Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March, 2024
Subject:	PURPOSE	**Number:**	NUM-I-01

PURPOSE

This Emergency Procedures Manual has been written to:

1. Ensure consistency of action (people performing the same tasks in the same situation);
2. Ensure continuity, especially job duties during staff turnover;
3. Serve as a record of specific decisions related to emergency situations;
4. Assist with orientation by serving as a training tool for new employees; and
5. Ensure the facility meets MOH+LTC standards.

CONTENT

This manual contains policies and procedures and reference material relevant to EMERGENCY situations. For the safety of residents and staff, the policies and procedures must be adhered to at all times.

STRUCTURE AND NUMBERING

Any policy or procedure written for this manual is identified by NUM. Each category is assigned a roman numeral. Under each category, each policy and procedure is assigned a number. The categories are as follows:

Manual Designation	Category Number	Category	
NUM	I	General Information (Includes key contact telephone numbers)	
NUM	II	Internal Disasters	
NUM	III	External Disasters (Code Orange)	EMERGENCY CODES
NUM	IV	Fire (Code Red)	
NUM	V	Evacuation (Code Green)	
NUM	VI	Cardiac Arrest (Code Blue)	
NUM	VII	Missing Resident (Code Yellow)	
NUM	IX	Internal Chemical Spill (Code Brown)	
NUM	X	Violent Resident (Code White)	
NUM	XI	Bomb Threat (Code Black)	
NUM	XII	Hostage Taking (Code Purple)	
NUM	XIV	Emergency Agreements	
NUM	XV	Emergency Supplies	

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	08 February 2024
Subject:	PURPOSE	**Number:**	NUM-I-01

ISSUING AUTHORITY AND REVIEWERS

Policies and Procedures for the Emergency Procedures Manual are issued by the Administrator upon the approval of the Working Leadership Committee, which consists of all senior staff of the facility.

The review and updating of policies, standards and procedures is an ongoing task. All new manual contents, once authorized, are sent to those identified on the distribution list (see **NUM- I-2**) with a numbered amendment notice.

This notice gives instructions to the user regarding the addition of new material and the deletion of old. The user then updates the Amendments Record in the front of their Manual.

The date when the contents were reviewed will be indicated at the top right corner of the first page of each section. The date of amended information will be listed on the right side of the amendments record page.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	DISTRIBUTION	**Number:**	NUM-I-02

DISTRIBUTION OF EMERGENCY PROCEDURES MANUAL

The distribution is as follows:

Department	Responsible for Update	Location	#
Administration	Assistant Administrator	Administration Office – Main Floor	1
Nursing	Director Of Care	Director of Resident Care's Office	1
	Assistant Director of Care (ADOC)	Activity Director's Office- Main Floor	1
	Day Charge Nurse of Fl.	Nursing Station – 1st Floor	1
	Day Charge Nurse of Fl.	Nursing Station – 2nd Floor	1
Dietary	Food Service Supervisor/ Environmental Manager	Food Service Supervisor's Office – Main Floor	1
Activity	Activity Coordinator	Activity Director's Office – Main Floor	1
Operations	Operational Manager	Administration Office	1
Maintenance (related sections only)	Maintenance Person	Administration office/ Garage	1
Total			**9**

Please refer to the Organization Chart for the specific names of those responsible for the update of the Manual (see attached Appendix A).

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	DUTIES/RESPONSIBILITIES	**Number:**	NUM-I-03

OVERALL DUTIES AND RESPONSIBILITIES

ADMINISTRATOR: The Administrator ensures that the following Emergency Response Procedures are in place:

- Emergency procedures to be followed at the time of an emergency;
- Designated supervisory staff which carry out emergency procedures;
- Proper storage and use of hazardous materials;
- Maintenance of all equipment related to Emergency Response Procedures, (i.e. batteries, etc.);
- Ensure that regular tests and inspections are done and recorded;
- A copies of the up-to-date Emergency Procedures Manual are available to those on the Distribution List (See NUM-I-02)

DIRECTOR OF CARE/ ASSISTANT DIRECTOR OF CARE:

The Director of Care and ADOC ensures that staff education programs pertaining to their specific duties and responsibilities take place as appropriate, ie. During orientation, as the Emergency Plan is revised and in annual in-services

SUPERVISORY STAFF: All Department Heads, Supervisors and Registered Nurses must:

- Be totally knowledgeable about all aspects of the emergency response procedures;
- Designate and train specific staff member(s) to act on his/her behalf during any absence;
- Educate and train all staff and residents as to their duties and responsibilities in the Emergency Procedure Plan;
- If required by INTERNAL / EXTERNAL INCIDENT MANAGER, supervise the evacuation of residents; and
- On request, provide access and vital information to the fire department/police department, (i.e. use of keys, location of non-ambulatory residents).

Manual For: EMERGENCY PROCEDURES **Category:** ALL DEPARTMENTS
Approved By: ADMINISTARTION **Date:** 06 March 2024
Subject: DUTIES/RESPONSIBILITIES **Number:** NUM-I-03

OVERALL DUTIES AND RESPONSIBILITIES (cont'd)

DIETARY STAFF (All Staff): All Staffs to support residents as specified in the Section NUM-I-13 of this Manual.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	CHAIN OF COMMAND	**Number:**	NUM-I-04

CHAIN OF COMMAND

CHAIN OF COMMAND: Same as response to Fire Emergency. The administrator is responsible for adopting Emergency Response Procedures.

The direction of all staff and residents and the proper implementation of all emergency response procedures are the responsibility of the Director of Care & Assistant Director of Care or in his/her absence the Registered Nurse on Duty.

The decision for "total evacuation" of the facility will be made by the Incident Manager (fire/police) in cooperation with Administrator or in his/her absence the designated on-site person as authorized.

The Administrator, Assistant Administrator, all Department Heads, Registered Nurses and Health Care Aides must be familiar with the procedure to activate a "total evacuation".

On their arrival, the Toronto Fire/Police Department personnel will take control of the Emergency Response scene.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	CHAIN OF COMMAND	**Number:**	NUM-I-05

MANAGER ON CALL/COMMAND CENTER

- See individual listed in the Section **NUM-I-08** under *ADMINISTRATION*

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	0 March 2024
Subject:	EMERGENCY FAN OUT SYST.	**Number:**	NUM-I-06

EMERGENCY FAN OUT SYSTEM

FAN OUT PROCEDURE: In the event that the Administrator/Designate deems an internal or external disaster, requiring additional staff assistance, the "fan-out" procedure will be initiated as follows:

a) During Normal Working Hours:

1) **ADMINISTRATOR**

I) ASSISTANT ADMINISTRATOR

II) DIRECTOR OF CARE/ ASSISTANT DOC

i) ACTIVITY DIRECTOR
- Required Staff

ii) FOOD SERVICES SUPERVISOR
- Required Staff

iii) MAINTENANCE PERSON
- Housekeeping

iv) ADMIN. STAFF

v) ATTENDING PHYSICIANS

vi) REGISTERED NURSES
- Required Staff

EMERGENCY FAN OUT SYSTEM, (Cont'd)

b) **Times other than Normal Business Hours**:

1) **CHARGE NURSE**

I) ADMINISTRATOR

II) ASSISTANT ADMINISTRATOR

III) DIRECTOR OF CARE

i) ACTIVITY DIRECTOR
- Required Staff

ii) FOOD SERVICES SUPERVISOR
- Required Staff

iii) MAINTENANCE PERSON
- Housekeeping

iv) ADMIN. STAFF

v) ATTENDING PHYSICIAN

vi) REGISTERED NURSES
- Required Staff

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	27 March 2025
Subject:	FOOD SERVICE EMERGENCY PLANNING	**Number:**	NUM-I-13

FOOD SERVICE EMERGENCY PLANNING – DIETARY DEPARTMENT

POLICY:

The Dietary Department shall provide Food Service during the time of disaster, either on site or at an evacuation site. A disaster is a sudden unforeseen and extraordinary occurrence. This could include severe storms, hazardous chemical and gas leaks, explosions, etc. The administrator, regional emergency organization, national, provincial or regional authorities, police, fire or medical officials, may declare a disaster.

RESPONSIBILITIES OF FOOD SERVICE DEPARTMENT:

1. Provide hot beverages, snacks and food for victims, their families, staff and volunteers. This may require coffee stations in designated areas.
2. Provide two simple, one-dish meals a day.
3. Keep accurate records of Food Service Log Sheet, Equipment and Supplies Log Sheet, Donation Log Sheet (Food), Sheet Scheduling.
4. Determine additional supplies required such as paper, cleaning, food, and order appropriately, based on the number of people expected and the anticipated duration of the situation. Candles and propane gas should be available to provide alternate energy source.
5. Keep in touch with authorities to ensure delivery trucks will be allowed access.
6. Keep the administrator or designate and authorities aware of the timing of meals, different sittings and changes.
7. Remain flexible, updating schedules, menus, etc., as new information becomes available regarding number of people and the expected duration of the disaster situation.
8. Strive for normalcy.
9. Assist in keeping morale high among staff and also among those with whom you come in contact.

INFORMING YOUR EMPLOYEES:

Personnel should be aware of the following:

1. Normal work conditions are suspended and employees will be expected to perform any duties as required.
2. The call backrest will be used as necessary.

FOOD SERVICE EMERGENCY PLANNING – DIETARY DEPARTMENT (Cont'd)

3. Safe and steady work habits necessary.
4. Use of phones must be authorized.
5. The administrator will authorize release of any information to the news media.
6. The Food Service Supervisor's role during a disaster is one of planning, coordinating, organizing and delegating.

EMERGENCY MENU PLANNING:

1. Beverages:
   A. Tea, instant coffee
   B. Fresh, dried milk, dehydrated creaming agents
   C. Sugar
   D. Canned or frozen juices, fruit-flavored crystals

2. Soups:
   A. Canned
   B. Dehydrated
   C. Bouillon Cubes
   D. Quick soups made by diluting canned stews

3. Main Dish Items:
   A. Canned meats, fish, ready-to-serve meals (e.g. stews, beans)
   B. Quick stews and soups made from canned meat with the addition of canned vegetables using all the liquid
   C. Instant potatoes
   D. Undiluted canned soups served over rice or macaroni
   E. Hard-cooked eggs
   F. Cheese Sandwiches

FOOD SERVICE EMERGENCY PLANNING – DIETARY DEPARTMENT (Cont'd)

4. **Vegetables and Fruits:**
   A. Canned, frozen or fresh vegetables
   B. Fresh, canned or frozen fruits

5. **Cereal Products:**
   A. Bread
   B. Crackers, melba toast, biscuit, cookies, baked goods
   C. Ready mixes
   D. Read-to-eat cereals
   E. Hot cereals with milk, sugar and fruit (to replace traditional-type meal)

6. **Spreads:**
   A. Butter or margarine
   B. Jams, jellies, marmalade, honey
   C. Peanut butter
   D. Soft cheese spreads

7. **Miscellaneous:**
   A. Instant pudding mixes
   B. Jelly powders
   C. Meritime

BASIC EMERGENCY MENU PATTERNS:

The following basic three-meal menu pattern can be adapted for various emergency situations. Under some conditions, two meals per day may be all that can be provided for a limited time. If so, additional between-meal nourishment should be available for staff and volunteers.

Breakfast:	Fruit or Juice, Cereal, Milk, Sugar, Spread, Cookies
Lunch:	Soup or Juice, Sandwiches or one-dish meal, Fruit, Biscuit or Cookies, Beverages
Dinner:	One-dish meal, Vegetables, Bread, Spread, Simple Dessert or Fruit, Beverages

FOOD SERVICE EMERGENCY PLANNING – DIETARY DEPARTMENT (Cont'd)

SAMPLE MENUS FOR EVACUEES:

	First Day	Second Day	Third Day
Breakfast	Citrus Juice or one (1) Fresh Fruit, Muffins, Bread, Peanut Butter or Butter, Hot Chocolate or Tea, Coffee, Milk	Citrus Juice or one (1) Fresh Fruit, Hot Cereal, Hot Chocolate, Tea, Coffee, Milk	Citrus Juice or one (1) Fresh Fruit, Muffins, Bread, Cheese or Butter, Hot Chocolate or Tea, Coffee, Milk
Snack	Beverages, Cookies, Fruit	Beverages, Cookies, Fruit	Beverages, Cookies, Fruit
Lunch	Cream of Mushroom Soup or Juice, Assorted Sandwiches, Raw Foods, Yogurt, Cup Cakes, Tea, Coffee, Milk	Cream of Tomato Soup, Cold Submarine, Raw Foods, Assorted Puddings, Cookies, Tea, Coffee, Milk	Cream of Asparagus Soup, Salad and Cold Meat, Bread and Butter, Assorted "Granola Bars", Tea, Coffee, Milk
Snack	Beverages, Cookies, Fruit	Beverages, Cookies, Fruit	Beverages, Cookies, Fruit
Dinner	Minestrone Soup, Hamburger Steak (Patties), Mashed Potatoes, Green Beans, Fresh or Canned Fruit, Tea, Coffee, Milk	Rice Soup, Chicken or Ham, Potatoes, Green Peas, Cup Cakes, Tea, Coffee, Milk	Vegetables Soup or Juice, Green Salad, Macaroni or Lasagna, Fresh or Canned Fruit, Cookie, Tea, Coffee, Milk

Note: These menus could be prepared on site or ordered.

- The Department of Nutrition, Faculty of Medicine, University of Montreal, Quebec, prepared menus for Evacuees.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	BUILDING SAFETY AND SECURITY	**Number:**	NUM-I-14

BUILDING SAFETY AND SECURITY

STANDARDS:

1. Procedures are in place for maintaining the security of the Facility 24 hours a day.

POLICY:

In order to ensure the Facility is a safe place for the residents, complete rounds of the building are to be conducted and recorded at regular intervals during evening and night shifts.

PROCEDURE:

The Administrator/Charge Nurse visually inspects the facility during their working hours. The alarm system indicates unauthorized opening of the facility's door.

RISK:

1. Failure to maintain security could result in injury to residents or staff.

2. Failure to maintain security could result in damage to the building.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	MAGNETIC DOOR ALARM SYSTEM	**Number:**	NUM-I-15

MAGNETIC DOOR ALARM SYSTEM

STANDARDS:

All existing doors including the Main Floor entrance can only be opened using a designated code. (The Main office located by the main floor entrance is closed after office hours and visitors need to buzz in order for the nurse to come downstairs and open the entrance.) The Main floor entrance doors at all times automatically lock and the monitor registers the resident's tag if a resident with a Wander guard tries to pass through it. A visual signal is available on both nursing stations and in the main office, identifying the door.

POLICY:

All alarms at unsupervised exit doors leading to the outside to which residents have access, must be activated at all times in compliance with the Fixing Long Term Care Act, 2021.

Supervised exits may be deactivated only when under the direct and continuous supervision of an assigned person who knows which residents with wander guards have permission to leave the facility with someone accompanying them.

PROCEDURE:

Staff shall be informed during orientation and ongoing training programs about the Magnetic Door Alarm Systems. Staff must be familiar with the following:

Six (6) magnetic held closed exit doors exist in the following locations:
(see NUM-I-12 for a Schematic Diagram)

- One exit off the Garage, at the back North side of the Facility
- One exit off the Garage, at the back East side of the Facility
- One exit off the South side of the Dining Room on the Main Floor
- One exit on the South side, by the Administration Office on the Main Floor
- One exit on the First Floor, at the front of the building (East side)
- One exit on the First Floor, at the back of the building (West side)

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	MAGNETIC DOOR ALARM SYSTEM	**Number:**	NUM-I-15

MAGNETIC DOOR ALARM SYSTEM (Cont'd.)

Magnets hold doors shut.

Exit doors are on audio alarm/bells.

All exit doors can be opened at the same time with a key manually (located in the Electrical room).

Exit doors open automatically when the fire alarm is activated or during a power failure.

During the fire drill or power failure, staffs are assigned to monitor these exits. (Should it be advisable, it is possible to use keys to lock all doors.)

To reset doors and silence alarm buzzers after the fire alarm has sounded, staff must use the key in the Electrical room (see Appendix B for "What if situation?").

To allow residents to leave through the Main Floor entrance with Wander guards and open the door after it is locked use the following codes:
- To bypass Wander guard: **1,9,3,8, #**
- To open door: **2,3,7,3, ***

RISK:

1. Failure to maintain the doors' security system could lead to residents wandering outside and sustaining injury.

2. Failure to maintain the doors' security system could lead to the entrance of unauthorized individuals to the facility.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	OVERVIEW EMERG. LEVELS	**Number:**	NUM-I-16

OVERVIEW OF EMERGENCY LEVELS

DEFINITIONS:

EMERGENCY: A situation caused by the force of nature, an incident, and an intentional act or otherwise that constitutes a danger of major proportions to life or property.
(Toronto, Works & Emergency Services, 2002)

LEVEL 1 --
ROUTINE INCIDENT: Requires general response activities and resources to mitigate the situation. The potential for escalation to higher level is limited. Any Additional resource required is routinely available and necessary only for a short period of time. Minimal off-site support may be required. Situation can be handled with facility resources.
(Toronto, Works & Emergency Services, 2002)

LEVEL 2 –
MAJOR or EMERGENCY
INCIDENT: Exceeds Operational Districts normal operational resources and requires additional off-site resources, multiple agency coordination at the site and some degree of external support. These incidents may continue for an extended period of time and may require an off-site Emergency Operating Centre (EOC) or Department Operating Centre. Situation may require resources from the City of Toronto. They may be weather related (i.e. Snow problems, etc.).
(Toronto, Works & Emergency Services, 2002)

LEVEL 3 –
MAJOR or EMERGENCY
INCIDENT: Requires extensive and unusual resources and support. A significant portion of the population is involved, and the incident may continue for a long period of time.

OVERVIEW OF EMERGENCY LEVELS (Cont'd)

LEVEL 3 – MAJOR or EMERGENCY INCIDENT, CONT'D: extensive recovery period is also typical of an incident of this magnitude. Response to a large-scale disaster requires a full scale, political direction and support, may require the official declaration of a disaster in accordance with the Toronto Emergency by-law and Provincial Emergency Plans Act. Situation may require resources from the Province. There is potential to risk to life. (Toronto, Work & Emergency Services, 2002)

EXTERNAL DISASTER: A major disaster outside the facility's control with the potential of causing disruption to the operation of the facility. Examples include severe bad weather, disasters in the community, environmental disasters.

INTERNAL DISASTER: A situation within the facility requiring partial or complete evacuation of the facility or requiring contingency plans to maintain residents' health and safety. Examples include missing residents, bomb threats, loss of essential services, service disruptions, etc.

UNITY OF COMMENT: A clear line of authority for decision making.

EXTERNAL INCIDENT MANAGER: Responsible for the overall coordination and direction of *police/fire/medical* response. Sets objectives and priorities.

INTERNAL INCIDENT MANAGER: Responsible for the overall coordination and direction of the *facility* response. Sets objectives and priorities.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	EMERGENCY CODES	**Number:**	NUM-I-17

Emergency Codes

Code	Indicator	Reference
Orange	External Disaster	NUM-III
Red	Fire	NUM-IV
Green	Evacuation (Precautionary)	NUM-V
Green Stat	Evacuation (Crisis)	NUM-V
Blue	Cardiac Arrest	NUM-VI
Yellow	Missing Resident	NUM-VII
Brown	Internal Chemical Spill	NUM-IX
White	Violent Resident	NUM-X
Black	Bomb Threat	NUM-XI
Purple	Hostage Taking	NUM-XII

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	INCIDENT REPORTS	**Number:**	NUM-I-18

INCIDENT REPORTS AND FORMS
(Critical: External and Non-Critical: Internal)

POLICY:
To ensure proper reporting procedures are followed when an emergency situation occurs.

PROCEDURES:
1) All incidents listed in the Emergency Procedures Manual must be reported as soon as practical to the Director of Care/ Assistant Director of Care and Administrator by the Charge Nurse by completing **Form # NUM030/96** (*See Appendix C*).

2) Depending on the shift and who is presented at the Facility at the time of the emergency, either the Administrator, the Director of Care/ ADOC or the Charge Nurse must as soon as is possible report to the Ministry of Health and Long Term Care the following emergency occurrences:
    - Missing Person;
    - Bomb Threat;
    - Fire;
    - Evacuation; and
    - Implementation of Evacuation Plan.

In addition of the Incident Reporting Form – Critical Incidents effective January 1, 2005 (**Form # NUM030/96**, *Appendix C*), the Unusual Occurrence Report **Form 2309-69 (01/01)** provided by the Ministry of Health and Long Term Care, must be completed and faxed to the Ministry (*see Appendix D* for a sample form and NUM-I-08 for the telephone numbers). Types of unusual occurrences are described in *Appendix E*.

3) For a decision for external or internal incidents please refer to *Appendix F*.
4) All incidents and accidents affecting residents must be documented on Nurse's Notes; Family members and doctors should be informed.

5) All incidents must be discussed at the Leadership Meeting as part of the Quality Assurance/Risk Management/Infection Control follow-up.

RISKS:
1) Failure to report and review incidents may lead to liability.
2) Failure to report to the Ministry of Health and Long-Term may result in sanctions.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	POLICY STATEMENT	**Number:**	NUM-II-01

POLICY STATEMENT – INTERNAL DISASTERS

DEFINITION:

A situation within the facility requiring partial or complete evacuation of the facility or requiring contingency plans to maintain residents' health and safety (e.g. Missing Resident, bomb threat, loss of essential services, service disruption).

PROCEDURE:

- A designated senior member shall be in charge of evacuation procedures.
- There shall be a system to readily identify each resident in the facility (e.g. photo id by each residents room, id name bracelets).
- There shall be written contingency plans for handling internal disasters.
- Written contingency plans shall be developed in consultation with local and municipal emergency planning groups.
- Contingency plans for handling internal disasters shall be rehearsed on a regular basis at a minimum every three (3) years.
- The fire plan shall be reviewed annually.
- Monthly fire drills shall be held on all shifts and staff attendance documented.
- All facility staff shall receive instruction in fire safety procedures annually.
- All volunteers and residents shall be provided opportunities to receive instruction about fire safety procedures.

Manual For: INFECTION CONTROL	Category: OUTBREAK MANAGEMENT
Approved By: Administration	Reviewed: 06 March 2024
Subject: Enteric Outbreak	Number: ICM-IV-24

FOCUS: ☐ ADMINISTRATION ☒ RESIDENT CARE

1.0 POLICY

To provide consistent guidelines for the identification and management of an enteric disease outbreak, to minimize illness, hospitalization and death.

2.0 Any suspicion of an enteric disease outbreak will be reported promptly by the RN/RPN and managed according to established procedures. The RN/RPN will contact Director of Care and/ or Assistant Director of Care or in her absence, the designate who will contact the facility's Public Health Inspector. After hours, contact is #311.

3.0 DEFINITIONS

Infectious gastroenteritis:

- Two or more episodes of diarrhea or watery stool (takes the form of its container) within a 24-hour period, or two or more episodes of vomiting within a 24-hour period, or
- One episode of diarrhea or watery stool (takes the form of its container) and one episode of vomiting within a 24-hour period, or
- Laboratory confirmation of a known gastrointestinal pathogen and at least one symptom compatible with gastrointestinal infection (e.g., nausea, vomiting, diarrhea, or abdominal pain or tenderness)

Suspected enteric outbreak: Two suspected cases of infectious gastroenteritis in a specific area, such as a home, unit, or floor within 48 hours

Gastroenteritis outbreak definition: Three or more cases of infectious gastroenteritis in a specific area within a four-day period, or three or more units/floors having a case of infectious gastroenteritis within 48 hours. ***Note:*** This definition may be modified as the investigation proceeds.

Note: Care should be taken to rule out non-infectious causes of these symptoms such as new medications, use of laxatives or other non-infectious diseases. The bowel movements should be unusual or different for the resident. Some residents may not be able to report nausea or abdominal pain, in which case careful observation may be needed to determine if these symptoms are occurring. For example, behavioural changes may be a clue that residents are experiencing nausea or pain. Frail residents with small appetites may have only one episode of either vomiting or diarrhea and may or may not exhibit other signs and symptoms associated with gastrointestinal illness. LTCHs may want to consider these residents as suspect cases and implement infection-control measures to prevent potential transmission.

4.0 PROCEDURE

4.1 Surveillance

Registered staff on each unit is to complete a Daily Infection Control Surveillance Tracking Sheet each shift (ICM-IV-04). Any symptom the resident is experiencing must be checked off in the appropriate box. Any signs and symptoms of infectious gastroenteritis are to be documented in resident progress notes and also on the facility's 24 hour report. Residents should be placed on additional precautions if there is any suspicion of infection. The IPAC lead will review the surveillance sheets every 24 hours to review symptoms and determine if a enteric outbreak might exist. (See OMT Policy)

Surveillance must also occur for staff. When staff is calling in sick, Registered staff must ask if they are experiencing any symptoms of gastroenteritis and record them on the 24 hour report. Staff should follow the work restrictions as set out in the "Staff and Volunteer Illness" policy. ICM-III-52 to 53

4.2 Handling a Suspected or Potential Outbreak

4.3 Assess the Outbreak

Begin a line list using data from the Daily Infection Control Surveillance Tracking Sheet. Separate line lists are to be prepared for residents and staff, as well as for each unit/floor. Those at highest risk of infection should be identified.

Implement General Infection Prevention and Control Measures

Implement control measures and notify all staff as soon as an outbreak is suspected. Implement enhanced environmental cleaning. General control measures include but are not limited to:

- Encouraging residents with suspected gastroenteritis to remain in their rooms and providing them with tray food service.
- Reviewing Routine Practices.
- Assessing the need for Contact Precautions
- Enhancing surveillance to look for additional residents and staff that meet the case definition.

ASSESS THE OUTBREAK (con't)

• Reinforcing the importance of proper hand hygiene and other Routine Practices.

See **ICM-IV-27** for enhanced environmental cleaning measures.

4.4 Notifying Public Health

The IPAC Lead or designate on notification will review the line list and report suspicious findings to the facility's Public Health Inspector to determine if there is a potential outbreak. The Medical Director must also be notified. The IPAC lead/designate will compile a line list of symptomatic residents for their reference and for the Public Health Department.

Public Health must also be provided with the contact person responsible for the outbreak at Norwood, which will be the IPAC lead or in her absence a designate. The names of registered charge nurses responsible for managing the outbreak on evenings, weekends, holidays and vacations must also be provided.

Review the preliminary case definition for the suspected outbreak. Confirm with the Public Health Unit that infection prevention and control measures have been implemented. The following steps must also be followed:

• Request an Outbreak Number for the investigation.
• Discuss specimen collection and testing procedures with your Public Health Unit to determine:

  • The number of specimens that will be collected, stored and submitted to the laboratory.
  • The number of laboratory specimens that should be taken during the initial outbreak investigation.
  • Which residents to test during the initial outbreak investigation.
  • How the specimens should be handled (e.g. stored, transported to the lab).

4.5 Declaring an Outbreak

Outbreaks are declared by Norwood's Public Health representative based on either:

- The definition in this policy; or
- Other specific factors of the particular outbreak.

Case definitions should be reviewed periodically during the course of the outbreak and modified if necessary, for example, when you identify residents with new symptoms.

4.6 Notify Appropriate Individuals/Agencies

Internally:

- Director of Nursing and Personal Care
- Medical Director
- Administrator
- Licensee
- Families of all residents
- Director of Food Services
- Director of Housekeeping/Maintenance
- Resident and Family Councils
- All Residents
- All Staff members
- All Volunteers
- Attending physician
- Other health-care providers, such as physiotherapists
- Other service providers, such as hairdresser

Externally:

- Ministry of Health and Long-Term Care through the Critical Incident System
- Emergency Medical Services – ambulance, before transfer of resident (See Appendix 1)
- Coroner's office if there is a death immediately preceding/during the outbreak

NOTIFY APPROPRIATE INDIVIDUALS/AGENCIES (CON'T)

- Laboratory Services Provider
- Pharmacist/Advising Pharmacy
- The Provincial Transfer Authorization Centre (PTAC)
- Support services

4.7 Hold an Initial Outbreak Management Team Meeting

A meeting of the Outbreak Management Team (OMT) will be called by the Public health representative if seen as necessary. The team will consist of:

- The Management Team
- Members of the Infection Control Committee
- Public Health Department representative

The OMT will manage all aspects of the outbreak including surveillance, investigation, implementation of control measures, communications

4.8 Monitor the Outbreak on an Ongoing Basis

Outbreak monitoring must include:

- Ongoing surveillance to identify new cases
- Monitoring the status of ill residents and staff
- Updating line listings (Box 13)
- Ongoing monitoring of precautions and control measures
- Reporting any significant changes in the nature of the outbreak (e.g. Hospitalizations, deaths, changes in clinical picture)

Refer to Toronto Public Health's "Control of Gastroenteritis Outbreaks in Long-term Care" guide for more information.

4.9 Declare the Outbreak Resolved

The Public Health Unit, in conjunction with the OMT or the Norwood's IPAC lead and Director of Care, will declare the outbreak over when certain criteria are met. The end of an outbreak is declared on a case-by-case basis and is based on

Declare the Outbreak Resolved (Con't)

transmission risk. Refer to Toronto Public Health's "Control of Gastroenteritis Outbreaks in Long-term Care" guide for more information.

4.10 Review the Outbreak

Meet with the OMT to review management of the outbreak – what was handled well and what could be improved in managing future outbreaks. Recommendations should identify future preventive actions and/or necessary policy/protocol changes. They also should include possible reasons for the outbreak and steps to prevent similar outbreaks in the future. A representative from public health may attend this meeting especially if there were concerns or issues.

4.11 Complete the Outbreak Investigation File

Ensure the Outbreak Investigation File contains documentation including:

- Copies of laboratory and other results
- Copies of all minutes and other communications
- All other documents specific to the investigation/management of the outbreak, including notes/line lists
- A summary report

The Director of Care and IPAC lead will store copies of all documents related to the outbreak. Public Health will also maintain file copies of all documents related to the outbreak and will report details of the outbreak to the MOHLTC's Public Health Division via an electronic database.

5.0 Documentation

Progress Notes
Physician Progress Notes
Enteric Outbreak Line List
Microbiology/Virology Lab Sheets
24-Hour Nursing Report
Daily Infection Control Surveillance Tracking Sheet
Initial Enteric Outbreak Notification Form

5.0 Documentation (Con't)

Hospitalizations, Complications & Deaths of Line Listed Cases
CCAC Outbreak Notification Form
Outbreak Transfer Notification Form

6.0 References

Recommendations for the Control of Gastroenteritis Outbreaks in Long-term Care Homes . (2018, March). Retrieved from Ministry of Long-term Care Homes: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Control_Gastroenteritis_Outbreaks_2018_en.pdf

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Appendix 1

Toronto Public Health

OUTBREAK TRANSFER NOTIFICATION

Date of Notification: _____

Please be advised that _____ is being transferred from a facility
Name of resident/patient

that is experiencing a: ❑ Respiratory outbreak ❑ Enteric outbreak

Outbreak organism: ❑ Influenza ❑ Norovirus
❑ Not yet identified ❑ Other _____

Please ensure that routine practices and appropriate additional precautions are taken upon receipt of this resident/patient.

At the time of the transfer, the resident/patient is: ❑ A line listed case ❑ Not a case
❑ A contact/roommate of a case

FOR RESPIRATORY OUTBREAKS:

Resident/Patient is on antiviral medication: ❑ Yes ❑ No ❑ Refused

Taking an antiviral: ❑ Tamiflu ❑ Amantadine For: ❑ Prophylaxis ❑ Treatment

Date medication started: _____

Dose of medication: _____

Vaccination status of Resident/Patient: Influenza ❑ Yes ❑ No
Pneumococcal ❑ Yes ❑ No

For further information, please contact: _____
Name of Infection Control Designate

at _____ at ( ) _____ - _____
Name of Facility Phone Number

Reviewed September 9, 2019

Manual For: INFECTION CONTROL **Category:** OUTBREAK MANAGEMENT
Approved By: Administration **Reviewed:** 06 March 2024
Subject: Outbreak Management Team **Number:** ICM-IV-01

OUTBREAK MANAGEMENT TEAM (OMT)

POLICY

Effective outbreak management must have a multi-disciplinary approach. Norwood has an Outbreak Management Team (OMT) that first assembles at the beginning of an outbreak, regularly throughout the outbreak and a final time after the outbreak is over. The OMT manages all aspects of the outbreak including surveillance, investigation, and implementation of control measures, communications, and staffing adjustments. The final meeting of the OMT occurs after the outbreak is declared over. The purpose of this meeting is to review successes, challenges and areas for improvement to prevent outbreaks in the future or to better manage an occurring outbreak.
The OMT consists of:

- The Management Team
- Members of the Infection Control Committee
- A Toronto Public Health (TPH) representative

Contacts of OMT		
Local IPAC Hub	Unity Health	
Public Health Liaison	Vinita	416 396 7783
Director of Care/Administrator	Martha Acuna	416-535-3011 EXT 101
Assistant Director of Care	Fe Amor	416 535 3011 EXT 104
Assistant Administrator	Sara Acuna	416 535 3011 EXT 109
IPAC Lead	Fe Amor	416 535 3011 EXT 104
Unit Clerk	Christina G	416 535 3011 EXT 101

PROCEDURES

1. OMT meeting to be called by Toronto Public Health Liaison if needed as soon as outbreak is declared.
2. Roles and responsibilities for the team are as follows:

- **Chairperson - Director of Care or designate**
  -coordinates all meetings and agenda, delegates tasks
- **Outbreak Coordinator – IPAC Lead/ADOC**
  -ensures all team decisions are implemented, coordinates all activities to manage the outbreak, determines frequency of meetings and time
- **Media Spokesperson –Sara Acuna, Administrator Assistant**
  -the only person who is to give information to the news media

Manual For: INFECTION CONTROL **Category:** OUTBREAK MANAGEMENT
Approved By: Administration **Reviewed:** 06 March 2024
Subject: Outbreak Management Team **Number:** ICM-IV-02

SURVEILLANCE

3. Review line-listing with team to ensure everyone understands the current status of the outbreak, its progression and the population at risk.
4. Outbreak case definition to be reviewed with team to ensure every has the same understanding of what constitutes a 'case'**.**

INVESTIGATION

5. Arrangements need to be made with TPH for the collection and submission of lab specimens. Registered staff will inform administration when they need a sample picked up. Administration will coordinate to have samples collected. Collaborate with TPH representative when a positive swab is confirmed.

CONTROL MEASURES

6. Control measures already in place need to be reviewed. Recommendations for any changes should be made.
7. Control measures depends on the organism and may requires changes as outbreak unfolds. Measures may include:
    1. Hand hygiene
    2. Strict adherence to routine practices and additional precautions
    3. Enhanced environmental cleaning and disinfection
    4. Enhanced visitor screening
    5. Restricted activities within the home
    6. Modified food services operations if food is relevant to outbreak

- **Director of Care or designate is responsible for ensuring agreed-upon control measures are in place**

COMMUNICATIONS

7. Team needs to review who needs to be contacted and who will do the contacting. This needs to be documented.
8. Communications need to be posted for residents, staff and families. Outbreak notification signs must be posted as well.
9. Director of Care or designate is responsible for ongoing communication with staff

10. DOC or designate responsible for communicating laboratory results with TPH
11. Process for daily communication with TPH needs to be established

12. Ensure contact information for both Norwood and TPH is correct and contact information for after-hours, weekends and holidays is verified.

OTHER

13. TPH will provide specific outbreak number to specific outbreak itself
14. Outbreak checklists will be reviewed by TPH liaison and IPAC lead, will vary depending on the type of outbreak. The OMT at Norwood will follow the steps outlined in checklists provided.
15. The final OMT meeting will be held after the outbreak is declared over (by TPH), to review successes, challenges, and areas for improvement to prevent outbreaks in the future or to better manage an occurring outbreak.
16. All meeting minutes and documentation will be kept in the "Outbreak" binder in the Director of Care's office.

DOCUMENTATION

Daily Infection Tracking forms
Line lists
Meeting minutes
Outbreak checklists
Outbreak notification forms

REFERENCES

References

Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1. (2022, September). Retrieved from Government of Ontario: https://www.ontario.ca/laws/statute/21f39#BK21

Ministry of Health. (2022, November 30). *Management of Cases and Contacts of COVID-19 in Ontario.* Retrieved from Ministry of Health: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf

Provincial Infectious Diseases Advisory Committee. (2021, March 20). *Best Practices in IPAC.* Retrieved from Public Health Ontario :

https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/best-practices-ipac

Recommendations for the Control of Gastroenteritis Outbreaks in Long-term Care Homes . (2018, March). Retrieved from Ministry of Long-term Care Homes: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Control_Gastroenteritis_Outbreaks_2018_en.pdf

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	OUTBREAKS	**Number:**	NUM-II-02

OUTBREAKS

POLICY:

Notification of the Public Health Department is required if there is ***two or more*** suspected cases with the same symptoms.

STAFF POLICY:

Any Staff that have not been vaccinated (i.e. flu shot) will not be allowed to conduct their duties at work.

PROCEDURE:

- Have necessary supplies readily available (e.g. gowns, gloves, masks, disinfectants, sanitizing agents, etc.).
- Pea-Nasal swab kits available in the facility, from the Public Health Department.
- Ongoing staff education regarding effective infection control.
- Monitoring residents closely for signs/symptoms of infectious control illness.
- Visiting policy posted at entrance of facility in case of outbreak.
- Preventative measures in place – i.e. Hand sanitizing upon entering facility, self-screening for cough, cold, fever, diarrhea, etc.
- Up to date vaccines (e.g. Flu vaccines for staff/residents, etc.).

NOTES:

FOR **DETAILED** INFORMATION ON OUTBREAKS, PLEASE REFER TO THE **INFECTION CONTROL MANUAL**.

Manual For: INFECTION CONTROL
Approved By: LEADERSHIP COMMITTEE
Subject: Pandemic Plan

Category: OUTBREAK MANAGEMENT
Date: 06 March 2024
Number: ICM-IV-28

POLICY

Long Term Care Homes are required to plan for continuance of care in the event of a Pandemic. Norwood Nursing Home has established a Pandemic Plan that will work in collaboration with the Emergency Plan to ensure continued operations of the facility in the event of a pandemic. This policy will become effective when the local Medical Officer of Health issues a pandemic alert.

PROCEDURES

COMMUNICATIONS

1. All communications (media, community, staff and residents) will be directed through the Administration in collaboration with the Director of Care (DOC or ADOC) or designate.

2. On receiving an alert from the Medical Officer of Health, Administration will immediately call an Infection Control Team meeting. The members of the Leadership Committee and Joint Health and Safety Committee will also be asked to attend.

3. This initial meeting will be for the dissemination of known information on the pandemic at that point in time and for the initiation of the pandemic policy and plan. On activation, alerts will be made by the communications strategies identified in the pre-pandemic planning to the residents, staff and families.

4. Information stations will be designated at the main entrance to the facility: the side-building entrance. Directions and updates for staff, family, visitors and residents will be posted at this site and be maintained by the IT support position as directed by Administration or DOC.

5. Telephone will be the primary mode of communications to staff and family. E-mail will also be used to communicate updates that are received electronically.

6. The Toronto Public Health Department and MOHLTC will be the key contacts for the facility for information, service co-ordination, updates, direction, immunization availability as well as antiviral.

COMMUNICATIONS (con't)

7. Families will be asked to consider caring for their loved one/resident in their homes for blocks of time or for the duration of the outbreak.

HANDWASHING

Hand hygiene is the **single most important measure** in preventing the spread of Influenza. Staff, volunteers and residents should be re-instructed in proper hand hygiene, the Director of Care or designate. Reference posters will be posted on the main entrances and information boards.

Staff and volunteers should perform hand hygiene:

Before direct contact with a resident; after any direct contact with a resident and before touching the face; and after removing and disposing of personal protective equipment (PPE) (SEE POLICY ABOUT PPE AND HAND HYGIENE).

Before performing invasive procedures

Between certain procedures on the same resident where soiling of hands is likely, to avoid cross-contamination of body sites

After contact with blood, body fluids, secretions and excretions

After contact with items known or likely to be contaminated with blood, body fluids, secretions and excretions, including respiratory secretions (e.g., oxygen tubing, masks used tissues and other items handled by the resident)

Before preparing, handling, serving or eating food and before feeding a resident.

Waterless alcohol-based hand sanitizer is as effective as hand washing if hands are not visibly soiled. If hands are visibly soiled, they must be washed with soap and running water before using alcohol-based hand sanitizer. If soap and running water are not available, cleanse hands first with detergent-containing towelettes to remove visible soil, and then use alcohol-based hand sanitizer.

Sinks that residents use may be contaminated and should not be used by staff and volunteers for hand hygiene unless no other alternative is available. If a resident's washroom is used, staff and volunteers should take care to avoid contamination. Using an alcohol-based hand rub (ABHR) is the preferred method of hand hygiene.

Residents

Hand hygiene is essential for residents at all times. Residents' hands should be washed or sanitized frequently but especially after using the bathroom, and before meals.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Access to personal protective equipment (PPE) required for droplet and contact precautions (i.e., alcohol-based hand rub, surgical masks, eye protection, gloves, gowns) will continue to follow regular practices- ordering through the Nursing Department with a secured supply located in the Nursing storage area in the Garage. It is anticipated in a pandemic that supplies will potentially reach critical levels and some experts advise that the use of masks for routine care is not necessary once the pandemic is prevalent in the community population and would be only appropriate when providing direct care in infected individuals.

Masks

Note: The term "mask" refers to a good quality surgical mask, unless explicitly stated otherwise.

- Staff and volunteers should wear masks covering the nose and mouth when providing direct care within one meter of a resident with influenza.
- For the care of a resident with influenza, put a surgical mask on the resident, if tolerated, whenever the resident is not in his/her room (e.g., during transfer to another facility)
- Masks should be changed if they become wet, or contaminated by secretions.
- Staff wearing masks must remove their mask before caring for another resident, and when leaving the residents dedicated space/room.
- Only the strings/ ties, to prevent self-contamination, should handle masks.
- Masks should be changed according to the manufacturer's recommendations.
- Hands should be washed after removing mask.

Eye Protection

- Eye protection includes the use of safety glasses, goggles, and face shields. It does not include personal eyeglasses.
- Eye protection should be worn when providing direct care within one meter of a resident with influenza.

EYE PROTECTION (con't)

- Safety glasses, goggles and face shields should be removed carefully to prevent self-contamination.
- If re-used, eye protection should be cleaned in a manner that will not lead to contamination. Safety glasses, goggles, or face shields should be cleaned between uses according to the manufacturer's recommendations using a minimum of a low level disinfectant.
- To prevent self-contamination, health care workers should not touch their eyes during care of a resident with influenza.
- Hands should be washed after removing eye protection.

Gloves

- Staff and volunteers should wear gloves when they are likely to have contact with body fluids or to touch contaminated surfaces.
- Gloves are an additional protective measure, and are not a substitute for proper hand hygiene.
- Gloves should be put on before entering and removed prior to leaving the resident's room or dedicated bed space
- Gloves should fit the wearer to prevent cross contamination through contact.
- Gloves should be changed between dirty and cleaner procedures on the same resident(e.g., after open suctioning of a tracheostomy, and remainder of care)
- Hands must be washed immediately after removing gloves.
- When a gown is worn, the cuff of the gloves must cover the cuffs of the gown.
- Single-use gloves should not be reused or washed.

Gowning

- Long-sleeved gowns should be worn during procedures and patient care where clothing might be contaminated.
- Gowns should be removed before leaving the residents' room or dedicated space.

Recommended Process for Removing Personal Protective Equipment (PPE)

After the health care provider has completed patient care and is >1 metre distance from the patient:

- Remove gloves and discard using a glove-to-glove/skin-to-skin technique.
- Remove gown (discard in linen hamper in a manner that minimizes air disturbance).
- Perform hand hygiene.
- Remove eye protection and discard or place in clear plastic bag and send for decontamination as appropriate.
- Remove mask and discard.
- Perform hand hygiene.

This is a minimum procedure. If staff believes their hands have become contaminated during any stage of PPE removal, they should perform hand hygiene before proceeding further.

STAFFING

As staffing levels change, there will be corresponding changes to the level of nursing services provided. See following tables for quick reference.

Less 10% staff

- business as usual

Less 20% staff

- restriction of large activities
- use activation staff to assist with feeding resident meals
- use activation staff to assist with distribution of nourishments
- activation staff to provide one-to-one visits with residents
- nursing still to provide care as per schedule with little rearranging of tasks
- dietary, laundry, housekeeping to function as normal

STAFFING (con't)

Less 30% staff

- activation will ensure there is music in residents room for stimulation
- activation staff to provide one-to-one visits with residents
- nursing will only provide essential care
- change of resident clothes as little as possible
- bed changes only to be made when absolutely necessary
- bed baths as required
- shaving of residents will be halted
- acquire staff from other homes if possible
- use of volunteers, former employees
- employees cross-trained to be used where needed
- housekeeping only to provide essential cleaning
- dietary to use the emergency menu
- meals to be provided in resident rooms
- initiate split shifts to cover over the meal hours

Less 40% staff

- extend shifts
- provide only the basics

NOTE:

Staff should have Norwood's support with:

- transportation
- meals
- accommodation within the home available to key staff to ensure the continuity of care, services, programs and operations

CORE SERVICES ~ NURSING						
Staffing Levels	**Resident Hygiene**	**Ambulation**	**Nutrition**	**Skin Care**	**Medication Administration**	
100% Staffing	Bathing and other Resident hygiene is per policy	Assistance as per care plan.	Corporate menus followed. Assistance as per care plan.	As per Norwood Policy.	Medications as ordered	
75% Staffing	Baths reduced to weekly for Residents. Mouth care provided twice daily as needed.	2 person lifts only once per day.	Programming hours reassigned to assist with meeting residents' nutritional needs.	Weekly assessments continue with limited accommodations.		
60% or less staffing	No baths completed. Hygiene as required. Linens changed only as required.	No 2 person lifts, residents remain in bed.	Pandemic Planning menu put into place. Fluids provided to those residents restricted to bed.	Turning rounds completed by 1 staff and 1 volunteer. Documents of assessment deferred. Dressing changes as needed.		

SUPPORT STAFFING PLANS							
Staffing Levels	**Resident Records**	**Nutritional - Dietary**	**Housekeeping**	**Maintenance**	**Laundry**	**Administration**	**Reporting and Recording**
100% Staffing	Document-ation as per Norwood Policy	As per Norwood Menu	Regular Routine	Regular Routine	48 hour turn around Resident clothes	As per regular routines	
75% Staffing	Exception reporting only. 24 hour reports completed.	Pandemic menu put into place. Fluids and ordered supplements at nutrition passes	Cleaning restricted to central areas and soiled resident rooms. Infection Control (IC) cleaning routine.	Assist with IC cleaning Zero deep cleaning	Personal clothes washed after resident linens.	Commercial post set up. Call in volunteers. Security and screening in place.	Call in extra volunteers. Alert corporate resources and need for volunteers.
60% or less staffing	Flow sheets not completed. 24 hour reports completed. Death record continued.	Zero AM, PM and HS nutritional passes. Hydration is part of turning rounds	IC cleaning only Zero deep cleaning.	Garbage rounds	Zero personal clothes washed.		Families requested to take Residents home when possible.

NUTRITIONAL PLAN

Given the estimated attack rate (35%) and that absenteeism will be anticipated to be higher due to caregiver obligations (ill family members to care for, lack of child care resources), regular staffing patterns and therefore the provision of care will be seriously affected. In order to safely and effectively provide care to residents, regular duties, areas of assignment and staff deployment will not follow pre-existing patterns.
In order to secure available food and hydration resources, the Food Services Department must establish a secured food resource locally in addition to the usual supplier. Priority positions will need to be identified and non-essential staff trained to fill these position should the need arise. Delegation of acts includes but is not limited to food preparation, portering of food items to the resident home areas, serving meals/ nourishments and feeding residents.

IMMUNIZATIONS AND ANTI-VIRALS

During a pandemic, the Ministry Emergency Operations Centre (MEOC) will be responsible for coordinating the distribution of anti-viral medications and vaccine across the province, and public health units will be responsible for coordinating the distribution of anti-virals and vaccine among health care organizations at the local level.

Norwood will also continue to maintain on-site or in collaboration with a local pharmacy, a supply of anti-virals for use during influenza season.

During a pandemic, Norwood has the capacity to safely store anti-virals and monitor distribution. (Note: vaccine distribution will be managed by Public Health. Vaccine supplies are unlikely to be stored or distributed by Norwood.)

All Long Term Care facilities are also required to have arrangements to:

Establish medical directives to administer anti-virals and vaccine (i.e., who can administer and sign off on anti-virals)

Obtain consent from residents or their decision makers for treatment with anti-virals and/or immunization during a pandemic

The local pharmacy's role in providing routine access to anti-virals and back up services

A mechanism to track who receive anti-virals and vaccine

A mechanism to monitor antiviral and vaccine uptake, effectiveness and adverse reactions/resistance

IMMUNIZATION AND ANTI-VIRALS (con't)

In order to accomplish these goals, Norwood Nursing Home will continue to obtain informed consents upon admission from the residents or their Power of Attorney for care. Consent forms will include consent for the administration of the annual flu vaccine as well as the administration of antivirals such as tamiflu in the event outbreak or pandemic.

SUPPLIES AND SUPPLY ACCESS

As part of preparedness planning, the type and quantity of supplies each department requires will need to be identified and they will purchase and maintain a one-month stockpile. During a pandemic, traditional supply chains may be disrupted. For example, a supplier in another jurisdiction may have to give priority to local companies. During the preparedness phase, each department will talk to suppliers about their ability to deliver during a pandemic. They should also establish relationships with alternative sources. This would include: equipment suppliers, food suppliers, medical suppliers, pharmacies, oxygen suppliers, attending physicians and any other health care providers who provide contracted services to the home (e.g., physiotherapists, occupational therapists). As part of the pandemic plan, each department will submit an inventory plan to the Leadership Committee.

The list of Emergency supplies is listed in Section Num-XV of the Emergency Manual. This can be used as a reference to prepare a list of all the supplies that are required by each department.

DESIGNATIONS AND ROLES

During a Pandemic several positions have been deemed essential by Norwood. As such, designates have been established to ensure continuity of communications and service for staff and residents.

Administration

Martha Acuna (Administrator)
Sara Acuna (Assistant Administrator)
Gerardo Acuna-Galeano (Operations Manager)

Infection Prevention and Control
Fe Amor Guerra (Assistant Director of Care)

DESIGNATIONS AND ROLES (con't)

IT/ Communications
Martha Acuna (Administrator)
Sara Acuna (Administrator Assistant)

Nursing Department Staffing Coordinator
(Director of Care/Delegate or ADOC)

Dietary Department Staffing Coordinator
(Food Service Supervisor)

Clinical Support Workers
(Director of Care)

Medical Director
Dr. Barry Shrott (General Physician)

Hot Line to Call
1-866-212-2272

MOH and LTC – Health System Emergency Management Branch
1-800-387-5559

REFERENCES

COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units. (2023, Jan 18). Retrieved from Ministry Of Health: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf

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Ministry of Long Term Care. (2022, August 22). Minister's Directive: COVID-19 response measures for long-term care homes. Retrieved from Ontario: https://www.ontario.ca/page/ministers-directive-covid-19-response-measures-for-long-term-care-homes

Norwood Nursing Home. Emergency Manual
Norwood Nursing Home. Infection Control Manual

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	MAJOR WATER LOSS	**Number:**	NUM-II-03

MAJOR WATER LOSS

The most likely cause of a major water supply loss would come from a City Emergency or Natural Disaster. The following procedures address the unlikely event of a major water loss to the facility.

Planning for Emergency Water Supplies

Each resident requires about 2 liters of liquid per day for drinking and cooking. This can come from water as well as other liquids, such as juices or soft drinks. Additional clean water is needed for brushing teeth, bathing, washing utensils and dishes and flushing toilets.

In planning for an emergency water supply, there are usually three possible sources of water. With some preparation,

1. The residual water in the facility plumbing system can be protected and used.
2. The largest possible water jugs from the nearest grocery stores (Costco, Walmart).
3. Stored water in garage's garbage bins for toilet use.
4. Finally, water from a variety of sources, including the nearby lake can be disinfected for use.
5. Contact major-water suppliers in the Yellow Pages (See Section NUM-I-09 for a suppliers list)

Emergency Procedures for the Administration

1. Contact the local Water Authority to confirm the nature of the incident and the expected duration (See Section NUM-I-07).
2. Inform the staff in administration and Charge Nurse and immediately alert all departments to initiate rationing procedures.
3. In the event of a major water loss crisis, alert building occupants that water rationing within the facility has been implemented.
4. Post signage indicating facility is under water restrictions. Visitors will be screened at entrance and informed of restrictions that will be strictly enforced.

Emergency Procedure for Maintenance Supervisor

The following procedures should be implemented immediately in the event of a major water loss:

MAJOR WATER LOSS, (Cont'd)

1. Shut off intake valve at main to ensure contaminated water does not enter the facility (refer to section NUM-II-16).
2. Turn electricity and gas off to hot water tanks so that there is no risk the heating unit will be on while the tank is being emptied (refer to section NUM-II-16).
3. Shut off all valves leaving the facility i.e. outside faucets.
4. Shut off water to all toilet tanks.
5. Shut off water to all sinks.
6. Shut off water to kitchen.
7. Shut off water to Laundry.
8. Open a faucet in the highest point of the facility (such as second floor bathroom) to let air into the system.
9. Draw water as needed from the lowest faucet in the home (such as the laundry room sink).*
10. Draw water as needed from the bottom of the hot water tanks.

* Water stored in the plumbing system is safe for only a limited time. Water being used from the plumbing system for drinking/cooking should not exceed two days. After a longer time it must be disinfected before use.

Emergency Procedures for Nursing Staff

The following procedures should be implemented immediately in the event of a major water loss:

1. The Charge Nurse is to designate a staff member to retrieve the emergency supplies from the storage area on behind the laundry room.
2. The Charge Nurse will ensure that the following products are available to each staff member to provide resident care while limiting water use:

Item	***Purpose***	***Quantity/ Resident***
Hand Sanitizer	Wash staff and resident hands	2 bottles (1-L each)
Wet Wipes	Individually packaged and used to wash the resident's face	12 boxes (80 per box)
Mouthwash	To be used for resident oral care	2 bottles (1-L each)
Swabs		1 box (1000 per box)

MAJOR WATER LOSS, (Cont'd)

3. The Charge Nurse will implement the following resident care restrictions to ration water use:
   - No tub baths or showers
   - Basic waterless care will consist of washing hands and face and providing peri care with waterless products
   - Basic waterless care with mouthwash and swabs
   - Ensure incontinent residents have a soaker pad on bed to prevent unnecessary linen changes if there is a problem with the linen supplier. Linen changes will then only be provided in extreme situations. If no problems with linen supplier than proceed as usual.
   - The commodes will be lined with a black garbage bag to collected several voidings and ensure ease of disposal. The commode should be stored in the resident bathroom with the lid down to contain the odor.
   - Continent residents will use lined commode chairs or the toilets.
   - Multiple use of each receptacle will be required to limit the use of water for disposal.
   - Black garbage bags from commodes will be closed using twist ties and disposed of in larger bag lined pails with covered lids in the bathroom.
   - When the toilet bowl is full of waste product, pour a waste bucket of water into the bowl flushing the waste material away. Remember you will get only one flush per bucket fill. Use your best judgment.
   - Aerosol spray refreshers will be made available to minimize offensive odors.
4. During medication pass, the charge nurse will document which residents' received fluids with their medications and include these amounts in rationed quotas for the resident each day.
5. The Charge Nurse will continue to use Intake/Output sheets for each resident to ensure adequate hydration.
6. The Charge Nurse will ensure that waterless cleaning supplies are used to cleanup spills.

Emergency Procedures for Dietary Staff

1. Dietary Staff will collect the disposable serving snacks, dishes and utensils from the storage area on the ground floor behind the laundry for use during meals and snacks.
2. Dietary Staff will cease using the dishwasher and steamer.
3. Dietary Staff will turn off the tea/coffee machines.

MAJOR WATER LOSS, (Cont'd)

4. Coordinating with the Administrator, DOC/ ADOC, Charge Nurse; the menu will be revised to accommodate rationed water.
5. Dietary Staff will collect the emergency fluid supplies from food storage room in garage and available in the kitchen.
6. When directed, the Dietary Staff will commence boiling water for purifying. Boiling water vigorously for 10 to 15 minutes will make it safe to drink. A full, rolling boil is required. Staff will ensure the water has cooled before serving.
7. Dietary staff will use waterless cleaning products to clean and disinfect the countertops/tables.
8. Dietary staff may use the boiled water for cleaning pots and cooking utensils.
9. Purchase food from fast food restaurants in the neighbor hood (See List of Restaurants in the Neighborhood in *Appendix G*).

Emergency Procedures for Housekeeping/Laundry/Maintenance Staff

1. Maintenance staff will shut down the laundry area.
2. Limited cleaning will be done using the waterless cleaning products only in heavily soiled areas by housekeeping.
3. Housekeeping staff will be responsible to ensure filled buckets are available in bathrooms for flushing toilets.
4. Housekeeping staff will collect the emergency supplies from the emergency cupboard in the garage.
5. Maintenance will provide Nursing/Dietary staff with waterless cleaning products for use during water rationing.
6. Maintenance will provide additional garbage bags on the unit and in the kitchen for waste removal.
7. Housekeeping staff will assume the responsibility of collecting waste from the units on a more frequent basis to minimize odors.
8. Under the supervision of the Assistant Administrator, the cleaning routine will be revised to accommodate rationed water.
9. Under prolonged and severe conditions, Maintenance Department may be asked to collect water from the lake at the Sunnyside Swimming Pool.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	MAJOR WATER LOSS	**Number:**	NUM-II-03

Emergency Procedures for All Staff

1. Non-essential staff is asked to stay home. Staff that comes is asked to bring their own water supply.
2. All staff is asked to provide fluids for their own personal fluid intake.
3. All staff is asked to follow the same emergency procedures on site as the residents with regards to eating, drinking, washing hands and toilets.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	SEWAGE	**Number:**	NUM-II-04

SEWAGE

Purpose:

Resolve potential sewage and/or drainage related problems.

Potential Problems:

Potential problems that can be identified under sewage and/or drainage problems include:

- Leaking pipes
- Overflowing Toilets
- Water seepage into the building
- Sewage escaping the collection system

Procedures for Administration:

1. Identify the problem in one of the 4 categories mentioned above.
2. For overflowing toilets or leaking pipes contact the plumber, i.e. Mustang plumbing (See Section NUM-I-08).
3. If the problem is sewage coming into the building from an external source or sewage escaping from the collection system then call the City Public Works: Sewers and Waste Water department (See Section NUM-I-09).
4. Mark the area as restricted and re-locate residents to other areas of the building.

Procedures for Housekeeping/Maintenance Staff:

1. Sanitize the area using mops and floor disinfectant.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	GAS LEAK	**Number:**	NUM-II-05

GAS LEAK

Natural gas is colorless, odorless and non-toxic. However, it is highly flammable. For safety, a smell much like rotten eggs is added to the gas, so that you can detect even the smallest leak – either indoors or outdoors.

Policy:

Ensure that residents, staff, visitors and volunteers are risk free when there is a gas leak.

Indoors:

Emergency Procedures for Administration

If the administration believes a natural gas leak has occurred then the follow steps will be taken:

1. Instruct building maintenance to immediately shut off the gas at the main valve and any secondary valves if necessary. See Schematic in section NUM-II-16 for the location of the valves
2. Do not smoke near the building
3. Instruct residents/staff/visitors not to use any electrical device, including cell phones
4. Call 911 using cell phone from outside of the building
5. Open doors and windows to get fresh air into the rooms
6. If the smell gets stronger then calmly evacuate the building immediately, leaving windows and doors open to allow air to enter.

Emergency Procedures for Dietary

1. Enbridge Gas Distribution (see NUM-I-09) from a phone located well away from the source

Emergency Procedures for Nursing

1. Inform Charge Nurse and relocate staff and residents from the affected area or the building following the fire emergency procedures
2. Evacuate the Residents if required

GAS LEAK (Cont'd)

Emergency Procedures for All Staff

1. If you smell gas, inform your supervisor
2. Relocate to a safe area
3. Wait for instructions to evacuate the building
4. Do not light matches or lighters
5. Do not turn on or off electrical power
6. Do not use cell phones

Outdoors:

A strong odor in the area around the building (if any), street or excavation site could mean that a gas main has been damaged.

Emergency Procedures for Administration:

Follow same procedure as indicated in Indoors

Emergency Procedures for All Staff

1. Keep clear of the area
2. Do not use a cellular telephone near the area of the gas leak
3. Do not start any motors or motor vehicles near the area of the gas leak
4. Put out all open flames
5. Do not smoke near the building

Main Gas Valve

- Located outside the building, by the back fence – North West Corner
- Do Not Touch
- Call Enbridge – See Contact List Numbers **NUM-I-09**

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	MAIN POWER FAILURE	**Number:**	NUM-II-06

MAIN POWER FAILURE

Electrical power failure may result from uncontrolled events such as severe storm conditions, earthquake and floods. Failures in the past were due to Hydro Power Supply problems.

Policy:

Ensure that residents, staff, visitors and volunteers are risk free during a power failure.

Symptoms of Power Failure:

- All electrical powered equipment (including the elevator, magnetic locks, phones on nursing stations, resident call bells, heating and air conditioning, freezers and fridges) stops operating and regular lights turn off.
- Battery operated emergency lights in the corridors and stairways turn on for 30 minutes.
- Cannot call from or to the facility using Norwood's phone system.
- All doors are released and unlocked.

Emergency Procedures for Administration:

1. Advise staff, resident and visitors of the situation through voice communications and posted memos at the entrance.
2. Setup/start portable generator use extension cords to supply power to most important pieces of equipment. The generator can provide: 4000 watts starting power, 3000 watts max load with 120 Volt.
3. Protect building from intruders and residents from wandering away from the facility by locking all exits (excluding the front door during the day shift).
4. Assess the expected duration of the power failure by calling Hydro One (See NUM-I-09 for listing of external numbers). A taped message lists the status of current power problem areas in Toronto. Wait on the line till a technician answers if the taped message does not provide information on the likely duration of the power failure. The technician has information about the cause and the expected duration of the power failure.
5. If the power failure is expected to last for 24 hours or more, request the Duty Officer at the Ontario Government's Provincial Operations Centre (POC) to assist in securing emergency fuel and an emergency full size generator.

MAIN POWER FAILURE (Cont'd.)

If a generator will be supplied contact the Electrician (i.e Parkdale Electricians) to install the emergency generator. (See NUM-I-09 for the listing of external numbers)

6. If power failure is going to be for a long period of time prepare for evacuation to other facilities. (See section NUM-V).
7. Follow the Chain of Command and the Emergency Fan Out System listing (see NUM-I-06) to receive assistance from all departments as required.
8. Reset Door/Security System in Electrical Room on Main Floor as per instructions in section NUM-I-15 after power is restored.

Emergency Procedures for Nursing Supervisor:

1. Use the portable phone on the 2nd Floor Nursing Station. Before inserting the phone plug into the Fax phone jack after disconnecting the existing Fax machine. Leave the 2nd Floor Nursing Station Fax number as a call back number (See NUM-II-08 for listing of internal numbers). In case the portable phone is not charged, use any of the resident's phones (if they have). They all work.
2. Elevator is not to be used. In the event there are residents in the elevator at the time of the outage, follow elevator lowering instructions.
3. Supply each resident room with a manual bell to call staff (See NUM- XV-01 for location of resident bells).
4. Charge nurses on each floor assign Personal Support Worker (P.S.Ws) to monitor residents in all areas every 15 minutes and record.
5. If the outage occurs during off hours, the Charge Nurse on the first floor will inform administrator and follow instructions. Monitor all exits by assigned H.C.A.s and record as during the day shift.
6. If it is winter season and indoor temperature is dropping give residents extra blankets, sweaters to wear and gather them in the TV Lounges and dining room. Provide residents with warm fluids and other nourishments. (See NUM-XV-03 for location of blanket supply).

Emergency Procedures for Dietary Staff:

1. Check and record temperatures of the freezer and refrigerators every half hour. Note variances from required temperatures.
2. Minimize opening the freezer and do not leave the freezer open.
3. Prepare to serve meals on floors if there is a possibility that power will not be restored by the next scheduled meal service.

MAIN POWER FAILURE (Cont'd.)

Use disposable dishes and cutlery to save time and labour. (See section NUM-XV-02 for location of supplies.) Ask all available staff to assist in the transportation of food supplies.

Emergency Procedures for all Staff:

1. Notify the Department heads.
2. Shut off all non-essential electrical equipment to avoid power surges and to reduce electrical ignition sources.
3. Specify the location where the power failure occurred and details of the power failure.
4. If it is safe to do so, remain on your floor and wait for further instructions from supervisory personnel.

Emergency Procedures for all Residents:

1. Don't use the elevator.
2. Don't panic. Remember, the staff is here for your safety and security. There is no need for alarm.
3. Stay in your room for safety.
4. If there is an air conditioner, radio, television etc. in your room, please turn them off. Staff will ensure that this has been done.

Blackouts:

Blackouts are power outages where power is lost completely. "Load shedding" or a rolling blackout is a common term for a controlled way of rotating available generation capacity between various districts or customers, thus avoiding total wide area blackouts

- Keep some cash in the facility (i.e. couple hundred dollars, a roll of quarters, etc.).
- Keep a supply of water available.
- Keep a supply of well-packaged dry foods, which have long life span.
- Keep a supply of batteries and flashlights available
- Keep an extra supply of medicine and resident need products (i.e. diapers, etc.).
- Keep facility and residents clean.
- Remain in touch with the Ministry of Health, and late breaking news.
- Keep a supply of gas available (i.e. for generator, car, etc.) and remain calm.

MAIN POWER FAILURE (Cont'd.)

Brown-outs:

Brown-outs are power outages where the voltage level is below the normal minimum level specified for the system. Some brownouts, called voltage reductions, are made intentionally to prevent a full power outage.

Power Schematics – Emergency Generator and Main Breaker

EMERGENCY GENERATOR:

- See *NUM-XV-04* for Generator Specifications

MAIN BREAKER:

- See *NUM-II-16* (i.e. Hydro Main Switch)

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	ELEVATOR OUT OF SERVICE	**Number:**	NUM-II-07

ELEVATOR OUT OF SERVICE

POLICY:

Ensure that Residents and staff are protected in case of an elevator breakdown.

Elevator breakdown during meal times:

Procedure for Administration:

- All staff/residents are informed by announcement on PA by Administration
- Technician is called immediately (i.e. Otis) (See Section NUM-I-07).
- OUT OF ORDER sign posted on each floor elevator door.
- Administrator/D.O.C./ ADOC ensures all areas are monitored, served and safe.
- Residents/staff are informed as soon as elevator services are resumed.

Procedure for Nursing:

- Charge nurses from each floor sent a list to the dietary department, for residents who require meals on the floor. All residents will eat on their designated floor if Elevator is out of service.
- Nursing staff are assigned to serve meals in the main dining room (if elevator is working) and satellite room/sunroom.
- All residents are taken to their floors after the elevator is back in service.

Procedure for Dietary:

- Residents, who are already in the dining room, are fed in the dining room.
- Dietary F.S.S./Chef/Delegate review the list and instruct staff and arrange for the meals to be carried to each floor (e.g. # of pureed):
  - # of minced meals
  - # of regular meals
  - # of diabetic meals, etc.
  - # dishes, trays, cutlery, glasses, mugs, fluids, etc.

Procedures for All Staff:

- Dietary, Activity, Housekeeping, Nursing work as a team to ensure residents are fed with their proper diets in a safe environment.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	ELEVATOR OUT OF SERVICE	**Number:**	NUM-II-07

ELEVATOR OUT OF SERVICE (Cont'd)

ELECTRICAL ROOM: emergency supplies are available in the electrical room if needed (depending of space in this room as Electrical room is a small space)

GARAGE: wheel chairs

ACTIVITY ROOM: wheel chairs (depending on space required)

Elevator breakdown other than meal times:

DAYS: (Procedures for Administration)

- Announcement is made by Administration to inform all residents and staff.
- Technician is informed immediately. (i.e. Otis)
- Residents are discouraged not to press elevator buttons.
- All staff and residents are informed when the services are back to normal.
- All residents will be put on tray service, staff will bring food up to each floor

EVENING AND NIGHTS: (Procedures for Nursing)

- All residents and staff are informed by announcement.
- Charge nurse on the first floor informs administrator, re: elevator breakdown and follow instructions (e.g. call maintenance to check if there is electrical fuses, no light showing in the button, or call elevator technician as telephone number provided on contract list) (Otis – elevator company)
- Charge nurse ensures that residents/staff are all safe. Residents are kept away from the elevator during elevator maintenance.
- All residents will be put on tray service, staff will bring food up to each floor

***If staff/residents get stuck in the elevator:**

- Announcement on PA, re: elevator breakdown, a staff and residents are trapped in the elevator.
- Staff to locate what floor elevator is struck.
- Staff reassures people stuck by talking to them, re: technician is on his way or working on it.
- Will assist them as soon as possible.
- Trapped staff/residents are assisted out of the elevator after service resumes.
- Residents are monitored, vitals checked, fluids encouraged.

All residents are discouraged to use elevator by themselves at all times.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	FLOODS	**Number:**	NUM-II-08

FLOODS

Policy:

Protect the residents and staff from flooding of the facility.

Emergency Procedures for Management/Maintenance:

During a flood

1. Determine the nature, effect and probable duration of the problem
2. Isolate the source of the problem, i.e. whether it is internal/external, hot water or cold water, radiant heating etc.
3. Shut off all electrical power in the affected area
4. Ensure that the residents do not use open flames as there may be escaping gases from the ruptured mains
5. Contact Maintenance/Housekeeping personnel for moving supplies and equipment to minimize damage.

After a flood

1. Ensure Building is structurally safe.
2. Inspect for buckled walls or floors, holes in the floor, broken glass and other potentially hazardous debris.
3. Arrange to have the drinking water tested after a flood.

Emergency Procedures for Nursing:

In the event of a flood

1. Be prepared to assist with the relocation of residents to a safe part of the building when advised to do so.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	TELEPHONE	**Number:**	NUM- II-09

TELEPHONE

POLICY

Ensure there is inside and outside communication available at all times.

PROCEDURE

If for some reason the telephone service becomes inoperable the following procedure must be followed:

1. Determine the nature and scope of the problem.

2. Contact the Telephone Repair Company (see Section NUM-I-07) and report the following information about the problem:
    i. Nature
    ii. Source
    iii. Duration
    iv. Contingency plans

3. If necessary, evaluate alternate methods of communication (i.e. messengers, private cell phones, resident phones).

NOTE: During a power failure within the Facility or in the immediate vicinity, the lights and bells on the telephones may no longer be operational; however the phone lines may remain operational, as will the pay phones. Norwood's main phone line will not work but the Resident's phone lines will remain operational.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	UNAVAILABLE PERSONNEL	**Number:**	NUM- II-10

NURSING HOME PERSONNEL UNAVAILABLE

POLICY

Ensure Norwood is staffed at the level required by residents at all times.

PROCEDURE

If for one reason or another staff member becomes unavailable to perform his or her duties then the following procedure must be followed:

1. Determine nature of Problem (i.e. strikes, unable to travel, loss of life, etc.).
2. Determine the extent of problem.
3. Determine possible consequences of loss.
4. Seek out other personnel resources within the Home.
5. Seek external personnel sources i.e. agency (See NUM-I-07)
6. Seek aid of Fire Department, Police or Ambulance personnel for support if major life threatening situation (See NUM-I-09 for contact information).

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	RADIOLOGICAL ACCIDENTS	**Number:**	NUM-II-11

RADIOLOGICAL (NUCLEAR) ACCIDENTS

Then following procedures address radiological accidents that originate offsite. A radiological accident is an event that involves the release of potentially dangerous radioactive materials into the environment. This release will usually be in the form of a particulate cloud or vapor plume and could affect the health and safety of anyone in its path. In Ontario, Emergency Measures Ontario is the Provincial authority to direct a response during nuclear emergencies.

Following a radiological accident, authorities will monitor any release of radiation and determine when the threat has passed.

Emergency Procedures for the Administration

If administration becomes aware that a radiological accident may have occurred they shall:

1. Inform the Charge Nurse or designate.
2. Tune to the local radio or TV station for information and direction from Provincial or Community authorities.
3. Alert residents that an evacuation may be necessary.
4. Ensure that windows, door and other openings to the exterior are closed.
5. Ensure that air conditioning, vents, fans, and heating equipment are turned off.

If advised by Provincial authorities to evacuate the building, management should:

1. Organize a calm environment
2. Ensure building is secure
3. Arrange transportation for those who must be transported to alternate care facilities

If advised by Provincial authorities to remain in the building, management should:

1. Notify the residents of the hazard and reasons for shelter in place.
2. Seal gaps under doorways, windows and other building openings.
3. Ensure all heating, air conditioning and ventilation systems are turned off.

- Monitor radio or television stations for further updates and remain in building until authorities indicate it is safe to come out.

RADIOLOGICAL (NUCLEAR) ACCIDENTS, (Cont'd)

Emergency Procedures for all Staff

1. If building staff becomes aware that a radiological accident may have occurred, they shall immediately inform their supervisor.
2. Remain in the building unless specifically instructed to evacuate
3. Close windows, doors and other openings to the exterior in your area
4. Turn off all air conditioning, vents, fans and heating equipment
5. If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Charge Nurse or designate.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	INTERNAL EXPLOSION	**Number:**	NUM-II-14

EXPLOSION – INTERNAL

Policy:

Minimize the effect of an internal explosion.

Procedures for Administration:

1. Determine the impact to the residents, staff, visitors and volunteers from the explosion i.e. fire, floods, toxic gases, etc.
2. Call an evacuation if necessary
3. Dial 911 and Notify the Police and the Fire Department (See NUM-I-09 for contact information)
4. Account for all Residents, Nursing home personnel, Visitors and Volunteers.
5. Quarantine the affected area and re-locate staff and residents.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	SPILLS AND ENVIRON EMERG.	**Number:**	NUM-II-15

SPILLS AND ENVIRONMENTAL EMERGENCIES

Chemical Spills are a safety and environmental hazard and must be dealt with the utmost urgency. An example of a chemical spill is Gasoline leaked from vehicles or delivery trucks in garage.

Policy:

Minimize the effect of a chemical spill.

Procedures for Administration:

The following procedure must be followed if a chemical spill is identified.

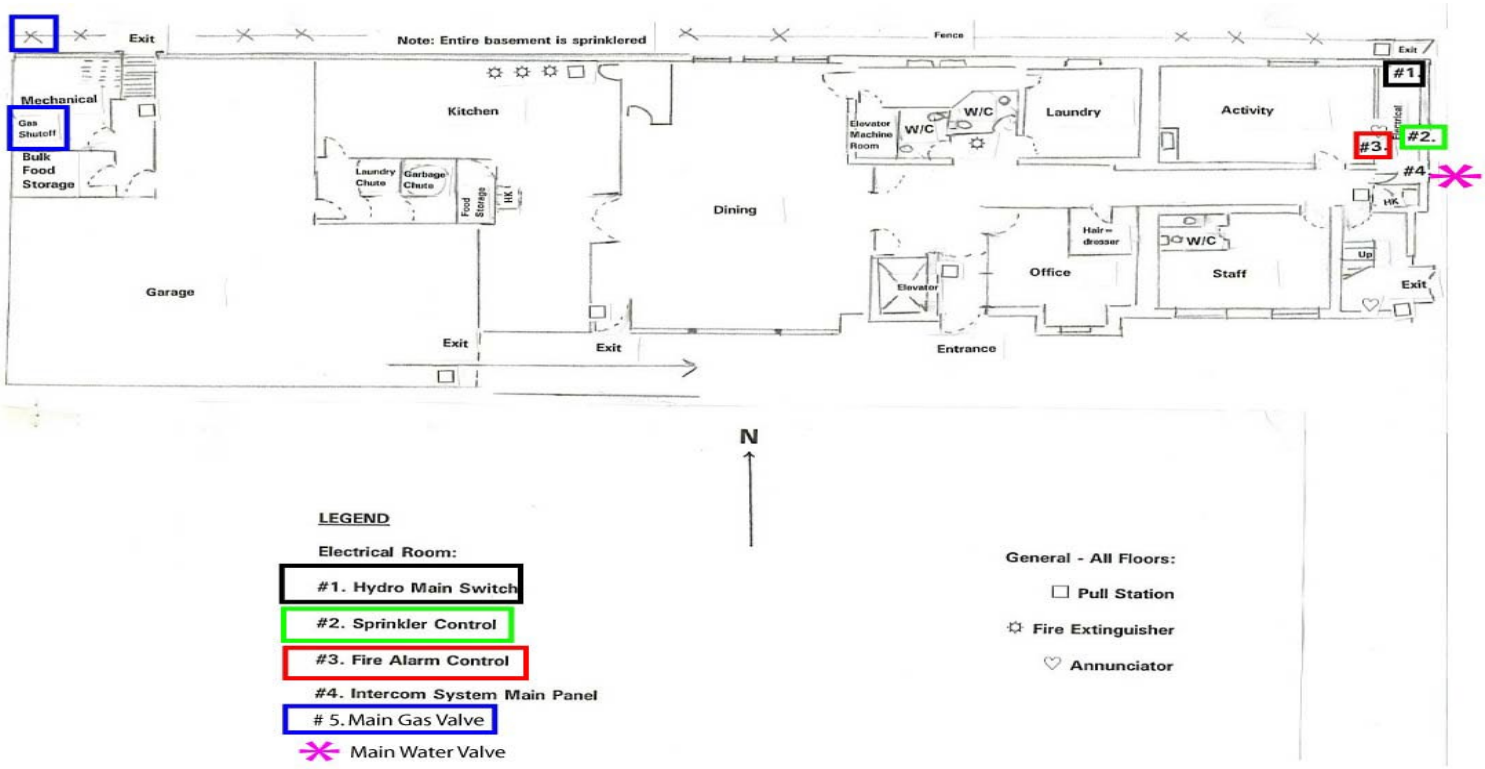
1. The Spills Action Center is staffed 24-hour basis by the Ministry of the Environment.
2. Spills must be reported immediately – See **NUM-I-09** for contact information.
3. Toronto Emergency Services should also be informed by calling **911**.
4. See NUM-IX for details on dealing with internal chemical spills.
5. Quarantine the area and re-locate residents and staff.
6. Do not attempt to clean the spill; rather wait for the correct authorities to do so.

NORWOOD NURSING HOME

EMERGENCY PROCEDURES MANUAL

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	VALVE SCHEMATICS	**Number:**	NUM- II - 16

VALVE SCHEMATICS –
MAIN WATER, SPRINKLER VALVE, MAIN GAS VALVE



NATURAL DISASTER PLAN AND ORGANIZATIONAL PROCEDURES

Disaster Plan Philosophy:

No disaster plan will cover all potential situations. This plan is an outline and guide for all departments. All departments are required to complement this plan with their own departmental plans. The keyword is flexibility. All departmental plans must coheir to this principle of flexibility within the overall scope of their responsibilities and functions, common sense and initiative are other attribute. Inter-departmental cooperation is essential. To achieve this flexibility and cooperation, departments are advised, wherever possible, to keep a reserve of their resources and personnel. They are also advised to place themselves – that is, to have personnel and equipment limitations and be prepared to rest and rotate resources as necessary.

Natural Disaster Plan:

1. Introduction:

This plan will be confined to a natural disaster, internal or external as it affects, on the Norwood LTC Facility and produces casualties. Disaster such as loss of power, heat, water, sewage, strikes, etc., which do not produce casualties, are not considered in this plan (but covered in other sections of this manual).

2. Aim:

To select and discharge patients from the Nursing Facility whom can be cared for in other institutions or at home.

3. Definition of Disaster:

Disaster – in a situation, which produces a large number of casualties, over a relatively short period of time, hopefully, the residents who require hospital care will be routed to all available hospitals, thus spreading the load.

NATURAL DISASTER PLAN AND ORGANIZATIONAL PROCEDURES (Cont'd)

Disaster Plan Initiation

1. Aim:

The aim is to enable Norwood Staff to be mobilized with dispatch and efficiency.

2. Authority to Initiate:

The disaster plan will be initiated when a responsible authority gives warning of the disaster. This plan may be initiated in descending order of priority, depending on reasonable attempts to locate the:

Administrator
Or
Director of Nursing/ ADOC
Or
Charge Nurse in consultation with any of the above

In the event, the Charge Nurse cannot contact any of the above, then she may initiate the plan herself.

3. Method:

The Administration will either inform the appropriate people, or inform an outside service (i.e. police, etc.) of the disaster. They will then notify the Facility over the PA system.

4. Control:

On arrival of those mentioned under authority to initiate, the most senior will be in complete control of the functions of the disaster plan. The Disaster Headquarters will generally control evacuation of the residents.

Internal Disaster Headquarters:

Location:
Main Office, Ground Floor

NATURAL DISASTER PLAN
AND ORGANIZATIONAL PROCEDURES (Cont'd)

Alternate Location:
Activity Room, Ground Floor

Function:

a) To provide an operation center to which all requirements for extraordinary medical services, staff equipment and supplies are directed.
b) Liaison with resources base – External resources.
c) To provide liaison with all outside agencies involved with the disaster.
d) To provide for an extension of this plan, if the disaster situation becomes prolonged.
e) To direct evacuation.

Coordination of Internal Resources:

a) Liaison with disaster site.
b) Liaison with ambulance service.
c) Organize direct and allocate internal resources for use where necessary.

Evacuation Procedures

Personnel:

Administrative Staff
Floor Evacuation Officers (Charge RN)
Nursing Staff
Housekeeping Staff
Dietary Staff
Activity Staff -- Volunteers if available

Function:

Immediately the plan is initiated, the floor charge nurse will prepare an emergency state. All residents selected for discharge or evacuation will have a "Disaster Transfer Tag" completed. This card will be tied to the patient, with an original kept in the information office and a duplicate for the admitting office. Initially, all residents selected for discharge will be ambulatory, with or without assistance.

NATURAL DISASTER PLAN
AND ORGANIZATIONAL PROCEDURES (Cont'd)

Procedure:

1. The Floor evacuation Officers, appointed by the administrator, will, in conjunction with the charge nurses, select residents for transfer/discharge. Discharge/Transfer residents will be tagged.
2. On call from evacuation Control, residents will proceed by elevator or stairs to neighbor apartment building 118 Tyndall Avenue that will function as evacuee holding center.
3. The Director of Nursing/ ADOC or delegate will coordinate the activity and arrange reception in the main hall and hallways (i.e. chairs, tables, food, etc.) until they have provided transportation to destination, designated in conjunction with Public Health Nursing Service, Home Care, etc. will also be coordinated.
4. Medical records of discharge/transferred residents will be forwarded to the appropriate locations.

Housekeeping Department

Location:
Main Floor, Ground Floor

Personnel:
Normal Staff

Function:

a) To deliver initial disaster supplies to main entrance.
b) To maintain essential housekeeping services

Dietary Department:

Location:
Main Floor Dining Room/Kitchen

Personnel:
Normal Staff

NATURAL DISASTER PLAN
AND ORGANIZATIONAL PROCEDURES (Cont'd)

Function:

a) To provide 24-hour emergency food services to residents, staff and volunteers.
b) To provide food service to evacuees in holding areas.
c) To maintain food service.

Public Information Service:

Location:
Main Office, Main Floor

Personnel:
Administration

Function:

a) To maintain a list of all patients, diagnosis, treatment and their evacuation.
b) To maintain a list of all evacuees, their location, and telephone numbers.
c) To provide an information service to inquirers.
d) To provide adequate liaison with public relation for public media purposes.

Medical Supply:

Location:
First and Second Floor

Personnel:
Normal Staff, under the control of Director of Nursing/ Assistant Director of Care (ADOC)

Function:

a) To provide a 24 hour medical supply.
b) To arrange re-supply as indicated.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	NATURAL DISASTER PLAN	**Number:**	NUM-III-01

NATURAL DISASTER PLAN AND ORGANIZATIONAL PROCEDURES (Cont'd)

General Administration:

1. All persons should return to the Norwood LTC Facility when asked to do so.
2. Shift work and days off will be readjusted to suit the situation.
3. Private telephone calls are prohibited.
4. Staff will not leave the Facility without authority.
5. Visitors will not be permitted during the period of the emergency.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	SNOW STORM	**Number:**	NUM- III - 02

SNOW STORM

POLICY

Ensure keeping our front entrance, back entrance and parking lot clear of snow and well salted. Ensure appropriate staffing and supplies are in place.

PROCEDURE

If there is a snowstorm and the forecast is for severe weather and dangerous road conditions then:

- Staff already working there is encouraged to stay for the next shift and staff who suppose to come for the next shift are discouraged to travel to avoid any incidents.
- Staff living close by is encouraged to come for work if needed.
- All departments work as a team.
- Dietary is to provide food for these staff/visitors.
- Make staff rest area with blankets; portable mattresses provided (e.g. in staff room on the main floor, activity room, etc.).
- Residents are reassured.
- Situation is dealt with as needed.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	HEAT ALERT	**Number:**	NUM-III-03

HEAT ALERT

Policy:

Enforce Public Health Department's Heat Alert Procedures to secure residents' well-being and health.

Internal Heat alert issued when the following occurs:

Standard Norwood Air Temperature must be between a minimum of 22°C and maximum of 27°C.

An **intervention alert** is given when the air temperature is recorded at 26°C and the humidity is greater than 50 %.

An **emergency heat alert** will be issued when the air temperature is at 32°C and the humidity is greater than 50 %.

Public Health issuing External Heat Alert:

During a Heat Alert, the Heat Health Alert System forecasts an oppressive air mass where the likelihood of premature deaths occurring increases. Under Heat Alert conditions the chance of premature deaths occurring is 65 percent or more. During an Extreme Heat Alert, the Heat Health Alert System forecasts an oppressive air mass where the likelihood of premature deaths increases. Under Extreme Heat Alert conditions the chance of premature deaths occurring is 90 percent or more.

A heat category (Heat Alert or Extreme Heat Alert) is a rating of how the weather affects human health based on data about different air masses and climate conditions. Some of the air mass and climate conditions include:

- Temperature
- Dew point (the temperature at which dew condenses)
- Cloud cover
- Humidity
- Wind speed and direction
- Length of time that it was hot
- When the heat occurred in the summer season

HEAT ALERT (Cont'd)

Symptoms due to excessive heat:

- Nausea
- Headache
- More tiredness than usual
- Rapid or difficulty breathing
- Weakness, dizziness, or fainting
- Confusion or disorientation

Procedures for Administration:

- Assess the demands of all jobs and have monitoring and control strategies in place for hot days and hot workplaces.
- Increase the frequency and length of rest breaks.
- Schedule strenuous jobs to cooler times of the day.
- Caution workers to avoid direct sunlight.
- Assign additional workers or slow down the pace of work.
- Investigate any heat-related incidents.

Procedures for Nursing Staff:

- Provide residents access to a cooler spot for several hours at a time, e.g. a common room with air conditioning
- Remove excess clothing from the resident, loss fitting clothing, etc.
- Cool the person with lukewarm water, cool bath, etc.
- Drapes should be drawn and blinds closed.
- Provide heat safety information to residents or post the information in common areas.
- Ask residents, to keep windows open and the drapes drawn if air conditioning is not available.
- Keep lights turned off or turned down low. Turn off unused electrical appliances and equipment as appropriate.
- Check in on at-risk residents often. (Use MED e-care's resident heat risk assessment to determine residents at risk during high temperatures).
- Monitor residents' responses to interventions implemented.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	HEAT ALERT	**Number:**	NUM-III-03

HEAT ALERT (Cont'd)

In case of a **heat related illness** Nursing Staff is directed to follow the following procedures:

1. Dial 911 for emergencies or 311 for Heat related inquiries if unable to resolve situations.
2. Remove any excess clothing
3. Sponge the person with lukewarm water
4. Offer sips of cool (not cold) water
5. If possible move the person to a cooler location, ie. Activity Room.
6. Notify physician of any resident suspected or assessed to have heat related illness and Request consultation with a Registered Dietician.

Procedures for Dietary Staff:

- Avoid using the stove and oven excessively
- Avoid serving heavy and hot meals as well as hot beverages
- Provide lots of water and natural juices to the residents. Residents should be encouraged to drink even if the residents do not feel thirsty.
- Provide cool drinking water near workers.
- Monitor, evaluate and modify fluid requirements based on signs and symptoms in all residents with a particular focus on those assessed as being at high risk or those residents receiving enteral nutritional therapy. Ie. Implement 24-hour fluid intake monitoring for all residents assessed as being at high risk for hot-weather related illness.
- Determine need to provide specialty products to correct electrolyte imbalances.

Procedures for Activity Staff:

- Avoid/cancel outdoor programming in areas that do not provide for air conditioned transport to air conditioned indoor settings.
- During programs, if resident status changes, immediately notify registered staff and obtain assistance; administer first aid as necessary and implement appropriate heat illness interventions.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	SEVERE STORMS	**Number:**	NUM- III- 04

SEVERE STORMS

Severe weather conditions such as tornadoes, hurricanes, hail, blizzards, ice storms and heavy rain are monitored by Environment Canada 24 hours a day, 7 days a week. If a severe storm is on the horizon, the weather service issues watches, advisories and warning through the media, thus allowing time for preparation to safeguard against property damage, personal injuries and loss of life. The following procedures must be implemented if a severe storm warning is issued.

Emergency Procedures for Administration/Charge Nurse

1. The Charge Nurse will make the decision to:
    a. Close the building to non-essential personnel
    b. Provide safe accommodations for residents
2. If the building is affected then check exit stairwells to ensure they are safe and available to use in the event of a building evacuation
3. Identify persons with injuries and provide medical assistance
4. The Charge Nurse or designate will make the decision as to the requirement to evacuate the building
5. If necessary, arrange for the transportation of residents to alternate health care facilities

Emergency Procedures for all Staff

1. Stay calm and do not run outdoors
2. Move residents to the corridor or to an inside room. Where able, keep at least 15 feet from the windows. Also keep away from overhead light fixtures.
3. Take shelter under tables, beds, desks or other objects that will offer protection against flying glass and debris.
4. Stay under cover until the severe weather condition has subsided
5. Identify persons with injuries and advise the Charge Nurse so medical assistance can be provided as appropriate.

Manual For:	EMERGENCY PROCEDURES	**Category:**	ALL DEPARTMENTS
Approved By:	ADMINISTRATION	**Date:**	06 March 2024
Subject:	EARTHQUAKE	**Number:**	NUM-III-05

EARTHQUAKE

Although seismic activity in Ontario is generally well below what is experienced in other parts of the country, historically earthquakes of a magnitude in excess of 5 have been experienced. As such consideration should be given in preparation for such an event.

Emergency Procedures for Administration

1. Warn residents to expect the fire alarms and sprinklers to go off during an earthquake
2. Instruct residents to seek shelter within the building
3. Once the shaking has stopped, the Administration will make the decision as to the requirement to evacuate the building
4. If necessary, arrange transport of residents to alternate healthcare facilities
5. If there is significant structural damage, ensure that staff confirm that no one is trapped in the building
6. Put out any small fires quickly if this can be done without endangering personnel. If not then call the fire department
7. Clean up flammable liquid spills immediately
8. Expect aftershocks
9. The administration will make the decision as to when reentry to the building will occur.

Emergency Procedures for all Staff

1. Stay calm and do not run outdoors
2. Take shelter under tables, beds, desks or other objects that will offer protection against flying glass and debris.
3. Stay under cover until shaking stops
4. If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Charge Nurse.
5. If a fire occurs, sound the alarm
6. Follow instructions from the supervisory and emergency personnel

NORWOOD NURSING HOME - EMERGENCY PLAN

HOT (High Risk) [Highly likely]

COLD (Low Risk) [Highly unlikely]

	INTERNAL DISASTERS						EXTERNAL DISASTERS			RESIDENT-RELATED ISSUES				
	FIRE (CODE RED)	WATER/ SEWAGE	GAS	POWER FAILURE	SPILLS (CODE BROWN)	BOMB THREAT (CODE BLACK)	EARTHQUAKE	HEAT ALERT	STORMS	CARDIAC ARREST (CODE BLUE)	INTRUDER/ HOSTAGE TAKING (CODE PURPLE)	VIOLENT RESIDENT (CODE WHITE)	MISSING RESIDENT (CODE YELLOW)	
PROBABILITY OF OCCURRENCE	MEDIUM	MEDIUM	HIGH	HIGH	HIGH	LOW	LOW	HIGH	MEDIUM	HIGH	LOW	HIGH	HIGH	
REFERENCE SECTION IN THE MANUAL	NUM IV 01	NUM II 03	NUM II 05	NUM II 06	NUM IX 01	NUM XI 01	NUM III 05	NUM III 03	NUM III 04	NUM VI 01	NUM XII 01	NUM X 01	NUM VII 01	GENERAL DUTIES (IN ALL EMERGENCIES)
ADMINISTRATION	1. Activate the nearest fire alarm. 2. Deactivate all equipment, close cabinets and doors and windows. 3. Ensure proper evacuation procedures are followed.	1. Contact Local Water Authority 2. Contact Major Water Suppliers 3. Inform staff and residents of water shortage	1. Instruct the maintenance to shut off main gas valve. 2. Instruct all staff & residents not to use electrical equipment.	1. Call Hydro One to assess the duration of the failure. 2. Lock all exits 3. Reset door/security system after power is restored.	1. Notify Infection Control, Medical Staff, & Dept. of Public Health.	ALL STAFF 1. Notify the Toronto Police Services. 2. Search the building calmly and do not alarm the staff. 3. DO NOT EVACUATE unless something that cannot be identified is found. 4. If an unidentified object is located, DO NOT TOUCH IT. 5. Immediately notify the Police again. 6. Ensure NO ONE moves or touches the object. 7. Order a quiet and systemic evacuation. 8. AVOID PANIC. 9. Keep residents aware of the situation. 10. Ensure all personnel are atleast 3 feet away from the building.	1. Instruct residents to seek shelter within the building. 2. Arrange transport of residents to other facilities if necessary. 3. Call fire dept. if any fires occur.	1. Increase the frequency and length of rest breaks. 2. Schedule strenuous jobs to cooler times of the day. 3. Caution workers to avoid direct sunlight. 4. Assign additional workers.	1. Close building to all non-essential personnel. 2. Ensure all residents are safe. 3. Identify people with injuries and provide medication. 4. Check and ensure all stairwells are available for use.	ALL STAFF 1. If Code Blue is called then only charge nurses are to respond unless other nurses are present in the dining room. 2. Charge nurses on each shift will assess the emergency situation and act appropriately. 3. No CPR, no Ambulance, no effort is made to revive (follow the individual treatment plan). 4. Each floor has suction machine, ambulance bag, and airways. If resident is choking, staff will conduct hamlich maneuver. 5. Ambulance is called and resident is transferred to the hospital. 6. All-important records are sent with the resident. 7. Next of kin is informed.	ALL STAFF 1. If an intruder is found on the premise, alert administration and all Staff. 2. Request the intruder politely to vacate Norwood. 3. Call police if the intruder if the intruder refuses to do so. 4. DO NOT argue or attempt to use any force against intruder. If an INTRUDER becomes a HOSTAGE TAKER: 1. Alert all staff about the situation. 2. Call 911 and declare an emergency. 3. Ensure all residents are safely in their rooms.	ALL STAFF 1. Identify that a situation exists requiring immediate attention. 2. Ensure own and co-worker safety. 3. Follow procedure outlined by Norwood for summoning assistance. 4. Prepare restraints if needed. 5. Attending physician is informed. 6. Police is called and resident is transferred to general hospital for medical clearance and further psychological assessment. 7. Resident's family is informed.	ALL STAFF 1. Notify the Nurse in Charge who in turn notifies the DOC and the DOC informs the Administration. 2. Once established that the resident is indeed missing, the Administration will contact the Police. 3. DOC will contact and inform the relatives. 4. The Administration will act as liaison person with the Family, Police, Press, and Ministry of Health. 5. The DOC will supervise the documentation of events. 6. The administration will notify all parties once the resident returns or is located and returned.	1. Notify all staff at site of the emergency situation. 2. Call the Police, Fire Department or other Outside Authorities. 3. Ensure all staff and residents are safe.
NURSING STAFF	1. The PSW assigned by RN will proceed directly to the Side door to notify the Fire Dept. of the fire location. 2. Accompany the Fire Dept. to the location of the fire. 3. Staff to comfort residents and evacuate building if necessary.	1. RN to designate staff to retrieve emergency supplies. 2. Charge implements restrictions to ration water use. 3. Charge Nurse to monitor and document resident fluid intake with meds.	1. Inform Charge Nurse and relocate residents. 2. Open all windows and doors. 3. Evacuate residents if necessary.	1. Use portable phone at the 2nd fl. nursing station. 2. Do not use the elevator. 3. Supply each resident with a call bell. 4. Monitor residents every 15 minutes.	ALL STAFF 1. Determine the nature and source of the problem. 2. Notify administration. 3. Turn off air intake valve. 4. If spill is in a public area then enter area with proper protective equipment. 5. Consider isolating the area and quarantine of staff and residents. 6. If necessary, secure the building.	ALL STAFF 1. Stay calm and donot run outdoors. 2. Take cover and stay undercover until shaking stops. 3. Follow the evacuation procedure if instructed to evacuate. 4. Sound the fire alarm, if a fire is identified. 5. Follow instructions.	1. Remove excess clothing from residents. 2. Cool person with cool baths. 3. Open windows and draw drapes in resident rooms. 4. Keep lights turned off or low. 5. Check in on at-risk residents often. 6. Monitor resident's response.	ALL STAFF 1. Stay calm and do not run outdoors. 2. Move residents to the corridor or to an inside room. 3. Take shelter under tables, beds, desks or other objects that will offer protection. 4. Identify persons with injuries and advise the Charge Nurse. 5. In case of snow storm, staff living nearby are encouraged to come for work, while staff far away are discouraged to travel. 6. Dietary is to provide food for all visitors and staff. 7. All Departments will work as a team.					1. Ensure that residents are safe and looked after. 2. Ensure residents are evacuated properly if necessary.
DIETARY STAFF	1. Deactivate all equipment and report to 1st floor nursing station. 2. Assist the Nursing Staff to relocate residents to a safe location. 3. Staff does not return to the kitchen until "all clear" has been given.	1. Cease use of dishwasher and turn off coffee/tea machines. 2. Use disposable dishes, cups and utensils. 3. Revise menu with the DOC and Charge Nurse. 4. Purchase foods from nearby restaurants.	1. Call Enbridge Gas Distribution from a phone located well away from the source. 2. Evacuate the building if necessary.	1. Check and record temperature of the freezer and fridge. 2. Prepare to serve meals on the floors. 3. Ask all staff to support in the transportation of the supplies.				1. Avoid using oven and stove. 2. Avoid serving heavy and hot meals. 3. Provide lots of drinking water and natural juices. 4. Monitor, evaluate and modify fluid requirments. 5. Determine need to provide speciality products.					1. Ensure all residents are supplied with adequate nutrition in all emergencies.
LAUNDRY/ HOUSE-KEEPING STAFF	1. All staff deactivate equipment and report to the 1st floor Nursing Station. 2. Calm and reassure residents and assist Nursing Staff to move residents to a safe location. 3. Do not return to work until "all clear" has been given.	1. Shut off all intake valves and outside faucets. 2. In case of a sewage leak, sanitize the area using mops and floor disinfectant.	1. Shut off the gas at the main valve.					1. Avoid doing excessive work. 2. Avoid using the dryers and washing machines. 3. Keep well hydrated.						1. Ensure the facility is safe for all staff and residents.

TOTAL EVACUATION

In an extreme emergency when it becomes necessary to evacuate the entire building the Charge Nurse, Senior Management or Emergency Personnel will initiate the following:

Standard Orders for Total Evacuation

The senior ranking authority is in charge and is the person who will order total evacuation and discharge his/her duties as follows:
Order evacuation (follow evacuation standing orders).

Delegate to Charge Nurse or Senior Management personnel to call ambulance dispatch and order every available ambulance – call 911.
Delegate Charge Nurse decision-making authority to determine which residents will be sent to hospital by ambulance.

Ensure resident care plans and all available bedding supplies, as much as possible, go with residents.

By the use of the resident care plans, notify local responsible parties of the emergency and offer them the option of caring for their relative at their home. As residents leave make note of the resident and the responsible party.

Keep track of the temporary location of each resident before moving to other facilities.

When the emergency is over, the Facility is declared safe; the senior management staffs member available will organize the return of all residents and necessary staff to Norwood Long Term Care Facility. A head count should be taken periodically during the emergency and a double-checked head count specifically accomplished on the return of the residents to the facility.

Total Evacuation Out of the Community

In the event of a major community disaster or a major community threatening disaster, it will be the responsibility of the Toronto Emergency Services to coordinate the evacuation.

Norwood personnel must be prepared to assist the T.E.S. operation when called upon to do so. It is the responsibility of the senior management staff person available to inform T.E.S. of the emergency plan.

STANDING ORDERS FOR EVACUATION

In the even of the necessary evacuation of an area, the Duty Nurse in charge will instruct staff to carry out the following:

1. Call in all available staff as necessary (See staff telephone list).
2. Remove residents closest to the danger area first.
3. Walking residents (Wrap in blankets and lead to safe area in groups).
4. Wheel chair residents (Wrap in blankets and lead or direct to safe area).
5. Remove helpless residents (Using stretchers or blankets to carry them to safe area).
6. Attempt to revive all pertinent residents' records if safe to do so.

NOTE: It is essential that residents being moved by bed be held to a minimum, to avoid congestion in the safe areas.

7. Ensure that sufficient members stay with evacuees.

NOTE: When evacuating an area, think in terms of moving residents horizontally, that is from an unsafe area to a safe area on the same floor. If, on further orders, it is necessary to evacuate the entire floor, the first floor charge nurse is responsible for the evacuation of residents downward (i.e. from the second floor to the first floor using the stairs and from the first floor outside, if weather conditions permits). The main floor dining area (if safe) is considered the last safe area within the building prior to external evacuation.

Major Power Failure

Should a power failure occur during the winter where residents' room temperature is likely to fall below 40F or 10C, the senior management staff person available may, if necessary, issue the evacuation order.

The evacuation order must be considered as a last resort after all other means to keep residents warm (e.g. Borrow quilts, sleeping bags, blankets, portable battery heaters, etc.) have been exhausted.

All available staff and volunteers reached should be asked to assist personally or provide equipment if at all possible.

Should the power failure not affect the environment but still affect other areas (e.g cooking, etc.) other plans (e.g. such as food rationing or other improvisational plans) may be enacted at the discretion of the Administrator or delegate.

Major Water Shortage

In the event of a major water shortage for a significant period of time where residents' health is in jeopardy, the Toronto Water Works is to be called by the senior management staff available and inform them that Norwood Long Term Care Facility should be considered a priority. Should water not be available from the City, private water should be requested from Norwood's suppliers.

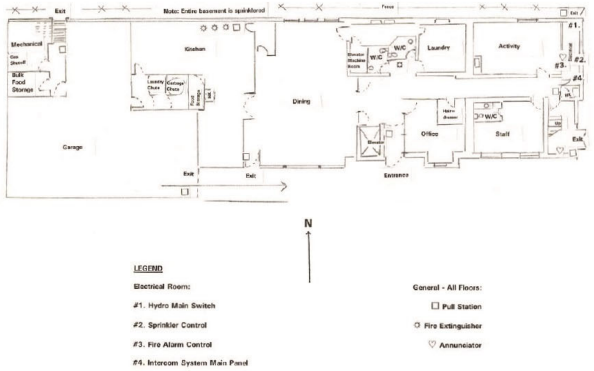
See *Outside Contractor's Telephone Numbers List* (i.e. NUM-I-09)

Major Food Shortage

In the event of a major food shortage for a significant period of time where residents' health is in jeopardy, the senior management staff available may purchase as much foodstuffs as necessary from local grocery chain stores.

Under emergency conditions for short term situations area restaurants may be called to supply particular residents' meals

Evacuation plans may be enacted at the discretion of the Administrator or delegate.



NOTE:
The Emergency Supplies are located in the laundry corridor cupboards and in the current storage in the garage as per the policies and procedures for emergency.

This plan has been created in accordance to Norwood's emergency and safety plan.