Kristus Dārzs Latvian Home Emergency Preparedness Manual

July 2022

11290 Pine Valley Drive
Woodbridge, Ontario
L3L 0B1

NOTE: Hard Copy is available upon request.

2022

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INTRODUCTION

The preparation and maintenance of an Emergency Preparedness Manual ("the Manual") is a requirement of the Ministry of Long Term Care under the Fixing Long-Term Care Act and the Ontario Regulation 246/22. Kristus Dārzs Latvian Home ("the Home") Manual is designed to address these regulatory requirements and to ultimately ensure a safe and effective response to emergencies.

Kristus Dārzs Latvian Home Manual is an emergency/disaster response plan that includes identifying and avoiding/reducing risks, preparing for those that cannot be avoided, activating an emergency plan to respond to an emergency, and returning to normal functioning.

Purpose & Objectives

- Prevent: take actions to stop an emergency or disaster from occurring
- Mitigate: take actions to reduce the adverse impact of an emergency or disaster that cannot be reasonable prevented.
- **Prepare: take actions in advance to ensure the Home is ready to manage a disaster should it arise.**
- Respond: take measure immediately before, during or immediately after an emergency to manage the consequences.
- Recover: restore the Home to a pre-disaster or higher level of functioning.

Authority & Legislative Requirements

Kristus Dārzs Latvian Home Manual has been prepared to address the following regulatory and legislative requirements:

Provincial
Fixing Long Term Care Act 2021
Ontario Regulation 246/22
Health Protection and Promotion Act, 1990
Emergency Management and Civil Protection Act, 1990
Residents' Bill of Rights
Occupational Health and Safety Act, 1990
Fire Protection and Prevention Act, 1997
Accessibility for Ontarians with Disabilities Act, 2005

Amendments

Amendments to the Manual will be maintained and approved by the Executive Director in collaboration and consultation with the Resident Council, Family Representatives (if applicable), the Board of Directors, and all appropriate emergency service providers in the area, community agencies, health service providers, partner facilities.
The Manual will be kept in an electronic format only, however, a paper copy will be made available upon request.

Amendment Record

Number	Page(s) of Sections Amended or Added	Amended By	Date
#1.	Pages 10, 15, 20, 22, 35 and 103	Inese Pogule	Dec 16, 2024
#2.	Pages 95, 97	Elmira Almaniyazova	Jan 23, 2025
#3.	Pages 23, 25	Inese Pogule	August 18, 2025
#4.	Pages 46, 47, 48	Inese Pogule	December 4, 2025

Roles and Responsibilities

Incident Management Team

- All Managers are encouraged to complete IMS 100 training to be familiar with IMS processes and definitions.
- Incident Management Team will include the management team, IPAC lead and RN in charge of the building.

Emergency Plan Activation – ALL STAFF

- Review and understand emergency response procedures – any staff member can activate an emergency plan based on the situation.
- Attend and participate in emergency training and exercises.
- Ensure personal contact information is current and accurate.
- Understand the process for the continued supervision and on-going care of residents.

Lines of Authority

- Line of Authority for any emergency response begins with the RN in Charge of the building.
- The most senior Manager may assume command if on site (Executive Director, DOC etc.).
- Line of Authority is assumed by the appropriate Emergency Service Responder (police, fire, and/or paramedic) immediately upon arrival, or an appropriate 3rd party (gas, electrician).
- 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/Plan as related to the specific emergency incident.

External Support Roles & Responsibilities

- Agreements will be established with external entities/community partners that may be involved in or provide emergency services.
- These agreements include but are not limited to:
    - Accommodation/temporary shelter in the event of an emergency evacuation (see Code Green).
    - Transportation in the event of an emergency evacuation (see Code Green).
    - Provision of Food and Water.
    - Provision of Services (oxygen, pharmacy, medical supplies).

Executive Director/Delegate/Managers

- Maintain the Manual for Kristus Dārzs Latvian Home.
- Develop, support and facilitate training, education and exercises of Emergency Response and Codes for staff to ensure response processes are performed in a safe manner.
- Maintain records and documentation of emergency training exercises.
- Maintain emergency supplies and equipment.
- Ensure staff fan-out/contact lists are maintained.
- Communicate with staff, residents and visitors during the event.
- Respond to emergency events, facilitating command and control operations functions.
- During an emergency event, enhance situational awareness and assist in the collation and compilation of critical data, act as liaison with external agencies.

- Report any situation as required to all necessary authorities including the Ministry of Long Term Care within all mandatory timelines.

Dietary Manager

- Maintain a sufficient supply of food and fluid.
- Ensure contingency plan is in place to support the emergency food and fluid supply.

Environmental Services Manager

- Ensure contingency plan is in place to support the event for any housekeeping needs that may arise.
- Maintain a sufficient supply of linen and cleaning supplies.

Maintenance

- Participate, review and assist in the development of the facility emergency response plans.
- Provide and maintain facility specific information in the emergency response plan.

FACILITY DESCRIPTORS

Facility Information

Residents - 100			
Resident Care	**Level of Care Provided**	**# of Rooms**	**# of Beds**
Floor 1	Moderate to total care	24	27
Floor 2	Moderate to total care	35	38
Floor 3	Moderate to total care	33	35

*isolation room located on floor 3

Services		
Service	**Description**	**Location**
Shipping/Receiving	Kitchen supplies Medical and other supplies	North side of building South side of building
Food Services	Raw food supplies Food preparation and delivery	Kitchen Main dining room Small Dining rooms
Laundry	Personal laundry Sheets, towels etc.	Basement Off-site: K-Bro
Laboratory	Phlebotomy	Off-site - LifeLabs
Pharmacy	Medication supply	Off-site - Geriatrx
Resident Transport	Van – 5 seats, 2 small wheelchairs	East side of building
Chemical Storage	Chlorine Various	Garage Housekeeping– all floors
IT Systems	Internet ICA microsystem Starlink	1st fl. Dirty utility room
Phone System	Server for call bell (Status Solutions) Land line desk phone 3cX	1st fl. Dirty utility room Bell – maintenance office Sygnet - offsite
Other		

Facilities Utilities Table

Utilities	
Utility	**Description**
Natural Gas	Valve location: North side of building Uses: kitchen stove, general heating, hot water Provider: Enbridge
Propane	Located: BBQ. West side of building. Portable tank as required.
Electrical	Capacity: 1500 amps Location of disconnect: Maintenance office, back room. Provider: JF Enterprises Inc. & Advance Electrical Contracting
Water	Source: on–site underground reservoirs SW of building. 2 water pumps. Shut off valve: basement maintenance room, beside elevators. Provider: Tapped In Consulting Inc (emergency)
Alternative water source	Source: Water Truck Provider: James Morning & Sons
Medical gases	Type: oxygen Location: residents throughout building Provider: Medigas
Back-up Generator	Type: 350 kW DG outdoor diesel, 5,000 litres Location: North side of building Areas powered: Entire building. 24-48 hours. Provider/Site Lead: Total Power Inc./Environmental Manager
Fuel Stores	Type: Diesel Location(s): under generator, N/E side of building. Provider/Site Lead: Sipco Diesel
Boilers	Type: 3 natural gas. 1 for kitchen, 2 for building. Location: Basement Provider: Naylor HVAC
Air Conditioning Units	Type(s): Gas Location(s): 5 on roof – north side of building Portable units in resident areas Provider/Site Lead: Naylor HVAC
Mechanical Room	Location: Basement
Elevators	Type / Capacity: Two. Capacity of each: 2 wheelchairs, 1 standing. Location: Ground floor across from nursing station. Provider: Delta Elevators
Septic System	Location: back field, north-west of building. Provider: Tapped In Consulting Inc

EMERGENCY PREPAREDNESS

Hazard Identification and Risk Assessment

Purpose: To assist in identifying the probability of different types of hazards that could strike the Home or the surrounding community. This will assist in planning direct and indirect effects these hazards may have on the Home and the actions that need to be taken to ensure a safe and secure environment for the residents, staff, visitors and volunteers.

For each hazard listed in column 1, rate the probability of the event occurring, and the severity of the possible impact. Sum the scores from columns 2 – 5 and list the result in column 6. Consider which hazards to use as "most likely scenarios" during planning process for strategies, details and drills.

1. Event	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				6. Rank
	2. Probability Likelihood this will occur	3. Human Impact Possibility of death or injury	4. Property Impact Physical losses/damages	5. Business Impact Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Natural Hazards:					
Severe Thunderstorm Code Orange	3	1	1	1	6
Snow Fall/Blizzard Code Orange	3	1	1	2	7
Ice Storm Code Orange	3	1	1	2	7
Earthquake Code Orange	1	0	1	0	2
Temperature Extremes Code Orange	3	1	0	1	5
Flood - external Code Orange	2	0	2	2	6
Boil Water Advisory	3	2	1	2	8
Technological Hazards:					
Electrical Failure Code Grey	2	1	3	3	9
Heating/Cooling Failure Code Grey	2	2	3	3	10
Flood - internal	3	1	3	3	10
Human Hazards:					
Bomb Threat Code Black	1	3	3	3	10
Hazardous Materials spill/gas leak Code Brown	2	2	1	1	6
Medical emergency Code Blue	3	3	0	1	7
Missing resident Code Yellow	2	3	0	3	8
Violent person Code White	2	2	2	2	8
Biological Hazards:					
Epidemic/Pandemic (e.g. flu)	3	3	0	3	9
Other Hazards:					
Fire Code Red	2	3	3	3	11
Evacuation Code Green	1	2	1	3	7
Cyber Security Attack	2	0	2	3	7

Emergency Resident List

The Emergency Resident List is used to account for the whereabouts of all residents once a code has been cleared, or during a full Evacuation (Code Green – full evacuation).

Once a code has been cleared, staff in each area *where there are residents*, must take the list closest to them, write their location, mark off the residents in their area and bring the list to the Command Centre (1st floor Nursing Station or where specified).
If a Resident List is not available in the immediate area write the resident's names on a piece of paper and bring the paper to the Command Centre.

The RN will delegate a staff member to account for all residents ensuring that the sign out book is also reviewed.
If there are any residents unaccounted for: Code Yellow: Missing Resident Policy must be initiated.

Emergency Resident Lists are posted at the following locations:

- In the stairwells at the end of each hallway on each floor
- Behind the door leading to Exit #5 (from dining room exit exiting to north parking lot)
- Door leading to the solarium
- West basement door leading to exit # 3

The Resident Support Services Coordinator updates and replaces the Emergency Resident List when there has been a change of residents, or if the lists have been used.

Communication

A communication team will be set up by Executive Director/delegate during any emergency response to ensure frequent and ongoing communication with residents, families, staff, volunteers, Board of Directors. Communication will be ongoing using various methods at the beginning of the emergency, when there are significant changes, and when the emergency is over. To assist in message development, refer to "Message Development in Communication".

Phone Communication: Incoming calls
A team member will be assigned to receive incoming calls and be prepared to respond with/to:

- Status updates on emergency/location/residents
- Help/resources or staff coming from other facilities
- Team members calling to find out work schedule
- Medical information (as appropriate)
- Redirect media to Executive Director or delegate.

Due to potentially large volume of calls, voicemail message recording may be used to share status update and redirect callers as appropriate.

Phone Communication: Residents and Families
Assigned team members will call family members to assure them of their family member's safety and advise them of the emergency plan. Board of Director Members may also be asked to assist as available and appropriate.
When placing calls:

- Advise if unable to contact via telephone, to visit website for further information or give alternate telephone number to call.
- Advise that the focus is on providing resident care and protection.
- Leave voicemail (if no immediate answer) and advise where family members can call or obtain further information.
- Track any calls made and any follow-up required. *Table 3*

Written Communication: Residents and Family
Memos/bulletins/newsletters will be compiled containing key points to provide communication to residents and family members. These will contain the following:

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

These will be posted within the Home if appropriate, will be posted on the website, and will be mass e-mailed.

In Person Communication: Residents and Family
Depending on the nature of the emergency, staff will keep residents informed via daily updates, one to one conversations, updates in the dining room with opportunity for Q&A, Residents Council meetings etc.
Family and Town Halls (in person and/or virtual) may be held to provide situational updates, include subject matter experts, answer questions and address concerns.

Communication: Staff, Volunteers & Students
All individuals within the Home are initially communicated to via paging/overhead system if possible. Staff will be contacted via the fan-out list. Staff memos/briefings will be held regularly as the situation requires.
Volunteers and students will be called after families and advised to check the website for updates.

Communication: Board of Directors
The Executive Director will be in regular contact with the Chairperson of the Board of Directors. The Chair will determine if a Board meeting is required for further support/guidance to the Executive Director.
The members of the Board of Directors will receive the information as for families.

Communication: Provincial Regulatory Authorities & Community Partners.
The Executive Director will ensure provincial regulatory authorities are kept informed as required. Based on the type of emergency and as required, communication with community partners will be facilitated by the Executive Director/designate. The frequency and to whom will be determined in collaboration with the community partner.

Communication: Alternate Methods
To ensure alternative modes of communication are deployable should one system fail during an emergency, the following equipment or communication systems can be used:

- Mobile cell phones - personal
- Facility issued Portable phones
- Messengers (hand deliver)
- Electronic – email and website
- Public announcement/broadcast systems
- Video conferencing

Communications Directory
The communications directory *Table 1* identifies the location of communications equipment and provides the contact information of key staff, agencies/services, contractors and mutual aid providers. The directory will be updated twice a year.

Staff Directory and Call Back
The staff directory holds staff contact information based on their distance from and travel time to work. Depending on the emergency and condition of major transportation routes, staff in closest proximity will be contacted first.

Staff availability and estimated time of arrival can be tracked using *Table 2* both during actual emergencies and during call back drills to test procedures and contact information. Staff Directories will be updated regularly with staffing changes and tested annually.

NOTE: The Fan-out/call back list is part of the Emergency Plan. It is not posted here as it contains personal information.

Code Directory
The Code Directory identifies the codes used within the Home and can be printed for orientation of staff, students and volunteers.

Message Development for Communication

Consider:

Audience:	**Purpose of Message:**	**Method of delivery:**
❑ Relationship to event ❑ Demographics (age, language, education, culture) ❑ Level of outrage (based on risk principles)	❑ Give facts/update ❑ Rally to action ❑ Clarify event status ❑ Address rumors ❑ Satisfy media requests	❑ Print media release ❑ Web release ❑ Through spokesperson (TV or in-person appearance) ❑ Radio ❑ Other (e.g., recorded phone message)

Six Basic Components:

1. **Expression of empathy:**
2. **Clarifying facts/Call for Action:**

   Who

   What

   Where

   When

   Why

   How

3. **What we do not know:** _____
4. **Process to get answers:** _____
5. **Statement of commitment:** _____
6. **Referrals:**

   For more information _____

   Next scheduled update _____

Finally, check your message for the following:

Positive action steps Honest/open tone Applied risk communication principles Test for clarity Use simple words, short sentences	Avoid jargon Avoid judgmental phrases Avoid humor Avoid extreme speculation

Table 1 - Emergency Communications Directory

Emergency Contacts			
	Phone		**Email**
Executive Director Inese Pogule	905-832-3300 ext. 228		ipogule@kdlatvianhome.com
Director of Care Nida Roxas	905-832-3300 ext. 225		doc@kdlatvianhome.com
Infection Prevention and Control Lead Elmira Almaniyazova	905-832-3300 ext. 343		ealmaniyazova@kdlatvianhome.com
Environmental Services Manager Adavlin Zariu	905-832-3300 ext. 222		maintenancemanager@kdlatvianhome.com
Chairperson Board of Directors: Alda Hans			kdbod@gmail.com
Agencies/Services			
	Emergency number	**Non-emergency number**	**Email**
Fire Monitoring station	911	905-832-8506 1-800-387-5956	 ID:50035884
Police	911	1-866-876-5423	
Ambulance	911	1-877-464-9675 ext. 74750	
Laboratory: Life Labs		1-877-849-3637	
Public Health Unit ;York Region		1-877-464-9675	
Public Utilities – Hydro: Alectra		1-833-253-2872	
Public Utilities – Gas: Enbridge	911	1-866-763-5427	
Pharmacy Geriatrx		416-221-7755 1-877-421-7755	
Staffing Agencies:			
Plan A	after hours 289-724-4154	289-902-4101	
Accela		416-629-6589	
AC Nursing		905- 770-9450 ext. 230	
Priority Health;	after hours 416-613-8292 x2100	(416) 613-8292	
IT Support – Sygnet Systems	905-339-2332	same	support@sygnet.ca

Contractors			
	Emergency number	**Non-emergency number**	**Email**
Gas	1-866-763-5427	1-877-362-7434	
Security/Fire Alarm Monitoring/Maintenance Onyx Fire	1-800-776-9976	1-800-776-9976	
Plumbing: Seven Star Plumbing	416-606-3852	416-606-3852	
HVAC: Naylor HVAC	905-764-0913	905-764-0913	
Electrician: JF Enterprises Inc.	416-720-7204	416-720-7204	
Refrigeration: Naylor HVAC	905-764-0913	905-764-0913	
Electrical: Advance Electrical Contracting	1-519-766-8918	1-519-766-8918	
Mutual Aid Providers			
	Emergency number	**Non-emergency number**	**Email**
EVACUATION SITES:	SEE CODE GREEN		
TRANSPORATION SERVICES	SEE CODE GREEN		
Food services: Nutra Services Regional Manager Sysco Customer Service Sysco Account Executive		 905-531-7045 1-855-222-0617 905-696-3211	 andreablain@nutraservices.ca SyscoCSC3@corp.sysco.ca givelas.karl@tor.sysco.ca
Medical Supplies, PPE Medical Mart, Cardinal Health		MM: 1-800-268-2848 CH: 1-888-291-5033	
Home &Community Care Support Services (Local Health Integration Network) CENTRAL		905-895-1240	Central.lhin@lhins.on.ca
Mackenzie Richmond Hill Hospital		905-883-1212	
Cortellucci Vaughan Hospital		905-417-2000	
Ontario Health Region Central	905-796-0040	905-796-0400 Dial 0	
Ministry of Long-Term Care	Not to be publicly posted		
Placement Coordinator: Jennifer Douglas	905 948 1872 ext. 4224	same	Jennifer.douglas@hccontario.ca
Service Area Office (SAO) Manager: Alain Plante			alain.plante@ontario.ca

****Emergency Communications Directory to be updated on an annual basis****

Table 2 - Staff Call Back Record Sheet

Incident:			Date:		
Recorder:			Signature:		
			Return form to:		
Name	**Time**	**Contact (yes/no)**	**Message Left (yes/no)**	**Available (yes/no)**	**Estimated Time of Arrival**

Table 3 - Family Call Record Sheet

Incident: Date:

Resident name	Family name	Time	Personal contact (yes/no)	Message Left (yes/no)	Follow/up required? (yes/no)

Code Directory

INCIDENT	NAME
Bomb threat	Code Black
Cardiac arrest or Medical emergency	Code Blue
Spill/Release of Hazardous Substance (chemical spill/ carbon monoxide, natural gas leak)	Code Brown
Infrastructure Loss/Failure (loss of one or more essential services/Internal Flood)	Code Grey
Evacuation	Code Green
Community/Natural disaster	Code Orange
Fire	Code Red
Violence or Aggression	Code White
Missing person	Code Yellow

Facility Emergency Supplies

To minimize impacts of a major emergency or disaster, enough supplies will be stored to sustain all staff and residents for a minimum of three days.

Fluid/Nutrition

Supplies are needed to provide food and fluid hydration for residents, for up to three days (72 hours). The recommended quantity includes 1.5 liters of fluid per resident per day (soup, juice, milk, bottled water). Expiry dates will be checked regularly, and items rotated.

Emergency supply list/location

Facility Emergency Supplies

	Location	Content
Medical	1st floor med room	Syringes, BP machine Dressing supplies
Medication	1st floor med room	Over the counter medications Emergency Medication box
PPE	Basement storage	Masks, hand sanitizer Gloves, gowns
Food/Nutritional	Basement Storage	4 day food/fluid supply, disposable plates/cutlery
Water	Basement Storage	Water dispenser – one for each floor 100L – combination of 500ml and 4 L bottles
Incontinence	Basement storage	Briefs, pull-ups, wipes
Linen	Basement Storage	Bed linen, towels, blankets
Housekeeping	Basement Storage	Cleaning supplies, garbage bags, toilet paper
Maintenance	Maintenance Office	Batteries, flashlight, duct tape, adjustable wrench, safety gloves, gas wrench, crowbar, hard hat, plastic sheets/tarps, shovel, water purification tablets

Emergency Supplies Inventory & Maintenance Form				
Qty	**Item**	**Location**	**Req'd for Codes:**	**Date Replaced**

Date of Inspection:	Inspected by:
Date Replacements Complete:	Replaced by:

Emergency Operations Centre Supply List

The following table is a list of the minimum recommended items for the EOC Supply Kit.

Product	Quantity
Batteries	package of 10
Clear Tape	1 roll in dispenser
Clipboards	3
Contact List	1
Extension Cord	1 indoor – 10 feet
Flip Chart	1 post it flip chart
Headlamps	3
Maps (Facility)	1 full set in tube
Masking Tape	1 roll
Name Badges	For handwritten names
Paper	5 note pads
Paper Clips	1 box
Pens	1 box of 12
Permanent Markers	5
Post it Note Pads	1 - 5 x 3 1 – 3 x 3 1 – 2 x 2
Stationary Supplies	E.g. Stapler, highlighter, message pads
Totes	1
White Board Eraser	1
White Board Pens	1 set assorted

RESPONSE PROCEDURES

Boil Water Advisory

Purpose
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.

Policy
Kristus Darzs Latvian Home is committed to preparing for all types of foreseeable emergencies. All staff are required to follow the plan when activated in response to the advisory.
The Boil Water advisory policy will be reviewed annually.

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

Responsibilities
This advisory applies to all personnel, including students, volunteers and the Board of Directors who are on premises of the Home at the time of the situation.

Procedure

1. **ACTIVATION:**
   - Upon receiving the Boil Water Advisory from the Public Health unit, the Home will use boiled water, bottled water, or water from another safe public supply not affected by the advisory, and will follow procedures as indicated for personal hygiene, cleaning and sanitizing, and preparing food, including ensuring handwashing is followed by use of alcohol-based hand rub.
   - Signs will be posted by all water sources with instructions. Boild Water advisory notice will be posted on all entrances.
   - Tap water will NOT be used for: drinking, preparing food, making juice, making ice, washing fruits or vegetables, brushing teeth, medication administration or giving to pets or animals in pet therapy programs.
   - ED or delegate: **Immediately** submit Critical Incident to the Ministry of Long Term Care via the CIS or by calling the after-hours number
   - ESM - Access 5 cases ofemergency supply of water in the basement storage room (where water softener is located)

2. **POST INCIDENT ACTIONS**
   - ED or Delegate:
     - Call a debrief for all staff and update re: the situation.
   - The DOC or Executive Director will:
     - In consideration of staff impacted by the incident, arrange for staff support as needed.
     - Call a debrief within 30 days of the emergency being declared over, after each instance that an emergency plan is activated to:
       - Discuss any issues and problems that may have arisen from the situation.
       - Make recommendations for corrective measures.
       - Determine who will be responsible for the corrective measures.
       - Time frame for corrective action.
       - Follow up after time frame has elapsed.
     - ED or delegate, follow up on the MLTC Critical Incident within 10 days of the incident.
     - ESM replenish 5 cases of emergency water supply in the basement storage room

Appendixes

APPENDIX BW-1: Boil Water Advisory Signage
APPENDIX BW-2: Boil Water Advisory Guidelines

BOIL WATER ADVISORY

Boil Water advisory received from Public Health or the Water Mngt Company (refer to Appendix BW-2)

Executive Director

- Notify Environ. Mgr., Dietary Mgr., & Chairperson of Board of Directors.
- Notify RN in charge.
- Maintain continuous communication with Water Management Co. & PH re: follow up water testing and lab results.
- Immediately notify MLTC via the CI system

→

- **<u>Continuous</u> messaging to residents, visitors, families**:
- Incident and reason for Boil Water Advisory
- questions to be directed to the Executive Director
- Communication measures to be employed: email, briefings, conference calls, message board, etc.

→

- Contact Public Health for frequent updates on situation.
- Boil water advisory will be lifted by Public Health.

RN In Charge

- Notify all staff of Boil water advisory.

→

- Post signage Appendix BW-1 or one provided by PH at entrance and at all faucets including kitchen/hand sinks that a boil water advisory is in effect and water is NOT safe to drink.
- 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.

→

- Obtain emergency water supplies for residents and staff (e.g. for medication administration, fluids for meals).

→

- Discuss with physicians any special precautions needed for residents with weakened immunity.

Environ. Manager

- Provide alcohol-based hand sanitizer in all public and staff washrooms and at all standalone hand sinks.

→

- Utilize emergency water supply as required until alternative water sources obtained. Provide water dispensers on all three resident floors
- Assist in obtaining further bottled water supply through various vendors, water suppliers. Provide 2 – 4 L water bottes in the kitchen.
- Request water truck delivery if necessary.

Dietary Manager

- Discard any ice/beverages that have been prepared with affected water supply.
- Disconnect ice making machines, coffee, juice machines that use regular water supply.
- Direct team to prepare boiled water as needed:
  - Bring water to a rolling boil for 1 min
  - Use an electric kettle if possible
  - Boil only as much water as can be safely lifted

→

- Use only boiled water/bottled water for:
  - Drinking
  - Making juice/coffee
  - Making ice
  - Washing fruits/vegetables

→

- Check with Public Health re: brands of bottled water or water dispensers considered safe and produced in locations not affected by boil water advisory.
- Order supply of safe water.

All care staff

- Use boiled (cooled to room temp) water, or sterile water, to wash broken skin and wounds, and other resident care activity (washing face, brushing teeth)

→

- Consider using sterile bottled, boiled or otherwise disinfected drinking water for severely compromised residents.

→

- Assist and remind residents re: boil water advisory.
- Ensure bottled water available to each resident

BOIL WATER ADVISORY – LIFTED/ENDED

Boil Water advisory LIFTED/ENDED

RN in charge

- Ensure all actions taken by Environmental Manager are completed prior to allowing normal water usage.
- Notify all staff of end of Boil Water Advisory.
- Coordinate removal of all signs throughout building.

Environmental Manager

- Starting on top floor: Flush all water-using fixtures and faucets (run for min. 5 min)
- Drain, flush, clean and disinfect equipment with water line (refrigerators, ice dispensers).
- Flush, drain, clean and disinfect cisterns that contained affected water source.
- Run water softeners through a regeneration cycle as per manufacturer's recommendations.
- Replace filters on any water filtration devices and flush according to manufacturers' instructions.
- Drain and refill hot water heaters that have been set below 45°C.

Dietary Manager

- Ensure all equipment has been sanitized and flushed according to manufacturer's recommendations prior to using water for regular use.
- Remove all unopened bottled water supplies and store for future emergency use.

All Care Staff

- Assist in removing all signs when given the all clear to do so.
- Communicate to residents that tap water is now safe for all activities including drinking.

Executive Director

- Notify Chairperson of Board of Directors that Boil Water Advisory has been lifted.
- **Messaging to residents, visitors, families**:
  - Boil Water Advisory lifted
  - questions to be directed to the Executive Director
  - Communication measures to be employed: email, briefings, conference calls, message board, etc.
- Complete required reports for MLTC.
- Schedule debrief with staff.

APPENDIX BW-1 Notice

APPENDIX BW-2 Boil Water Advisory Guidelines

Boil Water Advisory Guidelines *

	Tap water	Boiled water	Cooled Boiled water	Bottled Water	Hand Sanitizer	Comments
Wash hands	x				x	Hand sanitizer may be 60-90% alcohol base.
Showering/bathing	x					Avoid face, open areas.
Brushing teeth			x	x		
Cleaning/disinfecting contact and non-contact surfaces	x					
Washing laundry	x					
Medical equipment used with water		x	x			
Cold beverage dispensing machine						Bottled water only.
Commercial coffee/tea brewers (temp must be over 70°C)	x					
Prepare food without boiling			x	x		
Prepare food that will be boiled	x					
Commercial dishwasher	x					
Cold water rinse						NO
Domestic style dishwasher	x					sanitizer cycle.
Counter tops/cutting boards/kitchen surfaces	x					D-10. Consult Public Health.
Medication administration water jugs		x		x		
ICE						Discard and purchase

*****Always contact Public Health for clarification, detailed requirements*****

CODE BLACK – BOMB THREAT/SUSPICIOUS PACKAGE

Purpose
Alerts personnel of a bomb threat or discovery of a suspicious package and details the actions to be taken by staff to ensure the safety and security of themselves, their residents, visitors and facility.

Policy
Kristus Darzs Latvian Home is committed to preparing for all types of foreseeable emergencies. All staff are required to follow the emergency response plan when activated in response to a bomb threat or suspicious package.
The Bomb Threat/Code Black will be reviewed and tested annually.

Definitions
- **Bomb:** improvised explosive device created for non-authorized use.
- **Visual Sweep:** to look through, or explore by inspecting possible places of concealment, for a suspicious package or anything out of the ordinary.

Responsibilities
Emergency Response applies to all personnel, including students, volunteers and the Board of Directors who are on premises of Kristus Darzs Latvian Home at the time of incident.

Procedure
1. **ACTIVATION:**
   - Staff receiving a bomb threat of any sort is to take immediate action by initiating Code Black. Every bomb threat is a serious matter and requires an immediate response by following the algorithm.
   - Emergency Response/Code Black can also be initiated by a staff member who discovers a suspicious package that requires an immediate response by following the algorithm.
   - If required, the Police will respond to a Bomb threat.
   - If possible, relevant floor plans and a copy of this Emergency Response Plan should be made available to assist the police.
   - If evacuation required – notify MLTC immediately.

SUSPICIOUS LETTER / PACKAGE INDICATORS
- Excessive weight or thickness for the size of the envelope or package
- The feel of springiness, metallic components or stiffeners inside
- Small holes, protruding wires, string or metal foil
- Unusual odours, oily or greasy stains on packaging, rigid or lopsided letter or package
- Excessive securing material such as masking tape or string

POSTAGE OR ADDRESS INDICATORS FOR SUSPICIOUS LETTER / PACKAGES
- Excessive postage
- Unusual or unexpected point of origin, indecipherable or no return address
- Restrictive markings such as ‘Confidential’, ‘Personal’, ‘To be opened only by...’, ‘Rush’, ‘Special delivery’ or ‘Do not delay delivery’
- Hand-written or poorly typed address
- Visual distractions
- Inaccuracies in address or titles or titles without names
- Misspelling of common words

CONDUCT OF A VISUAL SWEEP

- A visual sweep is to be conducted using the following principles:
- Sweep both daily workspaces and public / common areas
- Mark all cleared rooms with an 'X' using tape (i.e. medical tape, masking tape etc.)
- Report any suspicious packages to the RN in Charge
- Communicate in person or via land line (do not use cell phones)

2. POST INCIDENT ACTIONS

- RN in charge is to complete incident documentation as follows:
  - Call a debrief for all staff to ensure all have returned from the search, and all are updated re: the situation.
  - Document sequence of events.
  - Complete an internal incident form.
  - Notify the MLTC via the Critical Incident Process if required.

- The DOC or Executive Director will:
  - In consideration of staff impacted by the incident, arrange for staff support as needed.
  - Call a debrief within 30 days of the emergency being declared over, after each instance that an emergency plan is activated to :
    - Discuss any issues and problems that may have arisen from the situation.
    - Make recommendations for corrective measures.
    - Determine who will be responsible for the corrective measures.
    - Time frame for corrective action.
    - Follow up after time frame has elapsed.
  - Complete MLTC Critical Incident form within 10 days of the incident if required.

Appendixes

APPENDIX BL-1: BOMB THREAT CHECKLIST

STAFF MEMBER RECEIVING A BOMB THREAT

TELEPHONE BOMB THREAT

- Remain calm and courteous
- Do not argue and do not hang up
- Notify co-worker (if available) by writing “CODE BLACK” or “BOMB THREAT” anywhere
- Write details re: the call anywhere available (paper, desk, wall – anywhere).
- Co-worker (if available) to notify RN in charge immediately **Do Not use cell phones.**
- Record call display number if possible

→ Immediately verbally (or by landline phone) report the incident to RN in charge.

→ Document/ transfer all information onto Bomb Threat Checklist. Appendix BL-1

FACE-TO-FACE BOMB THREAT

- Remain calm and courteous
- Do not argue
- Verbally notify co-worker while talking to the person **Do Not use cellular phones or other electronic communication devices**

→ Immediately verbally (or by landline phone) report the incident to RN in charge.

→ If possible, obtain and document information on Bomb Threat Checklist. Appendix BL-1

ELECTRONIC BOMB THREAT

- Remain calm
- Do not reply to, forward, delete or destroy email / text message / fax
- Print email / text snapshot
- **Do Not use cellular phones** to notify anyone, after receiving the threat.

→ Immediately verbally (or by landline phone) report the incident to RN in charge.

→ Document required information on Bomb Threat Checklist Appendix BL-1

MAILED BOMB THREAT

- Remain calm
- Immediately put down any items related to the threat.
- Wash hands/areas that touched the mailed item(s) thoroughly with soap and water.
- **Do Not use cellular phones or other electronic communication devices** to notify anyone, after receiving the threat.
- If package delivered by person/courier: take note of description, clothes, time etc.

→ Do **NOT** touch anything further related to the mailed threat.

→ Immediately verbally (or by landline phone) report the incident to RN in charge.

Bomb Threat Emergency Response ALGORITHM

Staff Actions when Advised of Code Black

- Immediately stop use of all electronic communication devices (i.e. cell phones).
- Do not resume use of electronic devices until 'All Clear'.
- Reassure residents/ visitors of the situation. ***Script*** *"We are currently investigating a threat that we received. Your safety is our top priority and we will advise you immediately if we need to leave the area. Please do not to use your cell phones until we notify you."*
- Under the direction of the RN in Charge, conduct a **visual** scan of all workspaces
  - Scan using the following 3 steps:
    - Step 1: Scan entire room / area from floor level to waist level
    - Step 2: Scan entire room / area from waist level to head level
    - Step 3: Scan entire room / area from head level to ceiling
  - Mark all cleared rooms with an 'X' using tape (e.g. medical tape, masking tape, etc.)
  - Verbally, or by landline phone, report the discovery of any suspicious items to the RN In Charge
- Be prepared to evacuate affected area to a designated safe location, as instructed by Police/RN in charge.
- If you are away from your workspace when hearing the Code Black, return to your own workspace and report to your Supervisor to assist. If it is not safe for you to return to your workspace, report to the first floor nursing station/RN in charge.

Staff Finding SUSPICIOUS ITEM

- **DO NOT TOUCH IT!**
- Do not let others touch it!

→

- **Do not use any electronic communication devices i.e. cell phones.**
- Leave the door of the room open
- Leave the immediate vicinity, taking other area occupants with you.
- Put at least one wall or 50 metres between you and the suspicious item
- Move away until you, and others, are in a designated safe location.

→ Report immediately (in person or over a landline phone) to the RN in Charge.

RN in Charge

Upon receiving notification, advise all staff:
"Code Black <Location>. Do not use cell phones." (three times)
- Call 911.
- Brief Police on situation upon arrival.

→

Notify Manager On-Call if not in the building by landline phone:

Consult with Manager On-Call for possible escalation of response or when the incident is resolved.

Act as Manager ON-SITE in absence of any other manager.

→

When directed by the Police, Fire Dep. or Manager On-Call, announce:
"Code Black, All Clear" (three times)

→ Arrange for staff support as needed.

→ Complete incident documentation

Manager On-Site/on-call

Consult with RN in charge, Police, Fire Dept. to determine actions, based on risk:
- Assess for need to evacuate affected areas of the home. Trigger for evacuation is if "time of detonation" is received.
- **Advise RN in Charge to call "Code Green <location>" if situation requires evacuation.**
- **Notify MLTC immediately if evacuation proceeding.**
- Notify Board Chairperson, attending physician and medical director.
- Direct all media inquiries to Police Command and the Executive Director.

→

- Establish Command Post to coordinate actions and communications to staff.

→

In consultation with police, determine when incident has resolved:
- Direct RN in Charge to announce All Clear.

→ Ensure Incident Form has been completed

→ Ensure MLTC Critical Incident Report completed if required.

APPENDIX BL-1 Bomb Threat Checklist

HOW WAS THE BOMB THREAT RECEIVED?		
Telephone? *Complete Part A, B & C*	Face-to-face? *Complete Part B & C*	Electronic? *Complete Part C*
PART A: TELEPHONE CALL		
Time/Date of call?	Number on call display?	
Call traced?	Call recorded?	
What line did call come in on?	Long Distance?	
Ask the caller (keep caller on phone as long as possible)		
What time is the bomb set to explode?		
Where is the bomb?		
What does it look like?		
Why did you place the bomb?		
Where are you calling from?		
What's your name?		
Background noises		
☐ Static ☐ Clear ☐ Street noises ☐ Music ☐ Office machinery	☐ Motors ☐ Voices ☐ PA system ☐ Animal noises ☐ Factory machinery	☐ Local ☐ Long distance ☐ House noises ☐ Other:
Part B: Identifying Characteristics. Bomb threat call details - threat language		
☐ Foul ☐ Taped ☐ Irrational	☐ Incoherent ☐ Well spoken(educated) ☐ Message read by caller	☐ Remarks:
Caller's voice		
☐ Calm ☐ Angry ☐ Nasal ☐ Deep ☐ Distinct ☐ Raspy ☐ Disguised	☐ Excited ☐ Slow ☐ Rapid ☐ Laughter ☐ Slurred ☐ Ragged ☐ Clearing throat	☐ Soft ☐ Loud ☐ Normal ☐ Crying ☐ Stutter ☐ Lisp ☐ Other:
Accent		
☐ French	☐ English	☐ Other:
Is the caller's voice familiar? (specify)		
Gender	☐ male	☐ female
Estimated age:		
PART C: EXACT WORDING OF THE THREAT, any other phrases uttered etc.		
Your name (print & sign)		Department

Code Blue - Cardiac Arrest or Medical Emergency

Code Blue – Medical Emergency Response

Purpose
Medical Emergency Response/Code Blue alerts staff of the significant deterioration in a resident, staff, visitor's status (e.g. unresponsiveness, absence of blood pressure, absence of pulse, severe bleeding, choking) indicating the immediate need for staff response and actions.

Policy
Kristus Darzs Latvian Home is committed to preparing for all types of foreseeable emergencies. All staff are required to follow the medical emergency response plan when activated in response to a medical emergency.
The Medical Emergency response/Code Blue will be reviewed and tested annually.

Responsibilities
Medical Emergency Response/Code Blue applies to all personnel who have training to respond to medical emergencies.

Procedure

1. **ACTIVATION**
   Emergency Response/Code Blue can be activated by any member of staff (if not trained on CPR, yell HELP).
   Examples include: unresponsiveness; absence of blood pressure; absence of pulse; new difficulty breathing/shortness of breath; new severe chest pain/radiating pain; choking resulting in unconsciousness.
   Refer to Medical Emergency Algorithm.

2. **POST INCIDENT ACTIONS**
   For a facility impacted by a Medical Emergency:
   - RN in Charge will:
     - **If the person requiring medical assistance is resident**, notify family/ guardian of the resident's disposition (i.e.: transport to hospital, deceased)
     - If the resident recovers, assess the resident for injuries or any adverse change in condition.
     - Document sequence of events and condition of resident within resident's chart.
     - Call a debrief for all staff.
     - Complete a thorough investigation and document in PCC.
     - Notify the MLTC via the Critical Incident Process as required.
     - **If a person requiring medical assistance is someone else other than a resident**, incident report must be prepared and submitted to the Executive Director.

   - The DOC or Executive Director will:
     - In consideration of staff impacted by the incident, arrange for staff support as needed.
     - Call a debrief within 30 days of the emergency being declared over, after each instance that an emergency plan is activated to:
       - Discuss any issues and problems that may have arisen from the situation.
       - Make recommendations for corrective measures.
       - Determine who will be responsible for the corrective measures.
       - Time frame for corrective action.
       - Follow up after time frame has elapsed.
     - Complete MLTC Critical Incident form within 10 days of the incident if required.

EMERGENCY RESPONSE ALGORITHM

First Person On-Scene

If the First Person On-Scene is trained to initiate CPR, they are to continue in the First Responder role (see **First Responder** algorithm, below).

If the First Person On-Scene is not able to provide medical assistance, they are to call **(loudly)** for HELP and stay with the person requiring assistance until a First Responder arrives.

First Responder

Upon discovery of a person requiring assistance for a medical emergency:

- Verify scene safety, perform point of care risk assessment
  - Is the scene safe?
  - Are there multiple persons requiring assistance?
- Is the person unresponsive?
- Call for nearby HELP
- Look for no breathing or only gasping breaths and check pulse (simultaneously)
- Are there other life-threatening conditions (e.g. significant bleeding) or obvious injury requiring immediate care or protection
- If the person requiring medical assistance is a **RESIDENT**
  - call the RPN or RN via portable phone.
  - verify if the person is DNR or FULL CODE
  - if FULL CODE, Start CPR
  - call 911
  - call MD, POA
- If the person requiring medical assistance is **someone else other than resident** (visitor, staff, family member, etc.)
  - start CRP (according to the Good Samaritan Law)
  - ask someone else to announce CODE BLUE & location
  - ask someone else to call 911
  - continue CPR until paramedics arrive

Second Responde

If not completed by the First Responder, call 911 providing the following:

- The address and phone number of your location, including specific site
- Type of apparent injuries/medical condition

Assist with CPR or other First Aid procedures as required, until EMS arrives.

EMERGENCY RESPONSE ALGORITHM

RN in Charge

- Support resuscitation and/or first aid efforts
- Confirm **911** has been activated
- Assign a staff member to remain at the south entrance to direct EMS to location
- Assign a staff member to control pedestrian traffic in the area and assist other persons to move away from the area
- Clear the route of any excess equipment or supplies for EMS arrival
- Have the following information readily available for EMS:
  - If resident - emergency profile from PCC printed including medications
  - When the person was last seen conscious and breathing
  - What occurred just prior to the cardiac arrest / medical emergency
- Gather information from staff discovering the incident
- Ensure DOC has been notified
- Provide support to family, if present.

DOC

Ensure attending physician and resident's family, staff's emergency contact (if not already called) are made aware of the incident. Arrange for staff support as needed.

→

Ensure documentation in PCC completed. If non-resident, ensure incident report is completed

→

Ensure MLTC Critical Incident Report completed if required.

Code Brown – Spill or Release of Hazardous Substance Emergency Response (chemical spill/carbon monoxide/natural gas leak)

Purpose
Spill or Release of Hazardous Substance Emergency Response/Code Brown addresses the procedures to be followed in the event of a spill/release involving a hazardous substance and ensure the safety and security of staff, residents and visitors.

Policy
Kristus Darzs Latvian Home is committed to preparing for all types of foreseeable emergencies. All staff are required to follow Code Brown in response to a spill/release of a hazardous or toxic substance.

Definitions
- **Controlled Incident:** A small or large spill that does not present an imminent danger to people, property, or the environment (Low hazard and/or easily contained spill/release using available resources).
- **Hazardous Substance:** A chemical, biological or radioactive substance that has the potential to pose a threat to human health or the environment.
- **Spill / Release:** Used to define either a material spill or a gaseous release.
- **Uncontrolled Incident:** A very large spill or acutely toxic spill that presents an imminent danger to people, property, or the environment.

Responsibilities
Spill or Release of Hazardous Substance Emergency/Code Brown applies to all personnel, including students and volunteers.

Procedure

1. ACTIVATION

The Spill or Release of Hazardous Substance Emergency Response **CODE BROWN** can be initiated by any member of staff who encounters a chemical spill or hazardous substance release. Every spill / release is a serious matter and requires an immediate response by following the algorithm below. Everyone working with a chemical / hazardous substance must be trained or be supervised by someone who is trained. This means that if a chemical / hazardous substance is being used, the person using the substance must be familiar with the required clean up procedures, and therefore the responsibility for safe use, handling, storage, and clean up remains with that department.

If advised of an **Uncontrolled** incident with **known or unknown** substance, the Fire Department may respond. Once on-site, the Fire Department will be briefed by the RN in Charge or the Supervisor of the affected area. If possible, relevant floor plans, a copy of this Emergency Response Plan, and relevant SDS from WHMIS binder will be made available to assist the First Responders.

2. POST INCIDENT ACTIONS

For a facility impacted by a Spill or Release of Hazardous Substance Emergency, the Executive Director/Environmental Manager is to:
- Assess for injuries and facility damage.
- Implement subsequent emergency response plans as appropriate.
- Complete internal incident form.
- Notify the MOHLTC via the Critical Incident Process if required.

The Environmental Manager or Executive Director will:
- In consideration of staff impacted by the incident, arrange for staff support as needed.

- Call a debrief within 30 days of the emergency being declared over, after each instance that an emergency plan is activated to :
    - Discuss any issues and problems that may have arisen from the situation.
    - Make recommendations for corrective measures.
    - Determine who will be responsible for the corrective measures.
    - Time frame for corrective action.
    - Follow up after time frame has elapsed.
- Complete MOHLTC Critical Incident form within 10 days of the incident if required.

Forms/Appendixes

APPENDIX BR-1: INCIDENT CLEAN-UP GUIDANCE

References

Workplace Hazardous Materials Information System

Spill of Hazardous Substance ALGORITHM

Staff Member Discovering a Spill / Release

A chemical spill has occurred

Immediate Action

- Clear all individuals from the affected area.
- Close all doors and windows to contain the hazard.
- DO NOT USE CELL PHONES or other electronic devices in affected area.
- Notify other individuals in close proximity to the spill.
- notify RN-in-charge of spill, and indicate if staff/residents have been injured or potentially exposed
- If no staff or resident injury has occurred: clean up as per procedures (as identified in the product's SDS), if resources are available and required, and if it is safe to do so

If the spill is of a KNOWN substance, isolate the spill as appropriate to the substance, if it is safe to do so.
If the spill is of an UNKNOWN substance, isolate the vicinity of the spill as best you can achieve, if it is safe to do so.
Refer to Appendix BR-1 for guidance on the clean-up steps required to manage the spill release.

RN in Charge

- Announce: **"Code Brown – Spill - <Location>"**
- If staff exposure/injury has occurred, initiate first aid. If further treatment required, call 911 Isolate area but do **not** clean spill.
- Notify **Manager on-call** (if not on site) to immediately notify the Ministry of Labour **1-877-202-0008**

- Implement measures to minimize / prevent expansion of the incident.
- Conduct Risk Assessment:
  - Identify released substance, obtain the relevant Safety Data Sheet (SDS)
  - Estimate the quantity / volume spilled
  - Evaluate the hazards and risks of the substance (flammability, toxicity, corrosiveness, etc.)
- Consult with Staff discovering Spill, Environmental Manager, and Fire Department (if engaged) to determine actions, based on risk.
- Prepare for evacuation (refer to **Code Green**) if required.

- **In consultation with engaged parties determine when incident has concluded** and announce '**Code Brown All Clear**' three times.
- Coordinate area's remediation, final (terminal) cleanup, and waste disposal, if not already initiated.
- Determine when recovery of the area / site is able to be done.

Complete incident documentation as follows:

- Internal Incident Form
- Notify the MLTC via the Critical Incident Process if required.

Staff of Un-affected Areas

When hearing the Code Brown Emergency announcement:

- Stay clear of spill affected area until advised the incident resolved and the '**All Clear**' is announced.

Environmental Manager/ Maintenance

- Respond to or speak directly with the affected work area
- Evaluate need to shut off air handling systems to minimize or prevent the dispersion of odours and airborne irritants / substances
- Assist with the securing of the area
- Remain engaged with the RN in Charge for possible escalation of the incident and when to declare the incident resolved.

Release/Leak of Hazardous Substance – Carbon Monoxide ALGORITHM

	Carbon Monoxide release in the building. ↓ Stuffy stale air; residents have symptoms of CO exposure; CO detectors alarm; pilot lights of gas equipment keep going out; sharp odour of natural gas when equipment turns on. Burner flames are mostly yellow (should be blue); chalky/white powder on exhaust vent pipe or soot buildup around exhaust vent; excessive moisture on walls or windows in areas where natural gas equipment is on.
Staff Member Discovering Release	**Immediate Actions** • Clear all individuals from the affected area, • Notify RN in charge of illness symptoms of residents. • Open all doors and windows to ventilate the area. • Update RN in charge of release and indicate whether staff, residents have been injured or potentially exposed. • Symptoms: Headaches; nausea; dizziness; drowsiness/fatigues; burning eyes; confusion; loss of coordination.
Staff of Un-affected Areas	When hearing the Code Brown Emergency announcement: • Stay clear of affected area until advised that incident has been resolved and the '**All Clear**' is
RN in Charge	• Announce: **"Code Brown – AIR <Location>"** • Call 911 immediately • Assign staff to shut off all/any gas powered equipment. • Notify Environmental Manager if not in building. • Ensure all resident/staff/visitors etc. are removed from the affected area. • Assign staff to assist anyone requiring medical attention (specifically respiratory). • Have oxygen available to anyone requiring respiratory assistance.
Environmental Manager/ Maintenance	Upon receiving notification of the Release of carbon monoxide: • Shut/close main gas valve (outside, North side of building. Wrench for shut-off located within garage next to gas valve) or instruct RN in charge. • Return to Home if not on-site. • Ensure all gas powered equipment shut off including main valve (all stoves/ovens). • Cooperate with Fire department as required. Remain engaged with the RN in Charge for possible escalation of the incident and when to declare the incident resolved.
Manager on-site/ on call	Notify: • MLTC via Critical Incident process • Board of Directors. Ensure all/any affected individuals have been treated. **Collaborate with RN in Charge/ Environmental Manager when All Clear can be called**.

Release/Leak of Hazardous Substance – Natural Gas Leak ALGORITHM

Natural Gas release in the building.

↓

Staff Member Discovering Release

Immediate Actions
- Clear all individuals from the affected area,
- Open all doors and windows to ventilate the area.
- Do not turn power on or off.
- Do not use any electrical devices including cell phones.
- Ask any visitors to calmly go outside and away from the building.

Staff of Un-affected Areas

When hearing the Code Brown Emergency announcement:
- Stay clear of affected area and wait for further instructions
- Prepare for Code Green/evacuation to outside until advised that incident has been resolved and the '**All Clear**' is announced.

RN in Charge
- Announce: **"Code Brown – GAS <Location>"**
- Call 911 immediately
- Notify Environmental Manager if not in building.
- Ensure all resident/staff/visitors etc. are removed from the affected area.
- Prepare for Code Green. If evacuation to outside is not possible, move residents to open windows and/or to an adjacent fire zone.

Environmental Manager /Maintenance

Upon receiving notification of a gas leak:
- Shut/close main gas valve (outside, North side of building. Wrench for shut-off located within garage next to gas valve) or instruct RN in charge.
- Return to Home if not on-site.
- Cooperate with Fire department as required.

Remain engaged with the RN in Charge for possible escalation of the incident.
Coordinate with Fire Department/Police when to declare the incident resolved.

Manager on-site/ on call

Notify:
- MLTC via Critical Incident process
- Board of Directors.

Ensure all/any affected individuals have been treated.

APPENDIX BR-1 Incident Clean-Up Guide

CONTROLLED INCIDENT

- **If the spill / release is of a KNOWN substance,** proceed with the Department substance-specific spill / release response and clean-up, including the use of required PPE for the clean-up, containerization, and decontamination of the affected area. This is to be in accordance with the product's SDS information
- **If the spill / release is of an UNKNOWN substance,** consult with the Environmental Manager on how best to proceed with the management of the spill / release
- Once the spill / release is cleaned up, coordinate final (terminal) cleanup of the affected area with Environmental Services; and Infection, Prevention and Control Lead.
- Notify the Manager on-site/ on call if not already present in the building.
- Complete internal incident form
- If spill / release impacts residents for a period greater than 6 hours, complete MOHLTC Critical Incident Report.

UNCONTROLLED INCIDENT

- If the necessary resources and equipment to clean up the spill / release are not available, or the substance involved in the spill / release is undetermined:
  - Update the RN in Charge of the inability to complete the clean-up. The RN in Charge is to notify the Environmental Manager of the incident and the intended response plan which may include calling Emergency Services 911.
- Notify the Manager On-Call if not on site.
- Complete internal incident documentation as required
- If spill / release impacts residents for a period greater than 6 hours, complete MOHLTC Critical Incident Report.

Code Green – Evacuation Emergency Response Plan

Purpose
The Evacuation Emergency Response alerts and notifies staff of a condition / incident / event that requires staff to move themselves and residents / visitors to an area of safety. It is a response to an emergency that if occupation of an area or site continues, it could put persons in danger or at risk of injury based on the hazard.

Evacuation may be caused by Fire (Code Red), Chemical Spill / Release of Hazardous Material (Code Brown), Bomb Threat / Suspicious Package (Code Black), or Loss of Essential Service, (Code Grey) as well as Flooding, Gas leak, etc.

Policy
Kristus Darzs Latvian Home is committed to preparing for all types of foreseeable emergencies. All staff are required to follow the evacuation emergency response plan when activated.
Evacuation of specific units or the total home will be initiated at the discretion of the most senior Manager on site (e.g. Executive Director, DOC etc.) or the RN in Charge in coordination with the local Emergency Response Authorities. Agreements with receiving facilities will be renewed every year to ensure all residents can be relocated.
The Evacuation Emergency response/Code Green will be reviewed annually and fully tested every 3 years in cooperation with the local emergency services.

Definitions

Phase 1: Horizontal Evacuation. All persons in a zone/wing are moved beyond a smoke/fire separation door to an adjacent area on the same floor.
Phase 2: Vertical Evacuation. All persons on the affected zone/floor are moved to a lower floor, or if on first floor/basement floor, are moved out of the building.
Phase 3: Total Building Evacuation: all persons are moved from the facility to the outside grounds.
Phase 4: Total Relocation: all residents are relocated to other sites.

Command Lead: RN in charge until other emergency personal assume responsibility. The senior manager in the building may take over the Command Post at any time. Once local Emergency Authorities are on site, they take over the Command Post.
Zone Lead: the RPN on the floor.
Command Post: First floor nursing station. A command post is the physical location outside of the present and potential hazard zone/incident area, but close enough to the incident to maintain command.
Alternate Command Post: The vestibule of the main entrance (East)
2nd alternate command Post: Risk free area identified by local Emergency Authorities on site.

Responsibilities
Compliance with this Emergency Response Code is required by all Kristus Darzs Latvian Home employees, students, volunteers, professional staff, contractors, residents, Board of Directors, and other persons acting on behalf of Kristus Darzs Latvian Home.

Procedure
1. **ACTIVATION** (REFER TO BELOW ALOGORITHMS)
   The decision to activate and/or escalate phases of Evacuation will be determined by the following:
   - Phase 1 (horizontal evacuation of zone): Staff discovering initial dangerous or hazardous condition will activate Phase 1 in collaboration with the RN in charge, and initiate evacuation of the immediate danger area.
   - Phase 2 (vertical evacuation of zone): Decision to activate further evacuation will be made by the RN in Charge, or Manager On-Call (if not on site) in consultation with engaged external agencies.
   - Phase 3 (Full evacuation): Decision to temporarily evacuate all residents from the Home to the outside.

- Phase 4 (total relocation): decision to relocate all residents off the property to alternate temporary location will be made by the local Emergency Authorities e.g. Fire Chief, in consultation with engaged Manager On-Call/designate.
- An evacuation may escalate rapidly depending on the degree of danger and risk.

ED/DOC/Facility Manager: Notify the MLTC via the Critical Incident Process.

2. **POST INCIDENT ACTIONS**
   - RN in Charge/RPN's will:
     - Assess for injuries and facility damage.
     - Call a debrief for all staff
     - Document sequence of events and condition of residents within resident's chart.

   - The DOC or Executive Director will:
     - In consideration of staff impacted by the incident, arrange for staff support as needed.
     - Implement subsequent emergency response plans as appropriate.
     - Call a debrief within 30 days of the emergency being declared over, after each instance that an emergency plan is activated to :
       - Discuss any issues and problems that may have arisen from the situation.
       - Make recommendations for corrective measures.
       - Determine who will be responsible for the corrective measures.
       - Time frame for corrective action.
       - Follow up after time frame has elapsed.
     - Follow up to the MLTC Critical Incident form within 10 business days of the incident.

Appendixes

APPENDIX GR-1: Staff, Visitors, and Volunteers Self-Identifying as Special Needs Persons
APPENDIX GR-2: Evacuation Specific Lift and Carry techniques
APPENDIX GR-3: Staffing Levels for Evacuation (how to access).
APPENDIX GR-4: List of Receiving Facilities/Emergency locations/List of Transportation Companies
APPENDIX GR-5: Resident Evacuation/Relocation List
APPENDIX GR-6: Code Green Time Line Documentation

References

Cross Reference:
Fire Plan;
Emergency and Disaster Plan: Code Black, Code Brown, Code Orange.
Accessibility Policy & Ontario Human Rights Code (AODA)

EVACUATION PHASE 1: Evacuate the immediate area / (horizontal evacuation to beyond smoke/fire doors)

Staff discovering situation

Recognizes a dangerous / hazardous situation →

- Evacuate person(s) from area if safe to do so
- Notify immediate Supervisor
- Activate the appropriate Emergency Response
- **IMMEDIATELY notify RN in Charge if a resident is unable to be evacuated.**

→

- Continue to evacuate residents/visitors from the affected area as per RN in charge.

RN In Charge

- Assess situation and determine if further escalation required
- Immediately notify ED/delegate
- call 911, for Fire Department/ Police if situation appropriate.

→

Announce "Code Green Phase 1 Horizontal evacuation <Location>" (three times)

- Identify Zone RPN

→

Assist and direct staff:

- Ensure all staff and residents are safe and accounted for.

→

In consultation with engaged parties determine when incident has resolved:

Announce 'Code Green All Clear' (three times).

Zone RPN in charge of Affected

Continue to assess the situation and determine whether further response is required. →

Update RN in charge to coordinate site response and support. →

Assist and direct staff:

- Move all residents/visitors/volunteers to safe zone.
- Ensure all residents accounted for using census.
- Prepare for further evacuation including critical medications as appropriate.

Staff of Affected Unit / Area

When advised of an Evacuation Emergency, immediately return to work area (via stairwell), if safe to do so and report to Zone RPN.

If unable to safely return to work area, report to RN in Charge for deployment. →

- Move residents to a safe zone as follows:
  - 1st Residents in immediate danger
  - 2nd Ambulatory residents
  - 3rd Residents that require assistance (wheelchairs)
  - 4th Non-ambulatory residents
  - 5th Resistive residents.
- Evacuate all rooms, close doors and mark with Remar marker to indicate rooms are empty. If no Remar, use tape across door and door frame.

Staff of Unaffected Areas

When advised of an Evacuation Emergency, return immediately to work area (via stairwell) if safe to do so and report to Supervisor.

If unable to safely return to work area, report to the RN in Charge for deployment. →

- Follow directions of your Supervisor/RN in Charge.
- Prepare to receive evacuees from the affected area.
- Standby to assist the staff of evacuating areas.
- Responding staff should bring additional resources as requested (blankets, pillows, wheelchairs, portable oxygen).
- Prepare for possible evacuation of your Unit / Area.
- Staff, Visitors to remain where they are until 'ALL CLEAR' is announced or they are directed to evacuate.

Executive Director/ Delegate

- Consult with RN in Charge to determine actions, based on risk, possible escalation of response.
- Connect with on-site Emergency response Authorities.

→

- Emergency authorities will determine need for Command Post.
- Notify Chairperson of Board of Directors re: situation
- Ensure communication occurring between parties by runners/cell phones.

Messaging to residents, visitors, families:

- Incident and evacuation status
- questions to be directed to the Command Post
- Communication measures: email, briefings, video conference
- All external messaging to go through ED/designate.

EVACUATION PHASE 2 (Vertical evacuation of the Zone/Floor).

Zone RPN

Ensure staff are advised of escalation of evacuation →

- Prepare for vertical evacuation of floors directly above or below the affected floor
- Ensure all doors closed and marked empty when evacuated (using REMAR markers).
- Ensure all residents are safe and accounted for via Emergency Resident List/census.
- Assist any individual self-identifying as a Special Needs Person: see Appendix GR-1.

Staff of Affected Unit / Area

- Move residents to a safe zone as follows: refer to Appendix GR-2: Lift & Carry Techniques.
  1st Ambulatory residents that can be guided down the stairs if required.
- **2nd** Residents that need wheelchairs.
  NOTE: *If fire alarm is activated, do not use elevators. Elevators can only be used if directed by Fire Dept.* If elevators cannot be used, use Evacu-chair located in stairwells.
  3rd Residents needing 2 person transfer.
  4th Resistive residents
- Evacuate all rooms, close doors and mark with Remar marker to indicate rooms are empty. If no Remar – use tape across door and door frame.

→ **IMMEDIATELY notify RN in charge if a resident is unable to be evacuated (via runner or cell phone).**

Communicate to Zone RPN and/or RN in charge when evacuation has been complete.

RN in Charge

- Upon receiving notification, advise all staff: **"Code Green Phase 2 Vertical Evacuation <Location>" (three times)**
- Initiate **Timeline Documentation Code Green** Form Appendix GR-6.

→ Coordinate communication between Zone RPN's and Emergency Personnel (Police, Fire Chief – Commander Lead).

→ Maintain evacuee list from all affected areas to ensure all residents are accounted for.

→ When directed by Manager On-Call, announce: **"Code Green, All Clear" (three times).**

Environmental Manager

- If not on site, return to the Home.
- Recommend areas that may require immediate evacuation or temporary relocation to protect staff and residents.
- Monitor the condition of the facility during the event and immediately notify the Command Post of any situations that are an immediate threat to life or health.

→

- Restrict visitors from entering the facility.
- **Secure** the hazard location floor: no staff, residents or visitors are allowed into the area.
- Anyone required to enter the area must be logged and escorted to maintain the integrity of the scene.

→

- Ensure the Evacuation (Phase 2 and 3) destination locations are safe and appropriate.
- Ensure evacuation routes are safe.
- Develop contingency plan if either the evacuation destination or routes are unsafe.

→

- If safe to do, scheduled delivery trucks can deliver to the facility.
- Notify Police Service of expected truck deliveries.

Executive Director / Delegate

Phase 2 evacuation is ordered by Command Post in conjunction with Maintenance, First Responders. Evacuation is controlled by the Command Post. →

In consultation with engaged parties determine if building evacuation will be required. →

If yes: Go to Phase 3.

If no: In consultation with engaged parties determine when incident has resolved →

Ensure Incident form has been completed

Ensure all other MLTC incident documentation has been completed

EVACUATION PHASE 3 (Evacuate the Building)

RN in Charge, Duty RPN

Announce "Code Green, Phase 3" three times.
Assist and direct staff to:

- Ensure all residents are safe and accounted for using Emergency Resident Lists/census.
- Position staff at exits to maintain traffic flow and to ensure residents do not re-enter the building.
- Ensure all staff have exited the building.

→ Communicate with Fire Department /Command Post when all residents and staff are out of the building.

→ Assign staff to resident groups to ensure safety and comfort of all residents, visitors.

Environmental Manager

Extend lockdown with further evacuation.
With the assistance of Police secure evacuation routes to move away from the site.

→ In collaboration with emergency services, call for emergency buses, vehicles to shelter residents.
Appendix GR-4

→ Visitors to evacuate and be provided safe egress routes off-site.
Visitors may be able to provide shelter within vehicles for residents.

→ No deliveries to be received, including dietary.
Notify all delivery drivers of lockdown.

Staff Members

- Move all occupants outside the affected building to the North Driveway by the Garbage Bins or to the South Side parking lot, or as requested by the Fire Department.
- If cold weather, wrap residents in blankets and thermal blankets (located in front office) and have residents huddle close together for warmth.
- When ambulances, load more critical residents first.

→

- If medication available, give critical medications only.
- If no medication available, document who requires critical medication immediately upon return into the building

Program Manager (PM)

- Refer any Media to Executive Director /Designated Spokesperson.
- When notified: determine Staffing Levels for Evacuation Appendix GR-3, initiate Fan out list
- Notify receiving facilities of potential relocation of residents. **Contact transportation companies**
- Continue **Timeline documentation** Code Green (from RN).

→ **Messaging to residents, visitors, families**:

- Incident and evacuation update.
- Order to evacuate home in place.
- Questions to be directed to the Command Post
- Communication measures to be employed: email, briefings, conference calls, message board, etc.
- All external messaging to go through ED/designate.

Manager on-site/ on call

Consult with Police/Fire Department /Emergency and Disaster Preparedness from City of Vaughan Command Post to evacuate entire building.

- **Initiate Fan Out list (PM)**
- Ensure affected building is completely evacuated and all residents, staff are accounted for.

→ In consultation with engaged parties determine if Relocation required.

→ **If No:** In consultation with engaged parties determine when incident has concluded, and when recovery of the building is able to begin.

→ Ensure all other MLTC incident documentation has been completed

→ Ensure Incident form has been completed

→ **If Yes: Go to Phase 4.**

EVACUATION PHASE 4 (Evacuate the Site/Relocation)

All Staff	• Keep evacuated persons safe while waiting for relocation. • Attach printed resident profile to each resident. If profiles not available, attach ID with Name, Condition and Diet.	• Notify Program Manager which and when residents loaded onto vehicles for relocation.	• Accompany residents to relocation facilities. • Ensure residents' medical equipment is labeled. • Ensure residents have required medical/personal needs. • Orient receiving facility to resident needs.

Resident Supp. Serv.	• If possible, print resident PCC profile for attaching to each resident. See Appendix GR-3
	• If not possible, assist with ID including name, condition and diet.
		• Keep list of each resident being transported using Resident Evacuation/ Relocation List Appendix GR-5	• inform families by telephone/email of situation. Messaging to families/residents to include the following:
			  • Update of extended evacuation
			  • Relocation of residents.
			• Relocate Home's cat if home being vacated.

Duty RPN	Ensure resident identified prior to transportation. → Print census list and cross-reference with relocation list. → Notify pharmacy	• Organize distribution of supplies/equip't: Medication; PCC info (MAR, TAR); personal clothing/grooming aids; any critical supplies in collaboration with Environmental Manager and transportation companies.	
RN in Charge	Ensure residents identified with name, condition & diet. →	• Ensure required medical equipment accompanies residents if required. If not possible, ensure communication passed on to receiving facility re: medical equipment needs. → Ensure residents being evacuated are properly clothed including a blanket. →	• Verify Resident Evacuation/ Relocation List Appendix GR-5 complete with all residents. • Follow-up with all receiving facilities to ensure proper care of every resident.
Environmental Manager	• Coordinate with emergency personnel to ensure all evacuated areas are clear. • Ensure all staff are accounted for.	• Keep parking area clear to allow sufficient room for evacuating and emergency vehicles.	• Make final check of building to ensure equipment is all turned off, heat is lowered, windows and doors closed/locked. →	• Post signs on door indicating relocation situation and phone number for main contact. • Arrange 24 hr security of premises.
DOC/ Nursing Manager	• Ensure residents requiring special medical attention are evacuated first • Ensure sufficient medical documentation accompanies each resident.	• Assign necessary staff to transportation vehicles including relocation sites. • Depending on available staff, keep staff: resident ratio as low as possible.	• Ensure that families, who decide to take the responsibility for residents are informed of the condition of the resident, receive the necessary medication and equipment. →	• Assist RN in charge to ensure proper care of relocated residents.
Executive Director /Quality Lead	• **QL** - In cooperation with **Programs Manager**, arrange how/where residents will be evacuated. • **REFER to** LTC Guides on Policy, Process and Procedures during Emergency Evacuations	• Establish liaison with ED/ Administrator of receiving facilities. • Notify Medical Director and Attending physician. • Update MLTC.	• Determine off-site Command Post to coordinate evacuation actions and communications • Advise staff of off-site location and telephone/cell number. • Coordinate PCC update of all relocated residents for continued communication with families, all involved parties. →	In consultation with engaged parties determine when incident has concluded, and when recovery of the site is able to begin.

RELOCATION BACK TO HOME – ALL CLEAR

All Staff	• Ensure all rooms are prepared for resident return • Assist residents to relocate personal belongings • Document any missing items immediately and notify Program Manager.	→ • Reply to any questions that residents may have. • Reassure residents.	→ • Establish a routine as soon as possible to return to normalcy for the residents.	
Program Manager	• Assist at Central Control area to double check and identify residents upon return.	→ • Notify families about time of return. Encourage families to delay visiting until relocation of all residents complete.	→ • Investigate any missing items immediately.	→ • Assist in scheduling re-admission of residents, those whom have been with families last.
Floor RPN	• Receive/check medications of residents. • Call physician and review medications of all residents.	→ Check each resident for skin integrity issues.	→ Continually update lists of residents and equipment returning.	→ • Ensure routine established asap.
RN in Charge	• Notify Medical Director and attending physicians of return date. Ensure they are accessible throughout return.	→ • Assist Central Control area to double check and identify residents as they arrive home and maintain appropriate records.	→ • Receive any medications for distribution to appropriate RPN's.	
Environmental Manager	• Inspect home in collaboration with all appropriate authorities for approval to return. • Air out building.	→ • Ensure all equipment in all areas operational • Update suppliers re: deliveries.	→ • Arrange scheduling of staff to ensure coverage for relocation and operations after relocation.	→ • Arrange for traffic control for returning traffic. • Take inventory of all returning equipment and supplies as they arrive.
Dietary Manager	• Schedule dietary staff as required • Ensure dining rooms/kitchen clean and operational • Ensure adequate food supplies on hand for resident arrival.	→ • Ensure diet and allergy lists are available for all returning residents.	→ Arrange for meal or snack for returning residents.	→ • Ensure routine is established asap.
Accounting / Payroll	Assist in scheduling staff for re-admission.	→ • Schedule re-admission of residents in consultation with PM and DOC.	→ • Ensure all billing during evacuation has been properly maintained/corrected.	→ • Reimburse staff for expenses.
DOC	• Collect all lists of residents and equipment to be returned. • Establish a central control area for returning residents, staff and equipment.	→ • In collaboration with relocated facilities, arrange for appropriate transportation modes for relocation • Notify Pharmacy of date of resident return.	→ • Update Critical Incident Report. • Notify all other regulatory bodies as required of reopening.	→ • Ensure routine is established asap.
Executive Director /Designate	• Ensure home inspected and approved for re-occupancy by appropriate authorities. • Notify MLTC re: resident relocation back. • Respond to media in collaboration with Board of Directors.	→ • Review inventory of equipment and supplies, establish cost of evacuation (linen, equipment, staff expenses).	→ • Meet with team for debrief: make changes to plan as required. • Arrange for staff support.	→ Arrange thank-you for all individuals involved in the evacuation, relocation, and return.

APPENDIX GR-1 Special Needs Persons

Staff, Visitors, and Volunteers Self-Identifying as Special Needs Persons

Persons may identify themselves as requiring special consideration during an emergency evacuation response and may not be residents within the Home. They may include persons using mobility aids (wheelchairs, canes and crutches), advanced pregnancy, illness, seizure disorders, obesity or altered cognition. These persons are strongly encouraged to undertake proactive steps designed to aid in their safe and timely evacuation.

Obligations of Staff, Visitors, and Volunteers self-identifying as Special Needs Persons:

- Discuss the special considerations you require during a building evacuation, with the Executive Director, or the RN in Charge.
- Offer instruction to a co-worker (regular buddy) how they might assist you.
- Be familiar with nearest fire alarm location and how to activate it.
- Be familiar with all exits and alternate exits to be used during an emergency evacuation
- **NEVER use elevators during an emergency.** Once the First Responders are on scene and have evaluated the emergency, they may choose to use an elevator under their control to effect a rescue of special needs personnel.
- Do not hesitate to inform others you need assistance, if your regular assistant ('buddy') is absent. Inform people unfamiliar with your needs how to assist you.

If a situation arises that requires an evacuation response, staff are to assist special needs persons as follows:

Responsibility	Action
Staff members assisting with area evacuation	1. Identity yourself to the persons with special needs. 2. Provide this information on special needs persons to responding emergency personnel who will assist in the evacuation. 3. Assist special needs persons to make their way to the 2nd or 3rd floor staff break room. Elevators may be used **only** by responding emergency personnel. If fire alarms are activated, elevators only to be used as directed by the Fire Department. Consider the following options when in the elevator lobby, depending on the situation: a. Send someone to the Command Post to advise of special needs person's location and await further assistance, or b. Move special needs person down the stairs once all occupants of the upper floors have moved past your location.
RPN/ RN in Charge	1. Ensure special needs persons are not left unattended during an emergency. 2. Facilitate the development of a plan to accommodate the evacuation of special needs persons. 3. Notify the emergency response personnel of the person's location if a special needs person is unable to exit the building unassisted (this may also be completed by the "buddy"). 4. Movement of special needs persons up or down stairwells should be avoided, where possible, until emergency response personnel have arrived. 5. Unless imminent life-threatening conditions exist in the immediate area, relocation of the individual should be limited to a safe area on the same floor, in close proximity to an evacuation stairwell.
Facility Fire Marshal, if available	1. Upon request, provide a briefing to any person who self-identifies with a special need, include educational information on emergency evacuation procedures and building safety features.

APPENDIX GR-2 Lift and Carry Techniques

Evacuation - Specific Lift and Carry Techniques

Evacuation-specific lift and carry techniques, are designed for the emergency evacuation of residents away from areas of imminent danger.

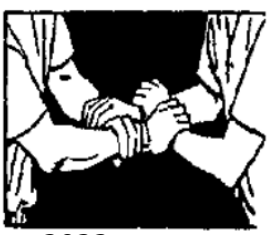
BLANKET PULL

Preferred one person method for non-ambulatory residents:
- Resident place on blanket with head approx. 2 feet from one corner.
- Wrap blanket corners around resident
- Keep your back as straight as possible
- Use your legs, not back
- Try to keep pull as straight as possible.

CHAIR CARRY

Good for carrying residents up or down stairs, or through narrow or uneven areas (chair must be sturdy).
- Pick up resident and place them or have them site in the chair.
- Staff at head grasps the chair from the sides of the back (palms in), then tilts the chair back onto its rear legs.
- Other staff faces in and grasps the chair legs.
- For longer distances, second staff separates the resident's legs, *backs* into the chair and on command of the staff at the head, stand using your legs.

FOUR-HANDED SEAT



For conscious and alert residents:
- position hands as indicated in the graphic
- lower and allow the resident to sit
- lower the seat using legs, not back
- when resident is in place, stand using legs and keeping back straight.

TWO-HANDED SEAT

This technique can support an unconscious resident:
- Pick up the resident by having both staff squat down on either side of the resident.
- Reach under the resident's shoulders and under their kneed.
- Grasp the wrists of the other staff
- From the squat, with good lifting technique, stand.
- Walk in the direction that the resident is facing.

HUMAN CRUTCH/ TWO-PERSON DRAG

Conscious or unconscious resident:
- Place resident's arms over your shoulders so all are facing the same direction
- Grab resident wrist nearest to you
- Place other arm around resident's waist.
- Using legs, stand up
- Move by dragging resident's legs behind

THREE-PERSON CARRY OR STRETCHER LIFT

Use to transport bed-bound residents.
- Rotate the resident so the resident is facing the staff, resting against the staff chests.
- On command of the staff at the head, all staff stand.
- To walk, all staff will start out on the same foot and walk in a line abreast.
- To go through narrow spaces, all staff shuffle slowly.

APPENDIX GR-3 Staffing Levels, Resident Profiles

Staffing Levels for Evacuation

The report which identifies the level of assistance needed for each resident is available on Point Click Care (PCC). The RAI coordinator updates resident status when significant changes in a residents' status occur, or there is a new admission.

How to access report:

Point Click Care site – sign in with password
Clinical Tab
Reports
ADT/Profiles
User Defined Information
Unit – All
Floor – chose floor from drop down list
Group by – Item description – Clear all, Choose Staffing Levels for Evacuation from list
Run Report
Right click to PRINT
Repeat for remaining floors.

Resident Profiles

How to access report:

Point Click Care site – sign in with password
Clinical Tab
Reports
Admission Record Report Setup
Choose Option "all"
Run Report
Print

APPENDIX GR-4 Relocation & Reception Sites/Transportation

Muster Points	An area outside the facility that is designated for assembly of staff, residents, volunteers and visitors.
Location	Site A: Staff Parking lot (south side) beyond the island. Site B: Parking/Receiving area (north side) by kitchen.
Temporary Evacuation	An open or safe area within the area should you need to evacuate further from your facility.
Location	St. Paul's Presbyterian Church. 10150 Pine Valley Drive.

List of Receiving Facilities/Emergency locations

An alternate site that can accommodate the needs of residents. These facilities must agree to serve as hosts for staff and residents, have suitable space and amenities to meet the needs of residents.

Name of the organisation	Location	Date of agreement	Validity	No. of residents	Contact Person	Designation
AgeCare Pine Grove	Islington Avenue, Woodbridge	26th June 2024	1 year	6	Elizabeth Minichillo	Administrator
Downsview Long term care centre	Keele Street, Toronto, Ontario	June 13 2024	2 years	10	Brian Taylor	Environmental Services Manager
Elginwood Extendicare	Yorkland street, Richmond Hill	June 13 2024/ 30th Aug 2024	1 year	5	Gilda Dehdezi	Executive Director
Humber Valley Terrace	95 Humber College Blvd, Etobicoke	13th June 2024	1 year	10	Isha Patel Astrida Kalnins	Resident Services coordinator ED
King City Lodge	King city, Ontario	18th June 2024	1 year	6	Sukhwinder Palial	Administrator
Mackenzie Health Long Term Care	Trench street,Richmond Hill,	16th Aug 2024	1 year	6	Amalia Aiello	Administrator
Markhaven Home for Seniors	Parkway Avenue, Markham	20th June 2024	1 year		JANICE PITTS	Executive Director
Mon Sheong Richmond Hill LTC	Yonge street, Richmond Hill	22nd Jan 2024/ 28th Aug 2024	1 year	6	Sherry Li	Administrator
Simcoe Manor	Beeton, Ontario	6th Aug 2024	1 year	12	Alison Howard	Administrator

Southlake Residential Care Village	Grace street, Newmarket	3rd July 2024	1 year	6	Madalina Nita	Administrator
Sherwood Court Long term care	Ravine View, Maple, Ontario	12th July 2024	1 year	10	Cathy Brizan	Administrator
Thompson House	1 Overland drive, North York	25th Aug 2024	1 year	10	David Marriot	Administrator
Union Villa LTC	Unionville, Ontario	28TH Aug 2024	1 year	6	Terry Collins	Administrator
Villa Colombo Toronto	40 Playfair Avenue Toronto, ON, M6B 2P9	7th June 2024	1 year	10	Daniela Gigliotti Rivas	Assistant ED
				Total= 103		

List of Transportation companies

Name of Company	Emergency contact #	Transportation vehicles available in emergency	Date of Agreement	Comments
Toronto Charter Buses	Hidy Fanous (289) 996-7790	1		Not in a position to sign agreement
AUN Canada Bus	M. Bilal Awan President 416 417 7345	1		Not in a position to sign agreement

APPENDIX GR-5 Resident Evacuation/Relocation List

	Resident Name	Room Number	Relocation vehicle **(type & licence plate)**	Relocating to:
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APPENDIX GR-6 Timeline Documentation – Code Green

DATE of Incident:_____ Recorder:_____
Command Lead:_____ Time:_____
Command Lead:_____ Time:_____
Command Lead:_____ Time:_____

Hazard Identification:
Time hazard identified:_____
Location of Hazard:_____
Type of Hazard:_____

Time called:
Manager on-site/ on call:_____ Name: _____
Executive Director/designate:_____ Name:_____

What time Code called?
Phase 1 Zone/Horizontal Evacuation:_____
Phase 2 Vertical Evacuation:_____
Phase 3 Building Evacuation:_____
Phase 4 Relocation:_____

What time 911 called:_____

Time of arrival:
Fire Truck:_____
Police:_____
Ambulance:_____
Other Emergency Personnel (who):_____

Time Fan-out initiated:_____

Other calls made/initiated if applicable:
Relocation facilities:_____
Ministry of Long Term Care:_____
Ministry of Labour:_____
LHIN:_____
CCAC:_____
Transportation companies:_____

Journal on opposite side:
what is happening; weather & temperature outside; air quality inside; etc.

*Letter of Agreement - **sample***

Letterhead

<Address>

Re: Emergency Accommodation

Dear: <name>

We are currently updating our Emergency Procedures Manual and Letters of Consent. In the event of an evacuation of Kristus Darzs Latvian Home, we would like to reaffirm that <location> may be used as a receiving area for our residents, in the event of a total emergency evacuation.

If you are in agreement with our request, please complete, where requested below, sign and date this letter, and return it in the post stamped envelope. Please keep the other copy for your files. You will note that we combined our commitments into one agreement for a term of 1 year.

We are willing to reciprocate in kind and would gladly accommodate 6 residents in case of evacuation. We do not have extra rooms but could place the bed in a multipurpose area with washrooms nearby.

Thank-you in advance for your assistance and support!

Yours truly,

Executive Director
Kristus Darzs Latvian Home

Please indicate the following:

<Home> can accommodate a maximum of _____ residents in the case of evacuation from Kristus Darzs Latvian Home.

Confirmed by (name & position): _____

Signature: _____

Date: _____

In case of evacuation to your facility, our staff are to contact the following person(s) at the following contact number: _____

Code Grey – Infrastructure Loss/Failure (Loss of one or more essential services/Internal Flood) Emergency Response

Purpose
Alerts personnel to an infrastructure loss or failure and details the actions of the staff to ensure the safety, security and well-being of the residents, staff, and visitors.

Policy
Kristus Darzs Latvian Home is committed to preparing for all types of foreseeable emergencies. All staff are required to follow the emergency response plan when activated in response to any of the following infrastructure losses/failures.
The Infrastructure Loss/Failure Emergency response/Code Grey will be reviewed and tested annually.

Responsibilities
Emergency Response applies to all personnel, including students and volunteers.

Procedure

- **ACTIVATION:**
  This activation could be as a result of a roof collapse; electrical power failure; fire protection system failure; total loss of heating or cooling system; loss of potable water (see Boil Water Advisory); internal flood (i.e. Burst pipes); mag lock failure; elevator failure; or telephone system failure (see "Communication").
- The infrastructure loss/failure emergency response (Code Grey) will be initiated by the Executive Director/delegate, in cooperation with Police, Fire and Ambulance personnel if required.
- The Generator will run the whole building for 24-48 hours with a contracted company for refill of fuel.
- Notify the MLTC via the Critical Incident Process.
- Refer to Infrastructure Loss/Failure Algorithms below.

1. POST INCIDENT ACTIONS

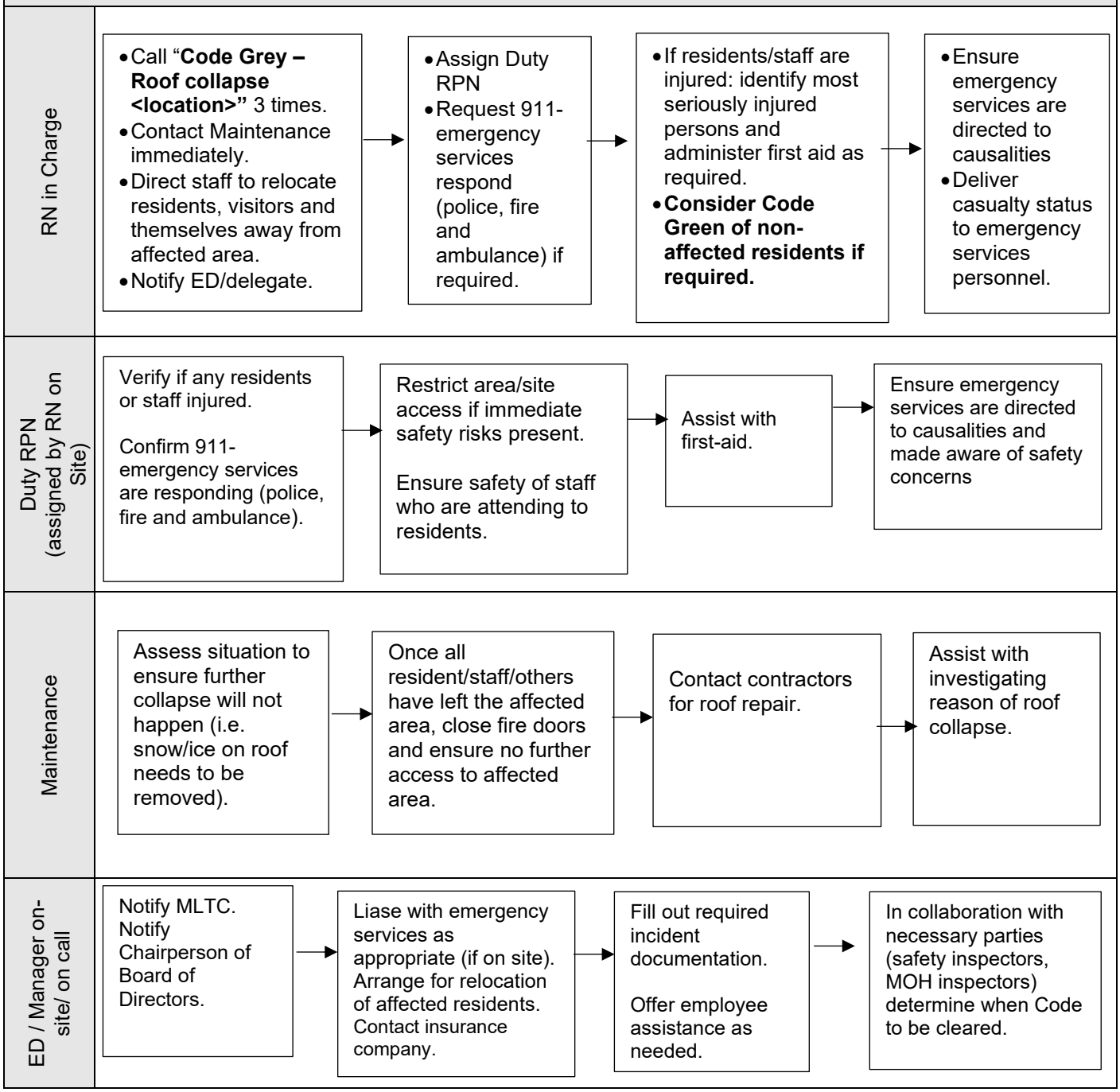
- RN in Charge will:
  - Ensure all residents/staff/visitors are accounted for.
  - Call a debrief for all staff.

- The DOC or Executive Director will:
  - In consideration of staff impacted by the incident, arrange for staff support as needed.
  - Schedule a debrief within 48 hours of the incident to :
    - Discuss any issues and problems that may have arisen from the situation.
    - Make recommendations for corrective measures.
    - Determine who will be responsible for the corrective measures.
    - Time frame for corrective action.
    - Follow up after time frame has elapsed.
  - Complete MLTC Critical Incident form within 10 days of the incident.

Appendixes

Appendix GE-1: Fire Watch Log Sheet
Appendix GE-2: Fire Watch SIGN

INFRASTRUCURE LOSS/FAILURE - Roof Collapse ALGORITHM



INFRASTRUCURE LOSS/FAILURE – Major Electrical power loss/Generator Malfunction - ALGORITHM

RN in Charge

- Contact Maintenance immediately.
- Notify all RPN's of "Code Grey – electrical power" personally or via delegate as phones might not be working.

→ Direct staff to monitor all doors and high risk residents for elopement.

→ Call local hydro service provider: ask for expected duration of outage.

→ Notify Manager on-call if not on-site.

Staff

- Obtain flashlights or use light from personal cell phones.

→
- Do head count to ensure all residents accounted for.
- Monitor all doorways for safety.
- Do safety walk every 30 minutes to check on all residents until Call bell restored.

→ Provide residents with night light/lantern as needed.

→ Give reassurance to residents/ visitors/others.

RPNs

- Identify needs of residents for power (G-tubes, oxygen, air mattresses etc.).

→
- Run G-tubes on gravity if possible.
- Oxygen – switch to portable canister. Call oxygen company for immediate service/liquid oxygen canisters.
- Air mattresses – obtain regular mattress from storage room and replace air mattress with regular mattress.

→ Call Pharmacy for immediate delivery of paper copies of MAR's and TAR's.

→ Ensure comfort of all residents throughout power outage.

Maintenance

- Call for Generator emergency maintenance/repair if not working.

→ Maintain an adequate supply of flashlights, batteries and extension cords that are readily available to staff – advise staff to use above supplies.

→ Check fuel supply for generator and purchase additional fuel if required.

Dietary

Assign who will access and limit times freezer/fridge is opened.

Use outside storage if weather permits.

→ Use product that will spoil first, then work out menu using dry/canned goods.

Use BBQ as required for cooking/warming.

→ Use paper plates and plastic utensils

→ Order in from local restaurants if outage is localized to Home.

ED/ Manager on-site/ on call

Notify MLTC if more than 6 hrs. Notify Chairperson of Board of Directors.

→
- Ensure all doorways are being monitored, including to stairways until generator running.

→
- Fill out required incident documentation.
- Offer employee assistance as needed.

→ **In collaboration with Environmental Services/Hydro services, determine when Code to be cleared.**

INFRASTRUCURE LOSS/FAILURE – Fire Protection System Failure - ALGORITHM

RN in Charge

- Contact Maintenance immediately.
- Call "Code Grey – Fire Protection System" 3 times.
- Notify Manager on-site/ on call if not in the building.

→

- Assign staff members to complete Fire watch checklist Appendix GE-1 every 30 minutes on all floors including all areas.
- 911 is to be called in the event of a fire.

→

- Assign one team member to post Fire Watch signs Appendix GE-2 at all entrance doors, main kitchen and laundry.

→

When all systems are back on-line:

- announce "Code Grey – all clear" 3 times.
- Remove all Fire watch signs.
- Notify Manager on-site/ on call if not in the building.

All Staff

- Notify visitors and residents that normal fire detection systems (heat/smoke detectors, pull stations) may not work – if a fire is suspected 911 must be called.

→

Complete Fire watch checklist Appendix GE-1 as assigned every 30 minutes.

→

- Notify Nurse in Charge.
- Follow Code Red protocols.

→

When code has been cleared, ensure all residents comfortable and accounted for.

Maintenance

- Obtain immediate service from Fire Protection Service Supplier
- Contact Fire Monitoring Company and notify of situation.
- Contact Fire Department and notify of situation.

→

- Complete Fire Watch checklist Appendix GE-1 for all environmental areas including locked maintenance rooms.

→

- Assign team member to complete Fire walk-about in all environmental areas every 30 minutes for duration of Code.

→

- When system is back on line, complete a walk-about with Fire Department to ensure all systems are functioning accurately.

ED/ Manager on-site/ on call

- Notify MLTC if greater than 6 hrs.
- Notify Chairperson of Board of Directors.

→

- Monitor situation until system has been restored.
- Notify Chairperson of Board of Directors.

INFRASTRUCURE LOSS/FAILURE – Heating System Loss - ALGORITHM

RN in Charge

- Contact Maintenance immediately.
- Call "Code Grey – Heating System" 3 times.
- Notify Manager on-site/ on call if not in the building.

→

- Instruct Laundry to hand out extra blankets to staff.
- Instruct staff to clothe residents warmly, cover windows etc. with blankets etc. to retain warmth.

→

- In collaboration with Environmental Manager, monitor temperature of building and move residents into warmer areas as the temperature drops.
- Prepare for evacuation of residents/Code Green.

→

Verify with Environmental Services that heat has been permanently restored:

- Announce "Code Grey all clear" 3 times.
- Notify Manager on-site/ on call.

All Staff

- Ensure all exterior windows are closed and curtains are drawn.
- Place blankets along windows to remain heat within.
- Give residents extra blankets, sweaters etc.

→

- Place residents in hallways and close bedroom doors if bedrooms drop below 20°C.

→

- Prepare for evacuation of residents.
- Ensure each resident has an extra blanket during evacuation.

→

- Upon return of heat, remove extra clothing from residents, open drapes etc.

Dietary

- Serve hot soup during meals.
- Ensure hot coffee, tea, broth, water are available at all time.

→

- Ensure hot coffee, tea, broth, water are available at all times for residents and staff.

Maintenance

- Notify HVAC service provider of failure, request emergency service call.
- Following initial investigation, request an estimated time to correct problem, notify Executive Director/ delegate.

→

During Cold weather conditions:

- Monitor and document building temp every 30 minutes to ensure temperature does not drop below 20° C in occupied areas.

→

- If temp drops below 20°C, instruct to move residents to inner core of building away from exterior walls.
- Obtain/use space heaters where possible depending on current load.

→

- Implement evacuation plan if building temperature fall below 15°C.

ED / Manager on-site/ on-call

- Notified by RN-in-Charge.
- Contact Chairperson of Board of Directors.

→

- If time to repair system is greater than 12 hours, review Evacuation plan.
- Notify Police/Fire Dept., MLTC.

→

- Direct Program Manager to call families to see if residents can visit them during the emergency.

→

- Monitor situation until system has been restored.
- Notify Chairperson of Board of Directors.

INFRASTRUCURE LOSS/FAILURE – Cooling System Loss - ALGORITHM

RN in Charge

- Contact Maintenance immediately.
- Call "Code Grey – Cooling System" 3 times.
- Notify Manager on-site/ on call if not in the building.

→

- Ensure residents are being taken care of.
- Instruct dietary to deliver cold drinks to all floors.

→

- In collaboration with Environmental Manager, identify coolest areas of the Home and move residents as needed.

→

Verify with Environmental Services that cooling has been permanently restored:
When all systems are back on-line:

- Announce "Code Grey – all clear" 3 times.
- Notify Manager on-site/ on call if not in the building.

All Staff

- Ensure residents are not over-dressed.
- Close all windows and curtains.
- Offer cool drinks to residents to keep hydrated.
- Place cold cloths on foreheads of residents as required.

→

- Utilize resident room independent air conditioners.
- Move residents into basement.

→

- Offer frequent cool drinks to residents, visitors.

→

- When code is cleared, return residents to rooms and ensure comfort.

Dietary

- Place cold water and cold drinks at each nursing station for residents and staff.

→

- Ensure dietary carts have ice available.
- Send extra fluids to all nursing stations during snack passes.

Maintenance

- Notify HVAC service provider of failure, request emergency service call.
- Following initial investigation, request an estimated time to correct problem, notify Executive Director/ delegate.

→

During Hot weather conditions:

- Monitor and document building temp every 30 minutes to ensure Humidex does not rise above 39° C in occupied areas.

→

- If Humidex rises above 39°C, instruct to move residents to elevator lobby or to resident rooms.
- Run central garden waterfall to help cool central lobby.

→

- If unable to control internal heat, consider Code Green in collaboration with Executive Director.

ED / Manager on-site/ on-call

- Notified by RN-in-Charge.
- Contact Chairperson of Board of Directors.

→

- If heat wave extreme and lengthy, and unable to cool internal building, discuss possibility of Code Green.

→

- If Code Green required, notify Police/Fire Dept., MLTC.
- Direct Program Manager to call families to see if residents can visit them during the emergency.

→

- Monitor situation until system has been restored.
- Notify Chairperson of Board of Directors.

INFRASTRUCURE LOSS/FAILURE – Internal Flood (burst pipes) - ALGORITHM

RN in Charge

- Call "Code Grey – Internal Flood <location>" 3 times.
- Contact Maintenance immediately.

→

- Direct any available staff to area of flood to remove affected residents/prevent spread of flood.
- Notify Manager on-site/ on call if not in the building.

→

- In collaboration with Maintenance Supervisor, determine extent of flood and next steps.
- Determine whether to initiate partial or full Code Green.

→

When flood contained, and all systems are back on-line, consult with Executive Director to clear code:

- Announce "Code Grey – all clear" 3 times.

All Staff

- Remove/relocate all residents whose rooms have been affected.
- Turn on all faucets and flush toilets to relieve water pressure within the system.

→

- Attempt to prevent further spread of flood with blankets/sheets.
- Remove electronics, furnishings, equipment, files etc. in danger of water damage.

→

- Ensure comfort of relocated residents.

→

- Begin water cleanup as directed.

Dietary/ Laundry/ Housekeeping

- Turn on all faucets and flush toilets to relieve water pressure within the system.

→

- Assist to attempt to prevent further spread of flood with blankets/sheets.
- Remove electronics, furnishings, equipment, files etc. in danger of water damage.

→

- Begin water cleanup as directed.
- Set up fans, dehumidifiers, etc.
- Clean up any areas or items damaged by water.

Maintenance

- Turn off Water supply at main valve
- Shut off electricity to affected parts of the building.

→

- Call plumber for emergency repairs.
- Assist in controlling flood as possible.

→

- Discuss extent of flood with RN in charge/Executive Director/delegate to determine if Code Green required.

→

- When flood controlled, determine extent of damage and if relocation of residents is required for repairs.

Executive Director /delegate

- Notified by RN-in-Charge.
- Contact Chairperson of Board of Directors.

→

- In collaboration with RN in Charge/Maintenance Supervisor, determine extent of water damage and if partial evacuation is required.

→

- Notify MLTC .
- See Code Green if required.

→

- Monitor situation until system has been restored.
- Notify Chairperson of Board of Directors.

INFRASTRUCURE LOSS/FAILURE – Mag lock Failure - ALGORITHM

RN in Charge

- Contact Maintenance immediately.
- Call "Code Grey – Mag-lock failure

→

- Ensure all exits and stairwells are monitored by staff.
- Ensure all residents are accounted for
- If a resident is missing, call a Code Yellow.
- Notify Manager on-site/ on call if not in the building.

→

- In collaboration with Maintenance Supervisor, identify if any doors can be manually locked for safety.

→

When all systems are back on-line/mag locks working:

- Announce "Code Grey – all clear" 3 times.

RPN

- Assign staff member to each stairwell and each exit
- Staff to ensure no residents are within stairwells

→

- Ensure all residents on your assigned floor are accounted for
- Notify RN

→

- Ensure all residents are safe and remain comfortable.

→

- Rotate staff monitoring exits and stairwells to ensure all care is being completed for residents as required.

Dietary/ Laundry/ Housekeeping

- Assist in monitoring stairwells and exits as assigned.

→

- Call for assistance if any issues arise with residents wanting to exit or use stairwells.

→

- Rotate monitoring duties with own duties as required.

Maintenance

- Ensure all stairwells/exits are monitored.

→

- Notify contractor for emergency service.

→

- Investigate reason for failure for further action and prevention.

Executive Director /delegate

- Notified by RN-in-Charge.
- Contact Chairperson of Board of Directors.

→

- In collaboration with RN in Charge/Maintenance Supervisor, ensure staff available to monitor stairwells and exit doors until mag locks are back on.
- Rotate available staff.

→

- Notify MLTC if code enacted for a period greater than 6 hours

→

- Monitor situation until system has been restored.
- Notify Chairperson of Board of Directors.

INFRASTRUCURE LOSS/FAILURE – Elevator failure - ALGORITHM

RN in Charge

- Call "Code Grey – Elevator failure
- Contact Maintenance immediately.
- Ensure no one is trapped within elevators (call 911 if trapped).

→

- Arrange for food/supplies to be brought to upper floors by stairwells.
- Arrange to have residents brought back up to their rooms from other floors as required (contact paramedics/ Fire department for assistance).

→

- Ensure all residents safe and properly cared for.
- Review if any resident required to use elevators (i.e. medical appoints).
- Communicate as required to caregivers, families etc.

→

Verify with Environmental Manager that elevators are safe/functional:

- Announce "Code Grey – all clear" 3 times.

All Staff/Laundry/ Housekeeping

- Reassure residents and visitors.
- Notify RN in charge if resident/visitor requires immediately attention.

→

- Review what services are currently critical.
- Use stairwells to complete services as required.

→

- Assist in transporting needed items up/down stairwells, including meals.

→

- Be available for any further requirements.

Dietary

- Determine if elevator outage will impact any meals or snack delivery.

→

- If yes – prepare tray service for 2nd and 3rd floors.
- Coordinate tray service with RN in Charge for all staff available to bring meals/snacks up stairwells.

→

- Coordinate return of all dirty dishes via stairwells for washing and in preparation for next meal.

Maintenance

- Notify contractor for emergency service.
- Return to Home asap if possible

→

- Assist with transportation of supplies amongst floors.

→

- Investigate reason for failure for further action and prevention.

Executive Director /delegate

- Notified by RN-in-Charge.
- Contact Chairperson of Board of Directors.

→

- In collaboration with RN in Charge/Maintenance Supervisor,

→

- Notify MLTC as required if code enacted for a period greater than 6 hours

→

- Monitor situation until system has been restored.
- Notify Chairperson of Board of Directors.

APPENDIX GE-1 Fire Watch Log

I am aware of the procedure and received instructions about conducting this Fire Watch and understand that I am responsible to follow those instructions and patrol the designated areas. Patrols are required every 30 minutes for the entire building and must be recorded on this Fire Watch Log Sheet following each round.

Signature……Print Name……

Note: Start a new Fire Watch Log Sheet for each shift

IN CASE YOU DISCOVER FIRE CALL 911 AND ALERT ALL BUILDING OCCUPANTS

Date:_____ **Circle area(s) patrolled**

Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third
Time:	am/pm	Basement	Kitchen/Dining	Main lobby/Garage	First	Second	Third

Fire protection system OUT OF SERVICE

A FIRE WATCH IS PATROLLING THE AFFECTED AREAS OF THE BUILDING

IN CASE OF FIRE

CALL 911

FOLLOW POSTED EMERGENCY PROCEDURES

Code Orange – Community/Natural Disaster Emergency Response

Purpose
Alerts personnel to a community and/or natural disaster and details the actions to be taken by staff to ensure the ability to assist health facilities and emergency services (Police, Fire and Ambulance) in the care of casualties, safety and security of themselves, their residents, visitors and the facility.

Policy
Kristus Darzs Latvian Home is committed to preparing for all types of foreseeable emergencies. All staff are required to follow the emergency response plan when activated in response to a community disaster.
Kristus Darzs Latvian Home has agreed to take no more than six (6) evacuees from the surrounding community in the event of a community disaster.
The Community Disaster Emergency response/Code Orange will be reviewed and tested annually.

Responsibilities
Emergency Response applies to all personnel, including students and volunteers.

Procedure

1. **ACTIVATION:**
   This activation could be as a result of an external disaster, community utility failure, air exclusion event, severe weather events (including watches and warnings), earthquakes, detonated bomb, explosion, plane crash etc. that results in 2 or more injured individuals.

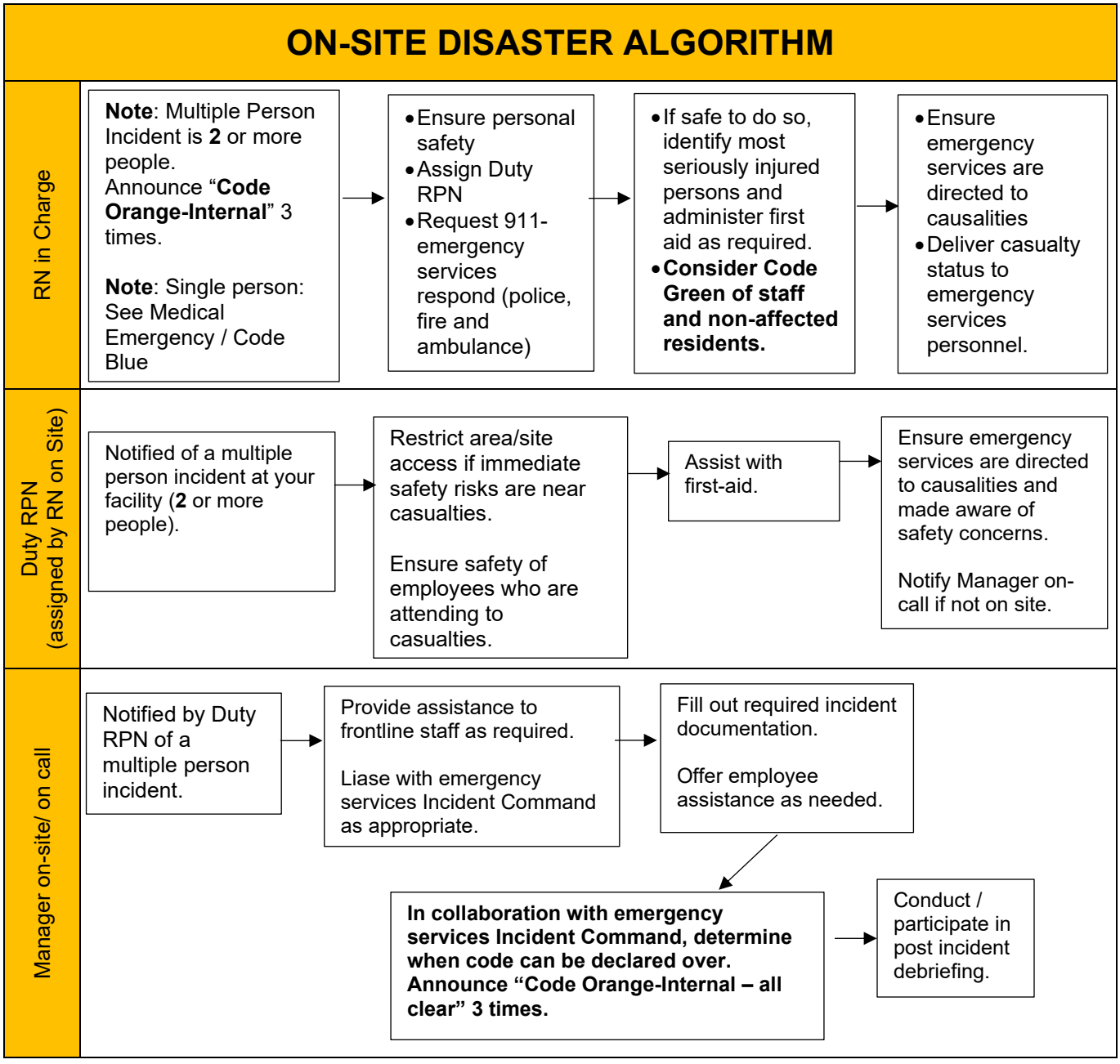
- The internal or external community disaster emergency response (Code Orange) will be initiated by the Executive Director/delegate, in cooperation with Police, Fire and Ambulance personnel.
- Notify the MLTC via the Critical Incident Process.
- Refer to Community Disaster Algorithms below.

2. **POST INCIDENT ACTIONS**

- RN in Charge will:
  - Ensure all residents/staff/visitors are accounted for.
  - Call a debrief for all staff.

- The DOC or Executive Director will:
  - In consideration of staff impacted by the incident, arrange for staff support as needed.
  - Schedule a debrief within 48 hours of the incident to :
    - Discuss any issues and problems that may have arisen from the situation.
    - Make recommendations for corrective measures.
    - Determine who will be responsible for the corrective measures.
    - Time frame for corrective action.
    - Follow up after time frame has elapsed.
  - Complete MLTC Critical Incident form within 10 days of the incident.

Appendixes
APPENDIX OR-1: Receipt of Evacuees Log
APPENDIX OR-2 Earthquake DROP, COVER, HOLD ON


ON-SITE DISASTER ALGORITHM
RN in Charge
Note: Multiple Person Incident is 2 or more people.
Announce "Code Orange-Internal" 3 times.
Note: Single person: See Medical Emergency / Code Blue
Ensure personal safety
Assign Duty RPN
Request 911-emergency services respond (police, fire and ambulance)
If safe to do so, identify most seriously injured persons and administer first aid as required.
Consider Code Green of staff and non-affected residents.
Ensure emergency services are directed to causalities
Deliver casualty status to emergency services personnel.
Duty RPN (assigned by RN on Site)
Notified of a multiple person incident at your facility (2 or more people).
Restrict area/site access if immediate safety risks are near casualties.
Ensure safety of employees who are attending to casualties.
Assist with first-aid.
Ensure emergency services are directed to causalities and made aware of safety concerns.
Notify Manager on-call if not on site.
Manager on-site/ on call
Notified by Duty RPN of a multiple person incident.
Provide assistance to frontline staff as required.
Liase with emergency services Incident Command as appropriate.
Fill out required incident documentation.
Offer employee assistance as needed.
In collaboration with emergency services Incident Command, determine when code can be declared over. Announce "Code Orange-Internal – all clear" 3 times.
Conduct / participate in post incident debriefing.

COMMUNITY DISASTER – Earthquake ALGORTHM

Everyone

When you feel the shaking of an earthquake, **immediately**:
- Protect yourself – drop, cover and hold on. See Appendix OR-2
- Stay covered until the shaking stops
- Direct all others to drop, cover and hold on until the shaking stops and it is safe to emerge
- Stay away from windows, bookcases, and other hazards

If no shelter/furniture is available:
- Choose an inner wall, hallway or corner
- Crouch down with your back to the wall and protect your head and neck
- Place blankets over head to prevent debris from entering or injuring eyes/face if able.

RN in Charge

If possible:
- Announce **"Code Orange – Earthquake"** three times.
- Tune into local news/TV station/Check local updates on earthquake details.
- Prepare for aftershocks.

↓

After the immediate threat of an earthquake or other emergency:
- Protect yourself – wear gloves and other protective gear, as needed
- Check for immediate hazards – fire, flooding, chemical spills
- Determine if evacuation or shelter-in-place is required.
- Account for all staff and residents
- Contact Facility Maintenance – follow all instructions received
- Establish communications – listen to radio for local updates, check phone lines

↓

- Notify Manager on-site/ on call of situation.
- **When earthquake situation has been cleared by local authorities, announce "Code Orange – all clear" 3 times.**

Home Staff

Staff on all Resident Care areas, once initial quake has stopped, will:
- Return to Resident Care areas.
- Check for injuries and provide first aid
- Move residents away from all windows
- Close windows, blinds and curtains in all rooms in a systematic fashion in preparation of possible aftershocks.
- Turn off air conditioning, fans, heating equipment.
- Remain calm and re-assure residents and visitors.
- Prepare for Code Green.

Maintenance

- Ensure that Generator is fueled up and ready for use at all times. Arrange for additional fuel to be on-site as required.

- Cover any windows that have blown out/shattered with blankets/tarps.
- Inspect for and respond to a disruption to utilities – gas, hydro, water and sewer lines.
- Prepare for Code Green if required.

COMMUNITY DISASTER - Emergency Accommodation - ALGORTHM

Executive Director/ designate

- Notified by LHIN/Police need to accommodate additional persons from community.
- Arrange for application of a Temporary Emergency License from MLTC.

→

- Notify:
  - DOC/RN in Charge;
  - Chairperson of the Board of Directors
  - Medical Director
- Establish Command Center
- Initiate Fan-Out for required extra staff.

→ Debrief all staff of situation and to prepare for influx of evacuees.

→ **In collaboration with LHIN/police/MLTC, determine when emergency is deemed over.** Announce "Code Orange Emergency Accommodation – all clear" 3 times.

DOC/RN in Charge

Announce "**Code Orange: Emergency Accommodation**" three times. → Organize staff and equipment for evacuees → Assign staff to orient/buddy with external staff coming with evacuees. → Ensure evacuees are properly identified and Receipt of Evacuees log completed Appendix OR-1 → Ensure access to Evacuees electronic records/MARs, TARs etc.

RPN

Check equipment received, record and allocates as required (oxygen, food, medication) → Establish care level for all residents received. → Assign caregivers as required. → Assist/orient accompanying reg. staff of evacuees.

Unit Clerk

Determine how many staff needed from Fan-out List and coordinate calls. → Complete Receipt of Evacuees Log Appendix OR-1 → Review inventory of supplies and order additional supplies as required (incontinence, dressing supplies, tissues, toothbrushes etc).

Dietary Manager

Have beverages/light snacks available to evacuated public/residents. → Review inventory of food available. → Obtain and review diet requirements of evacuees. Order required raw food as required. → In collaboration with nursing staff, coordinate seating and serving requirements.

Program Manager

Provide support /reassurance to new residents and staff. → Call evacuee families as requested to offer information and support. → Assist with orientation of accompanying staff as required. → Communicate emergency information (beginning, changes, the end of) to: residents, councils, families /SDM's, volunteers etc.

Environmental Manager

Set up mattresses in identified area for evacuees (basement) with privacy dividers as possible. → Ensure adequate linen, washing supplies, waste disposal available. → Ensure all residents have ID's and clothing/equipment (wheelchairs/walkers are marked.

COMMUNITY DISASTER – External Air Exclusion ALGORTHM

RN in Charge

The Executive Director /RN in Charge will be notified of the situation by Emergency Services (Police, Fire).

- Announce **"Code Orange – External Air exclusion"** three times.

- Restrict entering and exiting the building by assigning staff members to all entry/exit doors, patio doors.
- Assign a staff member to lock the Garden door.

- Ensure all systems drawing air into the facility are immediately shut down:
  - Air make-up – to be shut off by Maintenance Staff/designate
    - 3rd floor east side electrical panel
    - Basement, mechanical room across from laundry.
  - Electrical Room: Main Supply Fans shut off
  - Electrical Room: Exhaust Fan Supply Switches
  - Dietary: Exhaust Fans
  - Laundry: Electrical Equipment

- Notify Manager on-site/ on call of situation.
- Prepare for Code Green.

Home Staff

Staff on all Resident Care areas upon hearing the "CODE Orange" will:

- Return to Resident Care areas.
- Close windows in all rooms in a systematic fashion.
- Turn off air conditioning, fans.
- Report to RPN at Nursing Station that all windows have been closed.
- Seal any gaps under doorways, windows or other building openings.
- Remain calm and re-assure residents and visitors that situation is under control.
- Prepare for Code Green.

Staff at entrance(s)

- Ensure anyone entering or leaving the facility will do so in a manner which reduces incoming fumes or gases.
- Keep all outside doors sealed with a blanket along the floor.
- Remain calm and re-assure residents and visitors that situation is under control.

Manager on-site/ on call/ Executive Director

- Provide assistance to frontline staff as required.
- Liaise with emergency services Incident Command as appropriate. Prepare for Code Green if warranted.

→

- Fill out required incident documentation.
- Offer employee assistance as needed.

→

In collaboration with emergency services Incident Command, determine when code can be declared over.
Announce "Code Orange-external air exclusion" – all clear" 3 times.

→

Conduct / participate in post incident debriefing.

COMMUNITY DISASTER – Severe Weather ALGORTHM

Anyone

Any person who receives communication that severe weather is being forcasted/drawing near will:

- **Immediately inform the RN in Charge.**

RN in Charge

- Direct staff to move residents away from windows and close blinds and curtains.
- Ensure emergency supplies are readily accessible.
- Assign a staff member to lock the Garden door.

↓

The RN in Charge, once notified will:

- Announce **"Code Orange – Severe Weather Warning"** three times.
- Tune into local news/TV station/Check local weather radar on internet for updates on weather watch/warning.

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Contact Maintenance to verify that generator is adequately fueled.

↓

- Notify Manager on-site/ on call of situation.
- Prepare for Code Green if required.
- In case of **TORNADO** warning/watch, evacuate all residents to basement rooms with no windows: physio, main storage rooms etc.
- **When severe weather watch/warning has been cleared by local weather station, announce "Code Orange – all clear" 3 times.**

Home Staff

Staff on all Resident Care areas upon hearing the "CODE Orange" will:

- Return to Resident Care areas.
- Move residents away from all windows
- Close windows, blinds and curtains in all rooms in a systematic fashion.
- Turn off air conditioning, fans.
- Report to Person Most Responsible at Nursing Station that all has been completed
- Remain calm and re-assure residents and visitors.
- Prepare for Code Green.

Maintenance

Ensure that Generator is fueled up and ready for use. → Arrange for additional fuel to be on-site as required. → Have emergency materials ready to cover openings in case of windows that have blown out/shattered. → Prepare for Code Green if required.

Staff at entrance(s)

- Ensure anyone entering or leaving the facility are aware of the weather watch/warning.
- Keep all residents/staff/visitors/individuals away from doors/windows.
- Remain calm and re-assure residents and visitors.

COMMUNITY DISASTER – Shelter-in-Place ALGORTHM

As a result of community emergencies/disasters, local authorities and/or first responders may instruct people in an affected area to remain indoors and "shelter-in-place".

RN in Charge

The RN in Charge, once notified will:

- Announce **"Code Orange – Shelter-in-Place"** three times.
- Keep lines of communication open with local authorities/emergency personnel as to the emergency/disaster and required actions depending on the specific situation.
- Notify Manager on-site/ on call of situation.
- Assign a staff member to lock the Garden door.

↓

In the event of extreme/severe weather; community hazardous gas leaks etc:

- Gather all staff/residents into basement (storage rooms, physio rooms, staff lounge etc).
- Ensure access to a telephone or alternate communications
- Gather food, water, medication and other supplies
- Keep staff and families informed
- Emerge from the room(s) only when an all clear has been issued by local authorities/ emergency personnel.

NOTE: Be sure to take clinical requirements into consideration when determining which room(s) residents will shelter-in-place.

↓

- **When situation has been cleared, announce "Code Orange – all clear" 3 times.**

Home Staff

Upon hearing the "CODE Orange" staff will:

- Return to Resident Care areas.
- Move residents away from all windows.
- Close windows, blinds and curtains in all rooms in a systematic fashion.
- Turn off air conditioning, fans, heating equipment.
- Report to Person Most Responsible at Nursing Station that all has been completed
- Remain calm and re-assure residents and visitors.
- Follow any further instructions as required depending on the emergency situation.

Maintenance

- Ensure that generator is fueled up and ready for use and arrange for additional fuel to be on-site as required.
- Have emergency materials ready to cover openings in case of windows that have blown out/shattered.
- Seal gaps around windows, doors, vents, exhaust fans with pre-cut plastic sheeting and tape.
- Place a damp towel or blanket a bottom of door openings.

COMMUNITY DISASTER – Flood ALGORTHM

RN in Charge

In the event of an external flood that may affect the building:

↓

The RN in Charge will:

- Announce **"Code Orange – Flood Warning"** three times.
- Tune into local news/TV station/Check local weather on internet for updates.

↓

- Alert staff that a Code Green may be required and to prepare for possible evacuation.
- Prepare to move residents to upper floor(s) if advised by authorities to remain in building.
- **Monitor radio/TV/internet for further updates and remain within until authorities indicate that evacuation is required, or that the danger has passed.**
- If/When danger has passed, announce "Code Orange – all clear" 3 times.

↓

- Notify Manager on-site/ on call of situation.
- Prepare for Code Green if required.

Home Staff

- Staff on all Resident Care areas upon hearing the "CODE Orange – Flood warning" will:
  - Return to Resident Care areas.
  - Turn off air conditioning, fans, heating equipment, TV's etc. – any electrical devices to reduce ignition sources and damage.
  - Report to RPN that all has been completed
  - Remain calm and re-assure residents and visitors.
  - Prepare for Code Green.

Maintenance

Shut-down/de-energize utilities not necessary for urgent resident care. → Relocate valuable, easily moveable equipment, furniture, vital records to higher elevation /upper floor. →

- Close emergency valves to sewer drains.
- Check sump pump within Elevator shaft to ensure operational.
- Ensure generator functional.

→ Prepare for Code Green if required.

NOTE: In the event building is damaged and evacuation has been initiated, building must be inspected prior to re-admittance.

Staff assigned to entrance(s)

- Ensure anyone entering or leaving the facility are aware of flood warning.
- Remain calm and re-assure residents and visitors.

APPENDIX OR-1 Receipt of Evacuees Log

NOTE:
Kristus Darzs Latvian Home has agreed to take no more than **6** individuals as a result of a Community Disaster.

DATE:

	Resident's Name (Last, First)	ID band Y/N	Transferred From	Time	Transferred by (Fam./Amb./Bus)	Records available Y/N	Other
1							
2							
3							
4							
5							
6							

Other Comments:

APPENDIX OR-2 Earthquake DROP, COVER, HOLD ON

In **most** situations you will reduce your chance of injury during an earthquake if you: **DROP, COVER and HOLD ON**

- **DROP down to your hands and knees** (before the earthquake knocks you down). This position protects you from falling but allows you to still move if necessary.
- **COVER your head and neck** (and your entire body if possible) under a sturdy table or desk. If there is no shelter nearby, only then should you get down near an interior wall (or next to low-lying furniture that will not fall on you) and cover your head and neck with your arms and hands.
- **HOLD ON to your shelter** (or to your head and neck) be prepared to move with your shelter if the shaking shifts it around. Stay there until the shaking stops. Be aware of aftershocks and/or falling debris after the shaking stops.

Code Red - Fire

Code RED – Fire

An approved Fire Plan has been developed in accordance with local and provincial regulation and approved by the Fire Department. *All staff must refer to the Fire Plan.*

Visitors/Volunteers/Outside Services

Upon discovery of a fire:

REACT

- Remove any person in immediate danger if it is safe to do so
- Ensure the door is closed behind you to confine the fire and smoke
- Activate the fire alarm system as soon as possible; use the Pull station.
- Call out for staff assistance
- Tell staff of fire details.

Immediately upon hearing the fire alarm (1st stage alarm, intermittent alarm signal):

- Remain with and reassure the residents.
- Close windows and door to room.
- Prepare to leave the room/Home by putting the residents' shoes/slippers on and a coat/sweater if available
- Wait for further instructions
- If you have not yet entered the Home when the alarm sounds – remain outside.

If evacuation is necessary

- Remain with and reassure the residents.
- Get a blanket to keep residents warm.
- Exit building following instructions from team members.

Residents

If the fire is in your room:

- Leave the fire area closing all doors behind you.
- Activate the fire alarm at the nearest Fire Alarm Pull StationAlert Staff, leave area.
- **Do Not Use the Elevators.**

Immediately upon hearing the fire alarm (1st stage alarm, intermittent alarm signal):

- Stay within your room, be prepared to leave the building;
- Listen for instructions over the voice communication system or a staff.
- If instructions indicate or the situation warrants an evacuation, follow the staff instruction.

Immediately upon hearing the fire alarm (2nd stage alarm, intermittent alarm signal):

- Follow staff instruction
- Before opening doors feel the door and door knob for heat. If it is not hot, brace yourself against the door and open slightly.
- If you feel air pressure, a hot draft or see smoke, close the door quickly.
- If the corridor is free of fire and / or smoke, close all doors behind you and leave the area
- **DoNot Use the Elevator.**
- If you encounter smoke in the corridor, take an alternative exit to return to your room/ suite and wait to be rescued.

IF YOU CANNOT LEAVE YOUR AREA OR HAVE RETURNED BECAUSE OF FIRE OR SMOKE:

- Close your door.
- If possible, press call bell and alert staff to where you are, then signal to the Firefighters outside the building by waving a towel, coat, etc. at the window.
- Seal the cracks around the door where smoke could enter by using coats, wet towels, etc.
- Wait to be rescued- remain calm.

Code White – Violence or Aggression Emergency Response

Purpose
The Violence or Aggression Emergency Response/Code White plan alerts personnel to an incident of violence or aggression against a resident, visitor or staff member. The goal of the management of aggressive behaviour is to preserve everybody's safety and to address the behaviours in a safe, respectful and caring manner.

Policy
Kristus Darzs Latvian Home is committed to preparing for all types of foreseeable emergencies. All staff are required to follow the emergency response plan in response to an incident of violence or aggression.
The Violence or Aggression Emergency response/Code White will be reviewed and tested annually.

Definitions
Violence, whether at the work site or work related, is defined by the OHS Act as the threatened, attempted or actual conduct of a person that causes or is likely to cause physical or psychological injury or harm and includes domestic or sexual violence.

Responsibilities
The Violence or Aggression Emergency Response Plan/Code White applies to all personnel, including students and volunteers.

Procedure

1. **ACTIVATION**
   The Violence or Aggression Emergency Response Plan/Code White can be initiated by any staff member who witnesses or recognizes a potential or actual situation of violence or aggression that requires an immediate response by following the algorithm below.
   It is important to remember that the focus of the response is to de-escalate a threatening situation by the presence of as many staff members as are immediately available before an individual is injured or property is damaged. However, it is not the expectation that an aggressor be engaged or controlled in any sense.
   If required, the Police will respond. Once on site, the Police will be briefed by the RN in Charge. The Police will assume command and control and will follow their own safety and management procedures.
   Any incident where a resident is the recipient of any kind of abuse must be immediately reported to the MLTC Critical Incident system.

2. **POST INCIDENT ACTIONS**
   - the RN in charge will:
     - Assess for injuries and facility damage.
     - Implement subsequent emergency response plans as appropriate.
     - Complete Internal Incident Form;
   - The DOC or Executive Director will:
     - In consideration of staff impacted by the incident, arrange for staff support as needed.
     - Call a debrief within 30 days of the emergency being declared over, after each instance that an emergency plan is activated to :
       - Discuss any issues and problems that may have arisen from the situation.
       - Make recommendations for corrective measures.
       - Determine who will be responsible for the corrective measures.
       - Time frame for corrective action.
       - Follow up after time frame has elapsed.
     - Initiate MLTC Critical Incident Report immediately and complete form within 10 days of the incident if required.

Appendixes APPENDIX RE-1: Responding to Abusive Behaviour

VIOLENCE OR AGGRESSION EMERGENCY RESPONSE ALGORITHM

Primary Staff Member affected

Recognize an immediate threat to the safety of self/others

- Shout **"CODE WHITE"** to attract attention of co-workers.
- Remain calm.

- Maintain a safe distance, keep a barrier if possible.
- Leave if personal safety is being compromised.
- Talk in a low, non-threatening voice.
- As appropriate, try to de-escalate the situation. Appendix RE-1

Staff Member Discovering incident

- Notify RN in Charge to activate '**Code White < Location>**'.
- **Request Police assistance if**:
  - lives are in danger;
  - a weapon is involved;
  - the aggressor is not a resident;
  - when situation beyond abilities of staff

- Close doors to adjacent rooms/areas if possible;
- do not close doors causing isolation of the staff member with the aggressor
- Support the primary staff member in de-escalating the situation
- Report any resulting injuries

Direct other staff as necessary to reduce stimulation (e.g. remove other residents, noise, traffic flow)

RN In Charge

- Upon receiving notification, announce: **"Code White <Location>"** (three times)
- Respond to the incident location
- Determine whether situation warrants notification of Police
- Call 911, if required

- Assume the on-scene Incident Commander role
- Support and assist the primary staff member in de-escalating the situation

When situation resolved announce:

- **"Code White, All Clear"** (three times)

RPN on site

- Assist and direct staff to move those in danger to a safe area.
- Notify attending physician and obtain PCC health record if violent person is a resident.
- If Police are asked to respond, meet and assist to situation.
- Preserve any evidence for the Police.

- Notify: Manager On-Call.
- Consult with RN in Charge for possible escalation or further required actions.

- Complete incident documentation in collaboration with RN:
  - Internal Incident Form if anyone other than a resident was the recipient of violent outburst.
  - All resident related violent outbursts must be documented in PCC.

Staff in unaffected areas

- If from an adjacent area, return to your work area closing all doors if possible
- Coordinate with the RPN on site, if the release of other staff is required to show a strength in numbers to the aggressor.

- Monitor all residents for safety.
- Be prepared to evacuate self and residents to a different area if aggressor comes into unaffected area.

Manager on-site /on-call

- Consult with RPN on site/Police to determine further actions
- Determine need to establish Command Post to coordinate actions and communications to staff

- Notify Chairperson Board of Directors
- Notify Attending physician, Medical Director

In consultation with engaged parties determine when incident has resolved.

Arrange for staff support as

Ensure all documentation has been completed

APPENDIX RE-1 Responding to Abusive Behaviour

RESPONDING TO ABUSIVE BEHAVIOUR

(Adapted from Crisis Prevention Institution | June 16, 2011)

Healthcare facilities can be places of great anxiety, grief and anger.
Residents, their family members and even co-workers can lose control of their emotions and become verbally or physically aggressive.

The points below provide an overview of some of the techniques and strategies that should be explored, which emphasize prevention of workplace violence.

1. **Respect All Individuals' Personal Space**
   Anxiety rises when personal space is invaded. This heightened anxiety makes it more likely a person will act out in a more serious way.

   To avoid such a response, maintain at least a leg's-length distance from a person whose behaviour is escalating. In this way, you will be less likely to increase the person's anxiety. You will also reduce danger to yourself by maintaining a margin of safety that allows you time to react.

   If you must touch an anxious person to provide medical care, explain what you are about to do before you begin. If the person objects, decide if:
   1. the procedure can wait until the person is less anxious;
   2. someone else might be better suited to provide the care, e.g. someone who has established stronger rapport with the person; or
   3. the procedure must be done by you at this very moment.

   This third alternative should be a last resort, chosen only due to medical necessity. If this is your decision, be prepared for the possibility of the resident reacting negatively.

2. **Be Aware of Your Own Body Position**
   In addition to maintaining adequate space between you and an anxious person, avoid eye-to-eye or toe-to-toe positions, as they might be interpreted as challenging. Standing at an angle to the person and off to the side is much less likely to escalate an agitated person's behaviour.

3. **Be Empathic to Others' Feelings**
   Try not to judge or discount the feelings of others. Pay attention to them, and don't be afraid of silence. Your supportive presence is often more important than what could be conveyed with any words you might say.

4. **Keep Non-verbal Cues Non-threatening**
   A person may begin to lose control of rational thought. As this occurs, the person becomes more tuned into your body language and less tuned into your words. Non-verbal communication including gestures, facial expressions, movements and tone of voice
   becomes paramount in conveying a calm, respectful attitude.

5. **Ignore Challenging Questions**
   A person may challenge your authority or an organizational policy. Redirect the individual's attention to the issue at hand. It's better to ignore the challenge and restate your request.

6. **Set and Enforce Reasonable Limits**
   Residents, clients or family members become belligerent, defensive or disruptive. Establish limits and directives clearly and concisely. When setting limits, offer simple, clear choices and consequences to the individual demonstrating the behaviours. Be sure the consequences are reasonable and enforceable.

7. **Permit Verbal Venting When Possible**
   It is often the safest and best alternative to let the person shout, removing others from the area when feasible. Allow the person to release as much energy as possible by venting verbally. As a person is venting, there will be peaks and valleys in the outburst, as the person's energy expenditure rises and falls. If you cannot allow the person to continue venting, state the directives and reasonable limits during the "valleys" in the venting process.

8. **Identify Real Reason for the Behaviour**
   Even in the midst of an angry tirade, there is useful information to be gained about what a person is thinking and feeling. The real reason for a person's outburst is often not what it seems to be. Anxious residents and family members can be highly critical of hospital staff for reasons that are much more related to the fear and helplessness they are experiencing than to the ways staff members are performing their duties. Try to listen for the real message — the feelings behind the facts. Restate the message you think you have received in order to determine if you correctly understood the person's intent.

9. **Stay Composed, Avoid Over-reacting**
   It is hard not to take things personally, especially since angry people often say very personal things. But it is essential to do your best to remain calm and professional, at least on the outside.

10. **Use Physical Techniques Only as a Last Resort**
    Physical restraint should be used only when people's behaviours are dangerous to themselves or others. Physical intervention itself always carries some risk of injury to staff or to the person being restrained. Such interventions should be used, therefore, only when it is more dangerous NOT to intervene. Furthermore, physical interventions should be used only by competent staff members who are trained to use the safest, least restrictive methods of intervention possible and who are well-versed in any applicable regulations or laws pertaining to restraint use in their facilities.

Code Yellow - Missing Resident

Code Yellow – Missing Resident Emergency Response

Purpose
Missing Resident Emergency Response/Code Yellow describes the response for a missing resident. The plan signals an immediate search for a resident. Being prepared is important for residents with memory issues or dementia diagnoses.

Policy
Kristus Darzs Latvian Home is committed to preparing for all types of foreseeable emergencies. All staff are required to understand and follow the missing resident emergency response/Code Yellow for a missing resident. The Missing Resident Emergency response/Code Yellow will be reviewed and tested annually.

Definitions

- **Stage 1 Search** means an action by staff members of the initiating floor involving a search of the immediate area from which the resident was attending, common areas such as lounges and waiting areas.
- **Stage 2 Search** means an action by all floors/departments which must report search results to the Initiating RN in charge. A search of all-accessible rooms and areas across the Home including all stairwells and outdoor area including entire property grounds. Notification of all floors/departments by overhead announcement will initiate searches of the assigned areas.
- **Stage 3 Search** means an action by all floors/departments which must report search results to the RN in charge. However, this stage involves a search of the complete Home including all locked, restricted and inaccessible areas, as well as areas previously searched during Stages 1 and 2.

Responsibilities/Scope

- Missing Resident Emergency Response/Code Yellow applies to all personnel including the Board of Directors who are on premises of Kristus Darzs Latvian Home at the time of incident.
- All staff **excluding** those who must remain on each floor for resident safety, will be involved with search procedures.

Procedure

1. **ACTIVATION**
   - Missing Person Emergency Response can be initiated by any member of staff who discovers a resident is unaccountably missing.
   - When it is recognized that a **Resident** is missing, a search will be initiated and notification will be conveyed to the RN in charge for further actions as per Procedure.
   - Refer to Missing Resident Algorithms and Appendices.

2. **POST INCIDENT ACTIONS**
   - RN in Charge will:
     - Assess the resident for injuries or any adverse change in condition regardless of how long the resident was missing. Ensure resident is safe and cared for.
     - Call a debrief for all staff to ensure all have returned from the search, and all are updated re: the situation.
     - Document sequence of events and condition of resident within resident's chart.
     - Complete an internal incident form
     - Notify the MLTC via the Critical Incident Process if the resident was missing more than 3 hours OR if the resident returns with an injury or any adverse change in condition regardless of how long they were missing.

- The DOC or Executive Director will:
  - In consideration of staff impacted by the incident, arrange for staff support as needed.
  - Call a debrief within 30 days of the emergency being declared over, after each instance that an emergency plan is activated to :
    - Discuss any issues and problems that may have arisen from the situation.
    - Make recommendations for corrective measures.
    - Determine who will be responsible for the corrective measures.
    - Time frame for corrective action.
    - Follow up after time frame has elapsed.
  - Follow-up MLTC Critical Incident form within 10 days of the incident.

Appendixes

APPENDIX Y1 - MISSING PERSON IDENTIFICATION FORM
APPENDIX Y2 - SITE SEARCH LOG

MISSING RESIDENT STAGE 1 ALGORITHM

Initiating Floor RPN/PSW

Resident is unaccountably missing

↓

Immediate Action by Initiating Floor:

- Determine if there is a **safety or clinical concern** for resident which includes those at high risk of wandering / elopement - immediately go to **Stage 2.**
- Check sign out / in book, health record for appointments.
- Check Hairdressing (ext.: 243), Physio (ext. 223).
- Notify RN In Charge
- Organize and complete a search of the Floor checking all unlocked and accessible areas: all resident rooms and bathrooms including under beds and closets. Check common areas, washroom, lounges, quiet rooms, areas etc. where resident is likely to go (physio room, hairdresser, basement library).
- Use copy of floor plans to document if rooms/areas are C = checked or L = locked/ inaccessible. When check completed, return documented floor plan to RN in charge.

↓

If the whereabouts of the missing person is not determined:

- Contact RN in Charge to have missing resident paged to return to the Floor (if resident is capable).

A maximum of 10 minutes is to be spent on initial search.
If Resident not found escalate to Stage 2.

RN In Charge

- Request missing resident to return to the floor via paging system (if Resident is capable).
- Obtain verbal description of missing resident from initiating floor.
- Coordinate a search of all areas of floor.

If missing person not found then begin to:

- Expand search area, including outdoor area
- **Move to Stage 2**

MISSING RESIDENT STAGE 2 ALGORITHM

RN In Charge

Announce **"Code Yellow / <resident name> room <number>** " (three times)

- Download picture of resident and resident's profile from Point Click Care and make 6 copies.
- Copy (6) and send Missing Person Identification Form Appendix Y-1 to other floors/departments
- Check security cameras to spot where resident may have gone.

→

Direct Staff to:

- Complete a second search of floors using floor plans.
- Conduct a complete site search of all unlocked and accessible areas including outdoor area, all floors and areas.
- Assign 2 staff members to search outside areas together, including enclosed garden and all walkways.

Notify family/emergency contact of missing resident.

Notify Manager On-Call (if not in the building).

Ensure Site Search Log for Stage 2 is completed Appendix Y-2**.**

↓

If resident is found, announce: **"Code Yellow, All Clear**" (three times)
Notify Family and Manager On-call.

Maximum of 15-30 minutes to be spent on Stage

If missing resident not found then escalate **Stage 3**

All Other floors / Departments

- When notified of a Missing Resident/Code Yellow, report to your Supervisor or RN in Charge.
- Conduct search as assigned by Supervisor or RN in charge of all unlocked and accessible areas in designated areas.
- Ensure search includes all stairwells.
- Conduct perimeter search including all patios, shrubbery, and areas where a resident may have fallen and will be difficult to detect.
- Search between and under vehicles, in and around outdoor mechanical equipment (power boxes, etc.)
- Check inside and around garbage bins

→

- **If resident located:** Immediately contact Supervisor or RN In Charge

Manager On-Call/ on-site

- Notify Chairperson of Board of Directors of situation including regular updates.
- Notify Attending physician, Medical Director.

MISSING PERSON STAGE 3 ALGORITHM

All Floors / Departments

When advised of escalation to **Stage 3:**

- Conduct search of <u>all previously searched areas</u> **AND** all locked, restricted and inaccessible areas in your assigned area using copy of floor plans for documentation.
- Notify Supervisor or RN in Charge if there are areas that could not be searched.

→

- **<u>If resident is Located:</u>** Immediately contact Supervisor or RN In Charge

RN In Charge

Upon receiving notification that resident is not found within Stage 2 time frame, announce:

- **"Code Yellow, Stage 3 – repeat search of all areas"** (three times)
- Ensure **Site Search Log for Stage 3** is completed <u>Appendix Y-2</u>
- Notify Police at **911** and send Missing Person Identification Form (Appendix A) and PCC profile to police (i.e. email, fax) and confirm receipt.

→

- Escalate to a coordinated and complete site search of <u>*all previously searched areas*</u> (**Stage 2**) and all locked, restricted and inaccessible areas. Use floor plans for documentation.
- Consult with On-Call administration.
- Repeat review of security footage expanding time parameters.

→

If resident not found, establish a **Command Post** in coordination with emergency authorities: police, Fire dept.

↓

When resident is found, announce: **"Code Yellow, All Clear"** (three times).

- Notify Manager on-site/ on call, family.

Manager on-call/ on-site

- Consult with RN in Charge to determine actions, based on risk.
- If Resident not found, establish Command Post to coordinate actions and communications to staff, families and external authorities (police, fire department).
- In consultation with engaged parties determine when incident has resolved (e.g. resident with family, at appointment etc.)
- Notify Chairperson of Board of Directors.
- All media questions will be directed to Police Command and the Executive Director.

Ensure Incident form has been completed.

Ensure MLTC Critical Incident Report completed if required.

APPENDIX Y-1 – Missing Person Identification Form

MISSING PERSON IDENTIFICATION FORM

Name:_____ Preferred Name:_____

Print Resident Profile from PCC

LAST SEEN: Location: _____ Date: _____ Time: _____

By whom: _____

Stage 1 Search: Start time: _____ End time: _____
Stage 2 Search: Start time: _____ End time: _____
Stage 3 Search: Start time: _____ End time: _____

IMPORTANT: CHECK OFF ALL APPLICABLE BOXES IN ALL AREAS

Clothing Colour & Description:

- ☐ Shirt / Blouse_____
- ☐ Shoes /Boots _____
- ☐ Dress / Skirt _____
- ☐ Trouser / Pants_____
- ☐ Sweater/coat/jacket _____
- ☐ Pajamas/Robe/hospital gown_____
- ☐ Hat_____
- ☐ Other:_____

Resident belongings still in room?

- ☐ Yes
- ☐ No

Any other pertinent information:

Completed by:

APPENDIX Y-2 - Site Search Log

Staff to use Floor plans available in the elevator lobby
Staff to enter following codes on floor plan when completing search of EVERY room:
C = checked/resident not there. **L** = room locked/inaccessible.

		Search completed. Completed Floor Plans received? Y/N	TIME		Comments	Signature
			Search initiated	Search Completed		
Stage 1	*First floor*					
	Second floor					
	Third Floor					
	Basement					
Stage 2	*First floor*					
	Second floor					
	Third Floor					
	Basement					
	Outside					
Stage 3	*First floor*					
	Second floor					
	Third Floor					
	Basement					
	Outside					

RESIDENT FOUND:

Time	*Place*	*By whom:*	*Vitals done?*	*BP done?*	*Status of resident/ comments?*	*Signature*

Outbreak of Communicable Disease /Disease of Public Significance/Epidemic/Pandemic

Purpose
Kristus Darzs Latvian 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 Homes' Infection Prevention & Control and Pandemic policies and procedures. Clear and effective management of illnesses is necessary to prevent transmission and to ensure the safety of our residents, families, employees, volunteers and visitors.
Kristus Darzs commits to keeping staff, residents and families informed with frequent and ongoing communication during outbreaks.

Policy
Kristus Darzs Latvian Home is committed to preparing for all types of foreseeable emergencies. All staff are required to follow the plan when an outbreak of any kind occurs. Illness precautions will be put in place and adhered to in collaboration with the directives from the Ministry of Health and Ministry of Long-Term Care, Public Health guidelines, and best practice guidelines anchored in scientific evidence.
For any staff member who has been exposed to an infectious disease, depending on the illness/disease and the length/type of exposure, the Public Health unit recommendations will be followed. These could include monitoring for symptoms, wearing PPE's while at work, or staying at home for the incubation period.
The Outbreak policy will be reviewed annually.

Responsibilities
This policy applies to all personnel, families, essential and general visitors, students, and the Board of Directors. The Infection Prevention and Control Lead (IPAC) will be involved in the development, update, evaluation and review of the emergency plan.

Definitions
Antigen Test means a point-of-care rapid test for an identified disease component.
PCR Test means a validated real-time polymerase chain reaction (PCR) assay laboratory test which is more specific than the Antigen test.
Immunized: means a resident/staff member has received all doses of vaccines for any specific disease as per Health Canada, within the specified time-line.
Cohorting limits the potential transmission/spread of infection throughout the home in the event an identified illness has been introduced into the home. Cohorting groups of residents and staff to prevent the spread of infection within a home, especially during an outbreak.
Suspect outbreak is defined as one lab-confirmed case of an illness/disease in a resident.
Confirmed outbreak is defined as two or more lab-confirmed cases of an illness/disease in residents and/or staff (or other visitors) with an epidemiological link, where at least one case could have reasonably acquired their infection in the home.
NOTE: the outbreak definition may be different as per the presenting illness/disease and the Home will follow the Public Health definition.
Transmission is the spread of the illness/disease from one person to another person. This can occur through: respiratory droplets generated when they cough or sneeze; personal contact, such as touching or shaking hands; engaging in face-to-face conversation with an infected person; being in the same room with an infected person; touching contaminated equipment or surfaces (e.g., door handle) with the virus on it, then touching your mouth, nose or eyes; most transmissions are from symptomatic infected people but asymptomatic infection transmission (when a person without symptoms transmits the virus to another person) can happen in some illness/diseases as well.
Symptoms are physical manifestations that an infected person shows when ill.
Active Screening means that all individuals are checked for symptoms according to a check list adapted from the Ministry of Health or the Ministry of Long Term Care.
Personal Protective Equipment (PPE): equipment such as gloves, face shields/goggles, gowns, and surgical/procedure masks to protect staff members from possible transmission of illness/disease.

Procedure

1. ACTIVATION:

- The Public Health Unit will activate and deactivate an outbreak within Kristus Darzs Latvian Home. Depending upon the situation, the direction to activate and deactivate response to epidemic/pandemic would be done by the Provincial authority and World Health Organization (WHO) as appropriate.
- The *Outbreak Management Team* (OMT) will meet regularly to discuss and minute: Outbreak management measures; Internal and external communication; communication with regulatory bodies and the public if/when appropriate; Interagency cooperation and timely information sharing with all who need to know about the occurrence of an outbreak; Education as needed for preventing and managing the outbreak; Staff exclusion.
- The OMT will minimally consist of (but not be limited to):
    - IPAC lead: responsible for daily audits, PPE compliance, supplies, overall line-listing.
    - Executive Director: responsible for communication (internal and external)
    - Director of Care: responsible for staffing, stats, medical information, and hospital collaboration.
    - Dietary Manager: responsible for enhance cleaning, appropriate meal process to minimize risk of transmission throughout home and staff.
    - Environmental Manager: enhance cleaning and disinfection as identified.
    - Public Health representative: Oversees OMT and offers recommendations.
- In the event of a pandemic, information and requirements may change rapidly as the situation evolved. Provincial mandates will supersede local practice as the highest authority where applicable unless otherwise directed.
- Depending on the illness/disease and its prevalence in society (i.e. pandemic, epidemic), protocols for staff working within the Home (which may include mandatory vaccination, limiting work locations); and resident admission, readmission, social and temporary absences, visitation, will be followed as per Public Health, and/or the Ministry of Health/Ministry of Long Term Care.

2. DECLARING THE OUTBREAK OVER

- The Outbreak Management Team may make decisions about ongoing surveillance needs after the outbreak has been declared over. Included are the following:
    - Maintenance of general Infection control measures
    - Monitoring the status of residents, updating line listing and communicating with Public Health.
    - Notation of any deaths, including whether they had been a case, and informing Public Health
    - Once the outbreak has been declared over, all individuals notified of the outbreak at the beginning of the investigation will to be notified that the outbreak is over.
- Completion of the Outbreak Report will be done jointly by the Home and Public Health.

3. POST INCIDENT ACTIONS

- RN in charge/IPAC Lead is to complete incident documentation as required for the situation.
- The DOC or Executive Director will:
    - In consideration of staff impacted by the incident, arrange for staff support as needed.
    - Schedule a debrief within 48 hours of deactivation of the outbreak to :
        - Discuss any issues and problems that may have arisen from the situation.
        - Make recommendations for corrective measures.
        - Determine who will be responsible for the corrective measures.
        - Time frame for corrective action.
        - Follow up after time frame has elapsed.
    - Finalize MLTC Critical Incident form within 10 days of the outbreak being declared over.

INTERNAL OUTBREAK - Resident ALGORITHM	
Resident Outbreak suspected/confirmed within Home	
All staff	• Isolate any symptomatic residents immediately. • Report to RPN for further assessment.
RN in Charge	• Place the symptomatic resident(s) in isolation under appropriate precautions as per Public Health. • Perform appropriate test on the symptomatic resident(s) if appropriate (PCR, stool etc.). • Consider testing other residents who were in close contact (i.e. shared room, shared bathroom) with the symptomatic resident(s) and anyone else deemed high risk. ↓ • Cohort staff/residents: Assign staff to work on designated/specific floors; Designate staff break rooms on each floor; ensure no overlap of cohorted staff. Residents to remain on their respective floors.
DOC	• Coordinate care and services for symptomatic and asymptomatic residents. • Notify Medical Director and attending physicians • Support staffing contingency plans and altered care and service plans as required.
Dietary	• Review universal precautions when handling returning trays. • Prepare for increased tray service. Consider meal service for each floor as required. • Discuss potential dining room separations during OMT meetings
Env. Mgr	Increase environmental cleaning/disinfecting for frequently touched surfaces, including trolleys, handrails, elevator buttons, and other equipment that moves around the Home.
Prog	Cancel all group programs on affected floors/units. Initiate individual visitation and communication with all residents.
IPAC Lead	Contact the local public health unit to notify them of the suspected outbreak. Post appropriate outbreak signs throughout the Home, resident rooms, entrance doors, etc. Submit MLTC Incident Report Start a line-listing with definition of outbreak received from Public Health. Schedule and lead Outbreak Management Team (OTM) meeting with Public Health Prepare for Inspector visit and accompany during the visit Track, report and manage case counts in collaboration with Public Health. Ensure timely specimen collection Ensure IPAC auditing throughout outbreak as required. Provide pertinent IPAC training and direction to residents, families and staff. Ensure process in place for inspection of supplies: functionality, expired dates, restocking as needed Ensure Registered staff document infected resident status including vitals on all shifts
Executive Director/ designate	• Report and provide status updates to residents, families, staff and Board of Directors. • Manage staffing and management team resources accordingly. • Ensure community connections and partnerships as part of plan execution and coordinated response • Govern business continuity, daily evaluation of risk/response actions, initiation of staffing contingency • Ensure implementation of any provincial/Public Health directives.

Community OUTBREAK - ALGORITHM

Community Outbreak (epidemic, pandemic, disease of public health significance)

All Staff	Monitor and self-screen for community illness symptoms. If community outbreak symptoms present, do NOT come to work. Call IPAC within Home to discuss.
RN in Charge	• Monitor all residents and staff for signs and symptoms of identified community outbreak. • Immediately isolate any residents showing symptoms and refer to Internal Outbreak Resident algorithm. • Immediately send home any staff member showing symptoms and refer to Internal Staff outbreak algorithm. ↓ • Monitor all staff to ensure infection control practices are being carried out (use of PPE, hand hygiene) • Ensure sufficient quantities of PPE available for all staff.
DOC	• Identify possible isolation room (vacant room, private room). • Review cohorting areas (each floor) and break rooms for each cohort. • Review and implement entrance and exits for staff, visitors.
Dietary	• Review supplies of disposable products (dishes, cutlery). • Review cleaning supplies and ensure adequate quantities.
Envir. Mgr/ Staff	• Increase environmental cleaning/disinfecting for frequently touched surfaces, including trolleys, handrails, elevator buttons, and other equipment that moves around the Home. • Review cleaning supplies and ensure adequate quantities.
IPAC Lead	• Report suspected outbreak/disease to Public Health unit and MLTC. • Receive and implement any/all directions as per specific illness/disease control and prevention measures from Public Health unit. ↓ Post appropriate signs throughout the Home, resident rooms, entrance doors etc. as required. ↓ • Set up OMT (Outbreak Management Team) in preparation for potential outbreak. • Ensure adequate supply of PPE. • Review infection control measures with all staff, students, and volunteers. Communicate to families/visitors importance of infection control through e-mails/newsletters etc. ↓ Organize vaccination clinics for residents and staff where applicable.
Med. DIrector	• Hold town hall/information sessions with families and staff.
Executive Director/ designate	• Report and provide status updates to residents, families, staff and Board of Directors. • Department Managers: Manage staffing and management team resources accordingly. • Ensure community connections and partnerships as part of plan execution and coordinated response. • Govern business continuity, daily evaluation of risk and response actions, and initiation of staffing contingency plans. • Ensure implementation of any provincial/Public Health directives.

INTERNAL STAFF OUTBREAK - ALGORITHM

Staff Outbreak suspected/confirmed

RN in Charge	• Ensure the staff member(s) leave their assignments immediately and are sent home after appropriate testing has been completed (if appropriate). • Contact the local public health unit to notify them of staff member symptoms. • Enforce enhanced screening measures among residents and staff for like symptoms. ↓ Cohort staff to limit the potential spread: Assign to work on designated floors; Designate staff break rooms on each floor.
DOC	• Support staffing contingency plans and altered care and service plans as required. • Manage staffing and management team resources accordingly.
Dietary	Review staffing contingency plans and altered services plans as required.
Environ. Manager	Review staffing contingency plans and altered services plans as required.
IPAC Lead	Post appropriate outbreak signs throughout the Home, entrance doors etc. Contact infected staff, gather information, remind staff of return-to-work policy Contact the local public health unit to notify them of staff case(s). Start a line-listing with definition of outbreak received from Public Health. Schedule Outbreak Management Team (OMT) meeting with Public Health. Notify Medical Director and attending physicians of staff symptoms. Track, report and manage case counts in collaboration with Public Health. Ensure IPAC auditing throughout outbreak as required. Provide pertinent IPAC training and direction to staff. Ensure process in place for inspection of supplies for functionality, expired dates and restocking as needed Coordinate management of exposed and symptomatic team members.
Executive Director/ designate	• Report and provide status updates to residents, families, staff and Board of Directors. • Ensure community connections and partnerships as part of plan execution and coordinated response • Govern business continuity, daily evaluation of risk and response actions, and initiation of staffing contingency plans. • Ensure implementation of any provincial/Public Health directives.

AGENDA/MINUTES - Outbreak Management Team (OMT) Meeting

Outbreak #:

Case definition:

Date:

Date of Onset:

Attendees:

1. Review Line Lists
2. Specimen Collection
3. Review of Staff Cohorting
4. Review of Repatriation
5. Review of Environmental Services
6. Review of IPAC measures
7. Review of Activities to be rescheduled
8. Review of Education to visitors
9. Review of Dietary Services
10. OTHER items to be addressed

Business Continuity

Food and Fluid Provision

In preparation for essential food service delivery needed in the event of loss of power, water, natural disaster, fire, flood, and/or insufficient resources,

Requirements:

- Up to date names, phone numbers and email addresses for all team members on fan out lists.
- Up to date names, phone numbers and email addresses for disaster-support organizations.
- Up to date listing of resident names, room numbers, nutritional risk and daily food needs (PCC)

Suggested Three-Day Emergency Menu Supplies

- Prepared assorted juices (nine meals).
- Bread, crackers, jelly (four meals and snacks).
- Graham crackers, cookies (two meals and snacks).
- Canned fruit/pudding (six meals).
- Canned chicken, tuna, salmon (two meals).
- Canned pork and beans (one meal).
- Canned pickled beets or vegetable salad (two meals).
- Pureed meats, vegetables, fruits (nine meals).
- Canned meals for individual diets at the Home (i.e. gluten free, allergies).

Special Products

- Tube-feeding supplies (3-7 days) if required.
- Special supplements i.e. lactose-free, renal, allergy products, thickeners.

Items required:

- Hand grinder for consistency modified foods (if no electricity).
- Manual can openers.
- Disposable plates, cups and plastic ware (3-7 days)
- Garbage bags.
- Scissors.

Other Items to consider:

- Lanterns
- Flashlights
- Battery-powered radio
- Extra batteries
- Alcohol pads
- Hand sanitizer
- Food-safe disinfecting wipes
- Back-up calibrated thermometers
- Matches/lighters
- Water containers
- Hand mixer
- Markers
- Tape
- Labels

In the event of:

Loss of Water

- Use back-up water supply: water truck delivery.
- Coordinate purchase of water coolers and large water jugs for all floors and kitchen.

- Coordinate for water replenishment as required
- Adjust menu to foods and fluid that do not require water for preparation
- Communicate loss of water and possible changes to menu to residents, families, and staff through verbal and written means.
- Use disposable dishes and utensils
- Re-evaluate daily and adjust as needed

Loss of Power/Generator failure

- Review menus and adjust to prepared menu items as appropriate.
- Deliver food to floors.
- Communicate loss of power and impact to residents, families and staff.

Loss of Kitchen or Reduced Production (Fire, Flood, Staffing Loss or Other).

- Short term: order in from local restaurants, community services etc.
- Long term: identify back-up kitchen service to prepare menu/snacks
- Determine transportation back to the Home that maintains temperatures from preparation to service.
- Implement disposable dishes and utensils
- Communicate food and dining plans when initiated, upon, changes etc. to residents, families and staff.

Relocation of Residents (Evacuation):

- Access menus (printed and/or electronic)
- Access resident lists with food preferences, nutritional risk and needs
- Access staff contact lists and schedules
- Plan to transport 3 days of emergency food and emergency supplies
- Ascertain ordering in food and fluids from restaurants, community services etc.
- Assign staff accordingly
- Dietary Manager to re-evaluate daily, identify risks, communicate to Executive Director daily.

Staffing Contingency Plan

Purpose

During a disaster, the Home may face staffing shortages for a variety of reasons—staff may not be able to get in to work, may be ill, or may need to take care of their own families during the emergency. *This plan cannot work without supporting plans, guidelines, and policies, including the following:*

- A communication plan to notify staff about the emergency and for calling in off-duty staff, which could include group text, calling tree, and/or mass notification software.
- Communicate to residents and families regarding plan activation and process.
- Supporting families of staff to encourage staff to come to work. Consider:
  - Daycare support for dependents.
  - Sleeping accommodations at the Home to minimize travel time and limit exposure of vulnerable family members, or providing local hotel reimbursement.
  - Sheltering at the Home and/or evacuating to the Home of family members.
- A training plan to cross-train staff to fulfill different roles in case the primary person responsible for a given function is not available.
- Participate with healthcare partners and sign mutual aid agreements with other organizations.
- Encourage employee preparedness planning.
- Cache adequate personal protective equipment (PPE) and support supplies.

Core Functions

Core functions are the job functions that the Home does on a normal, daily basis to deliver resident care. These services must continue without interruption or resume quickly following a disruption.

Core Function	Loss of Function Impact[1]	Maximum Tolerable Downtime[2]
Medication administration (RN/RPN)	Catastrophic	2 hours
Resident Care -toileting, changing (PSW)	Critical	2 hours
Meal preparation (Cooks/dietary)	Critical	2 hours
Feeding of residents (PSW)	Critical	2 hours
Housekeeping - Cleaning resident rooms/washrooms	Marginal	8 Hours
Laundry – washing resident clothing	Marginal	72 Hours
Programs/Activities	Negligible	> 96 hours
Accounting – accounts receivable/payable	Marginal	> 96 hours
Payroll	Marginal	> 96 hours
Environmental/Maintenance	Marginal	24 hours
Scheduling	Critical	8 Hours
Ordering/receiving supplies	Catastrophic	72 Hours
	Choose an item.	Choose an item.

[1] Impact for Loss or Impairment of Core Function

- Catastrophic: Loss could results in death, total mission loss
- Critical: Loss could result in severe injury/illness, major mission loss
- Marginal: Loss could result in minor injury/illness, minor mission loss
- Negligible: Loss could result in less than minor injury/illness, less than minor mission loss

[2] Maximum Tolerable Downtime "the maximum length of time (in hours or days) that a Core function can be discontinued without causing irreparable harm to people (staff, residents) or operations."

Delegation of Authority/Order of Succession

The positions listed below will succeed to the key position in the order listed, in any emergency/disaster situation in which key individuals are unavailable to perform their duties.

Key Position	Successor 1	Successor 2	Successor 3
RN	RPN	Agency	DOC/ADOC
RPN	RN	Agency	DOC/ADOC
PSW's (care)**	Agency	Agency	Agency
PSW's (feeding)	Any trained staff	Agency	Families/visitors
Housekeeping	Laundry	Maintenance	Any available staff
Laundry	Housekeeper		
Payroll	Accounting Assistant	Accountant	
Maintenance	Env. Manager	Family members	
Scheduling	Payroll Admin.	Accounting Assistant	ED/DOC
Resident Assistants	Any available staff		
Dietary	Dietary Manager	Nutra Regional Mngr.	

Staffing Contingency Plan

Core Function (from list above)	Alternatives if personnel are unavailable
Medication administration	**Must be completed.** Engage pharmacist(s) for possible emergency medication compression/identification of non-essential medications. RPN's to cover multiple floors. Other registered staff to also give medications if a member of the College of Nurses (RN, RAI-C, DOC, ED).
Resident Care (toileting, changing)	**Adjust routines.** Complete necessary care ("tops and tails"). Cancel full baths, showers. Focus on toileting, peri-care, and brief changes when full/soiled.
Changing linen	**Adjust routine.** Change only if soiled.
Meal preparation	**Must be completed.** Menu can be simplified, or cold simple meals prepared depending on availability of staff. Dietary Aids to assist/do functions of Cook. Consider "ordering-in" if possible and if necessary.
Feeding or residents	**Must be completed.** Reach out to families to come and assist to feed and care for residents. Dietary aids, activation aids, managers to assist.
Housekeeping	**Adjust routines.** Empty garbage, sanitize sinks and toilets. Ensure soap and hand sanitizers refilled.
Laundry	**Can be delayed.** Reuse clean clothing as much as possible. Use extra clothing in resident's closets. Request family assistance for doing laundry as much as possible including laundry of other residents with no family.
Programs	**Can be canceled.** Staff re-directed to most needed core functions that they are capable of completing.
Accounting	**Can be delayed 2 weeks.**
Payroll	**Must be completed.** Back-up manager to complete.
Environmental/Maintenance	**Adjust routines.** Complete only necessary/emergency maintenance duties. Assist other departments wherever necessary.
Scheduling	**Must be completed.** Staff to be moved around and assigned areas of duties/responsibilities with decreased staff. To be completed by all managers in absence of scheduling personnel.
Ordering/Receiving supplies	**Can be delayed. Must be completed.** Managers to have access to all suppliers/contractors information for emergency orders to ensure supplies will arrive.

During an emergency or disaster, the minimum personnel required to maintain critical functions:

Position Title	Shift	# of staff required during normal conditions	Minimum # of staff required during crisis	Skills, certification required for the position
RN	D/E/N	1/1/1	1/1/0	RN
RPN	D/E/N	3/3/2	2/2/1	RPN/RN
PSW	D/E/N	15/14/6	6/6/3	
Cook	D/E	1/1	1/1	Food handling
Dietary Aid	D/E	4/3	2/2	Food handling
Housekeeper	D/E	3/1	1/1	-
Laundry	D	1	0	-
Maintenance	D/E	1/1	1	-
Programs	D/E	3	0	-

Response

During an emergency the following procedures will help maintain the minimum staffing listed above. Executive Director and departmental leads will determine when and which parts of this plan to activate.
The Executive Director will:

- evaluate current staffing levels and report daily the needs and predicted resources available
- Notify managers, union representatives, Board of Directors as to status and plan implementation.

A. Conventional

Activation of normal daily protocols to fill staffing gaps, including utilizing on-call staff and resources from partners. Quality of care provided is the highest level of care to meet needs of residents.

Development of proactive steps and ideas below need to occur before a crisis occurs and will help to minimize the risk of having to move to crisis staffing.

- Maintain emergency contact numbers for:
  - All staff
  - System and/or sister facilities as applicable
  - Staffing agencies
  - Other local emergency personnel resources
  - Family members in those cases where a resident could be cared for at home as a temporary measure
- Routinely share information with staff about the current situation and steps the Home has put into place for staff safety.
- Identify potential risks to staffing specific to the Home. These might include current staffing challenges, knowledge gaps for resident management, and feelings of isolation from local and regional support.
- Utilize contingency staffing and resident placement plans with neighboring facilities.

- Utilize just-in-time training that can be provided to supplemental staff for emergency orientation to ensure they understand their roles, policies, and procedures.
- Contact staffing agencies for assistance. Sign contracts as required.
  - Activate on-boarding and off-boarding process: Credential process; Understanding role; Chain of command/report to; PPE available for incident or job tasks
  - Ask ability to provide last-minute coverage. Check on how this availability changes during a crisis.

B. Contingency

Occurs when local resources are exhausted. May include canceling events/activities; readjusting schedules to allow for maximization of in-house staff; bringing on additional staff from outside (i.e., agencies); using volunteers/families to serve nonclinical roles to assist with critical daily tasks.

- Notify staff of the staffing shortage and ask staff to work additional hours.
  - Be sure to allow adequate rest and recuperation time for staff members between shifts.
  - Cancel vacation time as possible during the incident.
  - Consider offering other perks for taking extra shift (such as child care support).
  - Consider shift changes such as implementing 12-hour shifts.
  - Institute additional support where issues like transportation might prevent from reporting to work.
  - Review essential functions and create prioritized list. Postpone/stop all nonessential functions and reassign staff to critical/core functions.
- Focus staff time on core clinical duties.
  - Minimize meetings and relieve staff of administrative responsibilities not related to incident.
  - Personnel with specific critical skills should concentrate on those skills; specify job duties that can be safely performed by others.
- Consider use of supplemental staff.
  - Bring in equally trained staff (supplemental staff, retired nurses).
  - Shift equally trained staff from administrative positions.
  - Adjust personnel work schedules (longer but less frequent shifts, etc.)
  - Use family members/lay volunteers or staff in other roles to provide basic resident hygiene and feeding – releasing staff for other duties as appropriate.
- Use alternative personnel to minimize changes to standard of care.
  - Use other health care workers, trainees, or volunteers with appropriate mentoring and just-in-time education.
  - Use other health care workers, trainees, or volunteers to take over portions of skilled staff workload for which they have been trained, providing just-in-time training for specific skills.
- Ask for staff support assistance from:
  - Sister facility or system.
  - Local staffing agencies.
  - Other nearby health care facilities, partners, or local university/college health career centers.
- Notify local emergency management/public health agencies of the situation including:
  - Overview of the situation causing the need.
  - Details about what staffing assistance is needed:
    - The type and number/FTE of requested staff including licensure/certification requirements.
    - An estimate of how quickly the requested staff is needed.

  - Information regarding parking, entry, where and to whom to report, contacts' information at LTC facility while working there, and any other pertinent details needed.
  - An estimate of how long the staff will be needed.
- Provide appropriate PPE for any staff sent to assist.
- Vet any staff that offers assistance to ensure they can meet the need and the facility's requirements. The facility will also be responsible for paying these staff members either directly or by reimbursing the sending facility.

C. Crisis

Occurs with significant staffing shortages. Implement large-scale changes to care provision. Staff must consider altered standards and do the best they can with the resources available.

- Ask for staff support assistance from:
  - Organizations with which you have an MOU as part of your emergency preparedness planning.
  - Other local health care facilities.
- Contact families that have agreed to care for residents at home during crisis times. Use known resources to assist with resident transport as needed.
- If additional staffing is needed, ask for assistance from:
  - Local government emergency operations centers/local public health agencies. Inform these agencies of: The type and number/FTE of requested staff including licensure/certification requirements.
  - An estimate of how quickly the requested staff is needed.
  - Information regarding parking, entry, where and to whom to report, contact information at LTC Home, and any other pertinent details needed.
  - An estimate of how long the staff will be needed.
- Vet any staff that offers to assist to ensure they can meet the need and the facility's requirements. The facility will also be responsible for paying these staff members either directly or by reimbursing the sending facility.
  - Provide just-in-time training to staff sent to assist to ensure they understand their roles, policies, and procedures. This will maximize efficiency of operations and reduce workplace safety risks. It is essential that workers receive training prior to participating in operations in the facility regarding infection control procedures, including the donning, doffing, usage, and disposal of the PPE they will wear.
  - Provide appropriate PPE for any staff sent to assist.
- Review Return to Work policy. Staff returning to work will be prioritized based upon several factors, including who is nearest to their return date.

Additional considerations:

- If normal tasks are altered for staff, what notifications will be made to union representatives, and other key personnel as to status and plan implementation.
- Assess union considerations surrounding overtime issues and disaster support/sharing of responsibilities among workers.
- Assess flexible leave options that would allow employees to address family needs while continuing to support the organization through a flexible work plan where feasible.
- Evaluate potential health and safety issues that may arise through diversion of staff to new job roles and loss of critical staff in various operational position.

Continuity of Resident Care

In order to ensure care needs or residents throughout an emergency evacuation/relocation, the following will be in place:

- Resident identification: an ID label will be in place on each resident indicating their name, condition and diet.
- Evacuation log: will be maintained for all residents who are transferred out including relocation site, injury/treatment, time of transfer, how they were transferred, and that the family/SDM has been notified.
- Resident chart: Any hard copy chart records (if any) will be removed from the Home. Individual resident information will be taken to the relocation site.
- Medication: the pharmacy will be notified and will provide same day service to replace all medication in a 7-day package. The pharmacy will provide all medications at the relocation site(s) as required.
- Other life sustaining equipment (oxygen, tube feeds): will be evacuated with the resident if able, or resident will be triaged based on care needs.
- Physician care: the medical director will discuss resident needs with the medical team and physicians at the relocation site(s) as required.

Media

ALL MEDIA INQUIRIES MUST BE DIRECTED TO THE EXECUTIVE DIRECTOR / DESIGNATED SPOKESPERSON

PUBLIC RELATIONS AND PRESS RELEASES - Media Statements
See "Message Development for Communication"

- The Executive Director/Chairperson of the Board will be the spokesperson for Kristus Darzs Latvian Home when dealing with the media. In the absence of the Executive Director/Chairperson an appointed designate will act on his/her behalf. Failing to reach the Executive Director/Chairperson in the event of an emergency, the chain of command will determine the spokesperson who will deal with the media.
- The Executive Director/Chairperson/designated spokesperson for the release of information will be centrally located and supplied with accurate, prompt information. Specifically assigned messengers will be delegated to assist.
- During an Evacuation: careful record keeping on the evacuation of residents will ensure that any requests for information about an individual can be readily obtained.
- Be **POSITIVE** and state that the situation is under control, and **AVOID** speculation related to the causes or outcomes.
- The local radio, television stations and other forms of media may be used to communicate announcements in order to inform families, substitute decision makers, and the community of the state of conditions.
- All staff must maintain complete confidentiality and refer any media inquiries to the Executive Director/ Chairperson/designated spokesperson in the event of any emergency situation.
- Unauthorized persons will not be allowed in the building. Media Personnel will not to be allowed in the building without authorization of the Executive Director/Chairperson/designated spokesperson. If access is granted, reporters must have appropriate ID, sign in, and have supervised access to a location in the facility. They must not intrude on the privacy of the residents, their families or the staff.
- Factual written statements will be released periodically to the media by the Executive Director/Chairperson/designated spokesperson. A copy of such statements will be kept on file. Any press releases will be cleared by the Chairperson of the Board of Directors.

RECOVERY

The Executive Director is responsible for the official declaration of an emergency ending at the Home in consultation with other identified authorities as indicated by the emergency.

As the Home returns to normal operations, the Executive Director will ensure the following are delegated and completed:

- Schedule an Emergency and Disaster Committee meeting.
- Debrief of the emergency is completed using the Emergency Code/Activated Plan Review & Evaluation Form below.
- Act on any recommendations/actions identified within Review and Evaluation form.
- Complete insurance arrangements as necessary.
- Complete third party contracts.
- Resume pre-emergency staffing levels as appropriate.
- Ensure any paused or altered programs or processes are restarted.
- Ensure all risk management activities are current and in place.
- Communicate/debrief with residents via Resident Council, volunteers, students, and families via family network, and/or other means (memo/letter, e-mails) on the recovery stage/plan, outcomes and any action items.
- Collaborate with the Joint Health and Safety committee as appropriate.
- Communicate/debrief staff on recovery status and any action items being completed/ outstanding.
- Coordinate support for residents, families and staff (individual or group counselling, family therapy, support groups, referrals to psychogeriatrician or other specialists, grief counseling if required, employee/family assistance programs) who may have experienced distress during any emergency situation.
- Consult with residents, families, staff and respective external stakeholders to evaluate the emergency plan.
    - Make any necessary changes to the emergency plan, communicate and train those changes accordingly.

See Code Green – Relocation Back to Home Algorithm.

Emergency Code/Activated Plan Review & Evaluation Form

"Practice makes perfect, and repetition is the foundation of learning."

Name of Drill:
Type: ☐ Table Top ☐ Drill ☐ Functional exercise ☐ Field Exercise ☐ Activated Plan

Drill Duration

DATE:	Start time:	End Time:

Staff Participants

Name	Role	Name	Role

Family Participants (Print Name)

Outside Participants (police, fire, emergency management etc.)

Name	Role

Drill will be Monitored/Conducted by:

Name

Drill/Activated Plan Evaluation Meeting

Evaluation must be completed within 30 days of an emergency declared over, or annually.

Coordinator:	**Date/Time:**
Participants:	

Findings

Did the drill come out better or worse than the previous time?

What went right?

What could be improved?

Lessons Learned/Debrief:

Dates information shared with (mandatory): Residents: Families/SDM: Staff: Volunteers: Students:

If Plan updates required, following must be consulted as part of the updating process:

Identified Emergency Services:
Residents' Council:
Family representatives:
Changes may result from new hazards; different risk assessments, changes to building infrastructure; changing community partners; feedback from other emergency services.

Action Items

Description	Responsible Party	Time frame for completion	Follow-up date
Training Required?			
Adjustment of Roles and Responsibilities?			

Follow-Up Meeting(s) required:

(Attach any follow-up e-mails, agenda, minutes, etc.)

The Emergency and Disaster Plan Committee

- The Emergency and Disaster Plan Committee is an interdisciplinary committee devoted to the improvement of emergency preparedness at Kristus Darzs Latvian Home. The interdisciplinary approach promotes open, diverse dialogue amongst members focused on the goals, objectives and outcomes of the Emergency and Disaster Plan. The Committee is responsible for the development, update, evaluation, testing, and review of all emergency plans.

  Activities of the Emergency and Disaster Plan Committee include but are not limited to:

- **DRILLS AND DEBRIEFING**
  - Ensure all Emergencies are reviewed and practiced annually or as indicated within the policy/MLTC regulations.
  - Ensure a debrief with involved staff occurs after any drill or actual emergency situation
  - Review debrief to ensure the following was discussed:
    - What went well
    - What needs improvement
    - Recommendations for corrective measures and who will be responsible for them
    - Times frame recommended for corrective action
    - Possible training required
    - Recommended adjustment of roles and responsibilities
  - Ensure follow-up has occurred for any recommendations within identified time frames.
  - Evaluate and update any emergency plan within 30 days of when the event is over.

- **FIRE SAFETY PLAN**
  - Annually review and update the Plan for the facility.
  - Submit the completed Plan when changes are made to the appropriate authorities for review and approval.
  - Review fire drill evaluation documentation, fire protection equipment safety audits, supply audits, staff preparedness levels.
  - Ensure that all staff receive training in fire safety procedures annually so that they may effectively carry out their responsibilities in a time of emergency.
  - Provide fire safety information to residents / families / students / volunteers.
  - Ensure that all procedures are in place to maintain functional integrity of fire protection systems and building structure.
  - Ensure that all documentation and reporting systems are in place and maintained.

- **MEMBERSHIP**
  - Executive Director & DOC
  - IPAC lead
  - Environmental & Dietary Manager
  - Program Manager
  - Resident Support Services Coordinator
  - Medical Health Officer/delegate
  - Fire department representative
  - Police department representative
  - Resident and Family representatives
  - Any other health care partner as required

TRAINING AND EXERCISES

Goal: to provide staff with opportunities to further their understanding of the facility emergency plan and procedures, enhance their familiarity, confidence and capacity to carry out their role in an emergency.

Prior to assuming their job responsibilities, staff, volunteers and students will be orientated to the Emergency Preparedness Manual, and at least annually thereafter.

Staff, volunteers, students, residents and families will be educated on emergency preparedness and the evacuation procedures on an on-going basis through a variety of resources; posted information, informal information sessions, Care Conferences and In-Services.

Culturally sensitive communication may be included within the training to mitigate language and cultural barriers that may be exacerbated in emotionally heightened scenarios.

The following types of exercises provide a practical approach to staff training and an opportunity to test and evaluate the effectiveness of the emergency plans.

Type of Exercise	Description	Characteristics
Orientation	A basic familiarization with a specific plan, procedure, or piece of equipment; discussion based.	• Information discussion • Walk-about the building • 1-2 hours
Tabletop	A facilitated analysis of an emergency situation; usually low-stress, problem-solving discussion-based	• Written narrative with problem statements • No time pressures
Drill	A coordinated, supervised exercise to test/practice a single specific function. Examples: fire response and evacuation drills, call back procedures	• Actual facility response • Simple to design • Use of actual equipment
Functional Exercise	A simulated, interactive exercise to test an organization's ability to respond to a moderate incident	• Interactive with inputs provided by simulators
Field Exercise	Simulates a real, potentially stressful event as closely as possible; evaluates operational capabilities. E.g., full evacuation every 3 years.	• Realistic event • Use of personnel and equipment

RESOURCES

Authoritative organizations

Ministry of Long Term Care	https://www.ontario.ca/page/ministry-long-term-care
Ministry of Health	https://www.health.gov.on.ca
Ministry of Labour	https://www.labour.gov.on.ca
Office of the Fire Marshal and Emergency Management	https://one.ofmem.ca
Ontario Hydro	https://www.hydroone.com
Public Health Unit	https://www.publichealthontario.ca https://www.york.ca
Public Health Agency of Canada	www.phac-aspc.gc.ca/index-eng.php

Information/Guides/Examples

72 Hour Preparedness	www.getprepared.ca
Emergency Management Ontario	https://training.emergencymanagementontario.ca
HIRA Methodology guidelines	HIRA Methodology Guidelines 2019 (emergencymanagementontario.ca)
HIRA for Province of Ontario	Emergency management | ontario.ca
HIRA – Public Health Ontario	Hazard Identification and Risk Assessment Framework: Worksheet Template (publichealthontario.ca)
Canadian Center for Occupational Health & Safety	Risk Assessment : OSH Answers (ccohs.ca)
Public Safety Canada	Emergency Management Planning Guide 2010–2011 (publicsafety.gc.ca)
Emergency Planning Vermont	Emergency_Preparedness_Planning-_Vermont.pdf (michigan.gov)

Legislation and Regulations

Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9 (ontario.ca)
Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 (ontario.ca)
Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (ontario.ca)
Long-Term Care Homes Act, 2007, S.O. 2007, c. 8 (ontario.ca) Repealed
Occupational Health and Safety Act, R.S.O. 1990, c. O.1 (ontario.ca)
O. Reg. 213/07: FIRE CODE (ontario.ca)
O. Reg. 246/22: GENERAL (ontario.ca)
Bill of Rights
Connecting Care Act, 2019

LTC Guides on Policy, Process and Procedures during Emergency Evacuations.

Emergency Evacuation Policy
Evacuation Placement Process
Emergency Placement Form
Overview of Temporary Emergency (TE) Licence and Beds in Abeyance