COMMUNICATIONS: Incoming Calls

Royal Terrace Management team will assign a team member to receive incoming calls, prepared to respond with/to:

- Update on the status of the emergency, location, and residents as appropriate.
- Redirect media to the Administrator.

PHONE COMMUNICATION: Residents & Family

Royal Terrace will contact all resident POA's to assure them of their family members safety and advise them of the plan for the situation.

When calling, the assigned staff member will:

- Report if unable to contact family members via phone.
- Advise family members that Royal Terrace will be concentrating on providing resident care and safety.
- Confirm the primary family contact, their phone number and email address for staff to use for updates.
- Leave a voicemail and advise where family members can call for further information.

WRITTEN COMMUNICATION: Residents & Family

Royal Terrace Management team will compose a "key point bulletin" to provide as a communication to residents and family members consisting of the following basic components:

- Type of emergency
- Estimated time and severity of impact
- Expected disruptions to services and routines
- Action taken to mitigate the risk
- Estimated time frame for the next status update
- What residents and family members can do to help

IN PERSON COMMUNICATION: Residents & Family:

Based on the nature of the emergency, staff will keep residents informed using various strategies such as daily updates, one to one conversation, update all residents as necessary.

Family Zoom Meetings may be organized by the Director of Care to provide situational updates, include experts, answer questions and address concerns. The frequency of these meetings will be determined by the Management team of Royal Terrace.

COMMUNICATION: Alternative Methods

In the event an emergency, normal means of communication may become unreliable or nonexistent. Methods of communication in a disaster may include: telephones land line/cell phone, 2-way radios, fax machine (if phones are operable), internet (if computers are operative).

COMMUNICATION: Provincial Regulatory Authorities & Community Partners

The Director of Care/Residential Manager will ensure that the Ministry of Long-Term Care and or the RHRA are kept informed as required in the event of an emergency.

Based on the type of emergency, ongoing communication with community partners will be facilitated by the Director of Care or designate.

CODE RED: FIRE

It is the policy of Royal Terrace that the Code Red (Actual) Fire Plan outlines the procedures to be followed by all staff and volunteers in the event of a fire. Knowledge and adherence to the Code Red Plan in compliance with the fire codes/regulations is the duty and responsibility of each staff member.

Upon Hearing the Alarm:

- 1. The LTC Charge Nurse will check the annunciator panel (panels are located at the main entrance, NS#1 and Residential 1st floor desk) immediately for the location and zone of the fire.**
- 2. Determine the area that will be the Command Centre.** This will primarily be the Nurse's Station #1, however if the fire is in this zone, it can be moved to Nurse's Station #2, Business Office or Residential 1st Floor Desk, using the telephone paging system, announce the Location of the Command Centre **LOUD AND CLEAR** 3 times.
- 3. Announce the zone and location of the fire,** using the telephone paging system; Announce Code red, zone _____, the exact location (if known); do not use the elevator **LOUD AND CLEAR** 3 times.

4. **Call the fire department by dialing 911.** Georgian Bay Fire also notifies the Fire Department.
5. **ALL nursing staff are to go immediately to the Fire Zone to begin evacuation of residents. ALL other departments: housekeeping, dietary, maintenance is to report to the Command Centre for further direction from the LTC Charge Nurse.**
6. **Once all clear is given by the Fire Chief,** announce the all clear by using the telephone paging system; Announce Code Red All Clear **LOUD AND CLEAR** 3 times.

Emergency call in list should be ready in case a full evacuation is ordered.

Emergency Box must be picked up in case of an evacuation.

Upon Discovery of Fire or Smoke: REACT

Remain calm. Do not shout Fire. All staff must be aware of the following steps to take if they discover a fire.

They are:

Remove persons in immediate danger, if possible

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

Activate the fire alarm system using the nearest pull station

Call command centre, identify self and state "CODE RED", confirm location and extent of fire

- Nurse's Station 1 call 224
- Nurse's Station 2 call 226
- Residential 1st Floor Nurse's Desk call 233

Try to extinguish the fire if trained or continue to evacuate

FIRE ALARM SYSTEM:

Royal Terrace Fire Alarm System consists of two-stage alarm. Alarm bells are in all areas of Royal Terrace.

Code Red **First Stage Alarm:** sounds at 20 rings (slow) per minute

Code Red **Second Stage Evacuation:** sounds at 120 rings (fast) per minute

Manual Alarm: to activate, go to nearest fire pull station and pull down the handle until the glass breaks.

Evacuation Alarm: can be activated manually initiated by key.

Code Red Response Incident Management

- Nursing Home Charge Nurse will take initial command of the Code Red and act as the '**Incident Manager**' until the Fire Department arrives.
- **Incident Manager** will be easily identifiable by donning an orange vest. The vest is located at Nurse's Station 1.
- All Managers will respond to the Fire Zone and make every effort to safely contain and fight the fire until fire department arrives.
- **Incident Manager** communicates with the Fire Department, Nursing, and the Command Centre with regards to Resident Safety (Horizontal/Vertical/Code Green).
- **Incident Manager** will communicate with the Fire Department on direction to staff to isolate the Natural Gas to the Code Red.

Code Red Response by ALL Staff:

- **Remain calm. Do not shout Fire**
- Listen for the location of the Fire announced over the telephone paging system.
- All staff must know what Fire Zone they work in (see posted zone maps throughout the building)
- Stay alert for signs of heat and or smoke.

CODE GREEN: EMERGENCY EVACUATION

Purpose:

To provide a written plan for the steps to be taken and proper procedures to be followed in an emergency requiring evacuation of the building and address the following variables:

- Location (partial/entire community, province wide)
- Duration (hours, days, weeks)
- Severity of disaster

These circumstances will determine how quickly the area must be evacuated and to what location residents must be relocated.

The objective of the Evacuation Plan is to ensure the safety and well-being of residents, staff and visitors. When evacuation is required, the objective is to remove all or part of the resident population as quickly and safely as possible from an area or completely away from the building.

Life safety is the main goal-get everyone out of harm's way; ensure staff do not put themselves at risk. The building and records are secondary.

CODE GREEN STAT (crisis evacuation) This announcement indicates an immediate evacuation is necessary e.g., internal explosion, major gas leak, rapid spreading fire.

CODE GREEN: This announcement indicates less urgent evacuation e.g., extreme weather, loss of essential service such as water, hydro. More time can be taken to evacuate residents. There is lead time before the threat becomes imminent.

TYPES OF EVACUATION:

- 1) Partial: necessary where smoke or fire damage can be contained or weather conditions.
- 2) Total: necessary where smoke, fire damage can't be contained, or an explosion or external disaster requires that residents be moved to another location.

It may be decided at the discretion of the LTC Charge nurse or at the request of the Fire Department, whether a partial or total evacuation is necessary. If in doubt, the facility is to be totally evacuated.

- SITE: evacuation from the room of origin of an emergency
- HORIZONTAL: evacuation beyond corridor fire separation doors
- VERTICAL: evacuation to a lower floor
- PREMISE: evacuation of the entire building

LINES OF AUTHORITY DURING EVACUATION PROCEDURES:

Internal Authority:

- A staff member (assigned by the Charge Nurse) will identify resident and place the Identification lanyard on resident before they are evacuated

External Support Services Authority:

- Fire Department, responsible for: firefighting, complete authority with the building and fire grounds.
- Ambulance, responsible for: triage, primary medical aid, communications with health agencies and other ambulance services.
- Police Department, responsible for: traffic control, building and property security, communication between incident and police station.

NOTE:

ALL instructions of the Fire Department must be followed upon their arrival

Once outside, the Ambulance Officer will assess the type of suitable transportation for each resident and oversees transportation.

OFFSITE EVACUATION LOCATIONS: Residents will be evacuated one of the following locations: North Wellington Health Care Centre, Palmerston Community Center, Palmerston Legion, King Hotel, Strathcona LTC.

Stages of Evacuation:

Stage #1:

- Remove residents from room of origin, IF SAFE TO DO SO (close door and Flex E vac door tag)
- Move residents beyond fire separation doors of the fire zone.

Stage # 2:

- Remove residents from rooms beside and across the hall from room of origin
- Move residents beyond fire separation doors of the fire zone.

Stage # 3:

- Remove all residents from the immediate fire/danger area; search and evacuate all rooms following fire plan procedures (close all doors and Flex E vac door tag).

Stage #4:

- LTC Charge Nurse will designate a staff member to identify resident and place identification lanyard on resident before they are evacuated. These are kept in the Emergency box, located at LTC NS#1 and RH 1st floor desk. Bring emergency kits, located in all resident closets, extra blankets if needed.

Stage # 5:

- External evacuation ordered; move residents from building to parking lot

Stage # 6:

- Transport residents not requiring medical attention (as determined by Ambulance Attendants) to pre-designated relocation sites).

Order of Evacuation:

1. Ambulatory residents: residents can be moved with assistance of 1-2 people. Cautions: *confused & ambulatory*- may wander back into the danger area, *slow ambulatory* may need to be removed using a wheelchair.
2. Wheelchair bound residents: easier to remove than bedridden; may require 1-2 people to assist.
3. Bedridden residents: will require lifts and carries, may require 1-3 people to assist.
4. Uncooperative residents: remain until last; or else valuable time lost and my sacrifice others. Ensure their door is closed and identify resident name and location to LTC Charge Nurse and Fire Department.

CONTINUITY OF RESIDENT CARE:

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 lanyard for Royal Terrace residents will be placed on each resident as they leave the building.
2. Evacuation Log:
3. Resident charts: MARS, TAR, Progress notes can be obtained on PCC, remotely. Medication carts should be taken out of the facility, if able.
4. Medications: Contact National Pharmacy and same day delivery service will be provided to replace all medications necessary.
5. Other life sustaining equipment: Oxygen may require to be evacuated with the resident.
6. Food & Fluid: as per provision of Food & Fluid Continuity Plan.
7. Physician on call: The on-call Physician will decide whether a site physician should be called and whether a coroner should be onsite.

DUTIES OF LTC CHARGE NURSE:

- Assess the extent and type of threat
- Decide whether to Shelter in Place or evacuate residents to another location
- Don Charge Nurse vest, to be easily identified. Vest at NS#1
- Notify Palmerston Hospital if decision is to put evacuation plan into effect
- Communicate with Fire Department/Police/Ambulance
- Assign staff members to accompany residents to relocation sites
- Assign a staff member to initiate the Staff Emergency Call in list
- Assign staff to gather supplies such as blankets, pillows if necessary
- Assign a staff member to initiate call to transportation service providers for buses
- Assign staff to each Unit (for LTC home) to monitor residents and each floor (For Retirement Home)
- Assign staff to monitor exit doors to prevent re-entry of resident or unauthorized persons and to ensure the doors do not close and lock authorized personnel out
- Assign staff to monitor external traffic flow to ensure unobstructed access for emergency vehicles and access to the building for emergency personnel
- Assign staff to remove Medication and Treatment carts and Resident Charts

DUTIES OF LTC RPN:

- Once confirmed by LTC Charge nurse of evacuation, report to the Command Center and assist the LTC Charge nurse with required duties.

DUTIES OF PSW's:

- All nursing staff to go immediately to the affected area and begin evacuation of residents to a fire safe zone. Sufficient staff to remain with residents to ensure safety.
- Once zone is clear, report to the Command Center for further direction from the Charge Nurse.

DUTIES OF MANAGEMENT:

- All management to report to the Command Center for further directions from Charge Nurse. Duties may include:
 - Confirm with Fire Department received alarm via Georgian Bay
 - Notify necessary emergency services
 - Notify the MOLTC
 - Notify National Pharmacy
 - Evacuations sites
 - Hospital/On-call Physician
 - Residents' families
 - Answer incoming calls to the building
 - Initiate Staff emergency call in list

DUTIES OF MAINTENANCE:

- Assist Charge Nurse as required
- Ensure all entrances are clear of vehicles to allow for emergency service vehicles
- Be available to assist fire and all emergency service providers
- Ensure information on equipment, systems, security doors, access to locked areas, supplies are available
- Assist with evacuation of residents
- Communicate all pertinent information to the Charge Nurse
- Assist Emergency personnel with final check of the building, if applicable.
 - Ensure all electrical equipment is turned off
 - Lower heat if possible
 - Maintain and monitor generator if in use
 - Check building regularly when vacant
- Travel to relocations sites and assist as needed

DUTIES OF DIETARY DEPARTMENT:

- Ensure all appliances are off and unplugged
- Turn gas supply off
- Once area is secure, report to the Command Center to receive directions from the Charge nurse

DUTIES OF HOUSEKEEPING/LAUNDRY DEPARTMENT:

- Secure your department by shutting down all equipment, close windows and doors
- Report to the Command Center to receive directions from the Charge nurse

DUTIES OF LIFE ENRICHMENT DEPARTMENT:

- If you are with a group of residents in the danger zone, begin moving residents to the closest safe fire zone
- If you are NOT in the danger zone, report to the Command Center for further directions from Charge nurse

RESIDENT IDENTIFICATION (Full Evacuation):

Royal Terrace will ensure residents are appropriately identified using the Resident Identification System (lanyards) prior to evacuation (if time permits).

EVACUATION LOG:

Resident Evacuation Log will be used to document Resident name, relocation site and comments.

COMMUNITY PARTNER AGREEMENTS:

All Community partner agreements are located in the Emergency Preparedness binder, located in the LTC Meeting Room.

CODE WHITE: PHYSICAL THREAT/VIOLENT OUTBURST

It is the policy of Royal Terrace that both residents and staff are kept safe in the threat of personal violence. Note: All doors to Royal Terrace Nursing Home remain alarmed 24 hrs a day. Door (external) alarms act as an alert to staff any residents/visitors who may be entering/leaving premises and also as an alert to any intruder who may be entering/leaving premises.

PURPOSE

1. To regain control of an emergency in which an individual's escalating behaviour are beyond staff ability to control.
2. To provide the aggressive individual with the best and safest care until he/she regains control of his/her behaviour.

3. To prevent injury to the aggressive individual, other residents, staff, volunteer or visitor.
4. To prevent property damage.

DEFINITION:

A CODE WHITE is indicated in any situation where an individual (resident, staff, volunteer, or visitor) is behaving in a way that creates a potential or actual threat or safety risk to:

- His or her own safety
- The safety of others
- Royal Terrace's property

The out-of-control situation could include verbal threats (without a weapon or other instrument of harm), physical intimidation, and/or the application of force (including punching, slapping, striking out with an object, pinching, etc.)

GOAL:

The primary goal of a CODE WHITE procedure is to achieve a safe resolution to and out of control situation that is or may escalate to become violent or harmful.

PROCEDURE

ANY staff member may use the paging system to call a CODE WHITE to get extra help when confronted with an out-of-control situation.

A. GENERAL: Management will:

- Ensure effective response, reporting, follow-up, and monitoring procedures are in place to address incident of aggressive behaviour.
- Ensure all aggressive incidents are investigated and corrective action identified and taken to prevent recurrence.
- Monitor safe work practices and ensure non-compliance with these safe work practices are addressed.
- Ensure staff receives initial and on-going training and education in preventions and management of aggressive behaviours appropriate to their workplace.
- Provide support to all individuals directly affected by aggression and ensure appropriate follow-up is available.

All Royal Terrace Staff will:

- Actively participate in an annual review of Workplace Violence & Harassment (at General Staff meeting).
- Learn and use techniques to avoid aggressive situation or potentially aggressive acts including their roles and responsibilities in a code White situation.
- Report and document all incidents of aggression.

The Joint Health and Safety Committee will:

- Participate in investigations of incidents involving violence in the workplace.

- Review the incidents of violence and make recommendations for prevention, if necessary.
- Ensure recommendations for prevention strategies are followed-up.

B. CODE WHITE SITUATION

The Code White Response Team will include:

- Any staff member on or off duty in the building, especially those with GPA training.
- The Charge Nurse
- Maintenance Staff

The First Responder

The first responder will act as the TEAM LEADER (until the responsibility can be appropriately delegated to the CHARGE NURSE or another appropriate person).

NOTE: If the first responder is not familiar with the out-of-control individual OR is not familiar with appropriate non-violent intervention techniques, the first responder should ask the next appropriate person on the scene to act as the Team Leader while the first person assumes the role of second responder.

The First Responder (Team Leader) will:

1. Call for help (whether immediate assistance is required) so that co-workers are aware that you may need assistance. **All staff have a whistle that they may blow to bring attention to the situation.**
2. Attempt to de-escalate the out-of-control individual using verbal and non-verbal techniques.
3. If further assistance is needed, direct the second responder to announce, "CODE WHITE".
4. Participate in debriefing immediately following completion of intervention.
5. Assist with documenting the incident appropriately once the Code White is over.

The Second Responder will:

1. Take direction from the Team Leader and use similar non-violent intervention techniques.
2. If directed by the first responder, page, "Code White" and the location **REPEAT 3 TIMES** on telephone paging system.
3. Participate in debriefing immediately following completion of intervention.

The Third Responder will:

1. Move others (Residents, visitors, volunteers) to a safer place (to reduce the potential for injury to others).
2. Remove any objects that could be used as an instrument of harm from the immediate area (e.g. glass objects, canes, sharp objects, etc.).

3. Remain at a safe distance and ready to assist further as required.
4. Participate in debriefing immediately following completion of intervention.

Other Responders will:

If more Responders are available, they should stand near the entrance to the Code White area, JUST within sight of the actual out of control individual, so they can assume responsibility to direct any other staff to:

1. Return to their respective work areas if more help is not required.
2. Attend to and reassure other residents/volunteers/visitors in the area.
3. Stay in close proximity to the situation and be ready to assist if required.
4. Participate in debriefing immediately following completion of intervention.

Charge Nurse Responsibilities:

1. Upon arrival, the Charge Nurse will take over the situation as TEAM LEADER.
2. IF the situation cannot be controlled and there is imminent danger to anyone, call 911 and request further assistance from emergency services.
3. When the situation is resolved, announce "Code White, ALL CLEAR" three times, using the telephone paging system.
4. If a resident, staff, visitor, volunteer sustained injuries, the Charge Nurse will ensure first aid is received or when appropriate, 911 is called for an ambulance.
5. Notify the Residents POA (if situation involved an out-of-control Resident) and set up a conference if necessary.
6. Notify the physician to obtain orders if necessary.
7. Prepare and give medication if required/ordered.
8. Conduct an informal debriefing immediately following the Code White incident for ALL staff involved.
9. Ensure proper documentation is completed.

Maintenance Staff:

1. Assist the first and second responders as required.
2. Participate in debriefing immediately following completion of intervention.

Resolution:

Several important tasks must be completed at the conclusion of a CODE WHITE:

1. Documentation: The Charge Nurse will complete PCC risk management documentation, document ALL information in the Nurses Notes, Report for the MOHLTC.

Any employee that sustains an injury during the Code White will complete an Employee Incident Report and forward to their Departmental Manager immediately.

2. Debriefing: Regardless of the outcome of the Code White, the Charge Nurse (or designate) will ensure that a brief, informal staff debriefing session (approximately 15 minutes) is held to address the immediate needs of the staff.

3. Evaluation: Within 24-72 hours, the Director/Manager/JHSC member will:
 - Review the Code White incident to determine what interventions were effective and how staff's response could be improved.
 - Forward any recommended changes to existing policies, procedures, or processes to the appropriate individuals.

APPENDIX1

Strategies for Dealing with an "Out of Control" Situation

There are many strategies for preventing or diffusing an "out of control" situation; however, staff must use their professional judgement to evaluate given the situation. Listed below are some strategies for dealing with escalating or "out of control" behaviour:

1. Protect your personal safety. Remain a safe distance from the "out of control" person. Standing too close may seem confrontational or aggressive which could trigger a hostile or defensive reaction.

IF and "out of control" person becomes more aggressive, they are likely to take a step forward to grab or strike out. Position yourself at least 1 or 2 steps away from the potentially aggressive person to avoid being injured.

2. Position yourself so that an escape route is always available (try to avoid placing yourself so that the resident is between you and the door).
3. Maintain your composure (conveying feelings of frustration or anger could escalate the situation.)
4. Speak calmly but confidently, using a moderate volume and a considerate tone of voice.
5. Avoid judgemental or dismissive comments such as, "Why are you making such a big deal out of this?" or "Be quiet, you are upsetting everyone!"
6. Be patient and don't interrupt. Allow the individual time to express his/her anger, frustration or concern.
7. Engage in Active listening: speak or act in a way that conveys that you ARE listening. Examples are: Maintain eye contact, Use Verbal cues ("I see, Tell me more"), Maintain an open posture, Avoid distracting movements (doodling, pen tapping or shuffling papers).
8. Acknowledge the "out of control" persons feelings ("I can see that you are upset, tell me what would help?")
9. Talk with the individual about his/her inappropriate behaviour ("It's hard to understand when you are yelling at me." And explain that you would like the behaviour to change ("Tell me again why you are angry, but please speak slower and quietly.")
10. If you sense that you are in imminent danger of being harmed, attempt to remove yourself from the situation and seek additional help.

Strategies adapted from information outline in: Abuse of Nurses: A Guide to Prevention and Management, College of Nurses of Ontario, 1999

APPENDIX 2

Calling 911 for a CODE WHITE

ALWAYS call 911 when one or more of the following occurs:

- a. Whenever there is a real or perceived threat that lives are in danger.
- b. When the Code White Team determines the situation is beyond their abilities.
- c. Whenever a weapon is involved.
- d. When the aggressor is **NOT A RESIDENT** and threatens staff and resident safety.

CODE YELLOW: MISSING RESIDENT

It is the policy of Royal Terrace Retirement Home that a procedure is in place to locate a resident who is missing. All exit doors are equipped with alarms and video surveillance cameras are throughout the building.

FIRST ON SCENE/DESIGNATE WILL:

Assess

Begin Code Procedure

Call of assistance

PROCEDURE TO ENSURE ALL RESIDENTS ARE PRESENT

1. Each Resident will be accounted for at each meal.
2. Room/Bed checks will be done every 2 hours during the night.
3. All Residents/Families must sign in/out in the binder located at the Main Entrance (Retirement Home residents) and on Individual charts for LTC residents.
4. The Main entrance to the LTC and Retirement Home is alarmed at all times.

The Person in Charge (for Retirement Home residents- Retirement Home Charge nurse, for LTC Home residents- LTC Charge nurse) will:

- Announce Code Yellow
- Organize a general search – See “Search Procedure”
- Call 911 (if necessary)
- Call family and advise of the situation
- Gather photo, description, clothing last seen wearing, care plan and contact information
- FOR RESIDENTIAL: Check Sign Out Binder and Guest sign in book at the Main entrance.
- FOR LTC: Check the residents’ chart- LOA sign-out form and the Guest Sign in book in Front Lobby
- Check Royal Terrace surveillance cameras
- Recheck building/grounds – search as often as required (at least every shift)
- Call in additional staff if required

- Keep Management informed

PROCEDURE WHEN A RESIDENT IS IDENTIFIED AS LOST/MISSING:

1. Upon discovery of a missing resident Royal Terrace staff will do an initial search. -all Resident rooms, including bathrooms, closets, tub rooms, utility rooms,
2. linen closets, all offices/Front lobby/Exam Room, Quiet lounge, Fireplace Lounge, Medication
3. room, Meeting room, Nurse's Station # 1 & #2
- 4.
5. All Dietary, Housekeeping and Life Enrichment Staff to report to the Charge Nurse to receive instructions/details of who is missing and start the search procedure using the Search Procedure Record Forms (located in the Black binder at the 1st floor Nurse Desk, labelled "Universal Codes, Policies and Checklists). Search to start inside the building paying close attention to areas rarely used, and then to outside premises.
- 6.
7. Nursing staff to search area #1; Dietary staff to search area # 2; Environmental staff to search area #3; Residential PSW & Environmental Staff to search area # 4; Residential Charge Nurse to search area # 5; Life Enrichment staff to search area #6. **NOTE:** if specified Departments are not here at the time, the Charge Nurse to delegate to other staff

Procedure if a Nursing Home Resident Missing:

1. If the resident is not located after 10 mins, notify the Director of Care, Administrator, police, attending Physician and next of kin
2. All staff participating with searches to complete Search Procedure Form and submit to the charge nurse, completed in full as soon as possible
3. When a resident is found the Charge Nurse will assess resident and seek medical attention if necessary
4. Notify all previous contacts of resident's discovery.
5. Charge nurse to collect all completed Search Procedure Forms and complete the 'Report Section on the Search Procedure Form'. Submit completed forms to the Administrator, Director of Care or designate within 24 hrs
6. Charge nurse will initiate a Critical Incident System (CIS) form online for the Ministry of Health and Long-Term Care (MOHLTC)
7. If a long-term care resident is missing **less than 3 hours** and returned to the home with no injuries or adverse effect, contact the MOHLTC the next working day. A full report is required in 10 days
8. If the long-term care resident is missing **less than 3 hours and returned with injuries OR is missing more than 3 hours**, use the emergency pager to notify MOHLTC at 1-800-268-6060. A full report is required in 10 days.

CODE BLUE: MEDICAL EMERGENCY

It is the policy of Royal Terrace that the Registered Nurse (RN) in charge, the Registered Practical Nurse (RPN) or the Registered Nurse on-call makes a competent nursing judgement when a medical emergency occurs.

Definition of “Medical Emergency”: Cardiac Arrest or Medical Emergency is the emergency response for someone in cardiac arrest or for all emergency first aid events i.e. blood loss, non-responsiveness, change in level of consciousness, any obvious signs of injury; fracture/broken bone.

Procedure

1. Any staff, who discovers a “medical emergency”, should shout for help.
2. The First Responder will announce loud and clear; using the telephone paging system “Charge Nurse to (your location) STAT 3 times and to stay with the individual in distress until medical assistance arrives.
3. The Charge Nurse will assess the situation by observing the cause of the emergency, noting the signs and symptoms and noting vital signs.
4. If the Charge Nurse identifies that the individual requires immediate medical attention, call 911 for an ambulance.
5. If the Charge Nurse identifies the situation to be a Code Blue; Announce Code Blue and the location using the telephone paging system, 3 times, loud and clear (Charge Nurse may delegate a staff member to complete). ALL departments to respond to the code.
6. Appropriate first aid should be provided.
7. Charge Nurse to delegate a staff member to start documentation using the Code Blue Checklist. (Locations: NS#1, NS#2, Res Desk #1, Res Desk #2, Emergency Preparedness Binder)
8. Charge Nurse should stay with the “person” until the ambulance arrives.
9. If the “individual” is a Resident of Royal Terrace, their Attending Physician should be notified.
10. The orders of the physician should be followed.
11. If in an emergency and an RPN is in charge, the RN on-call should be notified with details of the incident.

If the Code Blue involves a Royal Terrace LTC Resident:

1. Delegate a staff member to retrieve their chart.
2. Notify their POA/SDM.
3. Notify Attending Physician.
4. Notify Director of Care.
5. Notify the Ministry of Health (if directed by DOC)
6. A copy of the completed Code Blue Checklist given to the Director of Care and original placed in Residents chart.
7. Ensure all events are documented in the Progress Notes on PPC.

CODE ORANGE – EXTERNAL EMERGENCY (COMMUNITY DISASTER, NATURAL DISASTER, EXTREME WEATHER EVENT, EXTERNAL FLOOD):

It is the policy of Royal Terrace to ensure that procedures are in place to provide safe and effective responses to external disasters or events that impact Royal Terrace.

PURPOSE:

Code Orange is initiated in the event of an external disaster, community utility failure, air exclusion, extreme weather events including watches and warnings, and floods to bring attention and to ensure the safety of staff members, residents, volunteers and visitors.

PROCEDURES:

First on Scene/Designate will:

- Assess,
- Begin Code Procedure,
- Call for assistance.

AIR EXCLUSION:

1. Tune in to local or provincial radio/television.
2. Announce Code Orange, include any information available.
3. Identify the Gaps; close windows and doors. Check the weather stripping.
4. Secure the Gaps; place rolled towels to cover gaps and seal with tape, use sheets of plastic as another option for wall mounted air conditioners, vents or fireplaces.
5. Turn off all ventilation systems.
6. Recheck all rooms.
7. Once all residents/staff/visitors are moved to a safe area, then the decision must be made to “Shelter in Place” or evacuate residents to another location.
8. Announce update to Code Orange as information becomes available.
9. Keep Administrator/Managers updated.

FOR WEATHER WATCH: (Note: weather watch means the potential exists for severe weather)

1. During the periods of severe weather, the Charge Nurse/Designate will listen to the NOAA weather radio, located in the Meeting Room to listen for any watches.
2. The Charge Nurse/Designate will assign a specific staff member to monitor, from the 2nd Nurse’s Station, the Environment Canada website at www.weather.gc.ca. Go to “Alerts” Quick Link and under Warnings/Watches and Statements select “Ontario-South” using the map of Ontario South Select Waterloo-Wellington Region for current conditions and forecasts. Also, monitor the radio at CKNX AM 920 or 101.1 FM for updates.
3. Charge Nurse will announce “Code Orange- Weather Watch”, including any information available.

4. Move all residents/visitors/staff indoors.
5. Ensure all windows and exterior doors are secured and closed.
6. Ensure flashlights and walkie talkies are available if situation worsens.
7. Secure any objects outside/inside that may become airborne.
8. Complete the '*Severe Weather Emergency Checklist*'
9. If the weather watch progresses to a weather warning, proceed to *Code Orange Weather Warning*.
10. Keep Administrator/Managers informed.

FOR WEATHER WARNING: (Note: Weather Warning means severe weather is occurring
Or imminent)

1. Follow procedures for Code Orange Weather Watch first.
2. Listen to the NOAA weather radio, located in the Meeting Room to listen for any warnings.
3. Charge Nurse/Designate will announce "Code Orange- Weather Warning", including any information available.
4. If severe wind, thunderstorm, rainfall or tornado, all residents/staff/visitors will be moved to a secure area of the building, away from windows, doors, and appliances. Shelter on ground floor or below ground interior hallway or small rooms.
5. Place emergency supplies (Emerg boxes, flashlights, resident charts etc) in shelter areas.
6. Recheck all rooms.
7. Use mattresses and/or blankets to shelter from flying debris.
8. Instruct staff/residents/volunteers/visitors to take position of greatest safety (crouch down on knees with head down and hands locked at back of head).
9. Shut off electricity, water, and fuel lines.
10. Remain until weather warning is lifted.
- 11.** For extended time frame, ***refer to Policy and Procedure– Shelter in Place***
- 12.** Keep Administrator/Managers informed.

TORNADO:

FACTS

1. April to September is considered Tornado season.
2. Most Tornado events occur in the late afternoon or early evening, but they have been known to strike at night too.
3. Southern Ontario is considered a Tornado Alley. Canada gets more tornadoes than any other country with the exception of the United States.
4. Humid weather and thunderstorms breed Tornados – when cool air mass collides with hot air.
5. Sky may be greenish to greenish black in colour.
6. Rushing air, whistling or waterfall sounds.

7. Spinning Funnel Shaped Clouds. Sometimes they move quickly (up to 70 km/hour) and leave a wide path of destruction. At other times a tornado can be small, touching down here and there.
8. Debris will be dropping from the sky.

WARNING SIGNS OF A POTENTIAL TORNADO

1. Severe thunderstorms, with frequent thunder and lightning.
2. An extremely dark sky sometimes highlighted by green or yellow clouds.
3. A rumbling sound or whistling sound.
4. A funnel cloud at the rear base of a thundercloud, often behind a curtain of heavy rain or hail.

CANADA'S TORNADO WARNING SYSTEM

Environment Canada is responsible for warning the public when conditions exist that may produce tornadoes. It does this through radio, television, newspapers, its Internet site, as well as through its weather phone lines.

1. **TORNADO WATCH**: Favourable conditions for development of tornadoes
2. **TORNADO WARNING**: One or more tornadoes are on the ground, forming or detected on radar.
3. **SEVERE THUNDERSTORM WARNING**: Developed storm is producing some or all watch conditions. Tornadoes may also be produced in a severe Thunderstorms environment.

NOAA WEATHER RADIO

NOAA weather radio is the best way to receive warnings from the National Weather Service. By using a NOAA weather radio, you can receive UP TO DATE information on all weather condition as they happen in your area. Royal Terrace's NOAA weather radio has a battery backup (in case of a power outage) and an alert feature that automatically sounds when a weather watch or warning is issued.

PROCEDURE

1. During periods of severe weather, the Charge Nurse/Designate will get the NOAA weather radio, located in the Meeting Room, to listen for any watches or warnings.
2. The Charge Nurse/Designate will assign a specific staff member to monitor, from the second nurse's station, the Environment Canada website at www.weather.gc.ca. Go to "Alerts" Quick Link and under Warnings/Watches and Statements select "Ontario-South" using the map of Ontario South Select Waterloo-Wellington Region for current conditions and forecasts. Also, monitor the radio at CKNX AM 920 or 101.7 FM for updates.

3. ***The Charge Nurse/Designate will assign two specific staff members at different ends of the building to monitor the sky for dark rolling clouds, dark green sky with or without green or yellow clouds, severe thunder or lightning, high winds, hail, and/or rumbling or whistling sounds. Using Walkie talkies stored at the Nurses Station's 1, 2, and Residential, designated staff members are to report findings to the charge nurse every thirty minutes or as necessary for rapid changes or storm progress.*
4. In the event a TORNADO WATCH is issued, the Charge Nurse/Designate is to be notified immediately and CODE ORANGE is to be announced throughout the building. Staff is to report to Nurses Station 1 to receive communication of instructions and an update of weather conditions.
5. Staff to complete their assigned tasks discreetly. Do not talk about possible tornado activity in front of residents to avoid agitation and panic.
6. Charge nurse to complete checklist for severe weather.
7. In the event that a TORNADO WARNING is announced on the NOAA weather radio or reported on the Environment Canada website (within the proximity of Palmerston), the Charge Nurse/Designate will announce CODE ORANGE, and all staff is to immediately go to Nurses Station 1 for instructions.
8. If the threat of a tornado is imminent, move all Residents into the hallways.
9. Charge nurse to complete checklist for Tornado Warning.

IF A TORNADO HITS (the average tornado lasts for a few seconds)

1. **REMAIN CALM**
2. The charge nurse or delegate will call 911 giving them the name of the facility, address and phone number.
3. The charge nurse or delegate will initiate the emergency call in list.
4. The charge nurse or delegate will meet the emergency personnel upon arrival and follow their instructions.
5. The charge nurse or delegate will contact all physicians and POA's regarding the situation.
6. Staff are not to leave the residents in their care unattended.
7. The policy and procedures for power outages and evacuation may be initiated if necessary.

SNOW AND ICE STORMS:

PROCEDURE

In the event of snow or ice storm:

1. The Charge Nurse/Designate will assess the weather situation by listening to the Weather Radio, TV and radio reports. If roads are closed or staff unable to get home safely, staff will be encouraged to stay at Royal Terrace or in town with other staff or at King Hotel, 519-343-3905. Staff at home should not attempt to come to work and call in.

2. If the weather situation is assessed to have potential negative effect on the normal operations of Royal Terrace, the Charge Nurse/Designate will announce CODE ORANGE to discuss with present staff and determine how many staff are required for the upcoming shifts and until relief staff can get in.
3. Dietary and Environmental staff will be consulted to determine if their departments have sufficient staff for the next shifts. Determine food supply and consult emergency food supply policy.
4. Charge Nurse/Designate to have maintenance department clear all exits and entrances of snow and ice.
5. If the power is off due to the storm, emergency generator will supply heat, light and power to designated areas. Outlets with generated power are marked with red outlet covers. Refer to loss of hydro policy.
6. If emergency transportation is required to get staff home or additional staff to work, small emergency supplies, arrangements have been made with the Palmerston Snow Kings to use their emergency persons and snowmobiles to transport. They will determine if it is safe to operate snowmobiles. Contact # is located in Emergency Phone # Binder kept at Nursing Station 1.
7. Charge Nurse will determine the need to notify families of the situation and reassure residents as needed.
8. Charge nurse will also need to ensure parking lot is accessible & safe for incoming and going staff/visitors. See Policy "Winter Weather Response"

EXTERNAL FLOOD:

1. The Charge Nurse/Designate with Call Code Orange.
2. Listen to the NOAA weather radio, located in the LTC Meeting Room and/or www.weather.gc.ca Go to "Alerts" Quick Link and under Warnings/Watches and Statements select "Ontario-South" using the map of Ontario South Select Waterloo-Wellington Region for current conditions and forecasts. Also, monitor the radio at CKNX AM 920 or 101.1 FM for updates.
3. Alert all staff members that an evacuation may be necessary.
4. If advised by the Provincial authorities to remain in the building, notify all staff, residents and visitors of the hazard and reasons to "shelter in place."
5. Monitor radio/tv/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
6. Initiate Code Green evacuation procedures as required.

In the event there is time and it's safe to do so, the Director of Environmental Services or designate will:

1. Shut down utilities not necessary for urgent resident care to decrease ignition sources and damage.

2. Relocate easily moveable equipment, furniture, and vital records to the 2nd Floor in the Retirement Home where possible.
3. Close emergency valves to sewer drains.
4. Check sump pumps to ensure they are operational.
5. Ensure generator is functional.
6. In the event the building is damaged, and evacuation has been initiated, building must be inspected before residents and staff are re-permitted.

SHELTER FOR EXTERNAL GROUP:

Royal Terrace may act as an Emergency Reception site for other healthcare facilities/residences or for community in crisis and in the event of certain Community Disaster. (If Royal Terrace can safely support).

PROCEDURE:

The LTC Charge Nurse/Designate who receives a request to use the home as a shelter for an external group will:

1. Notify the Administrator and or Owner immediately to receive further instructions/direction.
2. Assess whether Royal Terrace can accommodate any persons and assess the type of persons Royal Terrace is capable to receive.
3. Inform all staff of the upcoming reception.
4. Determine the number of staff to be called back should additional staff be required to support the emergency.
5. Meet the evacuated public or residents in the main front lobby upon their arrival.
6. Delegate staff to designated areas of the home where public/residents will be accommodated. The following two areas will need to be established: Assessment Area and Holding Area.
7. Appoint staff members/volunteers to escort individuals to the assessment, holding and temporary accommodation areas.
8. Direct staff to provide beverages and a light snack to evacuated public or residents.
9. Direct dietary staff/manager to make necessary adjustments to eating times, meal numbers and eating locations to accommodate extra individuals.
10. Direct care and applicable support staff to provide supplies, comfort needs (blankets, pillows, bed, chair, personal – toothbrush, Kleenex etc.
11. Direct Dietary Staff/Manager to make necessary adjustments to eating times, meal numbers and eating locations to accommodate extra individuals within the home.

12. Direct care and applicable staff to provide supplies, comfort needs (blankets, pillow, bed, chair, personal –toothbrush, Kleenex etc.)
13. Notify Administrator/Owner and others as appropriate (MOHLTC)

Staff will:

1. Take direction from the Charge Nurse/Designate.

CODE GREY: LOSS OF ESSENTIAL SERVICES

It is the policy of Royal Terrace to ensure that procedures are in place to provide safe and effective responses to the loss of essential services that impact Royal Terrace.

PURPOSE:

To educate staff, residents, and volunteers on being prepared in the event of a loss of essential services at Royal Terrace and to have emergency measures in place to ensure the safety and well-being of residents, staff and volunteers.

PROCEDURES:

First on Scene/Designate will

- Assess,
- Begin Code Procedure,
- Call for assistance.

FOR BUILDING STRUCTURAL FAILURE

1. Announce Code Grey – Building Failure
2. Enter area of building failure ONLY IF SAFE.
3. Evacuate residents from area of building failure to a safe area
4. Call 911.

Once all residents are moved to a safe area, then the Charge Nurse/Designate will:

1. Decide to Shelter in Place or evacuate residents to another location (refer to Shelter in Place Policy)
2. Restrict access and shut down utilities to area of the building failure.
3. Keep the Administrator/Owner/Managers informed.

FOR ELEVATOR MALFUNCTION:

1. Residential Charge Nurse/Designate will announce Code Grey- Elevator Malfunction,
2. Call/inform Maintenance department and or contact Delta Elevators, 1-800-265-6348.

3. Call 911 if residents are trapped in the elevator.
4. Reassure residents trapped that help is on the way.
5. If 911 releases residents from the elevator, ensure the elevator is serviced by Delta Elevator before use.
6. Do a head-to-toe assessment of resident/s.
7. Inform Administrator/Owner/Residential Manager.

FOR DOOR ALARM FAILURE:

1. Charge Nurse/Designate will announce Code Grey-Door Alarm Failure & the Location.
2. Assign staff to: exits, stairwells and emergency doors.
3. Attempt to reset the door alarms.
4. Call Georgian Bay for service, 1-519-376-6120.
5. Complete resident census to ensure all residents are accounted for.
6. Keep Administrator/Owner/Managers informed.

FOR LOSS OF UTILITIES; ELECTRICITY, NATURAL GAS, and WATER/SEWER:

1. Charge Nurse/Designate to check with Utility provider to determine estimated length of service disruption. For hydro call: Westario, 1-866-978-2746, for gas call Union Gas, 1-877-969-0999, for water call Town of Minto Water, 519-321-9311, for sewer call Town of Minto Sewer, 519-292-9573.
2. Notify Maintenance department.
3. Ensure door wedges are ready and available for all doors.
4. For power failure, ensure Generator starts when needed.
5. Keep Administrator/Management informed.

Charge Nurse/Designate will:

- Decide to Shelter in Place or evacuate residents to another location (refer to Shelter in Place policy)

FOR FIRE DETECTION/SUPPRESSION SYSTEM FAILURE:

1. Announce Code Grey- Fire Detection/Suppression System Failure
2. Notify Minto Fire Department, 519-343-3735.
3. Notify Georgian Bay Fire & Safety Company, 1-800-265-3197.
4. Begin FIRE WATCH (refer to Fire Watch Checklist)
5. If fire is found, Call 911 (do NOT use pull stations they are inoperative)
6. Notify Residents and post signs (attached) at elevator doors and pull stations that Fire Alarm System is temporarily not working.
7. Keep Administration/Management informed.

CODE BLACK: BOMB THREAT

It is the policy of Royal Terrace to be prepared in the event of an emergency such as a bomb threat. Every threat **MUST** be taken seriously and dealt with in such a way as to not to create panic.

PURPOSE

To ensure the safety of residents, staff, visitors and the community.

PROCEDURE

If a bomb threat is received by phone:

1. Attempt to get another staff member's attention for her to use another line and call 911.
2. Keep the person on the phone as long as possible. **DO NOT HANG UP**, even if the caller does. **Follow the Bomb Threat Checklist Questions**. Attempt to record as many details as possible; **especially the EXACT wording of the threat**.
3. Tell the other staff member using hand gestures or writing it down, which line you are on so they can communicate it to the 911 dispatch and any information shared i.e. location of bomb, when it is to detonate.
4. Contact Administrator or designate.
5. The Charge Nurse will call back 911 to provide details from the phone call. Assign a staff member to the entrance and not allow anyone into the facility and to guide emergency persons into the facility.
6. Code Black will be initiated by the Charge Nurse and will be paged over the PA system. Only if safe to do so will staff check the facility for strange packages. Particular attention should be given to the front entrance, lounges, garbage room, service entrance, activity rooms.
7. If an explosive device or suspicious package is discovered **DO NOT TOUCH IT**. Cordon off area, keeping nearby doors open to facilitate access by the explosives technicians. This will also reduce property damage in the event that the device explodes. Evacuate residents and staff from immediate and adjacent areas. Report the discovery immediately to the OPP and Charge Nurse. Initiate evacuation once the route of evacuation has been searched and confirmed to be safe by Authorities. **REMAIN CALM DO NOT PANIC!**
8. Other likely places for bombs: filing cabinets, under chairs or cushions, waste baskets, laundry room, stairwells, inside cabinets, public access areas, mechanical room, parked vehicles, outside perimeter of the building.

If a threat received by mail and it is already on the premises:

- Do not open it
- Isolate it
- Leave the area
- Notify the Administrator or Designate (Charge Nurse), who will call 911
- Call 911
- Carry out the procedures as outlined in #6-8 above.

If a harmful chemical or biological substance is suspected:

- Cover the package or envelope with a plastic sheet or raincoat or if available, leave the package where is
- Evacuate the room and all areas in the immediate vicinity
- Notify the Administrator or Designate (Charge Nurse), who will call 911
- Isolate the area where the package is
- Take direction from OPP when they arrive

CODE BROWN: CHEMICAL SPILL/LEAK, GAS LEAK, HAZARD

It is the policy of Royal Terrace that all staff be prepared in the event of a minor or major hazardous material spill or hazmat incident, a carbon monoxide or natural gas leak, or biological/chemical threat. A Code Brown will be called to alert staff, visitors and residents and will prompt an appropriate response.

DEFINITIONS:

A minor hazardous material spill is defined as a spill of a known substance in a manageable quantity that does not cause a chemical reaction.

A major hazardous material spill or hazmat incident can be defined as:

- A known substance that cannot be contained or cleaned up
- A substance of significant quantity that poses an immediate risk to staff and residents
- The material is unknown
- A chemical reaction is present
- Incident could escalate and increase level of risk

CARBON MONOXIDE

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

- Stale, stuffy air
- Residents/staff/visitors have symptoms of CO exposure (see below)
- The pilot light on gas-fired equipment keeps going out
- A sharp odour of the smell of natural gas happens when equipment turns on
- The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than clear blue (NOTE: some natural gas fireplaces are designed to have yellow flames)
- Chalky, white powder on a chimney or exhaust vent pipe or soot buildup around the exhaust vent
- Excessive moisture on walls or windows in areas natural gas equipment is on
- CO detectors alarm

Symptoms of Carbon Monoxide (CO) Exposure:

- Headaches
- Nausea
- Dizziness
- Drowsiness or fatigue
- Burning eye
- Confusion
- Loss of coordination

Anyone who suspects exposure to Carbon Monoxide will:

1. Will notify the Charge Nurse immediately.
2. The Charge Nurse will call the fire department using 911 immediately.
3. The Charge Nurse will call Code Brown over PA system.
4. The Charge Nurse will contact the Director of Environmental services or Maintenance to shut down the gas supply.
5. The Charge Nurse/delegate will assign staff to observe those who need help, paying special attention to anyone with a respiratory disease (Asthma).
6. Take direction from the Fire Department when they arrive.

ALL staff members will:

- Open windows to ventilate the areas.
- Relocate residents, staff, visitors from the affected area immediately.

NATURAL GAS LEAK:

Anyone who suspects exposure to a natural gas leak will:

1. Notify the Charge Nurse immediately and call 911.
2. Call Code Brown.
3. Everyone should move well away from the source of the leak.
4. Maintenance or designate to immediately shut off the gas at the main valve and any secondary valves if necessary.
5. Relocate resident, visitors, and staff from the affected area of the building.
6. Notify gas company (Enbridge).
7. Take direction from emergency personnel.

ALL staff members will:

- Not smoke or use electrical devices, including cell phones.
- Not turn power on and off.
- Ensure all visitors/residents are not smoking or using electrical devices, including cell phones.

BIOLOGICAL/CHEMICAL THREAT

Any person who becomes aware of a chemical, biological or radiological accident will:

- Notify the Charge Nurse and immediately ensure all persons are relocated to an area away from the release.
- The Charge Nurse will call 911.
- Announce Code Brown.
- The Charge Nurse will direct staff members to evacuate as many residents from the contaminated area as possible if it can be done without risk.
- Evacuate everyone in the building outside if it is safe to do so.
- The Charge Nurse will initiate an organized, calm Code Green (Evacuation) process.
- Check that the building is secure.
- If an evacuation outside of the building is not an option, move everyone in the building upwards to an interior room on a higher floor or to an adjacent fire compartment if movement to a higher floor is not possible.
- Seal off the contaminated area; seal gaps under doorways, windows, and other building openings.
- Maintenance or designate to turn off heating, air conditioning and ventilation systems.
- Take direction from emergency personnel.

If splashed with a chemical agent, immediately wash it off using **ONLY** water.

LIQUID/CHEMICAL/GAS SPILL

Any person who discovers a liquid/chemical/gas spill or leak:

1. Notify the Charge Nurse immediately.

Duties/Responsibilities of Charge Nurse:

- Call Code Brown.
- Ensure staff, residents and visitors stay clear of the area.
- Contact the Director of Environmental services or designate to inspect and determine the appropriate actions.
- If no leak or spill, complete an Incident Report.
- If a leak or spill is found:
 - Maintenance to shut off liquid chemical/gas at main valve of container
 - Determine the nature, extent, and cause of the spills/leak
 - Maintenance to use spill kit to contain the leak
 - Call 911, if required for Emergency Services assistance and take direction from them when they arrive
 - When the situation is under control, notify the Charge Nurse and they will announce Code Brown 'all clear'
 - Maintenance/Charge Nurse to complete an Incident Report
 - Contact an Environmental company for proper disposal, if necessary

Responsibilities of the Director of Environmental Services and Maintenance:

1. Go to the scene of the spill/leak
2. Ensure anyone in the immediate area is removed
3. Assists Emergency Services as required
4. Report to the Charge Nurse to assist with completion of the Incident Report

ENSURE ALL REQUIRED PERSONAL PROTECTIVE EQUIPMENT IS USED DURING ANY SPILL CLEANUP!

Spill Response:

2. Check the source of the spill.
3. Identify the spill material.
4. Determine if the spill source can be stopped safely.
5. Place a Caution sign at the spill location to warn others of the potential slip, trip or fall and cordon off the area to deter unauthorized personnel from entering the area.
6. Access the Material Safety Data Sheet from the MSDS Binder, following precautions, spill procedures and disposal procedures found in Section 7, "Preventative Measures" in the MSDS.

Spill Kit Locations:

1. Staff Room-Men's Locker area
2. Residential 1st Floor Laundry Room

BOIL WATER ADVISORY

A boil water advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms and that drinking the tap water can make residents, staff and visitors sick. Boiling the tap water destroys pathogens and makes the water safe to drink and use.

BOIL WATER ADVISORY IMPLEMENTATION

In the event of a boil water advisory, Royal Terrace will use boiled water, bottled water or water from another safe public supply not affected by the advisory and will follow procedures indicated for personal hygiene, cleaning and sanitizing and preparing food, including ensuring handwashing is followed by use of alcohol-based hand rub. Royal Terrace will contact Public Health Unit that issued the boil water advisory for further direction.

Do not use tap water to:

- Drink
- Prepare foods
- Make juice
- Make ice
- Wash fruits and vegetables
- Brush teeth
- Give to pets or animals in pet therapy programs

The IPAC Lead or Director of Care will:

1. Ensure all staff, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
2. Ensure alternate sources of water are provided to residents, staff and visitors that is safe for drinking.
3. Post signage at the front entrance to the location and at all faucets, including the kitchen area, washrooms, and hand sinks as a reminder that a boil water advisory is in effect and that the water is not safe to drink.
4. Post signage advising staff, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels.

The Director of Environmental Services or designate will:

1. Disconnect all drinking water fountains, juice machines and ice making machines from the affected water supply.
2. Provide alcohol-based hand sanitizer, containing at least 70 % alcohol, in all public and staff washrooms and at all stand-alone sinks.

The Director of Food Services or designate will:

1. Discard any ice and beverages that may have been prepared with the affected water supply.
2. Direct Dietary staff to prepare water as needed:
 - a) Bring water to a rolling boil for at least one minute.
 - b) Use an electric kettle if possible.
 - c) Only boil as much water as you can safely lift without spilling.
 - d) If boiling water on the stove, place the pot on the back burner.
 - e) Take all precautions as needed to avoid burns.
3. If providing bottled water, check with Public Health about brands of bottled water or water dispensers considered to be safe/that are produced in locations not affected by the boil water advisory.

The Nursing Department will:

1. Use boiled water that has been cooled to room temperature or use sterile water to wash broken skin and wounds and for other resident care (note: commercial water is not sterile).
2. Consider using sterile bottled, boiled or otherwise disinfected drinking water for severely compromised residents.
3. Discuss with Physician any special precautions that may be needed for residents with weakened immune systems.

NOTE: Water filtration devices cannot be relied on to make up tap water safe to drink or cook with. Do not use water unless it has been boiled first.

WHEN BOIL WATER ADVISORY HAS ENDED:

The Environmental Services Department will:

1. Flush all water-using fixtures and faucets by running them for at least five minutes.
 - a) For Retirement Home- begin flush on 2nd floor, flushing each fixture and faucet to at least 5 minutes. Once every fixture/faucet has been flushed, proceed to the 1st floor and continue the procedure of flushing.
2. Ensure equipment with water line connections, such as refrigerators and ice dispenser are drained, flushed, cleaned and disinfected according to the manufacturer's recommendations.
3. Flush, drain, clean, and disinfect cisterns that contained the affected water source.
4. Run water softeners through a regeneration cycle according to the manufacturer's recommendations.
5. Drain and refill hot water heaters that have been set below 45°C/110°F.

The IPAC Lead or Director of Care will:

1. Communicate to all staff, residents, and visitors that the Boil Water Advisory has ended.
2. Remove signage.
3. Conduct a debrief with the Management Team to review procedures and make any adjustments to site specific practices.

PERSONAL HYGIENE DURING A BOIL WATER ADVISORY

Can tap water be used to wash hands?

Yes, tap water can be used for handwashing, but an alcohol-based hand sanitizer must be applied to hands afterwards.

- Wash hands with warm tap water and soap for at least 20 seconds.
- Rinse hands well and dry with a paper towel.
- When hands are dry, apply an alcohol-based hand sanitizer containing at least 70 % alcohol.

Can tap water be used for showering or bathing?

Yes. Residents may take showers or baths with tap water but must be careful to avoid the face and avoid swallowing any of the water.

- The use of a hand-held showerhead is recommended.
- Open wounds, cuts, blisters or recent surgical wounds must be covered with a waterproof covering and care must be taken not to contaminate these areas during bathing or showering.
- Residents with weakened immune systems may require special consideration; discuss with physician.

Can tap water be used for brushing teeth?

No. During boil water advisory, tap water is NOT safe for brushing teeth. Only pre-boiled water that is cooled, bottled water or water from another safe source may be used for brushing teeth.

CLEANING & SANITIZING PRACTICES DURING A BOIL WATER ADVISORY

Can tap water be used for cleaning and disinfecting contact and non-contact surfaces?

Yes. Ensure the coffee/hot water machines produce water at 70°C/160°F. This temperature is sufficient to inactivate disease-causing microorganisms.

- Verify temperature using a probe thermometer.

Can tap water be used to prepare food products that use water as an ingredient without cooking?

No. Use boiled, bottled or an alternative safe water source in the preparation of food products such as powdered drinks, puddings, jellies, sauces, etc.

Can tap water be used to prepare food that will be boiled?

Yes. Tap water can be used to prepare food that will be boiled as long as the water is brought to a rolling boil for one minute.

Can tap water be used to wash dishes by hand?

Yes. Follow 3-compartment sink dishwashing procedures and ensure dishes have enough time for complete air drying to take place.

Can commercial dishwasher be used to clean and disinfect dishes?

Yes. Follow normal dishwashing procedures and ensure dishes have enough time for complete air drying to take place.

Can glass washer with a cold-water rinse be used?

No. Glass washers with a cold-water rinse must not be used during the boil water advisory.

- Use a hot water sanitizing cycle to wash and sanitize glasses.
- Contact Public Health if necessary.
- Single-use glasses/cups may also be used.

Can domestic style dishwashers be used in the building?

Yes. Domestic style dishwashers may be used, provided the machine has a hot temperature setting or sanitizer cycle.

Can tap water be used for cleaning and disinfecting counter tops, cutting boards and other kitchen surfaces?

- Wash kitchen surfaces with soap, rinse and sanitize with bleach solution.
- To prepare the bleach solution (sanitizer strength of 200 mg/L chloride solution), add one teaspoon of liquid household bleach (5.25% sodium hypochlorite) to one liter of room temperature water that has either been previously boiled, is from a safe bottled water source or has been hauled from a safe public supply.
- Spray or pour solution onto food contact surfaces and let sit for a minimum of 2 minutes.
- Make a new bleach solution every day (bleach breaks down very quickly once it is mixed with water).
- NOTE: Vinegar is not an acceptable disinfectant.

OUTBREAK OF A COMMUNICABLE DISEASE, OUTBREAKS OF A DISEASE OF PUBLIC HEALTH SIGNIFICANCE, EPIDEMICS & PANDEMICS

Royal Terrace 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 Royal Terrace's Infection Prevention & Control and Pandemic policies and procedures.

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

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.

PROCEDURE:

The Infection Prevention & Control Lead/Director of Care or designate will:

- Refer to the Public Health Unit for activation of the outbreak response.
- Report and provide status updates to residents, families, and staff.
- Initiate and lead Outbreak Management Team response as required.
- Manage staffing and management team resources accordingly.
- Coordinate the management of exposed and symptomatic staff members as per policy and procedure.
- Establish community connections and partnerships as part of plan implementation and coordinated response.
- Daily evaluation of risk and response actions, initiation of staffing contingency plans, if necessary.
- Ensure implementation of any provincial or organizational directives as required.
- Track, report and manage case counts in collaboration with Public Health.
- Ensure IPAC auditing throughout the outbreak/pandemic, as required.
- Provide pertinent IPAC training and direction to residents, families, and staff.
- Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates and restocking as needed.
- Oversee cohorting plans for staff and residents.
- Coordinate resident care and services for symptomatic and asymptomatic residents.
- Ensure the Medical Director is updated involved.
- Support staffing contingency plans and altered care and services plans as required.

DIETARY CONTINGENCY PLAN IN THE EVENT OF AN EMERGENCY

A Dietary Contingency Plan, as part of the overall Home-wide Contingency Plan, will be developed and used in the event of a short-term emergency in order to meet the needs of the residents and staff.

Short-Term Emergencies may include: equipment breakdown, power failure, staff shortage, severe weather conditions, fire, etc.

OBJECTIVES:

To minimize the impact of short-term emergencies on residents and staff.

To adjust menus to meet food, equipment, power and labour availability.

To maintain the health and safety of residents and staff while providing adequate nutrition and hydration through a simplified menu and modified meal service.

PROCEDURE:

1. The Director of Food Services, with input from the Registered Dietitian (RD), creates a three-day simplified emergency menu.
2. All residents are provided with a diet and texture according to their Nutrition Care Plan, as closely as possible based on food supply, and with as much variety as possible according to the Emergency Menus.
3. The Management Team or Charge nurse informs staff / residents of the need to implement CODE ORANGE and follow the Dietary Contingency Plan.
4. The Director of Food Services reviews the simplified menu with staff and ensures that the menu changes are communicated to residents.
5. If the dishwasher is inoperable and there are no other appropriate and convenient ware washing alternatives, the Director of Food Services ensures that adequate numbers of disposable dishes / cutlery are available. Alternately, manual ware washing of dishes is undertaken, following guidelines established by Public Health.
6. In the event of a staff shortage, Royal Terrace staff is reallocated as required to provide adequate meal service, supervision and assistance for all residents. Menus will be adjusted to the staffing availability and skills
7. If cooking equipment is operable, the Director of Food Service will simplify menu with some hot items produced, as able and considering the availability of staff (e.g., canned soups, casseroles, frozen vegetables, mashed potatoes).
8. If some cooking equipment is inoperable, the Director of Food Services assesses what equipment can still be used (e.g. gas cook tops and/or oven during a power failure) and will simplify menu based on the availability of equipment and staff, and staff skill level.

9. If no cooking equipment is operable, the Home provides a cold meal service using available food supplies.

Sample Cold Menu

➤ **BREAKFAST**

- Cold cereal
- Bread, butter, jam
- Peanut butter and/or cheese
- Milk, juice
- Tea / Coffee (if equipment available).

For Texture Modified Include:

- Pureed Bread (marsaan or mix)
- Cottage cheese (pureed or creamed)
- Pureed cold cereals (cereal soaked in milk)
- Applesauce or canned fruit purees
- Milk / Juice / Tea / Coffee / thickened as required

➤ **LUNCH/DINNER**

- Sandwiches or cheese slices / cold cuts and bread / butter
- Canned fruit, pudding cups, instant pudding or ice cream mixes (as available)
- Milk, juice
- Tea / Coffee (if available)

For Texture Modified Include:

- Pureed Bread (marsaan or mix)
- Sandwiches and soft fillings (ground or mashed finely); pureed sandwiches
- Applesauce, pudding or canned fruit purees.
- Milk / Juice / Tea / Coffee / thickened as required

➤ **SNACKS AND SUPPLEMENTS**

- Nutritional supplements as required
- Milk, juice
- Soft cookies
- Ice cream (if available)
- Portion pack snacks
- Sandwiches
- Soft fruit
- Cereal bars

For Texture Modified Include:

- Milk / juice thickened as required
- Plain cookies suitable for soaking
- Pudding cups/instant puddings / mousses
- Cottage cheese
- Peanut butter