



St. Patrick's Home of Ottawa Emergency Plan

Updated January 2024



St. Patrick's Home of Ottawa

COVID-19 PANDEMIC PLAN

Abstract

This plan entails details how to operate the home under extenuating circumstances: This edition is directly related to the COVID-19 Pandemic

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Table of Contents

Preparation for Pandemic

- 1) Human Resources/Staffing Plan
- 2) Finance and payroll/ IT services
- 3) Communication plan to residents and families
- 4) Communication plan to staff
- 5) Reporting requirements to the MOLTC and Public Health
- 6) Addressing Complaints
- 7) Admissions, Discharges, Transfers and Absences
- 8) Respite/Short Stay Beds
- 9) Training and Orientation/Police Reference Check Requirements

Pandemic Plan:

In COVID -19 outbreak or suspect outbreak at 100%, 75%, 50% and 25% of staffing levels.

- 10) Documentation requirements
- 11) Care Conferences
- 12) Nursing and Personal Care:
 - A) *Personal care, personal belongings/aids*
 - B) *Bathing*
 - C) *Oral Care, foot and nail care*
 - D) *Dressing*
 - E) *Bedtime and Rest*
 - F) *Transferring and positioning*
 - G) *Continence and Bowel care/Toileting*
- 13) Medication Management and pharmacy services
- 14) Falls
- 15) Skin and Wound
- 16) Pain
- 17) Responsive Behaviours/ Resident Altercations
- 18) Mobility Devices/ Restraints
- 19) Medical Service
- 20) Nutrition and Hydration:
 - A) *Dietary Services*
 - B) *Weight changes*
 - C) *Menu planning*
 - D) *Dining and Snack Services*
- 21) End of Life Care
- 22) Religious and Spiritual Care

- 23) Restorative Care/ Physio/ OT**
- 24) Recreation and Volunteer Services**
- 25) Social Work**
- 26) Housekeeping**
- 27) Laundry**
- 28) Maintenance**
- 29) Infection Prevention and Control**
- 30) Equipment and Supplies Management**

APPENDIX

- 1. Staffing Levels Equipment and Supplies List**
- 2. Equipment and Supply List**

Preparation for COVID-19 Pandemic

Human Resources/Staffing Plan

1) Establish the regular staffing pattern for all departments:

	100%		
	# OF STAFF		
	DAYS	EVENINGS	NIGHTS
RN	3	2	1
RPN	9	9	3
PSW	32	27	13
RA	4	1	0
Nursing support staff	3	0	0
Other RN/RPN/BSO	4	1	0
Restorative	2	0	0
Recreation	4	2	0
Dietary	9	9	0
Kitchen	3	2	0
Housekeeping/Laundry	9	4	0
Maintenance	2	1	0
Spiritual and Religious Care	2	0	0
Finance	3	0	0
Reception/scheduling/HR	3	1	0
Leadership	11	0	0
	56	40	17

- Determine if there may be additional funding for staffing requirements
 - Some funding was released to homes to add additional resources for staff, supplies and equipment required to prepare for COVID-19 outbreak
- Determine if additional staffing will be required; numbers of staff, additional fulltime positions, additional part-time positions in all departments
 - Additional staff will be required as there is direction for homes for staff to work at one place only. Part-time staff offered more hours and additional full-time positions added to the current schedules in nursing and support services.

- Received an Order under Emergency Management and Civil Protection Act on April 15, 2020 that staff are only to work in one healthcare facility.
- Additional staff required as more positions vacant as a result of staff not being able to work at St. Pat's due to the order, child care or other extenuating circumstance.
- Follow return to work guidelines from Public Health.

2) Finance and payroll/ IT

- Evaluate remote access for staff to be able to work remotely from home if required
 - All finance/IT department have the ability to work remotely.
 - All Leadership team has remote access to Point Click Care and any other required staff can be added easily by VP of Nursing, RAI-C, RAI-back-up and IT.
 - IT staff back up is the Building Services Supervisor who can access call bells, card access, parking machine. HR Coordinator can make new pay scan cards for staff.
- Evaluate how many staff are required onsite each day in the department at a minimum
 - One staff, at a minimum, to access trust fund money, petty cash, and to handle accounts receivable and payable.
- Evaluate if any extra infrastructure and security is required due to pandemic.
 - Additional I-pads purchased by foundation and in place for communication between residents and family members.
 - No additional infrastructure required for this pandemic at this time.

3) Communication plan to residents and families

- Evaluate how we can provide effective communication to residents and families.
 - Utilize St. Pat's website to provide information to residents and families
 - Create a daily newsletter and post on website as well as email families, call family members as required for resident related health changes and updates every 3 days as per the schedule set by RPN's on Resident Home Areas.

4) Communication plan to staff

- Evaluate how we can provide effective communication to staff
 - Use email communication, memos and have meetings with staff with any new changes or updates to processes. Ask staff for their input on decisions and processes that have to change. Be available to answer questions.

- Ensure a Leadership Team member is onsite daily including weekends. Ensure Leadership Team members check their email, and voice mail frequently and respond as soon as they are able, prioritizing need and delegating as required.
- VP of Nursing to be on call 24/7 during pandemic with AVP of Nursing as back up.
- Leadership team to meet daily to ensure clinical and infection control information is available to all departments, ensuring departmental feedback for an interprofessional collaboration.

5) Reporting requirements to the MOLTC and Public Health

- Monitor for and implement any changes to the MOLTC regulations and Act and Public Health as distributed by the MOLTC, the Ontario Government and Public Health
 - CEO/President distributes any important information to the team for each department to implement as required at daily report and through email communication.
 - Ensure team members act on any changes as quickly as possible.

6) Addressing Complaints

- Address all complaints as per the MOLTC Act and Regulations unless told otherwise.
 - Regulation amended on March 17, 2020 that written complaints do not have to be submitted to the MOHLTC.
 - Staff will still address complaints to the satisfaction that is possible and attempt to resolve the complaint, although it does not have to be submitted to MOHLTC.

7) Admissions, Discharges, Transfers and Absences

- Follow the MOLTC Act and Regulations as per the legislation
- Follow any Public Health guidance in regards to Infection Prevention and Control when considering decision on Admissions, discharges, transfers and absences.

8) Respite/Short Stay Beds

- Follow the MOLTC Act and Regulations as per the legislation
- On March 23, 2020, the MOLTC amended the regulation that all short stay beds become long term beds temporarily.
- St. Pat's 2 respite beds have been offered to the LHIN as long stay as per regulation.

9) Training and Orientation/ PRC requirements

- Follow the MOLTC Act and Regulations as per the legislation
 - Regulation amended on March 20, 2020 in order for homes to get new staff in place quickly, where there is a modified orientation process temporarily as well as guidance on Vulnerable Sector Criminal Reference checks.
 - Education for all staff on masks, all PPE, and Hand Hygiene.

COVID-19 Pandemic Plan

In COVID -19 outbreak or suspect outbreak at 100%, 75%, 50% and 25% of staffing levels. (See Appendix 1 for staffing levels breakdown)

10) Documentation requirements

- **At 75-100 % staffing level.:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Document by exception in the progress notes for resident health changes and update care plans for changes only. PSWs to complete POC for personal care and transfers, baths, skin assessments, continence care, meals and snacks, including hydration. Report behaviours to the RPN for progress note documentation. Staff may stay OT to complete if at 50% staffing. Support staff who can assist with meals and snack POC documentation.
- **At 25-49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Document by exception in the progress notes for resident health changes and update care plans for changes only. Nursing clinical staff to assist with care plan updates. PSWs to complete POC for exceptions from the care plan for personal care and transfers, baths, continence care. Document for all residents- meals and snacks, including hydration. Report behaviours and any skin issues to the RPN for progress note documentation. Staff may stay OT to complete at this staffing level. Support staff can assist with meals and snack POC documentation.

- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Document by exception in the progress notes for resident health changes and care plans for changes only. Nursing clinical support staff to assist in documenting changes.
 - Document for all residents in POC- meals and snacks, including hydration, bowels/urine. Report behaviours and any care and skin issues to the RPN/RN for progress note documentation. Staff may stay OT to complete at this staffing level. Support staff can assist in documenting meals and snacks.
- **RAI-MDS documentation:**
 - Follow any regulation and CIHI changes as this impact future funding. Must be evaluated at the time and decisions made dependant on impacts on future funding for the nursing department. Communication to each department will be done by the RAI-C or RAI-back-up upon instruction from VP of Nursing or CEO and President.

11) Care Conferences

- Continue as per MOLTC Act and Regulations unless specified otherwise.
 - As families are not allowed to enter the building, care conferences are suspended during COVID-19 pandemic. Medical and nursing services are to provide families with regular updates.

12) Nursing and Personal Care:

A) Personal care, personal belongings/aids:

- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Care continues as per residents' care plans.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff, as required.
- **At 25-49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. There may need more evaluation at this point depending on the extent of which staff are missing and which staff are available to do resident care.

- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. There may need to be more evaluation at this point depending on the extent of which staff are missing and which staff are available to do resident care.

B) Bathing

- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Care continues as per residents' care plans.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide baths according to residents' care plans with the assistance of support staff and clinical staff as required. Staff can provide one bed bath and one regular bath, as per care plan, per week. (still 2 baths per week)
- **At 25 -49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide baths according to residents' care plans with the assistance of support staff and clinical staff as required. Staff are to provide 1-2 bed baths only, as able.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide a full wash with am care and hs, with the assistance of support staff and clinical staff as required. No baths will be given.

C) Oral Care, foot and nail care

- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Care continues as per residents' care plans. Foot care nurse is not allowed in, therefore PSWs and RPNs to provide nail care.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide oral care q am and h according to residents' care plans with the assistance of support staff and clinical staff as required. Foot and nail care with baths as needed.

- **At 25 -49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide oral care with the assistance of support staff and clinical staff as required. No foot or nail care unless urgent. There may need to be more evaluation at this point depending on the extent of which staff are missing and which staff are available to do resident care.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide oral care with the assistance of support staff and clinical staff as required. No nail or foot care unless urgent. There may need to be more evaluation at this point depending on the extent of which staff are missing and which staff are available to do resident care.

D) Dressing

- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Care continues as per residents' care plans.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care- dressing according to residents' care plans with the assistance of support staff and clinical staff as required.
- **At 25 -49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to dress residents but may need to do this after breakfast for some residents with the assistance of support staff and clinical staff as required. There may need to be more evaluation at this point depending on the extent of which staff are missing and which staff are available to do resident care.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to dress residents, with possible alternating of residents who get out of bed, with the assistance of support staff and clinical staff as required. Will need an evaluation at the time, by the clinical leads.

E) Bedtime and Rest

- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Care continues as per residents' care plans.

- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required.
- **At 25-49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. There may need to be more evaluation, by the Nursing Leads, at this point depending on the extent of which staff are missing and which staff are available to do resident care.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. There may need to be more evaluation, by the Nursing Leads, at this point depending on the extent of which staff are missing and which staff are available to do resident care.

E) Transferring and positioning

- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Care continues as per residents' care plans.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. Continue repositioning.
- **At 25 -49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. There may need to be more evaluation at this point depending on the extent of which staff are missing and which staff are available to do resident care. Continue repositioning.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. There may need to be more evaluation at this point

depending on the extent of which staff are missing and which staff are available to do resident care. Continue repositioning.

F) Continence and Bowel care/Toileting

- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Care continues as per residents' care plans.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required.
- **At 25 -49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. There may need to be more evaluation at this point depending on the extent of which staff are missing and which staff are available to do resident care.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - PSWs are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. There may need to be more evaluation at this point depending on the extent of which staff are missing and which staff are available to do resident care.

13) Medication Management and pharmacy services

- Evaluate medications and look to reduce med passes in advance to an outbreak. (Medication compression)
- Evaluate who can give medications in the building and move staff to make this a priority. RNs may have to give medications as well as any Registered Staff, including but not limited to Clinical Nurse Educator, RAI-C, RAI-back up. AVP of Nursing may be required to do meds or be RN on the floors. Utilize agency staff. With CEO and President's approval reach out to a hospital for staff as a contracted service if necessary.
- Change policy for med pass times to a broader range to avoid staff making medication errors.

14) Falls

- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Fall prevention continues as per policy.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Falls prevention continues as per resident care plans. Utilize non-clinical staff for falls monitoring and comfort rounding. Staff need to chart the fall under assessments and a progress note populates automatically. No need to do the incident charting under risk management.
- **At 25 -49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Falls prevention continues as per resident care plans. Utilize non-clinical staff for falls monitoring and comfort rounding. Staff need to chart the fall under assessments and a progress note populates automatically. No need to do the incident charting under risk management.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Falls prevention continues as per resident care plans. Utilize non-clinical staff for falls monitoring and comfort rounding. Staff need to chart the fall in a progress note. No need to do the incident charting under risk management or the complete falls assessment.

15) Skin and Wound

- Evaluate wounds and prioritize wounds that must be done more than once weekly and make a list.
- Utilize additional staff or clinical staff to do wound care for urgent wounds.
- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Care continues as per residents' care plans.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Registered Staff are to provide wound care according to residents' plan of care with the assistance of additional Registered Staff as required.
- **At 25 -49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Registered Staff are to provide wound care according to residents' plan of care with the assistance of additional Registered Staff as required.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Registered Staff are to provide wound care according to residents' plan of care with the assistance of additional Registered Staff as required. Change wound assessments to weekly and just document in progress notes.

16) Pain

- Continue to provide pain management for residents as per their care plans and assessed needs, regardless of staffing.

17) Responsive Behaviours/ Resident Altercations

- Continue to provide interventions for responsive behaviours and resident altercations for residents as per their care plans and assessed needs regardless of staffing.
- Utilize HIN 1:1 where necessary .
- Consult Geriatric Psychiatry as required.
- Utilize BSO staff if not pulled to a PSW position in a staff shortage.

18) Mobility Devices/ Restraints

- Evaluate when it is necessary to stop the formal wheelchair washing schedule, but staff to still wipe down mobility devices that are soiled. May need to use support staff to assist with this process depending on staffing levels.
- Continue to follow MOLTC regulations for restraints and PASDs as this is a safety issue.

19) Medical Service

- Medical services will continue as per regulations, but there will be at least one physician on call 24/7 and one physician able to come to the building to assess residents as required.
- Physicians will use e-consult so residents do not have to go out for appointments.
- Physicians will do phone rounds when not able to come in on a weekly basis with a Registered staff while staffing allows for phone rounds on nursing part. Otherwise a physician will need to come in the building. Arrangements made for coverage by the Medical Director.
- The Medical Director will be able to consult with the VP of Nursing on a regular basis to address clinical policy changes required and for consultation, during business hours.

20)Nutrition and Hydration:

A) Dietary Services

- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Care continues as per residents' care plans.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Staff are to provide dietary services according to residents' care plans with the assistance of support staff and clinical staff as required.
- **At 25 -49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Staff are to provide dietary services, according to residents' care plans, with the assistance of support staff and clinical staff as required.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Staff are to provide dietary services according to residents' care plans with the assistance of support staff and clinical staff as required.

B) Weight changes

- **At 75-100 % staffing plan:**
 - Continue as usual or as indicated by MOHLTC.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Continue as usual or as indicated by MOHLTC.
- **At 25 -49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Only weigh the residents that had a change in their status or the residents identified by Registered Dietitian.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - No weights will be required.

C) Menu planning

- Menu planning regulations continue as per MOLTC Act and regulations
- Modifications of menus may be required, such as if in COVID-19 confirmed outbreak, a switch to the pandemic menu may be required for all home areas or some of the home areas. Final decisions will be based on an evaluation of who requires to have meal service in their room's

dependant on direction from Public Health. Must be done in consultation with the Dietitian and the Manager of Support Services.

D) Dining and Snack Services

- **IF in Suspect COVID-19 outbreak:**
 - Residents will be spread out and ensure physical distancing for meal times. 2 residents at a table.
- **IF in COVID-19 Outbreak:**
 - Residents will be provided meals in their rooms on the home area(s) in outbreak and possibly the whole building.
 - Dining service timing may vary depending on which home areas are on outbreak and this need to be evaluated at the time and direction provided from Nursing and Dietary Leads.
 - During the pandemic, menus will not respect the food preferences and special instructions. Only the allergies, intolerances, diet texture, fluid consistency and level of assistance will be respected. For example, interventions to minimize weight gain will not be a priority at this point.
- **At 75-100 % staffing plan:**
 - Follow MOLTC Act and Regulations as required in COVID-19 outbreak and in suspect outbreak. Care continues as per residents' care plans. Documentation of intake of food and fluids required.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Staff are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. Documentation of intake of food and fluids required.
- **At 25 -49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Staff are to provide according to residents' care plans with the assistance of support staff and clinical staff as required. Documentation of intake of food and fluids required.
- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Staff are to provide nursing care according to residents' care plans with the assistance of support staff and clinical staff as required. Documentation of intake of food and fluids required.

21) End of Life Care

- Allow for family to visit under essential visitors one at time.
- Follow guidelines around care of the deceased body and funeral services

- Modify Leaving ceremony to include only the family present at the time of death without the resident body. Walk out family instead of body.
- Staff to clean out room and plan to pick up at a later date.

22) Religious and Spiritual Care

- Services to continue as staff are available as pastoral volunteers not allow to be in the building. Mass is to be televised and any residents making their own way to the Chapel will be physically distanced and hand hygiene completed. No distribution of communion.

23) Restorative Care/ Physio/ OT

- Services continue to be evaluated, by the Leadership Team, dependant on staff availability and who is onsite.
- Restorative Staff may be pulled to provide resident care.
- In the event of a COVID-19 outbreak PT and OT services will be discontinued.

24) Recreation and Volunteer Services

- In the event of a COVID-19 outbreak recreation staff may be used to assist with aspects of resident care: eating, transferring, portering, comfort rounds and managing responsive behaviours.
- In suspect COVID-19 outbreak large group programs are discontinued. Programs on each home area only. No mixing of residents. Provide 1:1 support to residents. Avoid going home area to home area where possible.
- Support residents in communication to their family members via social media or phone calls.
- **At 75-100 % staffing plan:**
 - Social media and phone calls between residents and family members will continue. Rec staff will also cover MDS and assessments on the home areas that do not have adequate staff.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Social media and phone calls between residents and family members will continue with the support of Manager. MDS and assessments would continue.
- **At 25-49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Social media and phone calls between residents and family members would be divided between the Rec Staff, the 11-7 BSO, staff on modified

duties, and the support of the Manager. MDS and assessments would continue.

- **At 24% and less staffing plan in COVID-19 outbreak or suspect outbreak:**
 - Recreation staff would ask for assistance from RAI-C, RAI-back-up for MDS. Assessments may be put on hold

25) Social Work

- Support family members and residents who are having a difficult time with the social isolation. Help facilitate end of life conversations and funeral home arrangements.
- Support new residents and families as required depending on admission status.

26) Housekeeping/Laundry

- **At 75-100 % staffing plan:**
 - Continue to provide regular housekeeping duties for resident rooms.
 - Additional cleaning of high touch surfaces at a minimum of twice daily
- **IF in COVID-19 outbreak:**
 - Clean high touch surfaces every 2 hours.
 - Use accelerated hydrogen peroxide wipes on outbreak areas.
- **At 50-74% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - 4 housekeepers will pair up and do *priority clean starting on 5th floor and working their way down to 2nd floor.
 - Galway housekeeper will remain on 1st floor and *priority clean, meal assist and maintain common area bathrooms.
 - Lead Hand will work in laundry and meal assist
- **At 25-49% staffing plan in COVID-19 outbreak or suspect outbreak:**
 - 1 housekeeper and Lead hand will pair up and do *priority cleaning starting on 5th floor and working their way down to 1st floor.

***Priority clean involves all resident rooms garbage removed, bathroom sanitized, and touch points sanitized.**

***Administrative offices will not be cleaned, owners responsible.**

27) Laundry

- Continue to provide laundry services as per usual. Adjustments to resident turnaround time might be need to be taken dependant on staffing.

- No floor to floor laundry delivery. To be delegated to extra 11-7 short shift.
- 1 Laundry staff will focus on personals, limit resident changes to soiled only. Utilize all available administration staff to assist in sorting, folding, and loading personals on poles. Flats maybe contracted out. Contact HLS or possible contract.
- Recruit *Agency staff to work in laundry.

*** Agency staff are a pool of Sodexo employees recruited for this purpose.**

28) Maintenance

- Continue to evaluate repairs required and prioritize needs.
- **IF in COVID-19 Outbreak-** maintenance not to enter resident rooms on additional precautions without approval of their supervisor or VP of Nursing- ensure maintenance crew have been instructed on applying and removal of PPE at the time, to review knowledge.

29) Infection Prevention and Control

- Continue to follow home's infection prevention and control practices.
- Follow directives and guidelines from Public Health. Ensure that Clinical and IPAC leads follow, know and understand any new directives. Droplet/Contact PPE required.
- Ensure that all staff are knowledgeable of infection control practices that pertain to them.
- Continue education of staff in PPE donning and doffing and hand hygiene.
- Keep staff informed of changes and that the Registered staff are competent to ensure that they are educating on the spot with staff and contracted staff in the building.
- **Currently we are required to screen staff twice a shift**
- **Currently we are required to screen and do PCRA twice a day.**
- Follow guidance from Public Health for testing for COVID-19.
- VP and AVP of Nursing to stay current in all directives and provide IPAC direction to the home staff.

- Review and complete Public Health's COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes.
- Determine what essential services are necessary – Footcare, Lab, Xray, Dental, Optometry, and Hairdressing.
- Follow most recent COVID-19 Outbreak Guidance as per MOH directives.
- Cohorting well and unwell residents with dedicated staff for each group, when possible.
- Limiting movement of staff within their shift to 1 or 2 RHA, where possible.
- Staff who must move from RHA to RHA should go to the unit with ill residence last.

30) Supplies and Equipment management

- Evaluate needs for PPE and order in advance
- Continual assessment of PPE required
- Dietary department to ensure pandemic menu items are in the building prior to outbreak
- Supplies and equipment to provide meals in resident rooms are available and, in the building,

(See Appendix 2 for equipment and supply list)

APPENDIX 1

Staffing Levels Charts

	100%		
	# OF STAFF		
	DAYS	EVENINGS	NIGHTS
RN	3	2	1
RPN	9	9	3
PSW	32	27	13
RA	4	1	0
Nursing support staff	3	0	0
Other RN/RPN/BSO	4	1	0
Restorative	2	0	0
Recreation	4	2	0
Dietary	9	9	0
Kitchen	3	2	0
Housekeeping/Laundry	9	4	0
Maintenance	2	1	0
Spiritual and Religious Care	2	0	0
Finance	3	0	0
Reception/scheduling/HR	3	1	0
Leadership	11	0	0
	103	59	17

	75%		
	# OF STAFF		
	DAYS	EVENINGS	NIGHTS
RN	2	2	1
RPN	7	7	2
PSW	24	20	10
RA	3	1	0
Nursing support staff	2	0	0
Other RN/RPN/BSO	3	1	0
Restorative	2	0	0
Recreation	3	2	0
Dietary	7	7	0
Kitchen	2	2	0
Housekeeping/Laundry	7	3	0
Maintenance	2	1	0
Spiritual and Religious Care	2	0	0
Finance	2	0	0
Reception/scheduling/HR	2	1	0
Leadership	8	0	0
	77	44	13

	50%		
	# OF STAFF		
	DAYS	EVENINGS	NIGHTS
RN	2	1	1
RPN	5	5	3
PSW	16	14	13
RA	2	1	0
Nursing support staff	2	0	0
Other RN/RPN/BSO	2	1	0
Restorative	1	0	0
Recreation	2	1	0
Dietary	5	5	0
Kitchen	2	1	0
Housekeeping/Laundry	5	2	0
Maintenance	1	1	0
Spiritual and Religious Care	1	0	0
Finance	2	0	0
Reception/scheduling/HR	2	1	0
Leadership	6	0	0
	52	30	17

	25%		
	# OF STAFF		
	DAYS	EVENINGS	NIGHTS
RN	1	1	0
RPN	2	2	1
PSW	8	7	3
RA	1	0	0
Nursing support staff	1	0	0
Other RN/RPN/BSO	1	0	0
Restorative	1	0	0
Recreation	1	1	0
Dietary	2	2	0
Kitchen	1	1	0
Housekeeping/Laundry	2	1	0
Maintenance	1	0	0
Spiritual and Religious Care	1	0	0
Finance	1	0	0
Reception/scheduling/HR	1	0	0
Leadership	3	0	0
	26	15	4

APPENDIX 2

Required Equipment and Supplies

- Cart with covers for each Resident Home Area.
- Trays for meal service.
- Meal Card, for each resident, identifying the level of assistance required, diet texture, and fluids.
- Fluid chart for each room.
- Accelerated Hydrogen Peroxide wipes. (1-2 minute wipes)
- Personal Protection Equipment:
 - Masks
 - Gloves
 - Gowns
 - Face Shields
 - Hand Sanitizer
- Infrared Thermometers
- Shrouds



NURSING POLICY IX NSG F 16.00

SECTION F: Risk Management	Original Issue: October 2013
	Review/Revision: October 23, 2014
	Review/Revision: June 2015
	Revision: June 2022
SUBJECT: PLAN FOR MANAGEMENT OF HEAT RELATED ILLNESSES (HRIs)	Review: October 2023
	Review/Revision:
	Review/Revision:
	Review/Revision:
	Review/Revision:
APPROVED BY: VP of Nursing	

Mission: Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

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PURPOSE

The purpose of this Heat Related Illness plan is to provide direction for the control of the complications of dehydration due to rapid body or environmental temperature changes. The aging process alters the ability to regulate body temperatures in a hot environment by decreasing the ability to dissipate heat. This is called thermoregulation.

DEFINITIONS

HRIs are a group of serious and escalating medical conditions which include heat rash, heat cramps, heat exhaustion and heat stroke. A high body temperature (excluding infection) is also known as hyperthermia.

REFERENCES

Fixing Long Term Care Act, 2021 Ministry of LTC June 2022 memo

POLICY

A risk assessment of the home is to be completed with the action plans for each scenario. A risk assessment is to be performed on each resident through the Hot Weather-related illness assessment in PCC each May. The care plan will be updated with specific interventions for each resident who are at high risk related to heat exposure. Staff are to be informed of the policy and expected to follow appropriate interventions for each resident that are in their care plan.

Resident rooms are all air conditioned and controlled remotely and monitored on a regular basis. In the event of a loss of power, the HVAC system goes on the generator.

RISK EVENTS

**Heat Advisory: Ottawa Public Health Faxes and emails the home with the advisories.
The Home acts on the advisories as noted below with outdoor events.**

Outdoor events formal and informal

When there is a planned outdoor recreation event, staff are to check the weather status in the morning prior to the event. If there is a hot weather advisory, the event will be cancelled from being outdoors and a modified event will take place. If the event is already in process and an advisory comes in staff will do the following:

- *invite resident back in*
- *if they choose to be outside – do our due diligence to advise them of the risks of remaining outdoors at this time*
- *make sure they have sun block on, hat or light-colored loose-fitting clothes*
- *have them sit in shade, under open umbrellas (usually they are open, if not we will open them)*
- *have jugs of water and glasses outdoors during summer months*
- *Drink clear, cool fluids frequently so that you do not get thirsty*
 - *Avoid drinks with alcohol, caffeine, or high sugar*
- *Pull garden emergency call bell if required*

For Informal outdoor activity, residents who are capable need to be informed that there is a hot weather advisory and to limit their time outdoors, stay in shady areas and drink plenty of fluids.

Signage will be posted on the exits to the outdoors warning of the heat advisory.

HEAT STROKE

Become familiar with the signs and symptoms and immediate treatment as listed below;

- a. Weakness, faintness
 - b. Dizziness
 - c. Headache
 - d. Disorientation, agitation or confusion
 - e. Sluggishness, fatigue
 - f. Seizures
 - g. Hot dry skin
 - h. Increased body (inner) temperature
 - i. Loss of Consciousness
 - j. Rapid heart rate
 - k. Hallucinations
1. Notify the attending physician and immediately transfer the resident/staff/volunteer to hospital, Heat stroke can be deadly
 2. Take the following actions while waiting to transfer the resident of hospital.

1. Maintain absolute bed rest and cool down by sponge bathing with cool water, redo often and fan the wet skin
2. Apply ice to head, neck, armpits and groin areas.
3. Monitor rectal temperature every 15 minutes and vital signs, record signs and symptoms, fluid intake, output, treatment provided and resident response. Forward this to the Paramedics to bring with the resident to the Hospital.
4. Administer oxygen

PREVENTION OF HEAT STROKE

1. Keep the resident cool and out of direct sunlight
2. Wear light-coloured clothes and hat if going outdoors
3. Offer plenty of fluids throughout the day
4. Avoid providing caffeinated beverages as much as possible, they accelerate the effects of heat stroke

HEAT EXHAUSTION

Become familiar with the signs and symptoms and immediate treatment as listed below;

- a. Blurred Vision
 - b. Nausea or Vomiting
 - c. Headache
 - d. Sluggishness, fatigue
 - e. Thirst
 - f. Profuse sweating
 - g. Moderate increase body (inner) temperature
1. Place the resident/staff/volunteer in a cool environment to rest.
 2. Restore fluids by giving small and may include small quantities of semi-liquid food, if the resident is conscious.
 3. Apply cool water to skin and reapply often, fan the wet skin
 4. Have the resident/staff/volunteer drink fluids such as water or juice
 5. Apply ice to head, neck, armpits and groin areas
 6. If the resident/staff/volunteer begin to show signs of heat stroke, call 911 immediately

PREVENTION OF HEAT EXHAUSTION

1. Keep the resident cool, use fans where available, keep out of direct sunlight
2. Wear light-coloured clothes and hat if going outdoors
3. Offer plenty of fluids throughout the day
4. Avoid providing caffeinated beverages as much as possible

EMPLOYEES

Expectations;

1. Be familiar with the signs and symptoms of a heat related illness

- 2.** If you feel that you are experiencing signs of heat exhaustion, notify the RN in Charge for assessment
- 3.** Wear light cotton uniforms
- 4.** Drink plenty of fluids equivalent of eight to twelve glasses/day
- 5.** Avoid caffeinated drinks
- 6.** Eat smaller meals

THE DIFFERENCES BETWEEN HEAT EXHAUSTION AND HEAT STROKE

	Heat Exhaustion	Heat Stroke
Rectal Temperature	38-40°C	greater than 40.6°C
State of Consciousness	(usually) conscious	withdrawal, stupor or unconsciousness
Orientation	mild confusion but usually oriented	marked confusion and disorientation, if conscious
Blood Pressure	reduced difference between systolic and diastolic pressure; marked drop in pressure on standing up	increased difference between systolic and diastolic pressure
Pulse	less than 150 beats/minute	greater than 160 beats/minute
Skin	pale and cool; pronounced sweating	
Other symptoms	fatigue, nausea, irritability, headache, dizziness	severe headache, convulsions



SECTION: J. INFECTION PREVENTION AND CONTROL	Original Issue:	December 2014
	Review/Revision:	March 2015
	Review/Revision:	September 2017
SUBJECT: OUTBREAK MANAGEMENT	Review/Revision:	July 2018
	Review/Revision:	July 2020
	Revision:	June 2021
APPROVED BY: Vice President of Nursing IPAC PAC		

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REFERENCES

Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018

Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes

[Respiratory Outbreaks in Long-Term Care Facilities and Retirement Homes - Ottawa Public Health](#)

Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

- Disease: Respiratory Infection Outbreaks in Institutions and Public Hospitals, Feb 2019
- Disease: Gastroenteritis Outbreaks in Institutions and Public Hospitals, Feb 2019

[COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units](#)

O. Reg 79.10 s.107(1)5

Reports re critical incidents

107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

5. An outbreak of a disease of public health significance or communicable disease as defined in the *Health Protection and Promotion Act*.

POLICY

Clinical staff of St. Patrick's Home shall be vigilant in their daily care of Residents in monitoring for the transmission of communicable illnesses and communicate their suspicion of a possible outbreak to the clinical manager/delegate immediately.

Definition An outbreak occurs when a cluster of cases is observed or an increase in the number of cases experiencing similar signs and symptoms exceeds the normal number for that geographic area over a specified period of time.

Control The control of an outbreak (i.e. limiting the number of individuals who become symptomatic) is directly related to the early recognition of a cluster of cases experiencing similar signs and symptoms and the aggressive implementation of containment measures.

Types of Outbreaks and How to Identify Each The two most common types of outbreaks in long-term care facilities are due to respiratory tract infections and gastroenteritis. Other outbreaks can also occur such as scabies, chickenpox, tuberculosis and conjunctivitis. Outbreak criteria will vary according to the suspected organism.
Exercise clinical judgement when assessing Residents with medical conditions or treatment routines which could contribute to any of the symptoms outlined below.

Special Consideration for COVID-19 Pandemic

Suspect COVID-19 Outbreak

One (1) laboratory confirmed case in a resident OR staff member

Confirmed COVID-19 Outbreak

Two (2) or more lab-confirmed COVID-19 cases in residents and/or staff (or other visitors) in a home with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the home

A case should be considered for any resident exhibiting symptoms commonly associated with COVID-19 [\[Ministry of Health COVID-19 Reference Document for Symptoms\]](#)

Any resident with symptoms associated with COVID-19 should be immediately isolated with droplet and contact precautions. If applicable, co-residents in a shared room should also be placed on droplet and contact precautions.

Respiratory Outbreak (upper respiratory infection; lower respiratory infection; pneumonia OR influenza-like illness)

Suspected Respiratory Outbreak

Two (2) cases within 48 hours within one (1) RHA
OR

One (1) laboratory confirmed case

Confirmed Respiratory outbreak is likely to have occurred when;

Two (2) cases of acute respiratory tract illness within 48 hours on one unit or floor at least one of which must be lab confirmed

OR

Three (3) cases of acute respiratory tract illness occurring within a 48 hour period on one unit or floor

Gastrointestinal Outbreak

Confirmed Gastrointestinal outbreak is likely to have occurred when:

Two (2) cases within 48 hours on one unit for floor.

A case is having any of the following within 24 hours:

- Two (2) episodes of loose, watery stools (i.e. would take the shape of the container) OR
- Two (2) episodes of vomiting; OR
- One (1) episode of each.
- AND non-infectious causes have been ruled out

**Antibiotic Resistant Organism
Outbreak (ie: MRSA, VRE)**

ARO Outbreak

Two (2) or more **linked** resident cases of colonization or infection with ARO on one (1) unit OR two (2+) or more units in the same physical area (to be determined by the Infection Prevention and Control (IPAC) Clinical Lead).

PROCEDURE

1. Immediately communicate concerns of suspected or confirmed infection transmission to IPAC Clinical Lead, VP – Nursing. During silent hours, communicate with the Charge RN and Manager On-Call.
2. Notify Occupational Health and Safety: email to STPATS will reach JOHSC members.

Nursing Staff: implement immediate infection control measures to prevent spread, including:

- Institute initial infection control measures as appropriate according to signs/symptoms presented. **Do not** wait for confirmation of the problem or pathogen involved.
- Refer to infection control policies.
- Isolate affected residents and begin active surveillance of co-residents

Clinical Manager/Delegate:

Suspected Outbreak or Case:

- **Review the status** of all Residents on the unit, to identify the number of symptomatic cases and dates of onset of symptoms;
- **Identify** the common **signs and symptoms** of (suspect) cases to establish a preliminary case definition;
- **Consider** confirmatory testing
- **Document** all potential cases (residents and staff) on the appropriate *Outbreak Line Listing* daily, including the changes in all symptomatic individuals already on the list to establish extent of potential outbreak situation; contact management of residents and staff to be completed in conjunction with Ottawa Public Health and most recent definitions of high risk contact; isolation and testing requirements for potential exposure to be determined with guidance from Ottawa Public Health;
- **Advise** the attending/on-call physician and the IPAC Clinical Lead, or in their absence, Ottawa Public Health, of an outbreak at 613-580-6744, ext. 26325 (during silent hours, dial 311 and ask to be directed to the on-call health inspector)
- **Complete and submit** a Ministry of Health and Long-Term Care *Critical Incident Report- Disease Outbreak* using the Critical Incident System.

Confirmed Outbreak:

AS ABOVE AND:

- **Ensure** that daily documentation is **reported** to the IPAC Clinical Lead, who forwards the forms to Ottawa Public Health unless directed otherwise
- **Inform** IPAC Clinical Lead and Scheduling Coordinator of staff who are ill with the same symptoms; provide a separate *Outbreak Line Listing* sheet for staff daily to be forwarded to Ottawa Public Health daily.

Role of IPAC Clinical Lead in Management of Confirmed Outbreak

- Assume responsibility for the declaration, communication and coordination of an outbreak, in collaboration with Ottawa Public health; assemble Outbreak Management Team as appropriate
- Immediately inform the following of specifics to the situation at hand:
 - Medical Director
 - Clinical manager(s) of affected RHAs including Environmental Services, Nutritional Services, Housekeeping, Laundry of specific requirements, as necessary
 - Scheduling Coordinator to review case definition and initiate line listing
 - President and CEO
- Send an “all users” e-mail to advise of the type of outbreak, and that precautions have been put into place.
- Ensure appropriate documentation of signs and symptoms.
- Review the *Outbreak Line Listings* from Nursing and Scheduling
- Review the common signs and symptoms of (suspect) cases to establish the definition of a symptomatic case and determine the route of transmission.
- Confirm the number of symptomatic cases and dates of onset.
- Evaluate laboratory reports, if available.
- Ensure ongoing surveillance and identification of all cases and potential carriers (staff, Residents, families, volunteers). If necessary, determine responsibility for follow-up of potential contacts both inside and outside the facility (e.g. outbreak of tuberculosis or scabies).
- Review the implementation of infection control measures and revise accordingly.
- Liaise with scheduling to address staff illness, cohorting and/or exclusion
- Ensure that specimens are appropriately collected and sent.
- In extraordinary circumstances requiring extreme measures, Residents infected with the same organism may be considered to share the same room (Resident cohort). Those exposed to infected cases but who do not yet show signs of infection may need to be separated from those who have not been exposed until the incubation period is over. Discussion with the IPAC Clinical Lead is required prior to initiating this type of infection control measure.
- Inform other health care providers and facilities of the outbreak as the situation warrants, in consultation with Ottawa Public Health and Senior Management.
- Arrange for a spokesperson to communicate with the media as necessary.
- Instruct visiting, as indicated by severity of the communicable disease and in collaboration with the Medical Director and Ottawa Public Health.
- Direct admissions, discharges, and Resident leaves of absence, in collaboration with the Medical Director and Ottawa Public Health.
- Review significant updates with Public Health including ER transfer, death, change in clinical picture or unresponsiveness to antiviral therapy

ONCE OUTBREAK DECLARED OVER

- Notify all staff
- Complete Outbreak Summary
- Finalize CIS
- Debrief Staff

Legislated Responsibility of Ottawa Public Health/Medical Officer of Health/Delegate in Management of Confirmed Outbreak

- Ensure Public Health personnel are available 24/7 and LTC home staff have appropriate contact : OPH Outbreak line: 613-582-2424, extension 26325.
- OPH will assign outbreak number
- Notify Public Health Lab for pick up of specimens via electronic communication link
- Report to the Ministry and collect data
- Participate in the investigation, confirmation and control of outbreaks, including:
 - Participate as member of Outbreak Management Team
 - Assist in the epidemiological investigation of the outbreak;
 - Inspect those areas and practices which fall under their jurisdiction;
 - Provide disease specific information
 - Provide guidance on prevention, surveillance, control measures
 - Follow up contacts in the community, i.e. track “outside contacts” such as case(s) of active pulmonary tuberculosis, or scabies outbreak.
 - Provide specimen collection kits and assist in the collection of appropriate specimens to identify causative organism and clearly identify the laboratory to which they will be sent for testing and inform home of results.
 - Communicate with other institutions and media as required
 - Collaborate to complete the final outbreak report to Ministry
 - Collaborate on declaring outbreak over

Role of Registered Staff

- Document the signs and symptoms **daily** on the *Outbreak Line Listing* and send update **daily** to IPAC Clinical Lead and Ottawa Publichealth
- Inform the Residents and families where appropriate (particularly those directly affected) of the outbreak and the need for compliance with enhanced infection control measures (i.e hand hygiene, isolation/precautions, limitations to visitors).
- Inform all attending physicians of affected RHAs.
- Inform outside facilities of outbreak status if Residents have been transferred during the incubation or outbreak period.
- Consult with the IPAC Clinical Lead/Ottawa Public Health about the type of specimens to collect, and if necessary, contact appropriate laboratory personnel for specific procedures for specimen collection.
- **Do not** send the specimens to our regular laboratory (Gamma Dynacare) but indicate clearly on an outer paper back “for pickup by Ottawa Public Health.”
- Inform IPAC Clinical Lead, or if they cannot be reached, contact Ottawa Public health directly via electronic link , that specimens are ready for pick up and where within the facility to find them.
- Document laboratory results as reported by Ottawa Public Health in each affected Resident health record.
- Collect follow-up specimens as required.

Attachments:

- (a) - Surveillance Best Practice Guidelines
- (b) – Outbreak Checklist
- (c) – Outbreak Procedures
- (d) – COVID-19 Pandemic Plan

XIV EMERGENCY PROCEDURES

MANUAL

XIV-EMG-C-10.00



SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-01-15
	Review/Revision: 2013-12-3
	Review/Revision: 2014-04-29
	Review/Revision: 2015-07-21
SUBJECT: INCIDENT MANAGEMENT SYSTEM	Review/Revision: 2017-08-21
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2021-06-30
APPROVED BY: MANAGER, BUILDING OPERATIONS	

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REFERENCES

Fixing Long Term Care Act, 2021
Occupational Health and Safety Act and Regulations

PURPOSE

The purpose of this policy is to define the chain of command and the roles and responsibilities of key persons in the event of an emergency.

IMPLEMENTATION

The Incident Management System can be activated for any Emergency Code or anytime an incident has the potential to:

- Significantly escalate.
- Cause significant damage to St. Pat's premises or property.
- Create a safety critical incident.

PLANNING

Members of the Leadership team gather at Command Centre to coordinate their efforts and activities in order to manage an emergency situation. Their role is to:

- Support response activities at St. Patrick's Home of Ottawa.
- Ensure consistent dissemination of essential information.
- Assure the continuity of services provided by St. Patrick's Home of Ottawa.
- Coordinate activities as a whole.
- Members must review the potential risks using a Hazard Identification Risk Assessment (HIRA) on an annual basis starting July 2022.

ROLES

RESPONSIBILITIES

Incident

Coordinator

- Assesses situation and makes decision on emergency procedures.
- Assumes overall management of the incident.
- Appoints Command persons.
- Arranges for setup of Command Centre.
- Directs and coordinates all activities related to the incident.
- Retains responsibility for site operations and assigns tasks, as required.

	<ul style="list-style-type: none"> • Updates Management team on present status. • Assigns documentation recorder (scribe). • Continuously updates and distributes action plans.
Communications Command	<p>On-site Communications</p> <ul style="list-style-type: none"> • Responsible for communications equipment (phones, cell phones, walkie-talkies, runners). <p>Public Information</p> <ul style="list-style-type: none"> • Fields all media inquiries. • Directs media to pre-designated media centre. • Arranges and conducts press conferences. • Directs all communications with the public, media and families. • Advises the Incident Command on media relations. • Serves as primary spokesperson for the Home. • Coordinates with Incident Command to ensure consistency in messages to the public. • Monitors the media and anticipates media areas of concern.
Nursing Operations Command	<ul style="list-style-type: none"> • Directs patient care requirements and activates Medical & Nursing staff, Pastoral, Dietary, Housekeeping, Laundry and Volunteers for support. • Initiates employee call-back system, when required. • Responsible for staffing and deployment of same. • Responsible for infection prevention and control.
Building Operations Command	<ul style="list-style-type: none"> • Responsible for all building operations and systems such as HVAC, plumbing, electrical, emergency power, Fire, mechanical, data/phone/security, etc. • Responsible for the Health and Safety of St. Pat's persons on-site. • Responsible for all Emergency Code Procedures.
Logistics Command	<ul style="list-style-type: none"> • Locates supplies/material and support resources for staff related to the incident. • Controls and maintains resource database. • Controls and distributes supplies and equipment. • Activates staff and volunteer support related to external resident accommodations.
Finance Command	<ul style="list-style-type: none"> • Manages all financial matters for the Home's IMS. • Tracks all costs related to the incident. • Plans for interaction with local, provincial, federal liaisons regarding funding and reporting in conjunction with declared emergency situations. • Manages rapid authorization and expenditure of unplanned purchases and financial allocations in response to emergencies. • Accountable for donations (related to the emergency). • Continuously updates and distributes action plans.
Command Centres	<p>Command Centres are used by St. Pat's Incident Management Team and if required, by outside Emergency Services. All communications are received and sent out from the Command Centre.</p> <p>Locations: Shamrock Boardroom; Administration Boardroom</p>

XIV-EMG-C-10.10- APPENDIX A- Potential Roles

Positions	Potential Roles in the event of an Emergency
President and CEO	Communications Command Incident Coordinator
VP of Nursing	Nursing Operations command Incident Coordinator
Manager of Support Services	Incident Coordinator Building Operations Command Logistics Command
Manager of Building Operations	Incident Coordinator Building Operations Command Logistics Command
Administrative Coordinator	Communication Command Onsite communications Delegated Duties
Human Resource Manager	Employee call back system Delegated Duties
AVP of Nursing	Nursing Operations command Delegated Duties
Manager of Finance	Finance Command
Manager of Recreation and Volunteer Services	Nursing Operations Command Initiates volunteers if required Delegated Duties
Manager of Religious and Spiritual Services	Initiates volunteers if required Delegated Duties
Coordinator of Resident and Family Services	Logistics Command Delegated Duties
Charge RN	Incident Coordinator Nursing Operations Command

XIV-EMG-C-10.10- APPENDIX A- Potential Roles

RN	Nursing Operations Command Logistics Command Delegated Duties
RPN	In Charge on RHA – organizing the residents and staff Delegated Duties
Lead Hand Laundry Housekeeping	Building Operations Command Logistics Command
Lead Hand Maintenance	Building Operations Command Logistics Command
Nutritional Supervisor	Building Operations Command Logistics Command
All other staff and volunteers	Delegated Duties

Reviewed June 2021

INCIDENT MANAGEMENT: Immediate Response Checklist

Steps to take when crisis hits:

1) Verify situation: Determine the magnitude of the event as quickly as possible. Checkpoints:	
<input type="checkbox"/>	Get the facts.
<input type="checkbox"/>	What was the source of the information?
<input type="checkbox"/>	How credible is the information source?
<input type="checkbox"/>	Was information obtained from additional sources to put event into perspective?
<input type="checkbox"/>	Is the information consistent with other sources?
<input type="checkbox"/>	Is the characterization of the event plausible?
<input type="checkbox"/>	If necessary, was the information clarified through a subject information expert?
2) Conduct notifications: Contact and brief those within and outside your organization who need to know. Have the following been notified and briefed:	
<input type="checkbox"/>	Appropriate persons in your organization (your core team, senior management group, communication team)?
<input type="checkbox"/>	LHIN- Home and Community care if evacuation is required?
<input type="checkbox"/>	Appropriate local and regional agencies?ie- Public Health, City, LHIN
<input type="checkbox"/>	Appropriate Provincial agencies?ie- Ministry- Labour, LTC
<input type="checkbox"/>	Other relevant groups (board members, clients, residents, etc.)?
3) Assess level of crisis: Determine the degree and intensity of the event to determine the communication response? Checkpoints:	
<input type="checkbox"/>	Has a crisis level been identified that corresponds to the event characteristics?
<input type="checkbox"/>	Have the hours of operation for the communication team been established?
<input type="checkbox"/>	Has jurisdiction over information been established?
<input type="checkbox"/>	Were the specific audience concerns addressed?
<input type="checkbox"/>	Will federal agencies release information? or will province?
4) Organize assignments: activate your ERC plan. Checkpoints:	
<input type="checkbox"/>	Do all personnel understand their role and their immediate tasks?
<input type="checkbox"/>	Were specific assignments given to each team member?
<input type="checkbox"/>	Have all experts/spokespeople been well-informed?
<input type="checkbox"/>	Have all staff been briefed and prepared, in case they are approached by the media?

INCIDENT MANAGEMENT: IMMEDIATE RESPONSE CHECKLIST

XIV EMG-C-10.10 Appendix B Incident Management Checklist

5) Prepare information and obtain approvals: Get agreement on the information content, develop it, and get it approved for release. Checkpoints:	
<input type="checkbox"/>	Have you planned for a timely release?
<input type="checkbox"/>	Has the accuracy of all information been checked?
<input type="checkbox"/>	Does the message show compassion?
<input type="checkbox"/>	Were the specific audience concerns addressed?
<input type="checkbox"/>	Does the message meet the criteria of good message development?
<input type="checkbox"/>	Have you anticipated media questions and developed answers?
<input type="checkbox"/>	Has the message been cleared for release?
6) Release info to public: Decide on the frequency of information release, how it will be done, and who will speak. Checkpoints:	
<input type="checkbox"/>	Have you released information as quickly as possible?
<input type="checkbox"/>	Was the same information given to all media at the same time?
<input type="checkbox"/>	Was the information released to other groups as planned? (partners, legislators, special interest groups, etc.)
<input type="checkbox"/>	Was the information released through other channels as planned? (web, 800 #, mailings, meetings, etc.)
7) Monitor, maintain, and make adjustments for the remaining life of the crisis:	
<input type="checkbox"/>	Are experts/spokespeople regularly updated and briefed?
<input type="checkbox"/>	Is media coverage being monitored (to determine what messages are still needed, what misinformation needs correcting, and to identify concerns, interests, and needs arising from the crisis as it is being reported)?
<input type="checkbox"/>	Are mechanisms in place to monitor audience feedback (e.g., public information call analysis)?
<input type="checkbox"/>	Who is providing feedback to leadership?

Post Incident/Event Evaluation

Date of event: _____ Date of Debrief: _____

Incident/event scenario:

Things that went well:

Things that require improvement:

Action Plan:

Item of action	Person Responsible	Date expected to be completed	Date completed

SECTION:	EMERGENCY PROCEDURES	Original Issue:	2005-03-30
		Review/Revision:	2013-12-6
		Review/Revision:	2014-10-8
		Review/Revision:	2017-08-21
SUBJECT	FIRE PREVENTION	Review/Revision:	2018-05-30
		Review/Revision:	2019-05-01
		Review/Revision:	2021-06-30
APPROVED BY: President and CEO			

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Foundation: A Catholic organization inspired by Christ's ministry and the legacy of the Grey Sisters of the Immaculate Conception.

Purpose: Quality, person-directed long-term care and support for people in our community.

Vision: A welcoming and inclusive home where each person feels cared for, supported and engaged.

Values: Respect, Compassion Spirituality, Integrity, Excellence and Collaboration

REFERENCES Long Term Care Homes Act
Occupational Health and Safety Act and Regulations

PURPOSE The purpose of this directive is to provide the policy governing the training of all staff in fire prevention and the safe procedures to follow in the event the fire alarm is activated.

POLICY

Fire Plans A Fire Safety Plan approved by Ottawa Fire Services will be reviewed annually, and any revisions to the plan will be re-submitted to Ottawa Fire Services for approval

False Alarms Fire alarms will not be cancelled for any reason; the fire alarm system will not be reset without Fire Department approval.

Staff Training All staff at the beginning of their employment with St. Patrick's Home must have training in fire prevention. They shall be instructed in the method of activating the fire detection and alarm systems. They shall be trained in the proper use of fire extinguishing equipment.

Fire Safety Manual A Fire Safety Plan shall be prepared and given to all new employees to read. Employees will be expected to sign off when they have read the manual. All employees must review the Fire Safety Manual annually and sign off. It is the Departmental Managers responsibility to see this action is taken.

Fire Drills All staff will be in-serviced on a regular basis in the procedures set out in the Fire Safety Plan. Code Red procedures will be practiced monthly with staff activating the fire alarm system to initiate the drill.



EMERGENCY MANUAL

XIV-EMG-C-11.00 Disaster Recovery Plan

SECTION: EMERGENCY PROCEDURES	Original Issue: June 2022
	Review/Revision:
	Review/Revision:
	Review/Revision:
PROGRAM: Disaster Recovery Plan	Review/Revision:
	Review/Revision:
	Review/Revision:
	Review/Revision:
	Review/Revision:
APPROVED BY: President and CEO	

Mission: Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

Foundation: A Catholic organization inspired by Christ's ministry and the legacy of the Grey Sisters of the Immaculate Conception.

Purpose: Quality, person-directed long-term care and support for people in our community.

Vision: A welcoming and inclusive home where each person feels cared for, supported and engaged.

Values: Respect, Compassion Spirituality, Integrity, Excellence and Collaboration

REFERENCES: Fixing Long Term Care Act, 2021

Sodexo Business Continuity/Recovery Plan

Occupational Health and Safety Act and Regulations

PURPOSE:

To bring any operations to a safe, zero-energy state so that no new hazards are introduced to the emergency and bring the facility back to full recovery.

Secure the incident site during emergencies to ensure that unauthorized individuals do not trespass, further endangering personnel or the facility.

Staffing This role is fulfilled by Facilities Manager and assisted by the Facilities technicians. Members must be technically knowledgeable, trained and responsible for the facility's physical operations.

Functions

- Utilize appropriate shutdown procedures for processes, operations, and building systems for affected areas during an emergency.
- Evacuate affected areas and report the status to the Site Emergency Coordinator.
- Use appropriate procedures for bringing affected facilities back to full operations during recovery phase.
- Conduct preplanning to determine possible temporary space requirements: (furniture replacement, office and lab space requirements, storage space for salvage materials, up to and including total facility).
- Conduct preplanning to select vendors and contacts to be used for business recovery.
- Document actions taken during all phases of an emergency.

- Conduct a biennial review of plan, including list of names, vendors, suppliers, and their phone numbers, and provides updates.
- Controls and document entry to only authorized personnel, as determined by the BDX Leadership Team and/or Site Emergency Coordinator.
- Establish and control the staging area for support functions, such as communications, supplies, and equipment.
- Assess incident to determine the source and extent of the threat and nature of any actual or anticipated damage or loss.
- Investigate incidents and prepare reports fully detailing the cause, action taken for recovery, and the improvement plan for facility/property.
- Request a copy of incident reports prepared by the Police Department, Fire Department, and other official agencies involved in emergency response activities and/or subsequent investigations.
- Assist with training of BDX Leadership Team and departmental personnel responsible for action plan implementation.

Recovery

Control and document accessibility to the facility.

- Require security personnel to maintain site access logs.
- Arrange for appropriate security personnel to secure the site.
- Provide security controls at all alternate operating and/or off-site storage locations as requested.
- Monitor limitations and requirements for site access.
- Put up restraining barriers or fencing to keep people out of damaged or unstable areas.

Ensure all contractors and visitors wear required safety clothing.

Consider requiring signed property removal forms before files, equipment, and other items are removed from the building.

Coordinate the movement, storage and protection of salvageable items.

Use qualified photographers or videographers to document damage.

Assist with implementation of any specific actions that can be taken quickly to minimize further damage to the structure, equipment, and files or to promote the safety of people performing assessment, investigative, recovery, and salvage work. For example:

- Cover work areas with plastic drop clothes.
- Enclosing equipment and files in plastic bags.
- Turning off utilities (e.g., water, electricity).

Provide data and updates to Site Emergency Coordinator for periodic reports of incident related costs and the anticipated recovery updates to the BD Corporate Risk Management and other senior management.

Monitor any liability claims or legal actions filed against Becton Dickinson as a result of the incident and provide further investigation and information as required.

Ensure that proper authorization is obtained from emergency response and regulatory agencies (Fire Department, Police, NJ-DEP, OSHA, etc.) before re-occupancy by BDX employees, vendors, and contractors.

Communications

- Reports to and takes instructions from the Site Emergency Coordinator or BDX Leadership Team.
- Coordinates and directs activities of Facilities Technicians and other personnel and contractors in support of the recovery plan.
- Request a copy of all replacement cost or repair estimates from contractors or appraisers engaged in recovery activities.
- Communicates with External Support Teams (Fire, Police, EMT), as required to assist with emergency operations.



XIV EMERGENCY PROCEDURES MANUAL

XIV-EMG-D-10.01(a)

RPN CODE RED REPORT

The RPN is In-charge on each RHA and will be identified by wearing a red vest.

Vests and emergency stretchers are located in the Emergency Codes cupboard under their annunciator panel.

- If the fire alarm originates in the centre-core service area both RPNs will respond.
- The RPN from Galway will be In-charge of fire alarms originating in the office areas.
- If the Fire Alarm does not originate on your floor, the RPN will direct one PSW (except Donegal) to report to the fire area with all stretchers from their unit.

Check the annunciator panel on your unit or the illuminated dome light over a resident door, to confirm where the fire alarm originates. Those findings are immediately relayed to the RN In-Charge, stationed at the Main Fire Panel, who will report them to the Fire Department, upon their arrival.

Direct two or more staff, if available, down each corridor to complete the following tasks:

1. To use the Resident Work Lists for the unit and check off residents present on the unit and note those who are out of the building but accounted for. Then report the residents not accounted for to RPN In-charge.
 2. Conduct the PRIMARY RESPONSE— Evacuating the fire-room (where occupants are in immediate danger). Next, evacuating the rooms on both sides of the fire area and across the hall
 3. SHELTER IN PLACE—ALL residents, visitors and volunteers stay in rooms with doors and windows closed until further instruction by overhead announcement
 4. SET EVAKUCHECK DOOR MARKER – ONLY IF ROOM IS EMPTY
 5. Direct staff to ensure areas, corridors and exit doors around the fire area remain clear and unobstructed
 6. Assign staff to monitor exit doors and additional staff to continue to close all doors and windows, leave the lights on; assure occupants that you will return to get them when necessary
- After Code Red-All Clear has been announced, ensure all residents on the RHA have been accounted for and complete the RPN Fire Alarm Report, confirm that all staff have signed-off attendance on the back of that form and include your Resident Work Lists. Deliver your completed lists to the RN In-charge.

<i>Superior</i>	<i>Above average</i>	<i>Average</i>	<i>Poor</i>	<i>Failed</i>
All questions answered correctly	All * questions plus 8 additional questions answered correctly	8 * questions plus 7 additional questions answered correctly	7 * questions plus 6 additional questions answered correctly	6* questions answered correctly



XIV EMERGENCY PROCEDURES MANUAL

XIV-EMG-D-10.01(a)

RPN CODE RED REPORT

FIRE DRILL:	Location/RHA:	Date:			
RPN NAME:		ALARM START TIME:			
DISCOVERER of FIRE:		ANNOUNCEMENT TIME:			
		ALL-CLEAR TIME:			
MANDATORY TASK: AT EACH SHIFT REPORT DESIGNATE STAFF MEMBER THAT WILL REPORT TO THE FIRE ZONE WITH STRETCHERS (IDENTIFIED BY RED DOT ON RHA STAFF SIGN)					
Containment of Smoke and Fire					
Staff called out Code Red + location of fire?		Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
RPN directed two or more staff down each wing to execute the <i>Primary Response</i> , <i>Shelter In Place</i> and <i>Room Check</i> procedures?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Primary Response: staff evacuated fire room, if occupants were in immediate danger; next, evacuated the rooms on both sides of the fire and across the hall.		Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
Specific fire-response duties					
RPN donned vest and took charge?		Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
Staff closed all resident and support room doors and windows?		Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
Staff cleared corridors and egress routes?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Staff knew evacuation procedures? (<i>Primary Response</i> , <i>Horizontal</i> , <i>Vertical</i> , <i>Total</i>)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Staff knew EVAKUCHECK marker set only if room was empty?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Staff knew evacuation assembly area? (St. Pat's Park)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Staff knew to be stationed at all exit doors?		Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
Fire Extinguishment					
Staff from HSKP/NUT/REC/other RHA's (with stretchers) reported to fire area?		Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
Staff knew location of extinguishers?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were fire extinguishers brought to the fire room entrance?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Transfer to safe areas					
Preparation for building evacuation					
Staff knew evacuation routes for RHA?		Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
Staff knew location and letter of stairwells?		Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
Staff knew safe areas? (<i>Shelter In Place</i> , <i>adjacent fire zone</i>)?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Staff knew location and availability of evacuation stretchers/Emergency Procedures Binder?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Staff knew fire/smoke separation door boundaries?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Staff knew to re-assure residents and visitors during fire alarm?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
RN/RPN CODE RED REPORTS were completed and staff signed-off for attendance on the back.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					

Superior	Above average	Average	Poor	Failed
All questions answered correctly	All * questions plus 8 additional questions answered correctly	8 * questions plus 7 additional questions answered correctly	7 * questions plus 6 additional questions answered correctly	6* questions answered correctly



**XIV EMERGENCY
PROCEDURES MANUAL**

XIV-EMG-D-10.01(a)

RPN CODE RED REPORT

FIRE DRILL ATTENDANCE

PLEASE WRITE YOUR NAME AND DEPARTMENT CLEARLY

#	NAME: <i>(Please print)</i>	SIGNATURE	DEPARTMENT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

<i>Superior</i>	<i>Above average</i>	<i>Average</i>	<i>Poor</i>	<i>Failed</i>
All questions answered correctly	All * questions plus 8 additional questions answered correctly	8 * questions plus 7 additional questions answered correctly	7 * questions plus 6 additional questions answered correctly	6* questions answered correctly



XIV EMERGENCY PROCEDURES MANUAL

XIV-EMG-D-10.01b

SILENT FIRE DRILL

If you discover a fire, REACT - call out "Code Red + location" (Repeat until help arrives). DO NOT call out "fire". Staff in immediate area to go to location and provide assistance.

- **PRIMARY RESPONSE**— Evacuate room where occupants are in immediate danger. Next, evacuate the rooms on both sides of the fire area and across the hall.
- **SHELTER IN PLACE**—ALL residents, visitors and volunteers stay in rooms with doors and windows closed until further instruction by overhead announcement.
- **COMMENCE REACT procedure.**
- Remove persons or Residents (REMOVE ANYONE IN IMMEDIATE DANGER FIRST)
- Ensure doors and windows are closed
- Activate Fire Alarm at the nearest pull-station
- Call 911 and state location of the fire (2865 Riverside Drive/Floor#/Room#)
- Try to extinguish fire ONLY if you're trained and fire is small and contained; **otherwise continue securing the zone**

When the Fire Alarm System is activated, you must return to the Care Centre of your assigned Resident Home Area as quickly as possible. If you are not assigned to a RHA, report to the Reception Desk.

- If you are away from your assigned RHA or Reception Desk, wait for the announcement of the fire location and then return using the nearest Safe Route (i.e. not into the path of DANGER).
- The RPN is In-charge on each RHA and will be identified by wearing a red vest.
- Vests and emergency stretchers are located in the Emergency Codes cupboard under their annunciator panel.
- If the fire alarm originates in the centre-core service area both RPNs will respond.
- The RPN from Galway will be In-charge of fire alarms originating in the office areas.
- If the Fire Alarm does not originate on your floor, the RPN will direct one PSW (except Donegal) to report to the fire area with all stretchers from their unit.

The RPN will:

Direct two or more staff, if available, down each corridor to complete the following tasks:

1. Conduct the **PRIMARY RESPONSE**— Evacuating the fire-room (where occupants are in immediate danger). Next, evacuating the rooms on both sides of the fire area and across the hall.
2. **SHELTER IN PLACE**—All residents, visitors and volunteers stay in rooms with doors and windows closed until further instruction by overhead announcement.
3. Use the Resident Work Lists for the unit to check off residents present on the unit and note those who are out of the building but accounted for. Also, reassure Residents' you will return should the need arise, ensure windows and doors are closed. Then report the residents not accounted for to RPN In-charge.
4. SET EVAKUCHECK DOOR MARKERS – ONLY IF THE ROOM IS EMPTY
5. Direct staff to ensure corridors and exit doors around the fire area remain clear and unobstructed.
6. Assign staff to monitor exit doors and additional staff to continue to close all doors and windows, leave the lights on; assure occupants that you will return to get them when necessary.

All other Staff will:

- Immediately report to your assigned RHA Care-Centre
- Follow directions of the RPN In-charge
- Any staff not assigned to a RHA, report to the Reception area and follow the directions of the Fire Department, President/CEO or Management.

When the Fire Department has deemed the premises safe, the Fire Chief will grant permission to reset the fire alarm system.

The Incident Coordinator will:

Announce Code Red-All Clear (x3). Ensure the door card readers, elevators and fire pump have been reset and are working.

Ensure all stairwells and exit doors are secured. Ensure all residents in the facility have been accounted for by collecting the **RPN Fire Alarm Reports; also confirm that staff have all signed-off attendance on the back of those forms.**

Date and Sign-off on back page to validate Fire Drill Attendance



XIV EMERGENCY PROCEDURES MANUAL

XIV-EMG-D-10.01b

SILENT FIRE DRILL

Evacuation Protocols and Room Check Procedures

EVACUATION IS A PROGRESSIVE PROCEDURE CARRIED OUT IN 4 STAGES:

PRIMARY RESPONSE— Evacuate room where occupants are in immediate danger. Next, evacuate the rooms on both sides of the fire area and across the hall.

HORIZONTAL EVACUATION (ZONE) — Move staff, residents, visitors and volunteers to a safe location beyond fire/smoke barrier doors on the same floor. Persons in immediate danger must take precedence over all other actions. Move residents in the following priority order: 1. In Immediate Danger 2. Ambulatory 3. Wheelchair 4. Non-Ambulatory/Bed Bound. Resistive patients who refuse to move may be sheltered in place. Inform Ottawa Fire Services of their location.

VERTICAL EVACUATION (FLOOR) — Evacuation of a floor vertically towards ground level to a safe location. This type of evacuation is controlled, managed and is initiated only by Ottawa Fire Services, President/CEO, Fire Safety Director or Incident Coordinator. Descent should be made using the nearest safe stairs (beyond fire separation doors) or out of the building via any safe stairs. Residents will be moved down the stairs in stretchers, by assembling the bucket-line down each flight of stairs.

TOTAL EVACUATION (BUILDING) — Evacuation of entire Home. This type of evacuation is controlled, managed and is initiated only by Ottawa Fire Services, President/CEO, Fire Safety Director or Incident Coordinator. Descent should be made using the nearest safe stairs (beyond fire separation doors) or out of the building via any safe stairs. Residents will be moved down the stairs in stretchers, by assembling the bucket-line down each flight of stairs.

Room Check Procedures:

CHECK FOR SMOKE! FEEL THE DOOR WITH THE BACK OF YOUR HAND <not the knob>!

- IF SMOKE OR HEAT ARE PRESENT, DO NOT OPEN DOOR, REPORT TO THE RPN IMMEDIATELY.
- IF NO SMOKE OR HEAT, ENTER THE ROOM AND REMOVE PERSON(S) IN ROOM
- INSPECT WASHROOM
- INSPECT BEHIND AND UNDER BED
- INSPECT INSIDE CLOSET
- CLOSE WINDOW
- SHUT-OFF OXYGEN, ONLY IF SAFE TO DO SO
- LEAVE LIGHTS ON, CLOSE THE DOOR
- SET EVAKUCHECK DOOR MARKER – ONLY IF ROOM IS VACANT
- WHEN ASSIGNED ROOMS HAVE BEEN CHECKED, REPORT RESIDENTS THAT ARE SHELTERED IN PLACE TO THE RPN

DATE:

NAME (PRINT):

SIGNATURE:

LEAVE COMPLETED FORMS AT THE EMERGENCY PROCEDURES BINDER OF YOUR ASSIGNED RHA OR RECEPTION

Date and Sign-off on back page to validate Fire Drill Attendance



SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-01-15
	Review/Revision: 2013-12-03
	Review/Revision: 2014-09-25
	Review/Revision: 2015-07-27
SECTION: CODE RED – FIRE PROCEDURES	Review/Revision: 2017-03-06
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2021-06-30
	Revision: 2022-06-23
APPROVED BY: MANAGER, BUILDING OPERATIONS	

Mission: Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

Foundation: A Catholic organization inspired by Christ's ministry and the legacy of the Grey Sisters of the Immaculate Conception.

Purpose: Quality, person-directed long-term care and support for people in our community.

Vision: A welcoming and inclusive home where each person feels cared for, supported and engaged.

Values: Respect, Compassion Spirituality, Integrity, Excellence and Collaboration

REFERENCES: Fixing Long Term Care Act, 2021
Occupational Health and Safety Act and Regulations

PURPOSE To provide direction in the event a fire occurs in the Home.

NOTE: When the fire system is activated in a resident room, the location will be:

- Displayed on the annunciator panels on each RHA and the CAFC room.
- Identified by a flashing red light at the corridor nurse-call indicator.
- Displayed on the nurse call screens in the dining rooms.
- Displayed on Nursing tablets and wireless phones.

The annunciator panel must be used to confirm the fire area location allowing the Code Red announcement to be made and primary search to commence as quickly as possible.

The Central Alarm and Control Facility (CACF) room is located at main entrance vestibule, Room 1058.

- Shut-off valves for the sprinklers on the all RHA's are located in the ceiling of clean utility rooms on each unit.
- Shut-off valves for the sprinklers in the centre-core are located in the linen chute rooms on each floor.
- Shut-off valves for the sprinklers in the basement and the fire-pump are both located in the Water Entry Room B002.



PERSONAL SAFETY

IT IS THE INTENT THAT THE PROCEDURES PROVIDED IN THIS POLICY BE CONDUCTED WITH ALL DUE REGARD TO PERSONAL SAFETY. IT IS NOT THE INTENT OF THIS POLICY TO PLACE A PERSON IN A HAZARDOUS SITUATION THAT THEY ARE NOT TRAINED OR PROPERLY EQUIPPED FOR. EACH PERSON SHOULD ALWAYS APPROACH AN EMERGENCY SITUATION FROM THE PERSPECTIVE OF "IF SAFE TO DO SO".

CODE RED PROCEDURES:

The Incident Coordinator is the **RN In-charge**, unless otherwise announced.

The Incident Coordinator will:

Upon hearing the fire alarm, the Incident Coordinator **will immediately go to the main fire panel** in the CACF room. Whenever, the Fire Alarm System has been activated, the bells automatically sound for 30 seconds before an announcement can be made. Hence they have 30 seconds to prepare and make that announcement at the Main Fire Panel. It is critical that this happens within the first minute of the bells ringing, so that staff off-unit may return to their RHA's as quickly as possible.

Open the Fire panel door and remove the microphone <sliding it left>:

1. Depress the grey touch pad (x1) next to the All-Call indicator.
 2. Hold down the black button on your microphone.
 3. When the bells cease, you may hear a very loud, high-pitched tone for 3 seconds – KEEP THE BUTTON ON YOUR MICROPHONE DEPRESSED.
 4. With a clear and strong voice you will announce: Code Red + Location of Activated Device (x3). The Location of Activated Device will be displayed on the grey area of the Fire Panel LED screen.
- Call the Fire Department at 911 and say, *"This is St. Patrick's Home of Ottawa at 2865 Riverside Drive, the location of the fire is on Floor# in Room#"*
 - Meet the Fire Department at the main door and direct them to the fire area
 - Follow any directions that the Fire Chief may tell you, Ottawa Fire Services is now in-charge of the Home
 - When the Fire Department has deemed the premises safe, the Fire Chief will grant permission to reset the fire alarm system
 - Announce **Code Red-All Clear** (x3).
 - Ensure the Main Fire Panel, door card readers, elevators and fire pump have been reset and are working
 - Ensure all stairwells and exit doors are secured
 - Ensure all residents in the facility have been accounted for by collecting the RPN Fire Alarm Reports, also confirm that all staff have signed-off attendance on the back of those forms
 - Forward the completed RN and RPN Fire Alarm Reports to the VP Nursing or Manager Building Operations
 - Finally, report the incident to the On-call Manager

If a Horizontal Evacuation is directed by the Fire Department, activate the 2nd stage evacuation alarm by inserting and turning your key in any fire pull station, next make a Code Green announcement, refer to the Emergency Procedures Binder for further instruction, if required.



Other RN's in the building will:

- Immediately report to the fire area to assist the RPN In-charge
- Immediately report to any fire alarms in the basement

The RPN is In-charge on each RHA and will be identified by wearing a red vest.

Vests and emergency stretchers are located in the Emergency Codes cupboard under their annunciator panel.

- If the fire alarm originates in the centre-core service area both RPNs will respond.
- The RPN from Galway will be In-charge of fire alarms originating in the office areas.
- **If the Fire Alarm does not originate on your floor, the RPN will direct one PSW (except Donegal) to report to the fire area with all stretchers from their unit.**

Check the annunciator panel on your unit or the illuminated dome light over a resident door, to confirm where the fire alarm originates. Those findings are immediately relayed to the RN In-Charge, stationed at the Main Fire Panel, who will report them to the Fire Department, upon their arrival.

Direct two or more staff, if available, down each corridor to complete the following tasks:

1. Using the Resident Work Lists for the unit, check off residents present on the unit and note those who are out of the building but accounted for. Report any residents not accounted for to RPN In-charge.
 2. **PRIMARY RESPONSE— Evacuate room where occupants are in immediate danger. Next, evacuate the rooms on both sides of the fire area and across the hall**
 3. **SHELTER IN PLACE—ALL residents, visitors and volunteers stay in rooms with doors and windows closed until further instruction by overhead announcement**
 4. **SET EVAKUCHECK DOOR MARKER – ONLY IF ROOM IS EMPTY**
 5. Direct staff to ensure areas, corridors and exit doors around the fire area remain clear and unobstructed
 6. Assign staff to monitor exit doors and additional staff to continue to close all doors and windows, leave the lights on; assure occupants that you will return to get them when necessary
- **After Code Red-All Clear has been announced, ensure all residents on the RHA have been accounted for and complete the RPN Fire Alarm Report, confirm that all staff have signed-off attendance on the back of that form and include your Resident Work Lists. Deliver your completed lists to the RN In-charge.**

All other Staff will:

- **Immediately report to your assigned RHA Care-Centre**
- Follow directions of the RPN In-charge
- **Any staff not assigned to a RHA, report to the Reception area and follow directions in OTHER DEPARTMENTS below**
- Follow the directions of the Fire Department, President/CEO or Management

CODE GREEN

- If a Code Green is announced, collect all patient charts, medications, etc. in preparation for evacuation
- Follow the directions of Ottawa Fire Services or Incident Coordinator to control the order of evacuation
- If evacuation is to another unit or floor, contact the staff in those areas to ensure they are prepared to receive evacuated patients



OTHER DEPARTMENTS

Receptionist (8AM to 8PM.):

If delegated by the Incident Coordinator:

Open the Fire panel door and remove the microphone <sliding it left>:

1. Depress the grey touch pad (x1) next to the All-Call indicator.
 2. Hold down the black button on your microphone.
 3. When the bells cease, you may hear a very loud, high-pitched tone for 3 seconds – KEEP THE BUTTON ON YOUR MICROPHONE DEPRESSED.
 4. With a clear and strong voice you will announce: Code Red + Location of Activated Device (x3). The Location of Activated Device will be displayed on the grey area of the Fire Panel LED screen.
- Call the Fire Department at 911 and say, *"This is St. Patrick's Home of Ottawa at 2865 Riverside Drive, the location of the fire is on Floor# in Room#"*
 - Meet the Fire Department at the main door and direct them to the fire area
 - Follow any directions that the Fire Chief may tell you, Ottawa Fire Services is now in-charge of the Home
 - Call the on-call Manager, if applicable

Management in the Building

- Management in the building will report to their assigned RHA's and ensure Code Red procedures are being executed. Provide support to the RPN In-charge and assist, as required
- Management not assigned to RHA's will report the Reception desk and follow the directions of the Fire Department, President/CEO or Fire Director
- Assign staff to monitor exit doors and/or support the RHA fire location, as required

Maintenance Staff will:

- Report to the fire location
- Follow directions of the RPN In-charge
- Upon direction by the Incident Coordinator: reset Main Fire Panel, door-security control, elevators and fire pump
- Complete an inspection of premises to ensure stairwells are clear, secure and all systems are operating, as specified
- Report back to Incident Coordinator

Administration Staff will:

- Report to the Reception area
- Follow the directions of the Fire Department, President/CEO or Management

Housekeeping Staff will:

- Report to your assigned RHA Care-Centre
- Follow directions of the RPN In-charge
- Staff not assigned to a RHA Report to the Reception area
- Follow the directions of the Fire Department, President/CEO or Management

Laundry Staff will:

- Shut down washers, dryers and other equipment
- Secure all laundry areas
- Report to the Reception area
- Follow the directions of the Fire Department, President/CEO or Management



Nutritional Services Staff will:

- Shut off equipment in unit kitchens, report to your assigned RHA Care-Centre
- Shut off equipment in main kitchen
- Nutritional Supervisor to assign 1 staff to monitor receiving and another to garbage room doors
- Staff not assigned to a RHA Report to the Reception area
- Follow the directions of the Fire Department, President/CEO or Management

Pharmacy Staff will:

- Listen for Code Red announcement; send person to Reception desk for an update
- Exit via stairwell E, upon Code Green announcement

Physio staff will:

- Listen for Code Red announcement; send person to Reception desk for an update
- Exit via stairwell E, upon Code Green announcement

Recreation, Restorative and Spiritual Care staff will:

- Report to your assigned RHA Care-Centre
- Follow directions of the RPN In-charge
- Staff not assigned to a RHA Report to the Reception area
- Follow the directions of the Fire Department, President/CEO or Management

Volunteers/Visitors will:

- **SHELTER IN PLACE**—Visitors and volunteers stay where they are, if in rooms, ensure doors/windows are closed and await further instruction by overhead announcement
- Visitors and volunteers not assigned to a RHA or resident report to the Reception area
- Follow the directions of the Fire Department, President/CEO or Management

SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-01-15
	Review/Revision: 2013-12-3
	Review/Revision: 2014-04-29
	Review/Revision: 2015-07-27
SECTION: CODE GREEN – EVACUATION PROCEDURES	Review/Revision: 2017-08-21
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2021-11-01
	Review: 2022-06-23
APPROVED BY: MANAGER, BUILDING OPERATIONS	

Mission: Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

Foundation: A Catholic organization inspired by Christ's ministry and the legacy of the Grey Sisters of the Immaculate Conception.

Purpose: Quality, person-directed long-term care and support for people in our community.

Vision: A welcoming and inclusive home where each person feels cared for, supported and engaged.

Values: Respect, Compassion Spirituality, Integrity, Excellence and Collaboration

REFERENCES: Fixing Long Term Care Act, 2021
Occupational Health and Safety Act and Regulations

PURPOSE To provide direction in the event that an emergency evacuation needs to take place.

PROCEDURE

When Code Green is activated and Management is in the Home, the Incident Management System will be activated, Command Centre set-up and key positions assigned. If required the staff call-back system will be activated.

When Code Green is activated after hours, the President/CEO and Manager On-call will be contacted. The Manager On-call will activate the Staff Call-back System, starting with managers closest to the facility. The Incident Management System will be activated as soon as possible.

INTERNAL DISASTER

- NOTIFIED OF INCIDENT BY INCIDENT COORDINATOR
- LEADERSHIP TEAM EVALUATE IMPACT UPON HOME
- OPERATIONAL CAPABILITY TO HANDLE INTERNALLY BASED UPON INFORMATION FROM AFFECTED AREA AND TYPE OF INCIDENT
- IMPLEMENT COURSE OF ACTION

MAJOR INCIDENT	MINOR INCIDENT
COMMAND CENTRE ACTIVATION	ESTABLISH COMMUNICATIONS WITH AFFECTED AREA
ESTABLISH COMMUNICATIONS WITH AFFECTED AREA	REVIEW BUILDING FLOOR PLANS AND BE PREPARED TO DIRECT RESIDENT EVACUATION
DECIDE WHAT MEDICAL, NURSING OR NON-NURSING ASSISTANCE IS REQUIRED AND INITIATE STAFF CALL-BACK SYSTEM	LEADERSHIP TEAM UPDATES AFFECTED AREA ON ACTIONS TO TAKE
ACTION ANNOUNCEMENT THAT THE COMMAND CENTRE IS OPERATIONAL	AS THE SITUATION UNFOLDS DECISIONS ON FURTHER ACTIONS ARE MADE
RECEIVE STATUS REPORTS FROM DEPARTMENTS AS TO THEIR STAFF AVAILABILITY	
REVIEW BUILDING FLOOR PLANS AND BE PREPARED TO DIRECT RESIDENT EVACUATION	
ALTERNATE SITES NOTIFIED	

FOR ALL INCIDENTS WHERE WE MUST RELOCATE TO OUR ALTERNATE SITES, CONTACT CENTRAL AMBULANCE DISPATCH, 613-237-4545 AND ADVISE THEM OF THE HOME'S SITUATION AND THEY WILL INFORM THE OFFICE OF EMERGENCY MANAGEMENT (OEM) THAT THEIR ASSISTANCE IS REQUIRED.

- For any evacuation of residents , the Home commences and follows its emergency plans and, where necessary, starts evacuating residents to the Recipient Home(s) or Stand-Alone Unit(s) (Determined with the Placement Coordination Office).
- St. Pat's must immediately report the emergency, including any related evacuation to the Director, LTC Inspections as per s. 107(1) of the Regulation under the LTCHA.
Mike Moodie | Director | 416-212-6707 | mike.moodie@ontario.ca

St. Pat's initiates the emergency licensing process by notifying the Placement Coordination Office (PCO) and Service Area Office (SAO) of the Home's need for evacuation (internally, the home will initiate an Emergency Management Communication Tool* ticket).
Carole Comeau | Manager, Ottawa (SAO) | 613-364-2251 | carole.comeau@ontario.ca
Isabelle Meunier | Manager, Ottawa (PCO) | 613-745-8124 (x5763) | isabelle.meunier@lhins.on.ca
- The Home will provide the necessary information to the Placement Coordination Office (PCO) to complete the EPF.
- The Home will maintain ongoing communication with the placement coordinator and the SAO throughout the duration of the evacuation and provide updated documentation as necessary.
- Once the emergency is over, the Home notifies the recipient home and ministry branches that it is safe for the resident(s) to return to the source home. If required, it will submit clearance documentation to the SAO.
- If documents are destroyed due to the emergency, the Source Home should still complete the EPF to the best of their ability.

PERSONAL SAFETY

IT IS THE INTENT THAT THE PROCEDURES PROVIDED IN THIS POLICY BE CONDUCTED WITH ALL DUE REGARD TO PERSONAL SAFETY. IT IS NOT THE INTENT OF THIS POLICY TO PLACE A PERSON IN A HAZARDOUS SITUATION THAT THEY ARE NOT TRAINED OR PROPERLY EQUIPPED FOR. EACH PERSON SHOULD ALWAYS APPROACH AN EMERGENCY SITUATION FROM THE PERSPECTIVE OF "IF SAFE TO DO SO".

EVACUATION IS A PROGRESSIVE PROCEDURE CARRIED OUT IN 4 STAGES:

- I. PRIMARY RESPONSE** — Evacuate room where occupants are in immediate danger. Next, evacuate the rooms on both sides of the fire area and across the hall.
- II. HORIZONTAL EVACUATION (ZONE)** — Move staff, residents, visitors and volunteers to a safe location beyond fire/smoke barrier doors on the same floor. This type of evacuation is controlled, managed and is initiated only by Ottawa Fire Services, Incident Coordinator or RPN In-charge of the Home area. Persons in immediate danger must take precedence over all other actions. Move residents in the following priority order:
1. Immediate Danger 2. Ambulatory 3. Wheelchair 4. Non-Ambulatory/Bed Bound
Resistive residents who refuse to move may be sheltered in place. Inform Ottawa Fire Services of their location.
- III. VERTICAL EVACUATION (FLOOR)** — Evacuation of a floor vertically towards ground level to a safe location below the fire area. This type of evacuation is controlled, managed and is initiated only by Ottawa Fire Services, President/CEO, Fire Safety Director or Incident Coordinator. Descent should be made using the nearest safe stairs (beyond fire separation doors) or out of the building via any safe stairs. Residents will be moved down the stairs in Med-Sled stretchers, by assembling the bucket-line down each flight of stairs.
- IV. TOTAL EVACUATION (BUILDING)** — Evacuation of entire Home, the 2nd-stage fire alarm is activated. This type of evacuation is controlled, managed and is initiated only by Ottawa Fire Services, President/CEO, Fire Safety Director or Incident Coordinator. Descent should be made using the nearest safe stairs (beyond fire separation doors) or out of the building via any safe stairs. Residents will be moved down the stairs in Med-Sled stretchers, by assembling the bucket-line down each flight of stairs.

Responsibilities

1. All staff will promptly respond when called upon in an Evacuation.
2. The Reception area will be the main Triage area (unless the emergency is in this zone; then the Gathering Place or any designated safe area becomes the main Triage area and will be indicated by overhead announcement).
3. Phones are only to be used by designated personnel during any disaster. Lines must be kept open for communication between agencies responding to the disaster.
4. A list of Emergency Contractor Contacts and Emergency Accommodation Agreements will be kept in the Reception Emergency Procedures binder and with the Manager On-call. The lists will be updated by the Manager, Building Operations.
5. The Staff Call-back System and Current Residents lists will be kept at the Reception Emergency Procedures binder and with the Manager On-call. The lists will be updated by the Manager, Human Resources.

Incident Coordinator:

- Assess the situation and determine the area(s) to be evacuated
- Determine the best evacuation route(s) and Triage-Centre location
- **Between 8AM and 8PM** forward this information to Reception to make "Code Green" announcement
- **Between 8PM and 8AM** the Incident Coordinator or delegate will make "Code Green" announcement
- Designate a Triage-Centre Nurse
- Direct the evacuation to the Triage-Centre location
- Have Resident charts and meds moved with each resident if possible
- Account for all residents when evacuation to the Triage-Centre location is completed

Triage Nurse:

- Assess resident needs as they arrive
- Ensure all residents are identified (All residents must have an ID bracelet, if not a temporary plastic bracelet must be put on the resident)
- Send to hospital residents that require medical attention
- Ensure residents are prepared to leave the facility if required
- Follow the directions of the Ottawa Fire Services, President/CEO or Management

Reception, Incident Coordinator or designate:

- Using the emergency paging system, announce "Code Green + type of evacuation + location" (x3)
- Announce the name of the Incident Coordinator, the area being evacuated, the evacuation route, and the Triage-Centre location, if applicable.

Other RN's in the building will:

- Immediately report to the evacuation area to assist the RPN In-charge
- Follow the directions of the Ottawa Fire Services, President/CEO or Management

All other Staff will:

- **Immediately report to your assigned RHA Care-Centre**
- Follow directions of the RPN In-charge
- **Any staff not assigned to a RHA, report to the Reception area and follow directions in OTHER DEPARTMENTS below**
- Assist in the bucket-line to move the residents down the stairs in stretchers
- Follow the directions of the Ottawa Fire Services, President/CEO or Management

The RPN is In-charge on each RHA and will be identified by wearing a red vest.

Vests and emergency stretchers are located in the Emergency Codes cupboard under their annunciator panel.

1. **If the Code Green does not originate on your floor, the RPN will direct one PSW (except Donegal) to report to the evacuation area with all stretchers from their unit.**
2. Have Resident charts and meds prepared to move with each resident if possible
3. If evacuation is to another unit or floor, contact the staff in those areas to ensure they are prepared to receive evacuated residents
4. Account for all residents when evacuation to the Triage-Centre location is completed
5. Follow the directions of the Ottawa Fire Services, President/CEO or Management

OTHER DEPARTMENTS

Receptionist (8AM to 8PM.):

If delegated by the Incident Coordinator:

Open the Fire panel door and remove the microphone <sliding it left>:

1. Depress the grey touch pad (x1) next to the All-Call indicator.
2. Hold down the black button on your microphone.
3. When the bells cease, you may hear a very loud, high-pitched tone for 3 seconds – KEEP THE BUTTON ON YOUR MICROPHONE DEPRESSED.
4. With a clear and strong voice you will announce: "Code Green now in effect" (x3)
5. Announce the name of the Incident Coordinator, the area being evacuated, the evacuation route and the Triage-Centre location.
6. Follow the directions of the Ottawa Fire Services, President/CEO or Management

Management in the Building will:

- Management in the building, or their designates, will report to their assigned RHA's and follow the directions of the RPN In-charge
- Management not assigned to RHA's will report the Command Centre and follow the directions of Ottawa Fire Services or President/CEO
- Assist in the bucket-line to move the residents down the stairs in stretchers
- Assign staff to monitor exit doors and/or support the RHA evacuation location, as required

Maintenance Staff will:

- Report to the evacuation location
- Follow directions of the RPN In-charge
- Assist in the bucket-line to move the residents down the stairs in stretchers
- Follow the directions of the Ottawa Fire Services, President/CEO or Management

Administration Staff will:

- Report to the Reception area
- Assist in the bucket-line to move the residents down the stairs in stretchers
- Follow the directions of the Ottawa Fire Services, President/CEO or Management

Housekeeping Staff will:

- Report to your assigned RHA Care-Centre
- Follow directions of the RPN In-charge
- Any staff not assigned to RHA, report to the Reception area
- Assist in the bucket-line to move the residents down the stairs in stretchers
- Follow the directions of the Ottawa Fire Services, President/CEO or Management

Laundry Staff will:

- Shut down washers, dryers and other equipment
- Secure all laundry areas
- Report to the Reception area
- Assist in the bucket-line to move the residents down the stairs in stretchers
- Follow the directions of the Ottawa Fire Services, President/CEO or Management

Nutritional Services Staff will:

- Servery kitchen staff, shut off equipment in Servery kitchens, report to your assigned RHA Care-Centre

- Main kitchen staff and Supervisors, shut off equipment in Main kitchen, report to the Reception area
- Nutritional Supervisor to assign 1 staff to monitor receiving and another to garbage room doors
- Assist in the bucket-line to move the residents down the stairs in stretchers
- Follow the directions of the Ottawa Fire Services, President/CEO or Management

Pharmacy Staff will:

- Exit the Home via stairwell E, upon Code Green announcement

Physio Staff will:

- Exit the Home via stairwell E, upon Code Green announcement

Recreation, Restorative and Spiritual Care staff will:

- Report to your assigned RHA Care-Centre
- Follow directions of the RPN In-charge
- Any staff not assigned to RHA, report to the Reception area
- Assist in the bucket-line to move the residents down the stairs in stretchers
- Follow the directions of the Ottawa Fire Services, President/CEO or Management

Volunteers/Visitors will:

- Visitors and volunteers on a RHA follow directions of the RPN In-charge
- Assist in moving residents towards the bucket-line, only if you feel safe to do so, otherwise, exit the building using the nearest safe exit and stairs
- Follow the directions of the Ottawa Fire Services, President/CEO or Management

All Clear:

- Re-entry to the building will occur after the fire department has assessed that the building is safe

Security:

- Should there be a need to have security forces to maintain the integrity of the site; security will be contacted to provide 24-hour coverage as required

After the Disaster:

- The Home must be inspected and approved for resident re-occupancy by professionals and authorities
- Notify MOHLTC about the residents' return
- Check all operational equipment and ensure air quality of the environment prior to readmitting residents
- Collect all lists of residents and equipment to be returned and designate a central Triage area for returning residents, staff, and equipment
- The Vice President of Nursing or designate is responsible for coordinating the return of residents. Schedule re-admission of residents who have been with families last
- Notify Medical Director, attending Physicians and families about return date and time
- Contact staff regarding scheduling for readmission
- Arrange food services for returning residents
- Double-check and identify residents as they disembark from their various means of transportation and ensure they have assistance as required

APPENDIX XIV-EMG-D-10.10-A:

Med Sled Bucket Brigade Procedure

Step One: Securing the Resident in the Med Sled (2 or 3 person procedure based on patient weight)

1. Unroll Med Sled in quick and proper manner
2. Safely log-roll to slide the Sled under the Resident
3. Slide Resident to the center and all the way to the foot end of the Sled
4. Place any require medical equipment (i.e. oxygen, etc.) between Resident's legs
5. Tighten three cross straps firmly, from head to toe, communicate to Resident as you go
6. Secure T-Strap at the foot of Sled and tighten

Step Two: Lowering the Med Sled to the Floor (2 or 3 person procedure based on patient weight)

1. Lower the bed as low as possible
2. Rotate the Sled 90 degrees using the perimeter tether for grab handles
3. With one person on each side of the Sled, grasp the perimeter tether near the head of the patient and slide the Sled off the bed so that the foot end contacts the floor. DO NOT grab the perimeter tether on the foot end of the Sled
4. Once the foot end contacts the floor, slide the Resident to the floor in one continuous motion, bending at the knees using proper body mechanics. Use the perimeter tether at the head of the Sled to lower the head end of the sled to the ground

Step Three: Pulling the Med Sled to the Stairwell (2 or 3 person procedure)

1. Pull the Sled to the stairs using the orange drag straps at the foot end of the Sled

Step Four: Descend the Stairs using the "Bucket Brigade" Technique

Sender (Top Position)

1. Position the sled against the outside wall of the stairwell with feet towards the stairs
2. Properly attach the Carabiner securing it to the highest stairwell bracket with the Carabiner "gate" facing DOWN the stairwell
3. Pull all the slack out of the tether and MAINTAIN THIS TENSION as descending begins
4. Maintain an athletic stance ("Tug of War")
5. Communicate with "Receiver" (person guiding the foot end of the Sled) while descending the Sled
6. Allow the tether to slide through the Carabiner while descending the stairs. Do not let go of the tether at any point in the process

Receiver (Lower Position)

1. Stand to the side of the foot end of the Sled. DO NOT stand in front of the Sled
2. Grasp the pull straps in one hand approximately 18" from the foot-end of the Sled
3. While communicating with the "Sender", use other hand to slowly pull the Sled over the top step
4. When Sled "surges" forward, guide the Sled with the pull strap until stable and then release the strap. DO NOT lift the foot end of the Sled or utilize excessive force to restrain the Sled descent
5. When clear of the Sled, "Sender" will begin to lower the Sled. Receiver then guides the Sled around the stairwell landing corner and position it for the next descent, if required

Step Five: Remove Resident from the Med Sled (2 or 3 person procedure based on patient weight)

1. Release T-Strap at the foot of Sled
2. Loosen and release the three cross straps, from toe to head, communicate to Resident as you go
3. Safely log-roll to slide the Sled from under the Resident
4. Return to evacuation floor with Med Sled and repeat Bucket Brigade Procedure



**XIV EMERGENCY
PROCEDURES MANUAL
CODE BLACK**

XIV-EMG-D-10.03

SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-01-15
	Review/Revision: 2013-12-7
	Review/Revision: 2014-04-29
	Review/Revision: 2015-07-27
SECTION: CODE BLACK – BOMB THREAT – SUSPICIOUS PACKAGE	Review/Revision: 2017-08-21
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2021-06-30
	Revision: 2022-06-27
APPROVED BY: MANAGER, BUILDING OPERATIONS	

Mission: Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

Foundation: A Catholic organization inspired by Christ's ministry and the legacy of the Grey Sisters of the Immaculate Conception.

Purpose: Quality, person-directed long-term care and support for people in our community.

Vision: A welcoming and inclusive home where each person feels cared for, supported and engaged.

Values: Respect, Compassion Spirituality, Integrity, Excellence and Collaboration

REFERENCES: Fixing Long Term Care Act, 2021
Occupational Health and Safety Act and Regulations

PURPOSE To provide direction in the event a bomb threat or suspicious package occurs at the Home

PROCEDURE

When Code Black is activated and Management is in the Home, the Incident Management System will be activated, Command Centre set-up and key positions assigned. If required the staff call-back system will be activated.

When Code Black is activated after hours, the President/CEO and Manager On-call will be contacted. The Manager On-call will activate the staff call-back system, starting with managers closest to the facility. The Incident Management System will be activated as soon as possible.

BOMB THREAT

- NOTIFIED OF INCIDENT BY INCIDENT COORDINATOR
- LEADERSHIP TEAM EVALUATE IMPACT UPON HOME
- OPERATIONAL CAPABILITY TO HANDLE INTERNALLY
BASED UPON INFORMATION FROM AFFECTED AREA AND
TYPE OF INCIDENT
- IMPLEMENT COURSE OF ACTION

MAJOR INCIDENT
COMMAND CENTRE ACTIVATION
ESTABLISH COMMUNICATIONS WITH OTTAWA POLICE
ACTION ANNOUNCEMENT THAT THE COMMAND CENTRE IS OPERATIONAL
AS THE SITUATION UNFOLDS DECISIONS ON FURTHER ACTIONS ARE MADE
RECEIVE STATUS REPORTS FROM DEPARTMENTS AS TO THEIR AREA SEARCHES
REVIEW BUILDING FLOOR PLANS AND BE PREPARED TO DIRECT RESIDENT EVACUATION
ALTERNATE SITES NOTIFIED

ON ALL INCIDENTS WHERE WE MUST RELOCATE TO OUR ALTERNATE SITES, CONTACT CENTRAL AMBULANCE DISPATCH, 613-237-4545 AND ADVISE THEM OF THE HOME'S SITUATION AND THEY WILL INFORM THE OFFICE OF EMERGENCY MANAGEMENT (OEM) THAT THEIR ASSISTANCE IS REQUIRED.

PERSONAL SAFETY

IT IS THE INTENT THAT THE PROCEDURES PROVIDED IN THIS POLICY BE CONDUCTED WITH ALL DUE REGARD TO PERSONAL SAFETY. IT IS NOT THE INTENT OF THIS POLICY TO PLACE A PERSON IN A HAZARDOUS SITUATION THAT THEY ARE NOT TRAINED OR PROPERLY EQUIPPED FOR. EACH PERSON SHOULD ALWAYS APPROACH AN EMERGENCY SITUATION FROM THE PERSPECTIVE OF "IF SAFE TO DO SO".

Person Receiving a Bomb Threat

- Remain calm and polite.
- Record the exact wording of the threat and the time of the call.
- Try to prolong the conversation to obtain as much information as possible.
- Ask where the bomb is located, what does it look like, and when it is set to go off.
- Ask questions that verify what the caller said. For example, "Let me make sure I heard everything you said. There's a bomb going to go off in the? In forty minutes? It looks like?" Try to get as much information as possible. Specific threats are easier to handle.
- Try to ascertain if caller is familiar with the St. Patrick's Home of Ottawa.

Points to listen for:

- Male or female
- Age
- Speech quality, defects, pitch
- Accent
- Familiarity or healthcare knowledge
- Background noise
- Emotional state
- Quality of language (slang expressions?)

Once the call is over: **Call 911**

- Write down all details that can be remembered on the Bomb Threat Checklist form. Complete APPENDIX A: Bomb Threat Checklist and deliver to the Police upon their arrival.



XIV EMERGENCY PROCEDURES MANUAL CODE BLACK

XIV-EMG-D-10.03

After being alerted of a Code Black, staff will conduct a search of their own work area since they are most familiar with the objects and furniture in place. The police may assist, but it is not their responsibility to do the search for us. Residents on a unit will be returned to their rooms. You may tell them we are clearing the area for an emergency. If there are visitors, they should remain in the room with the residents. All residents in therapy areas are to remain there under the supervision of personnel in those areas.

The RPN In-charge of the RHA will:

- When notified of Code Black, initiate a silent search on your RHA with any assigned staff
- Use the Bomb Threat Search Procedures, see APPENDIX B noted below
- **Report findings to the Command Centre within 15 minutes**
- Follow the directions of the Ottawa Police Services, President/CEO or Management
- Co-ordinate search on your RHA, use the building schematics and search check sheets which are located in the Emergency Procedures Binder on each RHA care centre. Report back to Incident Coordinator when completed
- Other departments, search your respective areas and report back to the Incident Coordinator
- Maintenance staff will search the perimeter of St. Pat's property, adjacent grounds and basement areas then report to the Reception desk for additional search duties.
- If Maintenance staff are not on duty, the Manager Building Operations or designate will search the perimeter of St. Pat's property and basement areas.
- All other staff are to search their assigned RHA. Use the building schematics and search check sheets which are located in the Emergency Procedures binder on each RHA care centre.
- Staff not assigned to an area report to the Reception desk for search duties

NOTE: Search all areas thoroughly including closets, cupboards and all storage areas. Note any areas where there is no access.

Suspicious Letter/Package:

Most often, a suspicious letter/package is addressed and delivered on site. Nevertheless, it still could happen that you notice on your way a package that looks suspicious. Either way, since the location of the package is already known, no search will be required. The main goal is to be able to recognize a potentially dangerous letter/package before it is opened and causes blasting injuries or scatters deadly biohazards. See APPENDIX C below.

TOTAL EVACUATION (BUILDING) — Evacuation of entire Home, the 2nd-stage fire alarm is activated. This type of evacuation is controlled, managed and is initiated only by Ottawa Fire Services, President/CEO, Fire Safety Director or Incident Coordinator. Descent should be made using the nearest safe stairs (beyond fire separation doors) or out of the building via any safe stairs. Residents will be moved down the stairs in stretchers, by assembling the bucket-line down each flight of stairs.. Open the Emergency Procedures Binder and follow instructions on the Code Green Action Checklist.



**XIV EMERGENCY
PROCEDURES MANUAL
CODE BLACK**

XIV-EMG-D-10.03

APPENDIX A: Bomb Threat Checklist (XIV-EMG-D-10.08a)

PERSON RECEIVING THE THREAT

Complete this form while talking to the caller or immediately after contact with the caller has ended. **Call 911.**
Do not use the same phone extension, in case the caller phones back.
Stay at your phone if it is safe to do so.

ACTIONS

Incoming telephone number the call came in on: _____ Date: _____

Time call received: _____ Time caller hung-up: _____ Time device will explode: _____

Where is the package?

What does the package look like?

Why was it put there?

Who should this message be given to?

Other action specified

Additional information (person receiving the call should attempt to obtain as much information as possible):

TYPE OF THREAT

- | | |
|-------------------------------------------------------------|----------------------------------------|
| <input type="radio"/> Pipe bomb | <input type="radio"/> Cylinder |
| <input type="radio"/> Letter | <input type="radio"/> Package |
| <input type="radio"/> Explosive | <input type="radio"/> Biological agent |
| <input type="radio"/> Chemical agent | <input type="radio"/> Unknown |
| <input type="radio"/> Other type of bomb if known (specify) | |
- _____

HOW WILL IT ACTIVATE

- | | |
|-------------------------------------------------|--------------------------------|
| <input type="radio"/> Clock | <input type="radio"/> Fuse |
| <input type="radio"/> Motion | <input type="radio"/> Heat |
| <input type="radio"/> Pressure sensitive | <input type="radio"/> Altitude |
| <input type="radio"/> Wired into a local device | <input type="radio"/> Unknown |

CALLERS IDENTITY

- | | |
|---------------------------------|-------------------------------------------|
| <input type="radio"/> Male | <input type="radio"/> Female |
| <input type="radio"/> Age _____ | <input type="radio"/> Accent Identifiable |

ORIGIN OF THE CALL

- ☐ Identifiable # (Caller ID) _____
- ☐ Non-Identifiable # _____

VOICE CHARACTERISTICS

- | | |
|----------------------------------|---------------------------------|
| <input type="radio"/> Loud | <input type="radio"/> Pleasant |
| <input type="radio"/> High pitch | <input type="radio"/> Stutter |
| <input type="radio"/> Raspy | <input type="radio"/> Distorted |
| <input type="radio"/> Soft | <input type="radio"/> Natural |
| <input type="radio"/> Deep | <input type="radio"/> Angry |
| <input type="radio"/> Incoherent | <input type="radio"/> Slurred |

LANGUAGE

- | | |
|-------------------------------------|----------------------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Foul |
| <input type="radio"/> Average | <input type="radio"/> Slang |
| <input type="radio"/> Poor | <input type="radio"/> Healthcare terminology |
| <input type="radio"/> Taped message | <input type="radio"/> Prepared message |

BACKGROUND NOISE

- ☐ Yes ☐ No ☐ Identifiable _____

Comments: _____

Person Completing this Form: _____

APPENDIX B: Search Procedure Checklist

SEARCH OPERATIONS OF AN AREA SHOULD:

1. INCLUDE TWO PERSONS PER SEARCH TEAM
 2. START ON THE OUTSIDE AND WORK TOWARD THE INSIDE
 3. BEGIN AT THE LOWEST LEVEL AND WORK TO THE TOP
 4. FROM THE DOORWAY, LOOK BEHIND THE DOOR AND CONTINUE SCANNING FROM THAT DIRECTION
 5. MOVE AROUND THE ROOM IN THE SAME DIRECTION AS THE INITIAL SCAN
- Report findings to the Command Centre within 15 minutes
 - Follow the directions of the Ottawa Police Services, President/CEO or Management
 - Co-ordinate search on your RHA, use the building schematics and search check sheets which are located in the Emergency Procedures Binder on each RHA care centre. Report back to Incident Coordinator when completed
 - Other departments, search your respective areas and report back to the Incident Coordinator
 - Maintenance staff will search the perimeter of St. Pat's property, adjacent grounds and basement areas then report to the Reception desk for additional search duties.
 - If Maintenance staff are not on duty, the Manager Building Operations or designate will search the perimeter of St. Pat's property and basement areas.
 - All other staff are to search their assigned RHA. Use the building schematics and search check sheets which are located in the Emergency Procedures binder on each RHA care centre.
 - Staff not assigned to an area report to the Reception desk for search duties

NOTE: Search all areas thoroughly including closets, cupboards and all storage areas. Note any areas where there is no access.

Who to call when you are finished your search:

- Communications shall be made by way of land-line phone (not a mobile phone), or in person (with a runner) to the Command Centre
- All Search Teams must communicate to the RPN In-charge of the RHA or Command Centre; what areas have been searched and provide room numbers. Call any of the available lines in the Command Centre

Exterior of Building:

- Search the exterior of St. Patrick's Home of Ottawa and establish evacuation routes.
- Search at the ground level next to the building, search as high as possible and work away from the building to a minimum distance of at least 10 meters (32 feet) or as directed.
- Search items which would include but not be limited to garbage receptacles, vending machines, parked vehicles, drainage areas, manholes (in streets and sidewalks), trash receptacles, compactors, any other container which could be easily accessible, mailboxes, ashtrays, shrubs and bushes (and other foliage including trees).
- If at all possible, have all vehicles removed from the area.

Public Areas:

- Public areas are areas which the public can easily gain access to, such as washrooms, hallways, utility rooms, closets, elevator shafts, trash receptacles, storage areas, moved furniture, draperies, fire hose and extinguisher cabinets and, any other accessible containers.

- With potted plants look for recently disturbed soil.
- Inspect garbage containers; carefully look around inside the container and carefully remove one side of the liner to look underneath for any unusual item.
- Communicate with the RPN in-charge on each RHA
- Inspect on top of lighting fixtures if it is safe to do so.
- Inspect vending machines; look underneath and behind machines for anything that may appear “taped” to the machine. **DO NOT ATTEMPT TO MOVE THE MACHINE AWAY FROM THE WALL IF IT IS TOO CLOSE TO THE WALL.**

Office Areas:

- Request the staff's assistance to identify anything out of the ordinary. Have them point out any item that does not belong in their work area.
- Determine if any strangers have recently been working in the area, or delivering any packages.
- Escort the employee around their work area and commence the search pattern starting at floor level commencing directly in front of you up to as high as possible.
- An area should be searched always in the same direction; from behind the door and continue scanning from that direction, working from the perimeter to the center.

Object Found:

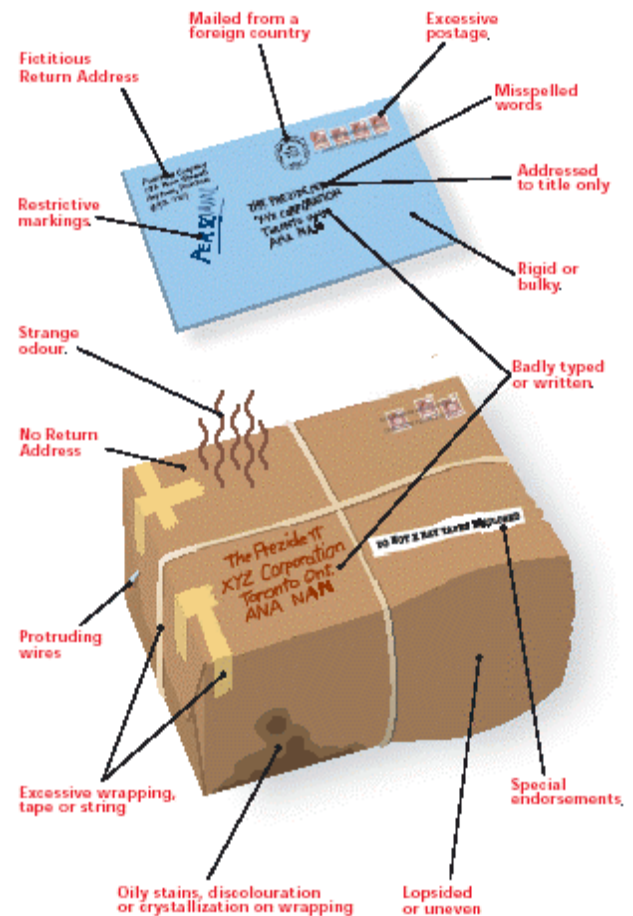
- Do not move or touch the object.
- Notify the RPN or PSW, if a resident area is involved and must be evacuated.
- Note the location of the object, which room and floor, where in the room is it located.
- Note any features of the object (i.e. wires leading to it, shoe box; timer device etc.).
- Note general layout of area/room. Have a member of your search team confirm details and then report location to the Command Centre.
- Immediately contact the RPN In-charge, who will notify the Command Centre and Police immediately
- Leave the doors open should a device be found.
- Leave the room in the same condition as you found it. This will enable the police and Emergency Management Services to access the room. If a window is open, leave it open, if the lights are on, leave them on, or if the lights are off, do not turn them on.

Secure the perimeter of the area in question to the best of your abilities. UNDER NO CIRCUMSTANCES ARE YOU TO TOUCH OR MOVE THE ITEM.

APPENDIX C:

Common Features of Previous Suspicious Packages Presenting Biological or Chemical Threat

- More than appropriate value of stamps for its size and weight
- Special delivery; Hand delivered; Unexpected; Heavy for its size
- Postmark that doesn't match the return address or no return address
- Unusual origin or from an unfamiliar sender
- Unusual postage paid marks
- Return address that cannot be verified as legitimate
- Addressed to someone no longer with our organization
- Incorrect titles or outdated information
- Non-commercial packaging
- Envelope flap stuck down completely
- Normal letter has a gap of 35mm at the corners
- Additional inner envelope
- Tightly taped or tied
- Pin-sized hole in the envelope or package wrapping
- Restrictive marking such as:
 - "Personal", "Confidential"
 - Special endorsements like:
 - "Do not X-ray, tapes enclosed"
 - Makes noise
 - Wiring or tin foil
 - Visually distracting-dirty
 - A feeling of a powdery substance within
 - Unusual smell, including but not restricted to almonds, ammonia, marzipan or metallic





SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-01-15
	Review/Revision: 2013-12-2
	Review/Revision: 2014-04-29
	Review/Revision: 2015-07-21
SECTION: CODE YELLOW – MISSING RESIDENT	Review/Revision: 2016-08-21
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2021-06-30
APPROVED BY: MANAGER, BUILDING OPERATIONS	

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Values: Respect, Compassion Spirituality, Integrity, Excellence and Collaboration

REFERENCES: Fixing Long Term Care Act, 2021
Occupational Health and Safety Act and Regulations

PURPOSE To provide direction in the event that a resident goes missing

PROCEDURE

When Code Yellow is activated and Management is in the Home, the Incident Management System will be activated, Command Centre set-up and key positions assigned. If required the staff call-back system will be activated.

When Code Yellow is activated after hours, the President/CEO, Manager On-call and Manager Building Operations will be contacted. The Manager On-call will activate the staff call-back system, starting with managers closest to the facility. The Incident Management System will be activated as soon as possible.

MISSING RESIDENT

- NOTIFIED OF INCIDENT BY INCIDENT COORDINATOR
- LEADERSHIP TEAM EVALUATE IMPACT UPON HOME
- OPERATIONAL CAPABILITY TO HANDLE INTERNALLY
BASED UPON INFORMATION FROM AFFECTED AREA AND
TYPE OF INCIDENT
- IMPLEMENT COURSE OF ACTION

MAJOR INCIDENT
COMMAND CENTRE ACTIVATION
ESTABLISH COMMUNICATIONS WITH OTTAWA POLICE
ACTION ANNOUNCEMENT THAT THE COMMAND CENTRE IS OPERATIONAL
AS THE SITUATION UNFOLDS DECISIONS ON FURTHER ACTIONS ARE MADE
RECEIVE STATUS REPORTS FROM DEPARTMENTS AS TO THEIR AREA SEARCHES

When a resident is reported missing:

The RPN In-charge of the RHA will:

1. Check the resident's file for any pattern of exit seeking
2. Supervise a preliminary search of the resident's unit
3. Obtain photos of the missing resident to guide staff unfamiliar with the missing resident (photos are kept at reception desk)
4. Go to the reception desk to supervise the search
5. **Between 8AM and 8PM** have Reception announce "**Code Yellow + Name of Resident**" and the phone extension to call to report search results (x3)
6. **Between 8PM and 8AM** the RN-In-charge (Incident Coordinator) or designate will announce "**Code Yellow + Name of Resident**" and the phone extension to call to report search results (x3)
7. Review CCTV footage to determine if resident left by main entrance.
8. If the resident is wearing a Roam Alert bracelet check system to see if the person was coded out.

Staff Responsibilities

The RPN In-charge of the other RHA's will:

1. Co-ordinate search on your RHA, use the building schematics and search check sheets which are located in the Emergency Procedures Binder on each RHA care centre. Report back to Incident Coordinator when completed
2. Other Departments, search your respective areas and report back to the Incident Coordinator
3. Maintenance staff will search the perimeter of St. Pat's property, adjacent grounds and basement areas then report to the Reception desk for additional search duties.
4. If Maintenance staff not on duty the Manager Building Operations or designate will search the perimeter of St. Pat's property and basement areas. All other staff are to search their assigned areas. Use the building schematics and search check sheets which are located in the Emergency Procedures binder on each RHA care centre. Staff not assigned to an area report to the Reception desk for search duties

NOTE: Search all areas thoroughly including closets, wardrobes and all storage areas. Note any areas where there is no access.

IF THE RESIDENT HAS NOT BEEN FOUND WITHIN 20 MINUTES

The Incident Coordinator will:

1. Notify the the the President/CEO, Manager On-call and Manager Building Operations will be contacted, if not in the facility.
2. Notify the Resident's next of kin
3. Notify the Police, giving a description of the resident, any relevant medical information, and if the resident is registered with the Alzheimer's Society Safely Home Program. The wandering person's registry binder is located at the reception desk.
4. Request all staff to search all areas of the building again and report back.
5. Notify the Ministry of Health Long Term Care if the resident has been missing more than 3 hours.
6. Update the next of kin on the search.

Search activities will be directed by either the Ottawa Police or the Police Search and Rescue unit depending on the level of risk to the resident.

When the Resident is found the Incident Coordinator will:

1. **Between 8AM and 8PM** have Reception announce "Code Yellow, All Clear" (x3)
2. **Between 8PM and 8AM** the RN-In-charge (Incident Coordinator) or designate will announce "Code Yellow, All Clear" (x3)
3. Notify the the the President/CEO, Manager On-call and Manager Building Operations will be contacted, if required
4. **Notify the Residents next of kin**
5. Notify the Ministry of Health and Long Term Care
6. Ensure all information is recorded and reports filled out



SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-01-15
	Review/Revision: 2013-12-3
	Review/Revision: 2014-04-29
	Review/Revision: 2015-07-21
SECTION: CODE BROWN – HAZARDOUS MATERIALS SPILL	Review/Revision: 2017-06-12
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2021-06-30
APPROVED BY: MANAGER, BUILDING OPERATIONS	

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REFERENCES: Fixing Long Term Care Act, 2021
Occupational Health and Safety Act and Regulations

PURPOSE To provide direction in the event of a Hazardous Materials Spill in the Home

PROCEDURE The Incident Coordinator is the RN In-charge

Upon being made aware of a Hazardous Materials Spill in the Home:

1. Call x411 for RN In-charge — provide exact location (RHA/room number).
2. A hazardous material(s) spill must be handled in such a manner that minimizes occupant exposure and/or injury, property damage or harm to the natural environment. Such a release may be a spill or discharge of a gas, liquid or solid.

The generator of the spill is responsible to ensure all safety and notification procedures are followed.

• Minor Spill <4L

- Generator of the spill is to clean up
- Emergency Hazmat Spill Kit – located in Maintenance Workshop
- MSDS binders are located in the centre core area by Stairwell A on each floor. Use the emergency phone number on the MSDS for further information, if required.
- Complete a Hazardous Spill Report and submit to RN In-charge and Joint Health and Safety Committee

•Major Spill >4L

- Contact On-call Manager and Manager, Building Operations
- Ottawa Fire Services or HazMat contractor will be called in if cleanup is beyond our capacity to handle
- Complete a Hazardous Spill Report and submit to RN In-charge and Joint Health and Safety Committee



SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-03-13
	Review/Revision: 2013-11-16
	Review/Revision: 2014-04-29
	Review/Revision: 2015-07-21
SECTION: CODE WHITE – VIOLENT PERSON	Review/Revision: 2017-08-21
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2021-06-30
APPROVED BY: MANAGER, BUILDING OPERATIONS	

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REFERENCES: Fixing Long Term Care Act, 2021
Occupational Health and Safety Act and Regulations

PURPOSE To provide direction in the event that a potentially violent person poses a threat to harm themselves or others.

When a staff member identifies a potential Code White situation that requires immediate assistance:

- Press the staff assist button if the emergency is in a resident room,
- If the emergency is not in a resident room, press the closest emergency button. These are located in all dining rooms, common areas, balconies and secure garden.
- This will be relayed to PSWs on the unit, RPNs on both sides of the floor and all RNs in the building.
- Stat-calls originating in Galway will be relayed to the RPN phone on Cavan as well.
- An overhead announcement will be made to alert the Management response team to an area where the clinical or nursing staff have made an assessment that a Resident or other person poses a threat to themselves or others and intervention to calm the situation has failed.
- This is an Emergency Code and an immediate response must result.

Code White becomes a 911 call when:

- There is a real or perceived threat that lives are in danger
- A weapon is involved
- The aggressor threatens staff and/or resident safety

The following staff will respond to a Code White:

1. The RN In-charge (Incident Coordinator)
2. RN/RPN, PSW's on the floor involved
3. All managers in the Home
4. Maintenance and Spiritual Care

SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-10-01
	Review/Revision: 2013-11-16
	Review/Revision: 2014-04-29
	Review/Revision: 2015-07-21
SECTION: CODE ORANGE – EXTERNAL DISASTER	Review/Revision: 2017-08-21
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2021-06-30
APPROVED BY: MANAGER, BUILDING OPERATIONS	

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REFERENCES: Fixing Long Term Care Act, 2021
Occupational Health and Safety Act and Regulations

PURPOSE To provide direction in the event of an external disaster in the community and provide care and treatment for those in need.

PROCEDURE

The overall goal of a Code Orange is to:

1. Enable St. Patrick's Home of Ottawa to receive and treat a sudden influx of victims requiring accommodation, care, and treatment
2. Establish triage and treatment areas to ensure incoming persons, current residents and staff are safe
3. Adjust operation of the Home to increase availability of staff and beds to manage the number of casualties arriving at St. Pat's
4. Establish a Command Centre, as needed, to assist with meeting increased demands on the organization by being the central location to receive essential information (internally and externally) and disseminate this information appropriately
5. Set up a Family Information Support Centre, as needed, that will provide support to family members of casualties of the external disaster

When Code Orange is activated and Management is in the Home, the Incident Management System will be activated, Command Centre set-up and key positions assigned. If required the staff call-back system will be activated.

When Code Orange is activated after-hours, the President/CEO and Manager On-call will be contacted. The Manager On-call will activate the staff call-back system, starting with managers closest to the facility. The Incident Management System will be activated as soon as possible.

EXTERNAL DISASTER

- NOTIFIED OF INCIDENT BY INCIDENT COORDINATOR
- LEADERSHIP TEAM EVALUATE IMPACT UPON HOME
- OPERATIONAL CAPABILITY TO HANDLE INTERNALLY
BASED UPON CURRENT INFORMATION AND TYPE OF INCIDENT
- IMPLEMENT COURSE OF ACTION

MAJOR INCIDENT	MINOR INCIDENT
COMMAND CENTRE ACTIVATION	ESTABLISH COMMUNICATIONS WITH THE OFFICE OF EMERGENCY MANAGEMENT (OEM) FOR THEIR ASSISTANCE, IF REQUIRED
ESTABLISH COMMUNICATIONS WITH THE OFFICE OF EMERGENCY MANAGEMENT (OEM) FOR THEIR ASSISTANCE, IF REQUIRED	DECIDE WHAT MEDICAL, NURSING AND SUPPORT SERVICES ASSISTANCE AND SUPPLIES ARE REQUIRED
DECIDE WHAT MEDICAL, NURSING AND SUPPORT SERVICES ASSISTANCE ARE REQUIRED AND INITIATE STAFF CALL-BACK SYSTEM	LEADERSHIP TEAM UPDATES SPH STAFF AND FAMILY INFO SUPPORT CENTRE ON ACTIONS TO TAKE
ACTION ANNOUNCEMENT THAT THE COMMAND CENTRE IS OPERATIONAL	AS THE SITUATION UNFOLDS DECISIONS ON FURTHER ACTIONS ARE MADE
RECEIVE STATUS REPORTS FROM DEPARTMENTS AS TO THEIR STAFF AVAILABILITY	
ARRANGE FOR EMERGENCY BEDS, FOOD AND MEDICAL SUPPLIES, AS REQUIRED	
ALTERNATE SITES WILL BE NOTIFIED IF INCOMING PERSONS EXCEED OUR CAPACITY	

IN THE EVENT WE MUST RELOCATE VICTIMS TO OUR ALTERNATE SITES, CONTACT CENTRAL AMBULANCE DISPATCH, 613-237-4545 AND ADVISE THEM OF THE HOME'S SITUATION AND THEY WILL UPDATE THE OFFICE OF EMERGENCY MANAGEMENT (OEM).

PERSONAL SAFETY

IT IS THE INTENT THAT THE PROCEDURES PROVIDED IN THIS POLICY BE CONDUCTED WITH ALL DUE REGARD TO PERSONAL SAFETY. IT IS NOT THE INTENT OF THIS POLICY TO PLACE A PERSON IN A HAZARDOUS SITUATION THAT THEY ARE NOT TRAINED OR PROPERLY EQUIPPED FOR. EACH PERSON SHOULD ALWAYS APPROACH AN EMERGENCY SITUATION FROM THE PERSPECTIVE OF "IF SAFE TO DO SO".

PERSON RECEIVING NOTIFICATION ON AN EXTERNAL DISASTER CALL

1. Obtain the following necessary information:
 - a) Name and official capacity of the caller
 - b) Nature of the disaster
 - c) Location of disaster
 - d) Estimated number, type and nature of casualties
 - e) Mode of transportation
 - f) Estimated time of arrival
 - g) Call-back number
 - h) Time of call
2. Relay message to RN In-charge

Responsibilities:

Incident Coordinator:

- Assess the situation and determine required resources
- **Determine if the Gathering Place will be able to accommodate shelter and triage**
- **Between 8AM and 8PM** forward this information to Reception to make "Code Orange" announcement
- **Between 8PM and 8AM** the Incident Coordinator or designate will make "Code Orange" announcement
- Designate a Triage-Centre Nurse
- Direct the evacuees to the Triage-Centre location and commence assessments and documentation for each person
- Activate St. Pat's staff, as required
- Follow the directions of the President/CEO or Management

Triage-Centre Nurse:

- Commence assessments and documentation for each person as they arrive
- Send to hospital victims that require medical attention
- Follow the directions of the President/CEO or Management

Other RN's in the building will:

- Report to the Gathering Place to assist the Incident Coordinator and Triage Nurse
- Follow the directions of the President/CEO or Management

AS THE SITUATION UNFOLDS DECISIONS ON FURTHER ACTIONS ARE MADE BY THE COMMAND CENTRE

SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-01-15
	Review/Revision: 2013-11-16
	Review/Revision: 2014-04-29
	Review/Revision: 2015-07-21
SECTION: CODE BLUE – MEDICAL EMERGENCY PROCEDURES	Review/Revision: 2017-02-06
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2021-06-30
APPROVED BY: MANAGER, BUILDING OPERATIONS	

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REFERENCES: Fixing Long Term Care Act, 2021
Occupational Health and Safety Act and Regulations

PURPOSE To provide direction in the event a medical emergency occurs in the Home.

PROCEDURE Upon finding a person who appears to have suffered a medical emergency

- Call 911
- Activate the nearest staff-assist button or emergency-call button
- **Between 8AM and 8PM** notify Reception of the Code Blue situation and giving the location. Reception will announce Code Blue + Location i.e. RHA and Room# (x3)
- **Between 8PM and 8AM** notify the **RN In-charge** (Incident Coordinator). The **RN In-charge**, or designate will announce Code Blue + Location i.e. RHA and Room# (x3)
- Physicians, RN's and RPN's from the Location floor will immediately respond



**XIV EMERGENCY
PROCEDURES MANUAL
CODE GREY**

XIV-EMG-D-10.09

SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-01-15
	Review/Revision: 2013-12-03
	Review/Revision: 2015-03-05
	Review/Revision: 2015-07-30
SECTION: CODE GREY – LOSS OF CRITICAL SERVICES 1. LOSS OF EMERGENCY POWER, HYDRO, GAS, HVAC, WATER 2. SUPPLY-AIR EXCLUSION 3. LOSS OF BOTH ELEVATORS	Review/Revision: 2017-08-21
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2022-06-30
APPROVED BY: MANAGER, BUILDING OPERATIONS	

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REFERENCES: Fixing Long Term Care Act, 2021
Sodexo Business Continuity/Recovery Plan
Occupational Health and Safety Act and Regulations

PURPOSE: To provide direction in the event a loss of critical services occurs in the Home.

PROCEDURE:

When Code Grey is activated and Management is in the Home, the Incident Management System will be activated, Command Centre set-up and key positions assigned. If required the staff call-back system will be activated.

When Code Grey is activated after hours, the President/CEO, Manager On-call and Manager Building Operations will be contacted. The Manager On-call will activate the staff call-back system, if required. The Incident Management System will be activated as soon as possible.

LOSS OF CRITICAL SERVICES

- NOTIFIED OF INCIDENT BY INCIDENT COORDINATOR
- LEADERSHIP TEAM EVALUATE IMPACT UPON HOME
- OPERATIONAL CAPABILITY TO HANDLE INTERNALLY
BASED UPON INFORMATION FROM AFFECTED AREA AND
TYPE OF INCIDENT
- IMPLEMENT COURSE OF ACTION



XIV EMERGENCY PROCEDURES MANUAL CODE GREY

XIV-EMG-D-10.09

MAJOR INCIDENT
COMMAND CENTRE ACTIVATION
ESTABLISH COMMUNICATIONS WITH SERVICE PROVIDER
ACTION ANNOUNCEMENT THAT THE COMMAND CENTRE IS OPERATIONAL
AS THE SITUATION UNFOLDS DECISIONS ON FURTHER ACTIONS ARE MADE
RECEIVE STATUS REPORTS FROM DEPARTMENTS REGARDING IMPACT TO SERVICES
ALTERNATE SITES NOTIFIED, IF REQUIRED

FOR ALL INCIDENTS WHERE WE MUST RELOCATE TO OUR ALTERNATE SITES, CONTACT CENTRAL AMBULANCE DISPATCH, 613-237-4545 AND ADVISE THEM OF THE HOME'S SITUATION AND THEY WILL INFORM THE OFFICE OF EMERGENCY MANAGEMENT (OEM) THAT THEIR ASSISTANCE IS REQUIRED.

PERSONAL SAFETY

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CONTRACTORS	Hydro	Ottawa Hydro	613-738-6400
	Emergency Generator	Cummins	613-736-1146
	Elevators	Schindler	1-800-225-3123
	Natural Gas	Enbridge	1-866-763-55427
	HVAC	Lar-Mex	613-747-1563
	Water Information Line		613-580-2424 x22300

PROCEDURE

LOSS OF EMERGENCY POWER, HYDRO, GAS, HVAC, WATER

When Code Grey is activated and Management is in the Home, the Incident Management System will be activated, Command Centre set-up and key positions assigned. If required the staff call-back system will be activated.

When Code Grey is activated after hours, the President/CEO, Manager On-call and Manager Building Operations will be contacted. The Manager On-call will activate the staff call-back system, if required. The Incident Management System will be activated as soon as possible.

The Incident Coordinator or Manager Building Operations will contact the Service Provider and gain as much information as possible as to the nature of the interruption and an estimate of when the service is expected to be restored. **Whenever possible, arrangements will be made to bring in equipment that temporarily restores the loss of any critical service.** Next, relay this information to the Command Centre.

The Emergency Generator is located on the roof on the South East Wing. When the power is interrupted the generator will start automatically and transfer power within 30 seconds. The generator is fueled with natural gas and has an

indefinite run time.

Emergency flashlights and batteries are located in the Maintenance Workshop.

Emergency Lighting: all corridors, stairwells, mechanical rooms, VP Finance office, Physician's office, Kitchen and Laundry, 2 Heating Boilers and pumps, 2 supply air fans, 2 DHW boilers and pumps, sump pumps, fire alarm system, fire pump, sprinkler system, emergency PA system, nurse call system, access control, telephone, Roam Alert, CCTV cameras, both elevators, walk in fridges and freezers, med room and support room fridges.

Emergency Receptacles: Receptacles on emergency power are a dark grey and will have the letter E at the start of the panel number on the cover plate. Located in all resident rooms. Any air-mattresses, beds, and any other devices that are required must be transferred to the emergency receptacles in the resident rooms.

The Incident Coordinator will:

- Proceed to the CACF room and silence the trouble alarm on fire panel
- Reset door card readers with the key switch (light must be red)
- When Code Grey is activated after hours, the President/CEO, Manager On-call and Manager Building Operations will be contacted
- Check elevators for normal operation
- Arrange for extra flashlights to be distributed, as required
- Update the Command Centre with any issues requiring additional support
- Follow directions from the Command Centre

The RPN will:

- Ensure any critical equipment in resident rooms is plugged into the grey emergency power receptacles
- Distribute flashlights, as required
- Monitor residents on your RHA
- Update the Incident Coordinator with any issues requiring additional support
- Follow directions from the Command Centre

All other staff will remain on their units

BUILDING-WIDE LOSS of NATURAL GAS

In the event of a gas leak call 911

Shut-off valves for the natural gas are located on the west side of the building near Receiving

Incident Coordinator will:

- When Code Grey is activated after hours, the President/CEO, Manager On-call and Manager Building Operations will be contacted
- The Incident Coordinator or Manager Building Operations will contact the Service Provider (Enbridge) and gain as much information as possible as to the nature of the interruption and an estimate of when the service is expected to be restored. Also, notify Ottawa Fire Services that the emergency generator is out of service. Next, relay this information to the Command Centre.
- Inform staff that hot water will not be available until the gas supply is fixed
- Update the Command Centre with any issues requiring additional support
- Follow the directions of the President/CEO or Management

Command Centre will:

- Arrange for outside food source, if required

- Arrange for outside Laundry service, if required
- If loss of gas service occurs during winter Code Green may be activated

Maintenance will:

- Shut down boilers, pumps, laundry equipment, HVAC, and kitchen equipment

When gas service is restored:

- Ensure valves that were closed are opened and all equipment is tested for normal operations
- Test run emergency generator to purge lines

BUILDING-WIDE LOSS of WATER

Incident Coordinator will:

- When Code Grey is activated after hours, the President/CEO, Manager On-call and Manager Building Operations will be contacted
- The Incident Coordinator or Manager Building Operations will contact the City of Ottawa Water Information Line at 613-580-2424 x22300 and gain as much information as possible as to the nature of the interruption and an estimate of when the service is expected to be restored. Also, notify Ottawa Fire Services and Chubb Edwards that the sprinklers, hose cabinets and fire connections are down. Next, relay this information to the Command Centre.
- Notify staff to conserve water, if there is advance notice have staff fill tubs to be used for flushing toilets
- Update the Command Centre with any issues requiring additional support
- Follow directions from the Command Centre

Command Centre will:

- Arrange for emergency water supplies, if required
- Arrange for outside food source, if required
- Arrange for outside Laundry service, if required
- Support Services may be directed to provide water and juices to RHA's. Alternate food services may be necessary if the water shortage is prolonged
- If loss of water service occurs during winter Code Green may be activated

Maintenance Staff will:

- Shut down domestic hot water boilers and pumps
- Shut down cold water supply pumps
- Monitor the heating system boilers and pumps
- Shut down laundry washers

When water services are restored:

- Inform staff water that water services are restored
- Reset fire panel, if required
- Notify Ottawa Fire Services and Chubb Edwards that water services have been restored
- Ensure valves that were closed are opened and all equipment is tested for normal operations
- Start cold water supply pumps, purge water lines, start DHW boilers and pumps, check fire pump is up to pressure and reset, if required

SUPPLY-AIR EXCLUSION

- If you discover a condition, situation, terrorist attack that requires immediate Air Exclusion: **Activate nearest Fire Alarm pull-station to shut down supply-air fans**
- Call x411 for RN IN-CHARGE and provide details of threat. RN IN-CHARGE must reset doors-switch at CACF Room and make an announcement that St. Pat's is in LOCKDOWN-Nobody Enters and Nobody Leaves. Ensure all doors and windows are closed and locked
- Call the Fire Department at 911 and say, *"This is St. Patrick's Home of Ottawa at 2865 Riverside Drive, we have called Code Grey – Supply-air Exclusion"*
- Meet the Fire Department at the main door and explain the details of Code Grey
- Follow any directions that the Fire Chief may tell you, Ottawa Fire Services is now in-charge of the Home
- When the Fire Department has completed their primary search and deemed the premises safe, the Fire Chief may grant permission to reset the fire alarm system
- When Code Grey is activated after hours, the President/CEO, Manager On-call and Manager Building Operations will be contacted. The Manager On-call will activate the staff call-back system, if required. The Incident Management System will be activated as soon as possible.
- Follow the directions of the Ottawa Fire Services, President/CEO, Incident Coordinator or Command Centre

LOSS OF ELEVATOR SERVICES, PERSON TRAPPED

Person trapped, elevator will not move doors will not open:

- There is an emergency button in the elevators that is a direct line to Chubb monitoring company. Also, the elevator company must be called **Schindler 1-800-225-3123**

Incident Coordinator will:

- Determine what floor the elevator is stuck on
- Call Schindler; explain there is a person trapped, immediate service is required and authorize overtime
- Assign staff to remain outside the elevator door and reassure the resident or person, until the elevator company arrives

Loss of Service to one elevator car:

- After-hours or on the weekend the Manager On-call and Manager Building Operations will be contacted
- Determine where the car is stopped and if anyone is inside
- **If there is no one in the car:** 8AM—2PM call Schindler for service, after 2PM call the next day
- Saturday/Sunday will be at overtime, contact On-call Manager for approval
- Inform Pastoral Services that one elevator is not available for Mass

LOSS of SERVICE — BOTH ELEVATORS

Incident Coordinator will:

- When Code Grey is activated after hours, the President/CEO, Manager On-call and Manager Building Operations will be contacted.
- Determine if anyone is trapped inside the cars.
- Call Schindler; explain both elevators are down, immediate service is required and authorize overtime.
- Announce that both elevators are out of service.
- Direct RPN's to conduct a headcount, identify residents on/off unit, visitors/family on each unit; identify residents

out of building and update the Incident Coordinator. Identify any residents that may have appointments requiring them to leave the building, notify the Command Centre. Identify residents off-unit make arrangements to have their medications administered.

- Arrange for escort of visitors/family from RHAs using stairs, when required.

Whenever loss of both elevators occurs or any disaster that deactivates elevator services; the following procedures will take place:

- To return residents trapped on main floor, contact Goldsmith Medical Transport Inc. at 613-226-6098 or online at <https://goldsmithmedical.communitysupportservices.ca/> should Goldsmith not be available, contact Ottawa Fire Services for support.

The Incident Coordinator will:

- Notify Nutritional Services Supervisor (FSS) that both elevators are down and manual delivery of food to the RHA's is required. Also, ensure residents trapped on main floor are assembled by the fireplace in the Reception area and provided with refreshments, snacks and blankets are provided. Recreation will be notified that activities are required. Have Reception or assign staff to monitor residents awaiting return to their RHA's. Update the Command Centre with any issues requiring additional support.
- The FSS will contact all Dietary Aides to report to the Main Kitchen and commence preparations for transporting their food to the RHA by Stairwell-A. The FSS will also engage the Kitchen Aide, Cook, Housekeepers and Laundry Aides to assist with the delivery of food. Additional staff may be called in, as required.
- The FSS will closely monitor the delivery process to ensure food is transported safely, supervise with the delivery of food via Stairwell-A and update the Command Centre with any issues requiring additional support.
- These procedures will continue until elevator services have been restored.
- As the situation unfolds, the Command Centre will make decisions on all further actions required.



SECTION: EMERGENCY PROCEDURES	Original Issue: 2007-01-15
	Review/Revision: 2013-12-03
	Review/Revision: 2014-06-03
	Review/Revision: 2015-07-28
SECTION: STAT-CALL	Review/Revision: 2017-02-10
	Review/Revision: 2018-05-30
	Review/Revision: 2019-05-01
	Review/Revision: 2021-06-30
APPROVED BY: MANAGER, BUILDING OPERATIONS	

Mission: Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

Foundation: A Catholic organization inspired by Christ's ministry and the legacy of the Grey Sisters of the Immaculate Conception.

Purpose: Quality, person-directed long-term care and support for people in our community.

Vision: A welcoming and inclusive home where each person feels cared for, supported and engaged.

Values: Respect, Compassion Spirituality, Integrity, Excellence and Collaboration

REFERENCES: Fixing Long Term Care Act, 2021
Occupational Health and Safety Act and Regulations

PURPOSE: To provide direction in the event a resident or staff requires immediate assistance in the Home.

PROCEDURE:

Using the Nurse-call system for an Emergency or Stat Call:

1. Press the staff assist button if the emergency is in a resident room,
2. If the emergency is not in a resident room, press the closest emergency button. These are located in all dining rooms, common areas, balconies and secure garden.
3. This will be relayed to PSWs on the unit, RPNs on both sides of the floor and all RNs in the building.
4. Stat-calls originating in Galway will be relayed to the RPN phone on Cavan as well.
5. This is an Emergency Code and an immediate response must occur by staff receiving notification.



POLICY MANUAL

XIV-EMG-D-10.11 Floods

SECTION: EMERGENCY PROCEDURES	Original Issue: June 2022
	Review/Revision:
	Review/Revision:
	Review/Revision:
PROGRAM: Floods	Review/Revision:
	Review/Revision:
	Review/Revision:
	Review/Revision:
	Review/Revision:
APPROVED BY: Manager of Building Operations	

Mission: Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

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REFERENCES: Fixing Long Term Care Act, 2021
Sodexo Business Continuity/Recovery Plan
Occupational Health and Safety Act and Regulations

PURPOSE: To provide direction in the event of a flood.

POLICY:

Flooding can affect the Home by blocking the main highways leading to the site. A severe flood could prohibit personnel from traveling to and from the site. Client may issue a delayed opening or site closure notification in the event that there is a state of emergency statement issued from the Government office. If this occurs, a notification would be sent out to the home including any instructions received and any information line that might be available.

Procedure:

- 1) Activate the Incident Command Policy
- 2) Determine the risks associated with the current and potential loss of services and activate the appropriate policies and procedures
- 3) Activate external assistance by calling 911

Post Flood/Recovery:

Site Facilities Maintenance Clean up Procedure is as follows:

- 1) Inspect exterior and interior buildings for damage
- 2) Coordinate cleanup / repairs with contractors



EMERGENCY MANUAL

XIV-EMG-D-10.12 Tornado Windstorm Hurricane

SECTION: EMERGENCY PROCEDURES	Original Issue: June 2022
	Review/Revision:
	Review/Revision:
	Review/Revision:
PROGRAM: Tornado, Wind Storm, Hurricane	Review/Revision:
	Review/Revision:
	Review/Revision:
	Review/Revision:
	Review/Revision:
APPROVED BY: Manager of Building Operations	

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REFERENCES: Fixing Long Term Care Act, 2021

Sodexo Business Continuity/Recovery Plan

Occupational Health and Safety Act and Regulations

PURPOSE: Tornadoes, windstorms, and Hurricanes are treated similar due to the damage that can occur from the high winds.

POLICY:

Flooding can affect the Home by blocking the main highways leading to the site. A severe flood could prohibit personnel from traveling to and from the site. Client may issue a delayed opening or site closure notification in the event that there is a state of emergency statement issued from the Government office. If this occurs, a notification would be sent out to the home including any instructions received and any information line that might be available.

Procedure:

- 1) Maintenance personnel will be assigned to remove and secure all outdoor furniture, materials on rooftops and any light objects that could become an airborne hazard.
- 2) Activate the Incident Command Policy
- 3) Determine the risks associated with the current and potential loss of services and activate the appropriate policies and procedures
- 4) Activate external assistance by calling 911, if required

Post Flood/Recovery:

Site Facilities Maintenance Clean up Procedure is as follows:

- 1) Inspect interior and exterior of all buildings
- 2) Inspect grounds

- 3) Inspect BMP Structures
- 4) Inspect the Pavilion Area
- 5) Coordinate clean up with contractors as needed
- 6) Will vary



EMERGENCY MANUAL

XIV-EMG-D-10.13 Phone System Outage

SECTION: EMERGENCY PROCEDURES	Original Issue: September 2022
	Review/Revision:
	Review/Revision:
	Review/Revision:
PROGRAM: Phone System Outage	Review/Revision:
	Review/Revision:
	Review/Revision:
	Review/Revision:
	Review/Revision:
APPROVED BY: President and CEO	

Mission: Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

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Purpose: Backup procedures when the VoIP phone system is down.

Policy: When the VoIP phone system is down the home will not be able to receive or make phone calls with that system.

Procedure:

- 1 – The analog phone at reception will be used to make and receive calls
- 2 – When a call is received on the analog telephone the receptionist will take a message and then call the appropriate person, RN or RPN, from the list below and let them know who has called, their phone number and what information they are looking for.
- 3 – An extra staff member will be assigned as a runner to take messages between the home areas and reception for the occasions when the receptionist is not able to get in touch with anyone on the home area.
- 4 – Walkie talkies will be placed in each home area and at reception to serve as a backup system for the receptionist to reach the home areas with phone messages.

Phone Number	Extension	Home Area
343-996-1744	411 – RN	Carlow
343-996-2148	480 – RPN	Wexford
343-996-3293	490 – RPN	Waterford
343-996-6512	460 – RPN	Kilkenny
343-997-3416	470 – RPN	Kerry
343-997-4544	421 – RN	Donegal, Dublin and Kerry
343-997-4821	440 – RPN	Donegal
343-997-5587	450 – RPN	Dublin
343-997-7580	430 – RPN	Carlow
343-998-3638	420 – RPN	Cavan
343-998-3812	441 – RN	Cavan
343-998-3826	410 – RPN	Galway
343-576-7858	RN	Bell phone
343-576-7856	RN	Bell phone
343-576-7857	RN	Bell phone



EMERGENCY MANUAL

XIV-EMG-D-10.14 Internet Outage

SECTION: EMERGENCY PROCEDURES	Original Issue: December 2023
	Review/Revision:
PROGRAM: Internet Outage	
APPROVED BY: President and CEO	

Mission: Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

Foundation: A Catholic organization inspired by Christ's ministry and the legacy of the Grey Sisters of the Immaculate Conception.

Purpose: Quality, person-directed long-term care and support for people in our community.

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Values: Respect, Compassion Spirituality, Integrity, Excellence and Collaboration

Purpose: Backup procedures when the internet and/or wi-fi is down.

Policy: When the wi-fi or the internet as a whole is down employees in the home will not be able to use any mobile devices.

Procedure:

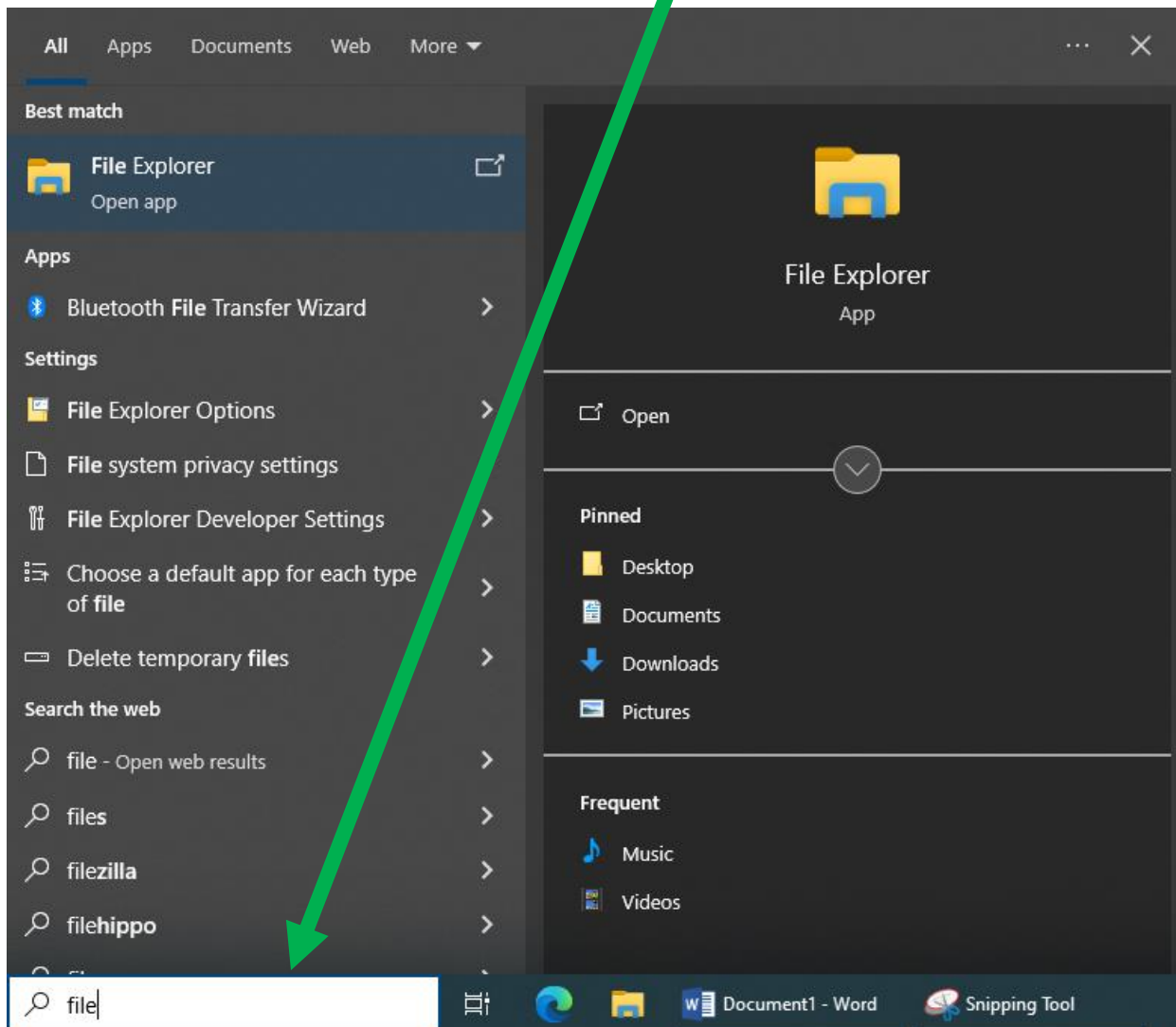
- 1 – Check a computer in the care centre or the med room to see if the outage is only wi-fi or internet
- 2 – Call another home area to determine if it is a whole home issue or only the home area you are on
- 3 – If it is an internet outage phone the manager on call, if after hours, to inform them
- 4 – In either case phone calls will need to be made and received through the land line in the care centres
- 5 – If it is an internet outage the RNs will need to carry the Bell phones with them and inform the RPNs and reception of the phone number
- 6 – Reception will be required to transfer any calls to the care centre where a message can be left if no one is available to answer the call
- 7 – Check the land line as often as possible to retrieve messages and return calls
- 8 – Staff will need to access a computer in the care centre to perform their daily tasks that were normally completed on a mobile device
- 9 – If the internet is down you will need to access and print the EMAR backup, steps to access the backup are attached
- 10 – If the internet is down charting will need to be completed on paper and recorded in PCC once service is restored

Accessing the EMAR backup from the R: drive

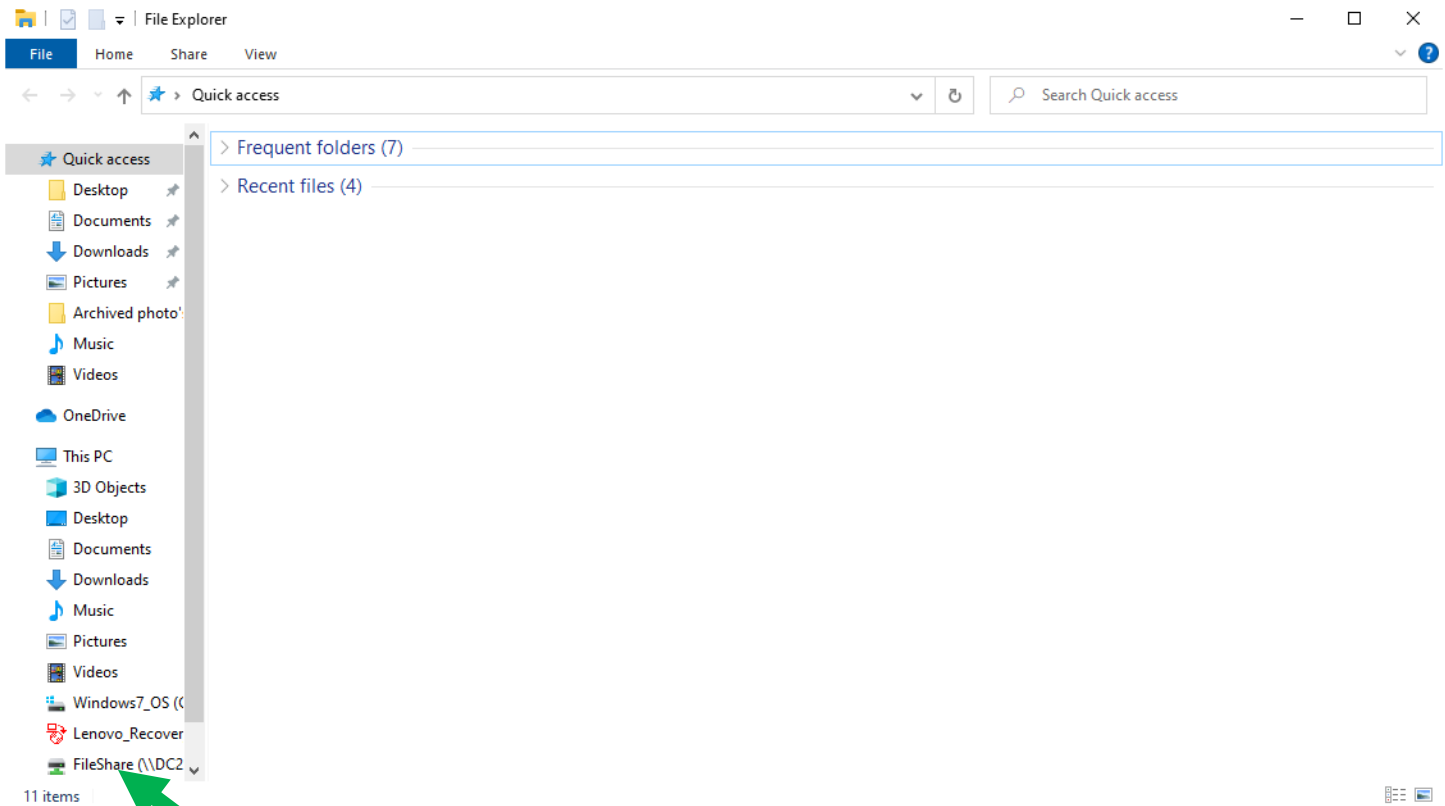
From your windows desktop select the 'File' icon



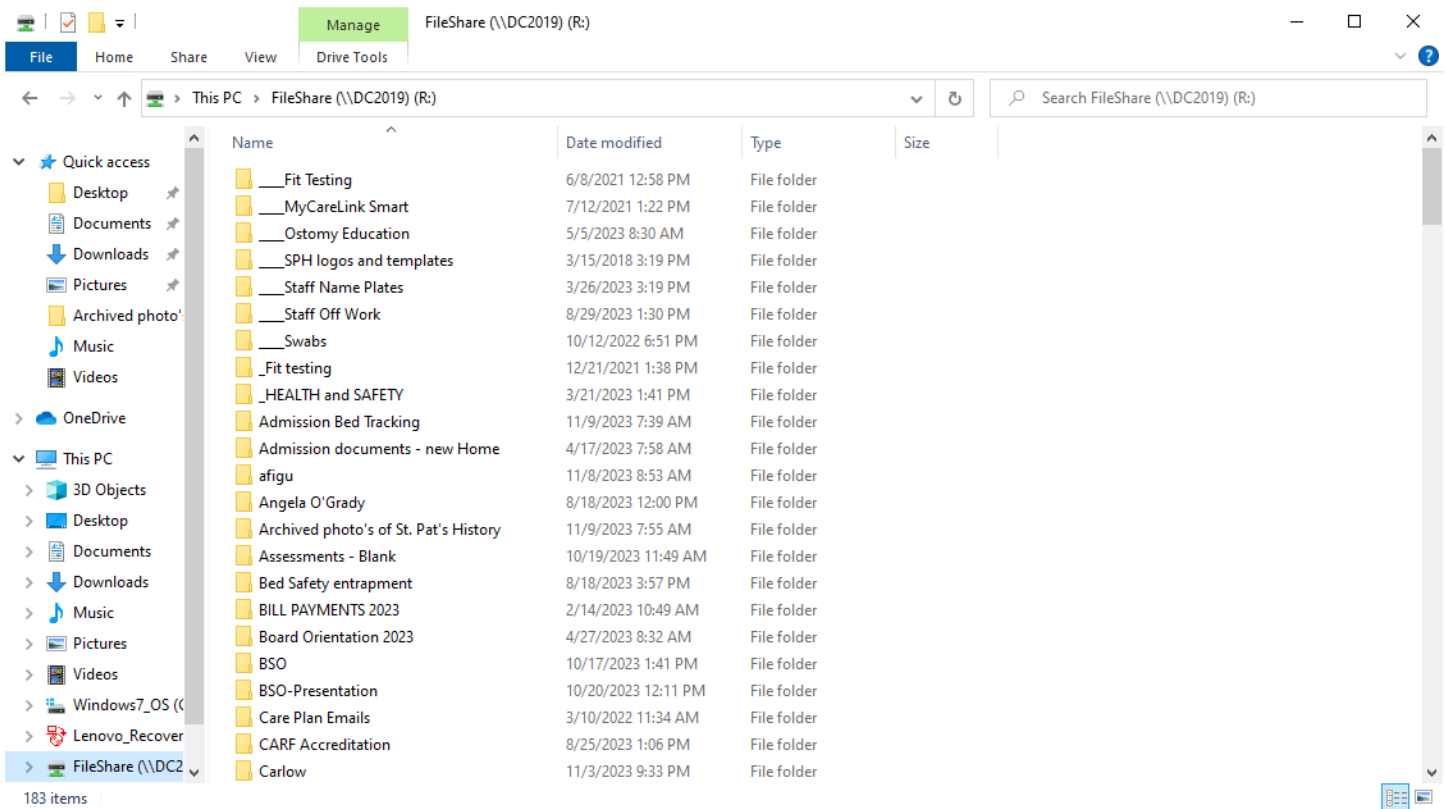
If you **do not** see the icon **type** the in the search bar for File Explorer



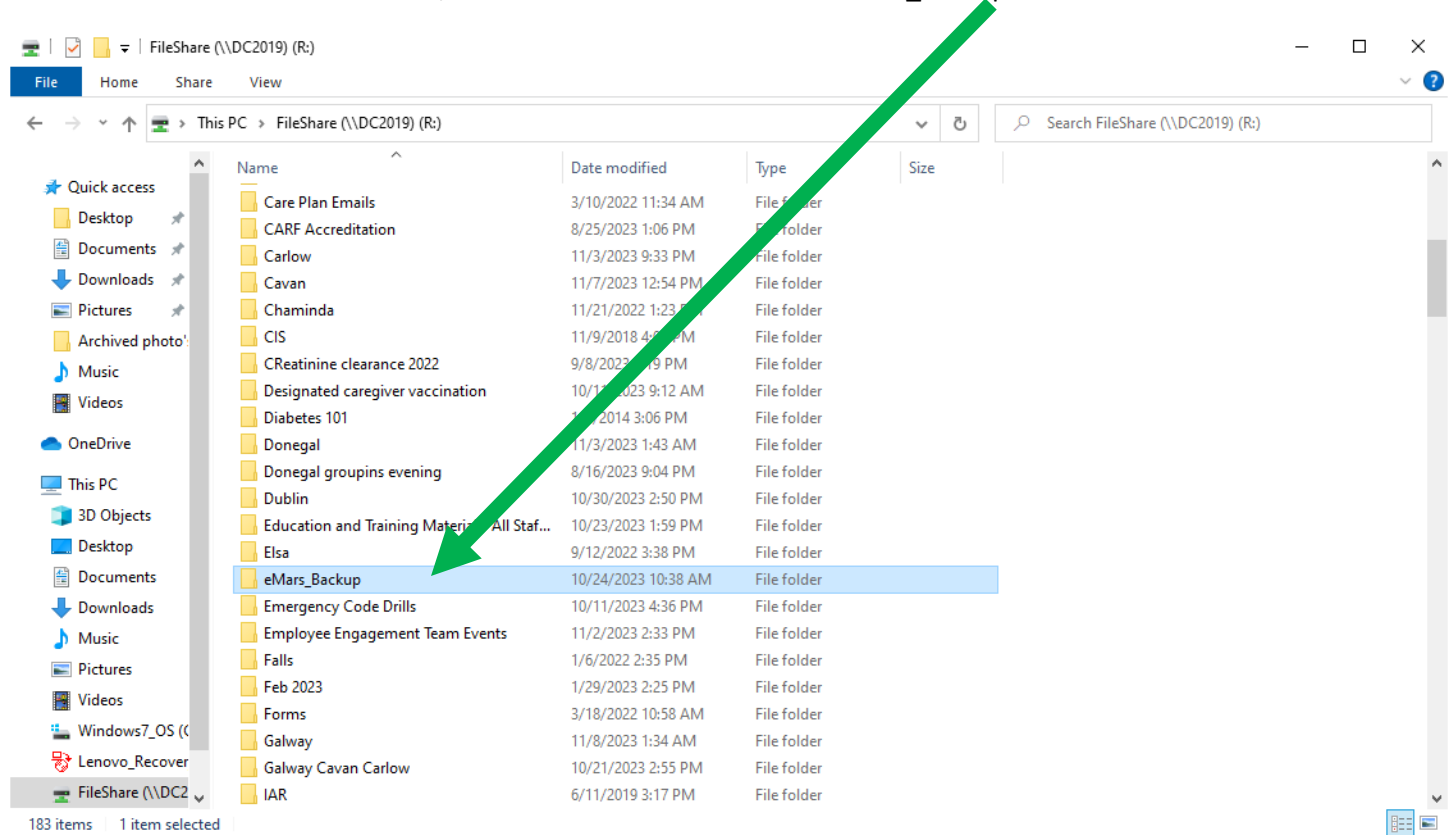
Click on the icon on the left hand side to launch the application, it should look like the next picture.



You will go to the fileshare drive click and open.



You will see the content of the drive, then scroll to the folder named eMars_Backup



Double click the folder, double click the next folder to see the current content of the backup file

