

Maxville Manor

Emergency Preparedness Manual 2024



Table of Contents








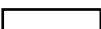

Introduction	4
Organizational Approval.....	5
Home Profile	6
Critical Phone Numbers	7
Equipment Maintenance and Repairs Contact List.....	9
Policy and Procedure:	10
Program Overview for Emergency Preparedness	10
Policy and Procedure:	12
Incident Management System	12
IMS Organizational Chart	14
Policy and Procedure:	15
Required Documentation during any Emergency	15
Maxville Manor Incident Report Form	16
Maxville Manor Incident Progress Notes	17
Policy and Procedure:	18
Staff Call Back List and Fan Out	18
Policy and Procedure:	19
Disaster Box	19
Policy and Procedure:	20
Area of Refuge	20
Appendix A: Confirmation of Area of Refuge	21
Policy and Procedure:	23
Transportation Needed during an Emergency.....	23
Appendix A: List of Transportation Resources	24
Policy and Procedure:	25
Code Red – Fire.....	25
Code Red Emergency Checklist.....	29
Fire Drill Evaluation Form	30
Fire Drill Attendance Sign In Sheet	31
Policy and Procedure:	32
Code Yellow – Missing Resident.....	32
Code Yellow Emergency Checklist	36
Policy and Procedure:	37
Code Green - Evacuation	37
Report to the evacuation meeting area for further instruction.Code Green Emergency Checklist.....	40
Policy and Procedure:	42
Code Blue - Medical Emergency	42
Code Blue Emergency Checklist.....	44

Policy and Procedure	45
Code Grey – System Power Failure.....	46
Loss of Power Checklist.....	49
Appendix A: List of equipment that is run by the generator in the event of a power outage	51
Policy and Procedure:	52
Code Grey – Loss of Essential Services	52
Loss of Essential Services Checklist	57
Appendix A: Facility Map with Emergency Exits and Shut Offs	61
Appendix B: Emergency Shut Off Instructions	62
Appendix C: Ministry of Long-Term Care Reporting Requirements.....	63
Appendix D: Progress Note Form.....	64
Appendix E: Resident Monitoring System	65
Policy and Procedure:	66
Code Brown – Hazardous/Chemical spill	66
Code Brown Emergency Checklist.....	71
Policy and Procedure:	73
Code Orange – External/natural disaster.....	73
Code Orange Emergency Checklist.....	76
Code Orange – Internal/Natural Disaster:.....	79
Policy and Procedure:	83
Prevention and Management of Hot Weather Illness	84
Appendix A: Heat Risk Assessment.....	88
Policy and Procedure:	91
Code White - Security/Violent Situation.....	91
Code White Emergency Checklist.....	93
Policy and Procedure:	94
Code Black - Bomb Threat	94
Code Black Emergency Checklist	99
Code Black Information Form	101

Introduction

Maxville Manor is responsible for ensuring the safety of the people it serves. This Emergency Preparedness Manual was developed with their safety in mind. We strongly believe that safety will be achieved through prevention, preparedness and timely response. Emergencies may be either internal or external and can be of any size or kind. This emergency manual is designed to adapt to any possible situation.

Possible causes for the disruption of normal services include:

-  Fire (Code Red)
-  Missing resident (Code Yellow)
-  Evacuation (Code Green)
-  Medical Emergency (Code Blue)
-  System power failure/Loss of Essential Services (Code Grey)
-  Hazardous/Chemical spill (Code Brown)
-  External /natural disaster (Code Orange)
-  Security/Violent situation (Code White)
-  Bomb Threat (Code Black)

The type of emergency will dictate the response executed by Maxville Manor for the safety and well-being of the people served.

All employees of Maxville Manor are to be familiar with the contents of this Emergency Preparedness Manual. A copy of the Emergency Preparedness Manual is located at in the Disaster Box, at the 3 main nursing stations and in the on-call binder. It is the responsibility of the management team to review the Manual annually.

Organizational Approval

This document is Maxville Manor Emergency Preparedness Manual (EPM) and states our understanding of how we manage and conduct actions under emergency conditions. It will be reviewed and updated, if necessary, on an annual basis.

This EPM has been reviewed and approved by our organization's leadership.

Approved By: Amy Porteous

Signature

Amy Porteous

Printed Name/Title

July 2022

Date

Reviewed/Revised:

February 2024

Date

Amy Porteous

Signature

Reviewed/Revised:

Date

Signature

Reviewed/Revised:

Date

Signature

Reviewed/Revised:

Date

Signature

Home Profile

Home Name	Maxville Manor
Home Address	80 Mechanic Street West (K0C 1T0)
Home Location (Cross streets, Landmarks)	West of the MacEwen Agricenter South of Debbie's Country Corner
Telephone #	(613) 527-2170
Fax #	(613) 527-3103
Email	info@maxvillemanor.ca
Web Address	www.maxvillemanor.ca
Insurance Agent/Phone	HIROC
Year Home Built	1967
# of Licensed Beds	122
Average # of Staff – Days	45-50
Average # of Staff – Evening	25
Average # of Staff – Nights	8
Emergency Power Generator Type	100KW generator
Emergency Power Generator Fuel	Diesel
Emergency Communication System	Intercom / cell phones
Like-Home #1 for Resident Evacuation¹ (within 10 miles)/Phone #	Maxville and District Sports Complex J. Andre XXX-XXXX A.Leduc XXX-XXXX T. McDonell XXX-XXXX

Critical Phone Numbers

Name and Title	Primary Telephone	Secondary Telephone
Amy Porteous, CEO	XXX-XXXX	
Courtney Jeske, Director of Care (Nursing)	XXX-XXXX	
Assistant Director of Care (Nursing)		
Lise Bray, Director of Environmental Services	XXX-XXXX	
Dan Lascelle, Manager of Environmental Services	XXX-XXXX	
Kristie MacDonald, Director of Food Services	XXX-XXXX	
Dina Murray-MacDonald, Director of Activities	XXX-XXXX	
Phyllis Burtenshaw Lalonde, Director of Outreach and Volunteers	XXX-XXXX	
Cynthia Morgan, Executive Assistant and Communications Lead	XXX-XXXX	
Norma Mesman, Quality Coordinator	XXX-XXXX	
Ministry of Long-Term Care	<p>During Business Hours Monday to Friday from 8:30-4:30 1-866-434-0144 to report a CI and get an intake number Email: CIATTgeneral.MOH@ontario.ca</p> <p>After Regular Business Hours: 1-888-999-6973</p>	
Ministry of Labour	613-228-8050	

Public Works North Glengarry	(613) 525-3087 After Hours: 613-551-0429	
Ministry of Environment	During Business Hours Monday to Friday from 8:00-4:45 (416) 235-5825 or 1-866-494-6663 After Hours: (613)-551-0429	HWINhelpdesk@ontario.ca
Roxborough Bus Lines (Transportation for Evacuation)	613-551-5772	
Clean All Environmental Services. Inc. Restoration company	613-932-5326	
Canadian Red Cross	613-932-0231	

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Program Overview for Emergency Preparedness			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 2

Policy

Maxville Manor will have an Emergency Preparedness and Response Program in effect.

Procedures

Overview

Maxville Manor must ensure all staff are trained annually in the emergency codes and upon orientation.

Definitions for Entire Manual

Staff: Any person employed by Maxville Manor, including the Medical Director and Nurse Practitioner.

Residents: Any residents residing at Maxville Manor.

Visitors: Any family or friends of residents, community members, outreach clients, support worker, visitors or persons entering Maxville Manor.

Monthly Fire Drills

1. Ensure monthly fire drills are conducted and documented on each shift.
- 2.

Annual Testing Drills and Emergency Testing required every 3 years

Annual Testing	Testing Required every 3 years
Outbreaks of communicable diseases	Code Orange: Community Disaster
Code Red: Fire	Code White: Violent Outburst
Code Yellow: Missing resident	Code Black: Bomb Threat
Code Grey: Loss of Essential Services	Code Brown: Chemical Spill
Code Blue: Medical Emergency	Code Grey: Gas leak
Code Orange: Natural disaster or extreme weather events	Code Green: Evacuation
Code Grey: Boil water advisory	
Code Grey: Flood	

Major Emergency Exercise

1. Every three years (3), Maxville Manor must conduct a major emergency preparedness exercise involving at least two or more services in the home. Community response agencies should be included if possible. Consider creating a mock disaster, with possible partial evacuation, for a major preparedness exercise.
2. The mock disaster could include:
 - a. Code Grey: Loss of utility(s);
 - b. Code Red: Fire; and
 - c. Code Orange: External disaster.

Maxville Manor is encouraged to plan the exercise in conjunction with regional ministry personnel and/or the local emergency response group.

Local Fire Department

1. Maxville Manor will ensure the fire department has received and approved the home's fire safety plan. Fire department personnel will be involved to Maxville Manor on an annual basis to:
 - a. Acquaint them thoroughly with the Manor's layout and assist them with pre-planning and tactical surveys; and
 - b. Participate in on-site training of emergency codes.

Orientation of Staff

1. Maxville Manor will provide staff with an orientation and annual training thereafter to the Emergency Preparedness Manual. The Manor will ensure new staff understands the Emergency Preparedness Plan.

Fire Safety Education

1. Maxville Manor will ensure the fire safety education includes at a minimum instruction in:
 - a. Basic steps taken in response to a fire emergency;
 - b. Evacuation procedures;
 - c. Emergency carries of residents;
 - d. Location and use of the fire alarm system, the paging system, fire extinguishers and fire blankets; and
 - e. Explanation of layout of the home and location of all exits and related stairways.

Records

1. Maxville Manor will keep copies of individual staff attendance at all emergency drills and records of annual Emergency Drills.

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Incident Management System			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 3

Policy

Maxville Manor’s Emergency Preparedness and Response Program reflects the model of the Incident Management System (IMS).

Background

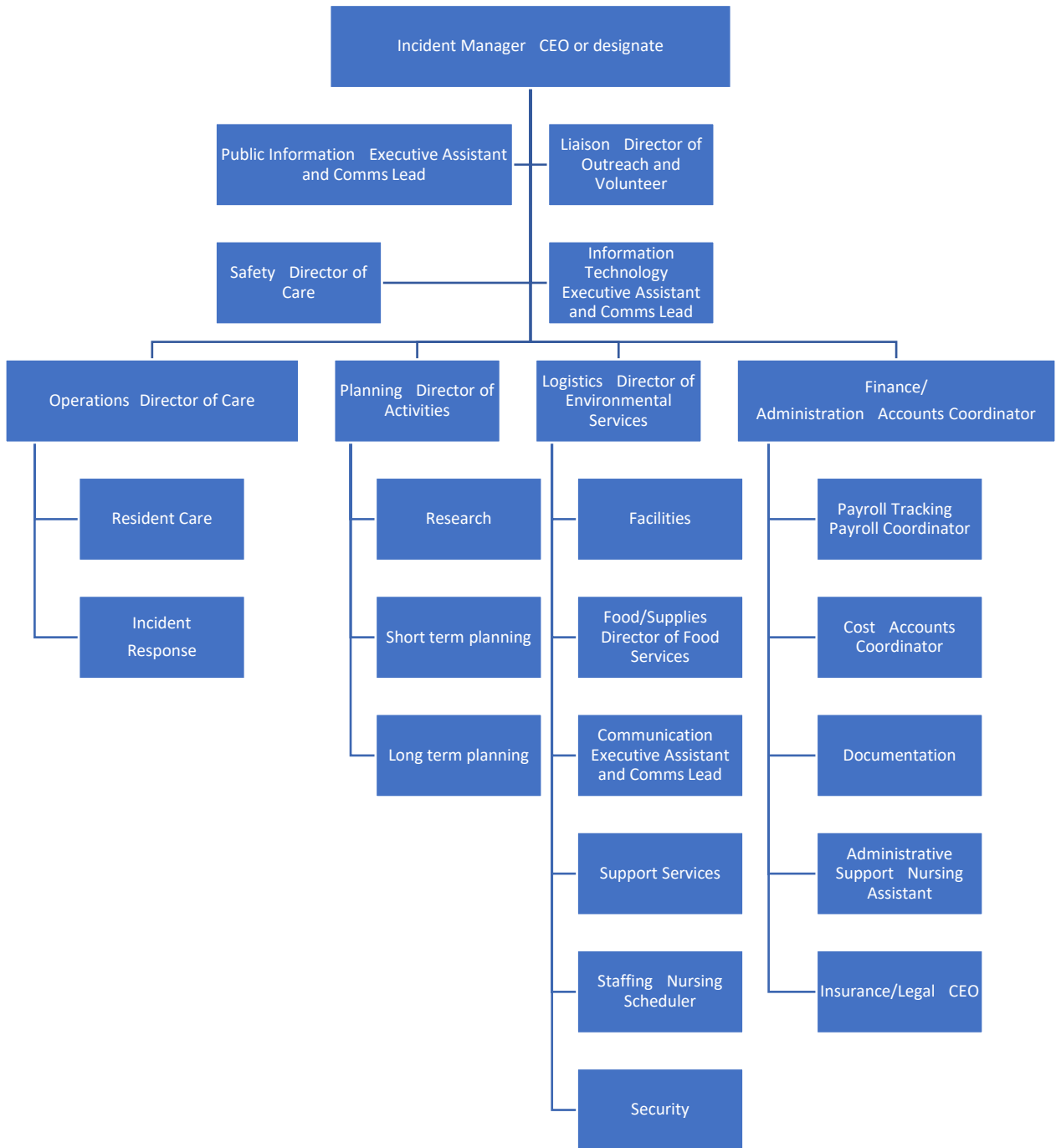
IMS is an internationally accepted system for managing emergency situations. Maxville Manor adopted the IMS to improve the management of emergencies and to ensure an effective system is in place. Thoughtful planning and practice before an emergency occurs will provide staff with effective knowledge. Regular training in preparing staff to respond in a timely and appropriate manner in emergency situations are required.

Procedure

1. The Chief Executive Officer/designate is responsible for identifying the location of the Emergency Operations Centre and designate staff to carry out the IMS roles listed below:
 - a. Emergency Operations Centre (EOC) – During an emergency situation, the EOC is the centralized operations centre. Maxville Manor’s EOC is in the Library.
 - b. Incident Manager – Responsible for overall management emergency situation which occur at Maxville Manor. The Incident Manager will assign IMS roles that mimic everyday staff routines and responsibilities as closely as possible.
 - i. The Incident Manager may assume all of the roles/functions to meet the needs of the emergency or can designate a person to a role or roles;
 - ii. The designated person(s) can assume more than one role/ function at a time based on the Manor’s staffing complement; and
 - iii. The Incident Manager must be assigned on all shifts.
 - c. Public Information Officer – Responsible for the development and release of information about an incident to the public, families, stakeholders and the media.
 - d. Liaison Officer – Responsible for community liaisons and advising the Incident Manager about issues related to external assistance and support.

- e. Safety Officer/Coordinator – Responsible for monitoring conditions and developing safety protocol for the overall health and safety of residents and staff/volunteers.
 - i. The Safety Officer must have the knowledge and professional experience to identify and/or reduce the occupational hazards.
- f. Information Technology Officer – Responsible for managing IT requirements or issues during an emergency situation.
 - i. Provides a status report to the Incident Manager.
- g. Operations Manager – Responsible for carrying out the emergency response, evacuation, triage, containment, damage mitigation, recovery and directives of the Incident Manager.
 - i. When required, coordinates and ensures ongoing resident care during emergency situations; and
 - ii. Monitors operational issues or needs including the implementation of the Emergency Response Plan and Maxville Manor’s operational resources.
- h. Planning Manager – Responsible for monitoring the incident and developing scenario and resource projections.
 - i. Develops plan options for both short-term and long-term incident scenarios; and
 - ii. Collects, collates, evaluates and conducts analyses of incident information for the IMS team.
- i. Logistics Manager – Responsible for providing facilities, services and materials to support the emergency situation, including:
 - i. Maintaining physical/environmental services of the building;
 - ii. Ensuring adequate supplies and support for incident operations; and
 - iii. Conducting or collecting information for damage assessments of the home/office.
- j. Finance/Administration Manager – Responsible for financial and administrative support to an incident, including business processes, cost analysis, financial and administrative aspects, and ensuring compliance with financial policies and procedures.
 - i. Provides direction and supervision to finance and administration staff; and
 - ii. Ensures appropriate documentation of all incident activities and administrative support for the IMS Team leaders.

IMS Organizational Chart



Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Required Documentation during any Emergency			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 3

Policy

Maxville Manor will have a system for recording and tracking the flow of information, decision and expenditures during an emergency situation.

The Incident Report and the progress notes must be used to record and track information during an emergency situation.

Background

Tracking of information will ensure that:

- Processes taken are documented in order to respond, save lives and mitigate damage;
- Reports are sent to government agencies, insurance companies and other agencies;
- Maxville Manor is protected from litigation and unfounded claims;
- Any associated costs from government agencies/ministries are recovered; and
- Outcomes of the emergency situation are evaluated.

Procedures

Incident Manager/IMS Leaders

1. Must have a blank Incident Report template during an emergency situation. It is used to:
 - a. Document the time and details of significant events;
 - b. Provide a report to other IMS leaders of significant events to be presented during Emergency Operations Centre meetings; and
 - c. Summarize actions taken before and after the emergency situation.
2. Use the Emergency Code Check Sheets for their assigned functions. The check sheets will be used to record the actions were taken and to provide updates during the transition of responsibilities between people.
3. Must complete and retain copies of their required documentation and forms.
4. Completed forms must be returned to the CEO for review.



Maxville Manor Incident Report Form

Reported By: _____ Title/Role: _____

Date of Report: _____

Contact Information (Cell/Email): _____

INCIDENT INFORMATION

Incident Type: _____ Date: _____

Location: _____ Time: _____

Incident Description:

Names of Persons Involved and Contact Information:

Names of Witnesses and Contact Information:

Follow-Up Actions:

Supervisor Name: _____ Supervisor Signature: _____

Date: _____

Please return to CEO once completed.

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Staff Call Back List and Fan Out			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 1

Policy

Maxville Manor will have a process established to call in off-duty staff in an emergency situation. The staff call-back list is updated annually and kept in the Emergency Response Plan, the disaster boxes and with all department leads and administrative staff.

Background

A staff call-back list helps in obtaining additional staff that may be required during an emergency.

Procedures

1. The CEO/delegate will ensure an up-to-date call-back list is kept in the Emergency Preparedness Manual, the disaster box and with all department leads and administrative staff.
2. The call back list includes the estimated travel time it will take staff to get to the Manor.
3. In the event of an emergency, the Incident Manager will determine the need to activate the emergency staff call-back list. If needed, the Incident Manager will contact the appropriate managers/administrative staff and have them begin the staff call back process and report back on the results of their respective call back calls.
 - a. At this point, managers begin calling staff who have the shortest travel time to the Manor.
 - b. If the manager does not reach the person on the list directly, they do not leave a message. They move on to the next person on the list and ask how long it will take them to arrive at the Manor.
 - c. Once the manager has gone through the entire list, they report back to the Incident Manager how many staff can get to the Manor and how long it will take them.

NOTE: Refer to Appendix A: Staff Call-Back List

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Disaster Box			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 1

Policy

Maxville Manor will prepare a disaster box with articles needed in the event of an emergency response requiring evacuation. The disaster box will be labelled, easily transportable and stored in the designated Emergency Operations Center and the entrance.

Procedure

1. Maxville Manor will prepare a disaster box in advance of an emergency situation.
2. The disaster box will be labelled boldly, easily transportable and stored in the Emergency Operations Center.
3. Facilities will be responsible for checking batteries, supplies and missing items every year. They will replace items as required.
4. The disaster box will include the following:
 - a. A copy of the Emergency Preparedness Manual;
 - b. Resident List
 - c. Fan out list
 - d. Floor Plan with layout of the home and location of all exits and related stairways.
5. Adhesive labels for name tags for residents;
6. Pens, markers and pencils;
7. Flashlight(s)/separate batteries;
8. Clipboards;
9. Notepads;
- 10.2 safety vests;
11. Roll of caution tape to block off access;
12. First aid kit; and
13. PPE – sanitizer, surgical masks and gloves.
14. Laptop to access PointClickCare.

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Area of Refuge			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 1

Policy

Maxville Manor must have a designated area of refuge external to the Home should an emergency evacuation be required. Maxville Manor will review and update the area of refuge location annually.

Procedure

1. Maxville Manor will make plans and establish an agreement for an area of refuge in the event that the Home must be evacuated under emergency conditions. This area of refuge must be in the Emergency Preparedness Manual.
2. This agreement for an area of refuge must include:
 - a. Location of the area of refuge;
 - b. Contact information;
 - c. Annual confirmation. See Appendix A: Confirmation of Area of Refuge.

Appendix A: Confirmation of Area of Refuge – Bonnie Glen Pavillion, Alexandria

Alexandria March 22nd 2024,

This letter is to confirm that we agree that the Bonnie Glen Pavilion located in Alexandria Ontario as long as were the owners of the current establishment to allow our location to become a designated location if there were to be an evacuation of the town of Maxville for the residents of the Maxville Manor. The rental cost for the venue including the usage of the commercial kitchen would be at an amount of 1000\$ per day + HST.

With Regards,

Celine Séguin

Emergency Receiving Site Services Agreement

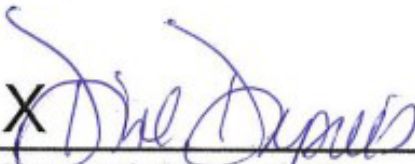
Between

Maxville Manor and

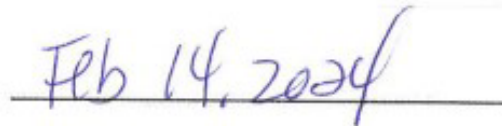
The Palace Long Term Care

The Parties agree to:

1. In the event of an emergency situation at the Maxville Manor, the Palace Long Term Care agrees to provide an emergency receiving site during the period of immediate emergency up to a maximum of 13 residents.
2. This will include the provision of shelter and meal service to the residents of Maxville Manor during the period of immediate emergency.
3. Maxville Manor would deploy their personnel to ensure the continuity of the care of our residents.
4. This agreement will be in place for two years, effective February 2024.

X 

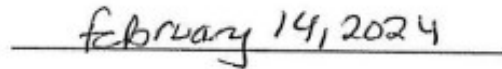
Diane Dupuis, Executive Director
The Palace Long Term Care



Date

X 

Amy Porteous, CEO
Maxville Manor



Date

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Transportation Needed during an Emergency			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 1

Policy:

Maxville Manor must arrange for transportation services needed during an emergency to transport residents to an area of refuge. The Manor must establish and maintain a transportation resource list within the Emergency Preparedness Manual. Agreements with these transportation resources must be in place and updated annually.

Procedure

1. Maxville Manor will have a list of transportation resources that can be accessed in the event of a crisis. This list will be kept in the Emergency Response Plan and updated annually. See Appendix A: List of Transportation Resources.
2. The resource list will include the company/agency contact information (regular and on-call).

Appendix A: List of Transportation Resources



Jan 23, 2024

Maxville Manor

80 Mechanic St West, Maville K0C 1T0

Attention: Lise Bray

This letter is to confirm that in the event of an emergency Roxborough Bus Lines Ltd. can be contacted at any time to supply Maxville Manor with emergency transportation service.

This agreement will commence on Jan 23, 2024 and will be revisited on Jan 22, 2025

Please note – at the present time , we have 1 small wheel chair bus , which can accommodate 6 seated passengers (3 benches) and 3 wheel chairs (depending on the size of the chairs)

Our standard school bus can accommodate 46 seated passengers who are able to climb stairs.

In the event of an emergency after hours or on the weekends please contact one of the following numbers:

- Warren Nugent, General Manager (Avonmore office) 613-362-7407
- Kathy Lajeunesse, Dispatcher (Avonmore office) 613-577-2371
- Julie Taylor, General manager (Greely Office) 613-853-1296
- Jaime Denobriga (Alexandria office) 613-551-4765
- 24 emergency number 613-551-5772
- Avonmore office 613-346-2511

If you have any questions, please don't hesitate to contact us at 613-346-2511 – Avonmore office.

Sincerely,

Warren Nugent

Warren Nugent

Operations Manager

Warren@roxboroughbus.com

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Code Red – Fire			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 6

Policy:

All staff must be familiar with the Code Red Fire Policy and their individual responsibilities during a fire emergency and all must reassure residents during a code red

Procedure:

First Responder

1. Upon discovery of fire or smoke, ensure the R.E.A.C.T. sequence is initiated;
 - a. Remove people from immediate danger in the room/area. Make sure to check washrooms, behind doors, under beds, behind privacy curtains and in closet when searching a resident’s room. Once a room has been evacuated, ensure the Evacu-check is enabled.
 - b. Ensure room doors and windows are closed and hallways are cleared;
 - c. Activate fire alarm pull station closest to the site of the fire;
 - d. Call 9-1-1 and give home name and address, exact location of the fire, including home area and room number;
 - e. Try to confine (contain/extinguish) fire, if possible, without undue risk using the nearest fire extinguisher. Portable fire extinguishers are located in all corridors and other areas of the building. Make yourself familiar with their locations. Use these only if you have been trained to do so and if you feel confident enough to safely extinguish the fire. Automatic fire extinguishment systems are in place in the kitchen and in all areas of the building.
 - f. Once a fire has been confined to a room or some other confined area, concentrate on resident safety.
Note: Place wet towels, sheets, blankets at the bottom of the closed door to the room with the fire to restrict rapid transfer of smoke to the rest of the area unless otherwise directed by your local fire department.
 - g. Proceed to use the paging system or delegate this step to another staff. Press *3301 and announce “Code Red” and announce the exact location of the fire. Repeat the announcement 3 times. Speak slowly and calmly.
 - h. Proceed with evacuation of the wing/zone.

CEO

1. Responsible for implementing all policies and procedures of the Emergency Preparedness Manual.
2. Ensure all staff receive adequate training to fulfill the requirements of the Code Red Policy in the event of an emergency.
3. Ensure the Fire Safety Plan is completed with the site-specific information required and that it meets the specific requirements of the Chief Fire Official for the area.
4. Submit the plan to the Chief Fire Official for approval.
5. Contact insurance company

Incident Manager (Charge RN or a member of the Management Team)

1. Upon hearing the fire alarm, ensure notification has been sent to the North Glengarry Fire Service by calling 9-1-1.
2. Check fire panel.
3. Get the emergency preparedness manual add location, clipboard, put on red vest and proceed to origin of the alarm.
4. If not already done, assign someone to announce over the paging system (by pressing *3301) three times: cannot be done by portable, has to be done by landline

CODE RED (LOCATION)

5. Ensure the fire location is identified and further entry to this room or area is not attempted. Post guard outside of fire room or area, at exit doors and zone separations (if possible) to prevent re-entry of residents and unauthorized personnel.
6. Upon arrival of the Fire Department, have all access keys and a copy of the fire safety plan ready to present to the scene commander or alternate. Need a set of keys, GM, med rooms, AA keys. To be placed in disaster box. Top drawer
7. Advise incoming Fire Department Personnel of current alarm status, actions taken, and if any persons are not accounted for.
8. Provide a current list of individuals requiring assistance.
9. Follow all directions from the fire department.
10. Assist in crowd control.
11. Do not allow re-entry until it is declared safe to do so by the Fire Department.
12. Once the CODE RED All Clear is given by the Fire Department, announce ALL CLEAR over the paging system and ensure all fire protection equipment/systems (e.g. Fire alarm panel, sprinkler system, etc.) are properly reset and operational.
13. Maintain a resident tracking list of all missing residents when notified by the registered staff; call Code yellow if required.

RN or RPN (on the unit where the fire is located)

1. Put on the red vest to identify that you are responsible for giving direction in the fire zone.
2. Assign specific duties to the staff who are present.
 - a. Check for fire.
 - b. Evacuate residents.

- c. Guide staff down the hall as they check each resident room/location for the fire to ensure that the search is organized
- d. Notify the Fire Captain at the main fire panel when the fire has been located.
- e. Ensure that staff continue with their evacuation.
- f. Once the “all clear” is heard, ensure staff complete a resident headcount.

NOTE: During a drill, staff do not have to evacuate bedbound or palliative residents.

PSW Staff

1. Upon hearing the fire alarm, check that the immediate area is not the fire area using the light system or go to the fire panel.
2. Go immediately to the nursing station in the Unit where you are assigned unless you have a specific fire duty assigned in which case, immediately go to the fire zone and follow direction provided to them by the Registered Staff. If you are not assigned fire duties and the fire is not in your area, ensure residents are all accounted for. If any residents are missing, advise the nurse in charge. Keep residents calm, await further instructions and be prepared to evacuate. Decide who will stay with the residents in the wing and who will go assist with the situation. If sent to the fire zone:
 - Evacuate residents to safety (beyond fire doors). Even during a fire drill, the unit in which the fire is located should be evacuated to the nearest area beyond the fire doors.
 - Close doors and windows and ensure the hallways are clear.
3. Do not resume normal duties until “Code Red, All Clear” announcement has been made over the communications system. Let all residents in your area know that the fire threat is over.
4. Post someone at the end of the wings to guard doors.

Maintenance Staff

1. Proceed to the fire panel to check where the fire is located.
2. Go immediately to the fire zone to assist with extinguishing the fire and evacuation of residents.
3. Proceed to the fire scene quickly but cautiously, approaching smoke barrier walls with due care and caution. Check all doors before opening. Lightly place the flat of your hand on the door and feel for heat. Look for smoke at the base of the door.
4. Call restoration company

Administration/Dietary/Activity/Outreach/Housekeeping Staff

1. Properly shut down any equipment in the area and close all the doors.
2. Go immediately to the nursing station in the Unit where they are assigned and wait for further direction.
3. Complete critical incident report to ministry of long term care. The DOC/ADOC

Cooks

1. Turn off all gas sources and report to the Main Lobby to await further direction from the Fire Captain.

Code Red Emergency Checklist

Date: _____ Incident Manager: _____

Check actions that were completed (on the line below):

- _____ Determine the source of the fire (alarm) or smoke and remove people from immediate danger in the room/area.
- _____ Ensure the fire alarm has been activated.
- _____ Ensure fire department has been called and provided details.
- _____ Ensure evacuation of the fire area begins immediately after the announcement of the "Code Red" for that area, starting with the rooms closest to the fire.
- _____ Appoint a person to meet fire fighters at the front door. Ensure the front door is unlocked.
- _____ Appoint a person to activate the call back list if there is any indication of a true emergency (e.g. smoke, actual fire, explosion, etc.) This will start with the notification of the CEO.
- _____ Maintain record of residents evacuated.
- _____ Assign staff to monitor exit doors and account for all residents in the area.
- _____ Provide assistance to the Fire Department as requested.

In the evacuation area:

- _____ Complete an audit (head count) of evacuated residents and staff. Ensure all persons are accounted for.
- _____ If persons are missing, notify the Fire Department and nurse in charge.

After the incident has concluded, the Incident Manager will:

- _____ Announce an "All clear" to all staff. Staff in each area to let residents know that the fire risk has ended.
- _____ Reset the fire alarm system and mag lock system once Fire Department approves.
- _____ Advise Director of Environmental Services of any fire equipment that was used.
- _____ Complete the appropriate incident reports and forward a copy to the CEO.
- _____ Document staff in attendance and forward the list to the Director of Environmental Services.
- _____ Complete critical incident report for ministry of long term care.

Fire Drill Evaluation Form	
Scheduled Monthly Drill <input type="checkbox"/>	
Date: ____ / ____ / ____	Shift: Choose an item. _____ Time: ____ :
Location: Choose an item. Floor: 1st Floor Pull Station: Choose an item.	
Type of Fire Simulated: _____	Unannounced Drill? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 1 <i>Immediate Staff Response</i>	Competently Performed	
Did Staff respond immediately?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were rooms checked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were doors closed and Evacu-check in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was 911 called?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was evacuation carried out to safe zone?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the fire exit corridors cleared? (Equipment to one side) in the drill area?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employees acted as a team	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section 2 <i>Staff Knowledge</i>	Competently Performed	
Did staff know the location of fire exits in the drill areas?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did staff know the location of the pull stations and Fire Extinguishers in the drill areas?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did the staff know where the safe zones are in the drill area?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did the staff know the proper way to evacuate residents?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section 3 <i>Fire Alarm Equipment & Emergency Response Performance</i>	Competently Performed	
"CODE RED and CORRECT LOCATION" Paged 3 times	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were fire alarm devices functioning properly in the drill area?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were automatic fire doors closed and latched in the drill area?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were four responders on scene within two minutes of alarm sounding?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were staff assigned to exit doors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Department Representative: _____ Title: _____

Official Conducting Drill: _____ Title: _____

Fire Drill Attendance Sign In Sheet

Date: _____ Drill Location: _____

Time: _____ Page _____ of _____

Name (Print)	Signature	Position

**** All Employees participating in the Fire Drill Must Sign In. ***

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Code Yellow – Missing Resident			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 5

Policy:

As soon as a resident is missing, a Code Yellow procedure, which is defined as an immediate and systematic search of the home and surrounding area, will be followed.

Units must be adequately supervised at all times. If there is not enough staff on duty to carry out the search and supervise the unit, the Incident Manager will immediately initiate a call-back of staff.

Homes must ensure this code is practiced annually at a minimum.

NOTE: Residents are considered missing when they are not in a location where staff can find them. Residents are encouraged to move freely in the Manor except in areas considered to be hazardous. Some residents may be restricted to designated areas for their own health and safety, unless accompanied by a designated person.

Procedure:

When a resident is missing, the Incident Manager:

1. Assumes the responsibility for the incident when notified by an employee that a resident has not been located after the initial 5-minute search.
2. Uses the Incident Manager Checklist – Code Yellow to track actions and log the times of the response.
3. Assigns search areas to staff. Search areas include the resident home area including the resident room and washroom, lounge, activity room, dining room, outdoor area, Town Square, Physiotherapy room, the Chapel, Hair Salon, the Library, the Day Centre and Resource Rooms, and any outdoor area.
4. Obtains a description and photo of the resident from the resident’s profile.
5. Re-checks the leave of absence log.
6. Follows-up with everyone who may have visited the resident that day.
7. Delegates a staff member to call the family to confirm if a resident has left the building.
8. Announces or designates an employee to announce (repeat three times):

- Pick up the phone and Dial *3301 and say "Attention please, would (Resident Name) please return to (unit) immediately"
9. Repeats this announcement after 3 minutes if the resident does not return.
 10. Calls the nurses on other units areas to determine if the resident is in their areas.
 11. Checks external sitting areas.
NOTE: If a resident is reported as being seen leaving the home through an exit door, begin searching the exterior grounds and neighbourhood immediately.
 12. Search no longer than 10 minutes after the first indication the resident was missing and then proceed to below

When Searching for a Resident, the Incident Manager (Charge Nurse) must:

1. If the resident has not been located within 10 minutes of being notified, regardless of the completeness of the current search for the resident, ensure the following tasks are completed:
 - a. Announce or delegate an employee to announce (repeat three times):
CODE YELLOW (Resident's Name e.g. Mrs. Brown and UNIT)
 - b. Repeat announcement after 5 minutes.
 - c. Notify the police at 9-1-1 providing a description of the resident.
 - d. Complete a Missing Persons Report.
 - e. Provide police/authority with a copy of the Missing Persons Report and a summary of the actions taken prior to their arrival.
 - f. Ensure the staff search continues in support of police action.
 - a. Notify the Chief Executive Officer and Director of Care.
 - g. Initiate the staff call-back list if the incident happens outside of peak staffing hours.
 - h. Establish an Emergency Operations Center where responding staff will report for instructions.
 - i. Print out copies of the resident's photo for distribution to staff and responders (e.g. police).
 - j. Provide a description of the resident (physical description and clothing), including a photo and a search floor plan/area map for staff to initiate the search.
 - k. Assign staff to search areas they are most familiar with (e.g. dietary staff to search the kitchen and support areas, nursing staff to search the unit they work on) for the initial search and ask residents if they have seen the missing resident.
 - l. Direct specific staff to start an external search at the same time the internal search is being performed if the resident may have left the building.
 - m. Ensure all external searches are done in pairs.
 - n. Instruct staff to report back at a minimum of every 10 minutes.

If unable to locate the Resident, the Incident Manager:

1. Notifies and maintains contact with the following parties:
 - a. Resident's family or Substitute Decision Maker;
 - b. Director of Care who will determine if a Ministry Report is required.

When a Resident is found, the Incident Manager:

1. Announce or designate an employee to announce the all clear (repeat three times):

CODE YELLOW (Resident's Name e.g. Mrs. Brown) – ALL CLEAR
2. Advise all searchers and authorities who have been contacted that the resident has been located, including the following:
 - a. CEO;
 - b. Resident's family;
 - c. Police (if resident was found by someone other than police); and
3. Complete the Missing Person Report and Code Yellow Emergency Checklist to maintain an accurate record of the search.
4. Provide the report to the Chief Executive Officer and Director of Care within 24 hours of the incident.
5. Hold a short de-briefing in the Emergency Operations Center to obtain timely feedback from the searchers on the handling of the event.

All Staff

When a resident is determined Missing

1. Conduct a preliminary unit search involving other available staff when you have noted a resident is possible missing.
2. Check the leave of absence log.
3. Notify the Incident Manager/designate if the resident hasn't been located after a 5 minute search.

When Searching for a Resident

1. When a Code Yellow is paged, staff will report to their assigned unit/area.
2. Ensure one staff member, at minimum, remains in each wing to maintain the safety and security of the other residents.
3. Check their assigned area by looking in the resident's rooms, under beds, in closets, bathrooms, lounges, utility rooms, etc.
4. Ensure external searches are performed in pairs. When conducting an external search, check the neighbourhood around the home. This search will not replace the police search of the area.

NOTE: Search the neighbourhood by vehicle. Trained search teams from emergency services will do a more thorough ground search.

5. Report back to the Incident Manager/designate every 10 minutes and receive further instruction. Report by physically providing an update, or by cell phone or other device.

If unable to locate the Resident

1. Report to the Incident Manager/designate for additional tasks, including a re-check of all the designated areas previously searched.

NOTE: The number of searches carried out in each designated area will be determined by the Incident Manager.

When a Resident is Found

1. Assess the resident's condition by taking the necessary steps to ensure their health, safety and comfort.
2. Contact EMS if the resident has been injured or is ill.
3. Notify the treating medical practitioner, if necessary.
4. Document the incident on the resident's progress notes and strategies for future mitigation of similar incidents.

Code Yellow Emergency Checklist

Date: _____ Incident Manager: _____

Resident's Name: _____

Last Time Resident was seen:

Time Resident was noticed missing:

Check all actions completed: (on the line below):

- _____ Missing resident reported to Staff Member/Charge Nurse/Supervisor
- _____ Charge Nurse notified of resident being noticed missing (current time). Charge Nurse becomes the Incident Manager until relieved by a more seniors staff member.
- _____ Time noticed missing by the staff member.
- _____ Search of area initiated.
- _____ Check the leave of absence log.
- _____ Advise all staff that you are looking for a specific resident by picking up the phone and paging *3301 and say "Attention please, would (Resident Name) please return to (unit) immediately"
- _____ Contact all visitors that may have been visiting the resident.

- _____ Designate a staff member to check external sitting area.

- _____ Advise all staff of a "Code Yellow" including the unit and resident name.
- _____ Police notified 9-1-1.
- _____ Activate staff call-back list if required outside of weekday business hours.
- _____ Chief Executive Officer or designate notified.
- _____ Obtain and distribute a photo of the resident to all searchers including police. A description of the resident and what they are wearing to be given to the police.
- _____ Notify Ministry of LTC Regional Director via a Critical Incident.
- _____ Notify family of missing resident.
- _____ Family members name: _____

- _____ Charge Nurse to document further details in Resident Progress Notes.

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Code Green - Evacuation			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 5

Policy:

All staff must be familiar with the processes of emergency evacuations. An evacuation drill is required every year. Staff are to reassure all residents during a Code Green.

The Incident Manager will determine if an evacuation is required. Staff will follow all instructions and procedures required during a Code Green.

Off-duty staff must be prepared to receive a call when the staff call-back is initiated. Staff will report to the evacuation meeting area for further instructions.

Background:

A Code Green emergency is a critical incident that requires evacuation. The longer it takes to evacuate the area of hazard, the greater the risk to residents, staff and others in the home.

During an emergency, such as a fire/explosion, bomb threat, community disaster (e.g. toxic spill, tornado) or structural failure (e.g. roof collapse), the evacuation of all or a portion of the building may be required to protect the health and safety of the residents, staff and visitors.

Procedures:

The Incident Manager

1. Determine evacuation level based on emergency.
NOTE: In fire emergencies, the initial response is a partial evacuation of people from the area of the fire/smoke to an area beyond the fire doors/fire separation.
2. Assess the fire/smoke spread and determine if a larger area is required to be evacuated. Consideration will be given to evacuation areas immediately adjacent to the fire.
NOTE: When there is no immediate danger and time to wait for emergency services to arrive, the decision to evacuate and the extent of the evacuation will be made along with emergency services officials.
3. EVACUATE IMMEDIATELY when an emergency evacuation is required. Announce or designate an employee to announce (three separate times) on the paging system by pressing *3301:

CODE GREEN (Location)

The location may include a specific area, a wing or the entire building.

Priority Evacuation Responsibilities

1. Determine emergency level; initiate evacuation if required.
2. Track and maintain records of evacuees and their destinations, including resident lists, volunteers, contractors and visitors sign in book. Identify residents with name badges, wrist-bands or other type of identification.
3. Transport residents' charts to their relocation sites, including paper and hardware/software applications, medication carts, Manor cell phone and charting Chromebooks.
4. Inform emergency services of people who have not been evacuated or accounted for.
5. Assign staff/volunteers to care for evacuees and ensure they stay safely in the evacuation area.
6. Notify families of residents of the evacuation.
7. Notify the Ministry of LTC and other reporting authorities (e.g. Ministry of Labour).

Initiate IMS Roles in the Event of a Full Evacuation

1. Receive communications from and participate in assessing the situation with Emergency Services.
2. Ensure the continuing care of residents by liaising with care staff during the emergency.
3. Notify the ADMIN ON CALL who will initiate the Staff Call-back List via staff stat and activate the IMS Team. Receive communications from and participate in assessing the situation with Emergency Services.
4. Admin on call to notify CEO.
5. Appoint a Liaison Officer to communicate effectively with Emergency Services.
6. Appoint a Safety Officer to monitor home staff (other than Emergency Services personnel), volunteers and residents.
7. Appoint a Public Information Officer to respond to media inquiries.
8. Set up a Family Information Support Centre.
9. If evacuation requires relocation to the home's area of refuge, coordinate the transportation of residents. Options include EMS, home vehicle, Roxborough relatives.
10. Refer to Appendix B: Responsibilities Once at Evacuation Area.

The Director of Care

PointClickCare – Activating and Deactivating Emergency Access

1. Use Activate Emergency Access button (Security Users enhancement) on PointClickCare to activate emergency access to provide all users remote access during an emergency evacuation situation:
 - a. Do one of the following:
 - i. Admin > Manage Users

- ii. Admin > Setup > Security Users
- b. Click Deactivate Emergency Access and follow the prompts.
NOTE: Currently, when an emergency occurs that requires evacuation of the Manor, staff that do not have remote access cannot complete electronic charting on their residents. The process above rectifies this situation. To access this outside of the Manor, you must have Remote User selected on your user profile.

The Nurses and Directors

1. Provide direction and guidance to staff participating in the evacuation.
2. Take direction from and report to the Incident Manager/designate or other Incident Management System leaders.
3. Remove disaster box from the building.
4. Identify evacuees with wrist-bands or other type of identification.
5. Maintain a head count of residents and staff, keeping the Incident Manager/designate informed.
6. Remove resident charts if time and situation permits.
7. Track the destination of residents.
8. Provide for the continuing care of residents.
9. If the Code Green is isolated to another wing, ensure an employee remains in your assigned area to provide resident care and send all other staff to assist with the Code Green.

All Staff

When a Decision to Evacuate has been Made by the Incident Manager

1. Listen for the announced Code Green location.
2. EVACUATE IMMEDIATELY when an emergency evacuation is required.
3. Ensure residents and visitors in your work area are in a safe location. For example, remove any resident who is bathing from the tub.
4. Shut down any equipment properly (e.g. ovens, laundry equipment, fans). Close all doors.
5. Proceed directly to the Town Square. .
6. If not in your work area when the Code Green is announced (e.g. on break), immediately return to your own work area to ensure residents are safe, equipment is properly shut down, and doors are closed (unlocked).
7. Proceed to the Code Green location to assist with the evacuation.
8. Report to the Incident Manager or designate.
9. Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager (e.g. behind fire doors).
10. Close all unlocked doors and windows where safe to do so.
11. Search all rooms and each resident room including bathrooms and closets in the assigned area properly and thoroughly and use evacuated indicators, identifying the room is vacant. Do not use evacuated indicators if a person is still in the room. Inform the Incident Manager if there are people in the room.

Off Duty Staff

Report to the evacuation meeting area for further instruction.

Code Green Emergency Checklist

Date: _____ Incident Manager: _____

Check all actions completed: (on the line below):

- _____ Determine the type of emergency:
- _____ Determine the need for a "Code Green" (persons in danger)
- _____ Determine the extent of a "Code Green" (partial or total evacuation)
- _____ Activate Fire Alarm
- _____ Advise all staff of the location of the "Code Green".
- _____ Delegate a staff member to announce "Code Green" (location) x3 on the paging system.
- _____ Call 9-1-1 stating the type and location of the emergency
- _____ Initiate the staff call-back list starting with the Chief Executive Officer or designate.
- _____ Direct the activities of all personnel
- _____ Maintain a record of evacuees (Resident List and Staff List)
- _____ Notify the Fire Department (9-1-1) or appropriate agency of persons not accounted for and their last known location
- _____ Ensure all residents are identified with a name badge
- _____ Coordinate the transportation of residents
- _____ Maintain a listing of residents' destinations
- _____ Transport the residents' charts to the place where residents have been relocated
- _____ Transfer staff schedules and visitor to the command centre to assist with accountability of all staff
- _____ Provide for continuing care of the residents
- _____ Establish a triage area to care for residents/persons in medical distress or suffering injuries
- _____ Establish a meeting of the senior IMS Team
- _____ Appoint a Liaison Leader to maintain communications with Emergency Services
- _____ Receive communication from the emergency services and participate in assessing the situation
- _____ Appoint a Safety Leader to monitor the safety of all personnel in the building other than emergency service personnel
- _____ Appoint a Public Information Leader
- _____ Establish other IMS Team functions as necessary
- _____ Notify the Ministry of LTC

Reference page 12 – 14

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Code Blue - Medical Emergency			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 4

Policy:

A nursing and/or first aid trained staff must render aid for an acute medical emergency involving residents, staff, volunteers, visitors or others. Staff members who discover a medical emergency anywhere on the property, including parking lots, organized outings, external sitting areas and the Townsquare, must respond as directed by this policy. Staff are to reassure residents during a Code Blue.

Background:

This policy is a guide for staff finding and responding to a cardiac arrest or any other acute medical emergency that requires an immediate and coordinated response to save a life.

This policy services to mobilize nursing and/or first aid/CPR/AED trained staff to the location of an acute medical emergency involving residents, visitors, staff or volunteers, to provide immediate intervention and assistance.

Procedures:

The Incident Manager/Charge Nurse:

1. Upon notification of a medical emergency, attend the scene and bring required emergency equipment. The AED is located in front of the main office.
2. Ensure code status of resident, and all others preform emergency measures.
3. Determine if EMS is required. If required, call 9-1-1. Provide First Aid/CPR as needed.
4. If the medical emergency involves a resident, you must identify whether or not to initiate CPR by reviewing the Goals of Care (if available) to determine the resident's wishes. When a resident's wishes are unknown, you must proceed with CPR.

NOTE: The decision not to provide CPR does not preclude the use of other forms of treatment or care. A resident who does not wish CPR remains eligible for all other appropriate treatments intended to increase comfort and quality of life, such as clearing a blocked airway (e.g. suctioning).

5. Delegate a staff member to meet EMS/Fire Department if 9-1-1 was called.
6. Advise staff/volunteers who are not required to return to their duties.
7. As soon as possible after the code is resolved, conduct a debrief of the incident to determine:
 - a. What aspects of the response were effective; and
 - b. How response could be improved.
8. Ensure all reporting requirements (incident report, Ministry of LTC, etc.) are met.

Staff:

1. If you discover a medical emergency, summon help immediately by calling out: CODE BLUE. I need help in the (location).
2. If it is determined to be a cardiac arrest and you are the first registered on the scene, begin CPR following current Basic Cardiac Life Support guidelines based on Goals of Care.
3. If you are the second employee at the scene, implement an all-page CODE BLUE by pressing *3301.
4. Call 9-1-1 and state, "Medical emergency (describe the specific problem)." The dispatcher will need to know:
 - a. Is the resident conscious?
 - b. Is the resident breathing?
 - c. What is the nature of the emergency?
 - d. The location of the incident.
 - e. The location telephone number.
5. Report back to the emergency scene when calls are complete.
6. The nurse responding will bring the crash cart containing emergency equipment (suction machine, oxygen, v/s read ambu, etc
7. One available staff member will proceed to the back entrance to direct the 9-1-1 response team to the scene.
8. Inform POA/POC as soon as possible.

Code Blue Emergency Checklist

Date: _____ Incident Manager:

Record the time action was initiated (on the line below):

_____ Charge nurse notified of Medical Emergency
_____ Patient originally observed/discovered by

Arrival times and names of the responding nursing staff

_____ _____
_____ _____
_____ _____
_____ _____

The first arriving nurse or first aid trained staff member will become the Incident Manager. A nurse or first aid trained staff member will assess the patient and determine what interventions are required.

Summary of Assessment:

Summary of Intervention:

Please check the time the following actions were completed:

_____ 9-1-1 called by: _____
_____ EMS required? Yes or no
_____ Time CPR initiated
_____ Next of kin notified, as appropriate

Please check all actions completed:

_____ Person assigned to meet EMS: _____
_____ Staff of volunteers not required advised to return to their normal
duties
_____ Chief Executive Officer or designate notified if the emergency is a
critical incident involving a staff member, volunteer or visitor.

- _____ Chief Executive Officer or designate notified the Health and Safety Committee of critical injuries to any staff, contracted staff or volunteer.
- _____ Chief Executive Officer or designate notified the Ministry of Labour (insert phone number) of critical injuries to any staff, contracted staff or volunteer.
- _____ Assessment and interventions summarized on Incident Report.
- _____ Incident Report submitted to the Ministry of LTC where appropriate.

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Code Grey – System Power Failure			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 5

Policy:

Maxville Manor will be equipped with a stand-by generator to provide electrical power to critical points within the home during a power failure.

Maxville Manor will identify which services are on the backup generator for continuous operation where applicable. Generator tests will be run monthly with the generator at a minimum of 50% load.

Staff are to reassure residents during a Code Grey.

Background:

Power failures can result from an external disruption such as a municipal problem or could be internal to Maxville Manor. Within the Manor, if the problem is internal, it could affect the entire home or it could be area-specific.

When electrical power is interrupted, emergency lighting will immediately turn on in hallways and key locations.

During a power failure or loss of essential service, the equipment that will or will not work will vary depending on the generators capacity and electrical design. Please see attached list to see what equipment is run by the generator.

All non-essential services will be suspended (e.g. Day Program, Coffee Shop, Meals on Wheels, Physio, Hairdresser).

Procedures:

All Staff:

1. Always consider all electrical wires and equipment to be live until they are proven otherwise.
2. Always inspect equipment power cords and electrical fittings for damage and/or wear prior to use.
3. Be aware that unusually warm or hot outlets or cords may be a sign that unsafe wiring conditions exist.
4. Report all damaged or suspicious equipment immediately to the appropriate maintenance person.

Flashlights will be kept at each nursing station to assist in the event of a power failure.

Incident Manager:

1. Upon discovery or notification of a power failure, assume responsibility for emergency response.
2. Delegate staff to check/reset the mag-locks when the generator starts and assign staff to monitor all mag-lock doors that may be deactivated.
3. Determine if the power failure is limited to within the home or involves the immediate community.
4. Evaluate what areas have power within the home and what areas do not.
5. If the power failure involved the immediate community, contact the local utility to determine:
 - a. Extent of the power failure; and
 - b. Approximate time frame for power outage.
6. Communicate with staff to maintain essential resident care and dietary services and instruct staff to turn off any non-essential operating equipment.
7. Ensure that life safety systems are operating (red emergency plugs and lights, ex. oxygen machine).
8. Notify the CEO if the power will be out for more than 30 minutes and provide an update on the home's status (e.g. building temperatures, life safety systems, resident care issues, etc.)
9. If the power is out longer than 6 hours, the Ministry of Long Term care must be notified.
10. Direct maintenance staff to check the generator and fuel levels if the generator has been running for more than four hours.

Kitchen Supervisor:

1. A power failure may affect food preparation; plan an alternate meal.
2. Monitor/record the fridge/freezer temperatures.
3. If the power failure causes any food to exceed 4°C, refrigerated food must be checked for temperature.

Building Maintenance:

1. Determine the:
 - a. Cause of the power failure;
 - b. Extent of the power failure; and
 - c. Approximate time frame for the power outage.
2. Report back to the Incident Manager.
3. Ensure that the generator is operating and providing emergency electrical power to all life safety and other systems on emergency back-up.
4. Check the generator and fuel levels at a minimum of 4 hours, or as needed, to ensure it is operating within normal parameters and that there is adequate fuel.
5. Ensure the fuel tank for the generator is refilled when it approaches 50% capacity.

6. Call Hydro One to get an estimated time for the return of power.

Care Staff:

1. If call bells are not working, resident checks must be completed and documented every 15 minutes.
2. Use designated cell phone to notify families, email POA and use social media to let everyone know if the power outage is anticipated to be longer than 3 hours.

Loss of Power Checklist

Date: _____

Incident Manager:

- _____ Contact CEO, Environmental Services Director and Maintenance Manager
- _____ For outages lasting more than 6 hours, or if temperature falls below 22°C or above 26°C, DOC or ADOC to complete a MLTC Critical Incident Form.
- _____ Determine if the power outage involves only the home or the surrounding area as well. If it involves the community, contact utilities to determine when the power will be restored.
- _____ Communicate with staff to ensure that essential care and food service is maintained. This will involve monitoring residents and possibly planning alternative meals.
- _____ Assign staff to turn off all major electrical equipment.
- _____ If power failure will be longer than 2 hours, initiate the IMS Team.
- _____ Consider the possibility of an evacuation.
- _____ Suspend all non-essential services

Dietary Services Disruption

GENERAL:

- _____ Arrange daily meetings to discuss meal plans and ensure all staff understands coordination of meal working with the DOC.
- _____ Create and use emergency menus.

LOSS OF WALK-IN UNITS:

SHORT TERM

- _____ Use all reach in refrigerators/freezers in the kitchen and kitchenettes.

LONG TERM

- _____ Limit purchasing to smaller more frequent orders which can be stored in reach in fridge/freezer.
- _____ Modify menus to include more non-perishable items.
- _____ Arrange for storage from a refrigerated truck or rent one and/or utilize potential storage at another LTC home.

LOSS OF ALL REFRIDGERATION UNITS:

SHORT TERM

- _____ Change the menu, using the emergency menus.
- _____ Monitor refrigeration temperatures following HACCP guidelines.

LONG TERM

- _____ Arrange for long term planning such as rental or use of a refrigerated truck.
- _____ Limit purchasing to smaller more frequent orders.
- _____ Change menus to non-perishable items.
- _____ Develop and follow emergency menus as needed.

LOSS OF FREEZING UNITS:

SHORT TERM

- _____ Change the menu.
- _____ Monitor refrigeration temperatures following HACCP guidelines.
- _____ Move frozen items to smaller freezer units temporarily.

LONG TERM

- _____ Arrange for long term planning such as rental or use of a refrigerated truck.

LOSS OF REFRIDGERATION UNITS IN KITCHENETTES:

SHORT TERM

- _____ Loss of pull needed supplies for next 2 days to thaw in fridge and keep door closed, monitoring temperature and product.
- _____ Use other freezer (reach in and deep freeze) as needed.

LONG TERM

- _____ Change menus as necessary to use up product in freezer; pull, thaw, cook-off product.
- _____ Change menus to non-perishable items.
- _____ Call other LTC Homes to store food; limit purchasing to smaller more frequent orders which can be stored in fridge and cooked as needed. Ice cream, etc. stored in reach and deep freeze.

Appendix A: List of equipment that is run by the generator in the event of a power outage

Facility

- Boilers and pumps
- Emergency lighting
- One emergency outlet per residents' room (red plug)
- Emergency fire pump
- Phone System
- Call Bell System
- 1 emergency outlet per room:
 - All med rooms have 1 emergency outlet
 - Professional services office room #110
 - Hair salon room # 116

Administration Offices:

Below rooms have emergency outlets'

- MDS office X 2
- Staff Development office X 1
- Nursing Coordinator/HR office X 1
- Director of Environmental Services office X 1
- Activity Director office X 1
- Payroll office x 1
- Director of Seniors Outreach Services office x 1

Main Kitchen

- 1 walk in fridge
- 1 walk in freezer
- 2 emergency outlets

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Code Grey – Loss of Essential Services			
ORIGINAL DATE: June 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 12

Policy:

Loss of essential services (but not as a result of a power failure) must be identified and contingency plans included in the Emergency Preparedness Manual. Procedures to be followed below for a gas leak, flood, boil water advisory, mag lock failure, call bell system failure, phone failure and IT system failure.

All staff are to reassure all residents during a Code Grey.

GAS LEAK

Procedure:

Staff

1. Report the suspect gas leak to the Nurse in Charge.

Incident Manager

1. Contact the Director of Environmental Services to turn off local control gas valve (i.e. valve closest to the problem area).
2. If this is not possible, turn off the main gas valve located at door 803 inside main kitchen.
3. The Director of Environmental Services to call Levac Propane for outside gas lines and Choquette for inside gas line.
4. Notify the On-call lead.
5. Notify the CEO.
6. Inform users of the gas leak.
7. All natural gas repairs to be done by a licensed gas fitter.
8. Complete an Incident Report and engage in a post-incident review.

FLOOD

Procedure:

Staff

1. Report the flood to the Nurse in Charge.

Incident Manager

1. Call the Director of Environmental Services immediately and report the flood location.

2. Turn off local stop valve, nearest to the point of the problem (i.e. faulty water pipe, etc.). If no stop valve, turn off main water valve and booster pumps in basement mechanical room.
NOTE: The main water valve is only to be turned off if absolutely necessary.
3. Notify the On-call lead.
4. Notify the CEO.
5. If the main water valve needs to be shut off, a staff member from Environmental Services must turn off all equipment affected by the water shut off.
6. Environmental Services staff will barricade the flooded area to ensure safety of residents, staff and visitors. Environmental Services or Housekeeping staff will extract water and clean up the flooded area.
7. The Director of Environmental Services to Complete an Incident Report and engage in a post-incident review on affected unit(s).

BOIL WATER ADVISORY

Procedure:

Incident Manager:

1. If informed of boil water advisory, Director of Environmental Services or delegate to prevent water use. Shut off the contaminated water supply to all food service equipment, hand washing facilities, drinking fountains, and other places a person might accidentally use the unsafe water.
2. Contact regulatory agency. If there has been or will be a loss of water for more than four hours, contact your regulatory agency for concurrence with these emergency guidelines as well as any other operational requirements it may have.
3. Notify the On-call lead.
4. Notify the CEO.
5. Page overhead by pressing *3301 "Code Grey: Boil Water Advisory".
6. Supply potable water. Potable water approved by a regulatory agency must be made available for use through the supply. It can be through one or more of the following:
 - Bulk commercially bottled/packaged water or individual service size containers.
 - One or more closed food-grade portable water containers.
 - Enclosed vehicular water/food tank.
 - On-site water storage tank.
 - Piping, tubing, or hoses connected to an adjacent approved source.
 NOTE: To be acceptable, an alternate supply must be protected from contamination and provide enough water to accommodate the public health-related operations of the establishment
7. Use single-service cutlery, plates and cups for serving food or drink to residents.

8. Determine when boil water advisory will be over. If longer than 1-day, initiate Incident Command Center.
9. When over, announce "Code Grey all clear" over the paging system by pressing *3301.
10. Complete an Incident Report and engage in a post-incident review.

FAILURE OF MAG LOCKS

Procedure:

Staff

1. Report the mag lock failure to the Nurse in Charge.

Incident Manager

1. Call the Director of Environmental Services immediately and report the mag lock failure.
2. Director of Environmental Services or delegate will contact mag lock repair company.
3. Notify the On-call lead.
4. Notify the CEO.
5. Page overhead by pressing *3301 "Code Grey - all staff report to the nursing station on your assigned floor. The mag locks are down". When staff have gathered, assign as needed to ensure all doors are monitored.
6. Use staff fan out list to call in extra staff, one for each door, if required.
7. Ensure all exit doors have a staff assigned to it, and every door is constantly monitored by a dedicate staff member (9 doors in total).
8. Call in more staff to take over door monitoring if mag locks are down more than 8 hours.
9. Director of Environmental Services or delegate to engage with mag lock company to find a resolution of the issue.
10. When over, announce "Code Grey all clear" over the paging system by pressing *3301.
11. Complete an Incident Report and engage in a post-incident review.

FAILURE OF CALL BELL SYSTEM

Procedure:

Staff

1. Report the call bell failure to the Nurse in Charge.

Incident Manager

1. Call the Director of Environmental Services immediately and report the call bell failure.
2. Director of Environmental Services or delegate will contact call bell repair company.
3. Notify the On-call lead.
4. Contact CEO and Director of Care.

5. Page overhead by pressing *3301 "Code Grey - all staff report to the nursing station on your assigned floor. The call bells are down". When staff have gathered, assign as needed to ensure residents are checked.
6. Complete a headcount of all residents.
7. Assign staff or volunteers to monitor exit doors.
8. Ensure that each resident is visually checked on at least every 15 minutes.
9. Complete a Resident Room Check every 15 minutes and document.
10. Assign a staff to check all common areas at least every 15 minutes. Ensure staff notify the Incident Manager of any changes to the occupancy of common areas.
11. Assign two staff members to determine if any call bells are working by testing all of them.
12. Consider using the fan out list to bring in more staff, if needed.
13. Ensure staff notify Incident Manager if residents leave the unit to go to common areas.
14. Every hour, complete an assessment to determine the location of every resident in the home.
15. Director of Environmental Services or delegate to engage with call bell company to find a resolution of the issue.
16. When over, announce "Code Grey all clear" over the paging system by pressing *3301.
17. Engage in a post-incident review on affected units(s).

FAILURE OF PHONE SYSTEM

Procedure:

Staff

1. Report the phone failure to the Nurse in Charge or manager.

Incident Manager

1. Call the Director of Environmental Services immediately and report the phone failure.
2. Director of Environmental Services or delegate will contact the phone company.
3. Notify the On-call lead.
4. Notify the CEO.
5. Page overhead by pressing *3301 "Code Grey: the phones are down".
6. Nurses to use the cell phone in the building in case of emergency and to let the Medical Director and Nurse Practitioner know.
7. If the failure is expected to be longer than 30 minutes, communication will be sent to essential caregivers and a message put on social media to indicate the issue and when it is expected to be resolved.
8. Director of Environmental Services or delegate to engage with phone company to find a resolution of the issue.
9. When over, announce "Code Grey all clear" over the paging system by pressing *3301.

10. Engage in a post-incident review.

FAILURE OF IT CLINICAL SYSTEM

Background:

The term 'downtime', in general, is used to describe the unavailability of an IT clinical system necessary for users to perform their required work and processes. IT Clinical System includes PointClickCare, SOS and the Internet. Downtime can be either planned or unplanned. **Planned** downtime is scheduled in advance due to routine required maintenance. **Unplanned downtime** is when the clinical system becomes unexpectedly unavailable for possible reasons such as overall system failure; communication between sites outage; or general network outage.

Procedure:

Staff

1. Report the IT system failure (such as not being able to log on; very slow and out of the ordinary response to normal processes; error messages occurring that are not associated with normal processes) to the Nurse in Charge or manager.
2. If Code Grey: IT Clinical System Failure is called, users are not to use the clinical IT system until formal communication is provided.
3. Print copy of E-MAR from an emergency backup system located in professional services office. (See Appendix D)

Incident Manager

1. Call the Director of Environmental Services immediately and report the IT clinical system failure.
2. Director of Environmental Services or delegate will contact the IT company affected.
3. Notify the On-call lead.
4. Contact CEO and Director of Care.
5. Clinical information system specialist from PCC to perform impact analysis to determine root cause of the issue. If determined to be significant, then incident manager to page overhead by pressing *3301 "Code Grey: the IT clinical system is down".
6. Distribute communication to Clinical System users and provide coaching/support for downtime processing based on the direction provided as part of the overall communication.
7. Communication from Incident Manager with CEO, DOC and clinical users every hour to discuss status of downtime.
8. Director of Environmental Services or delegate to engage with IT clinical system company to find a resolution of the issue.
9. When over, announce "Code Grey all clear" over the paging system by pressing *3301.
10. Engage in a post-incident review.

Loss of Essential Services Checklist

Date: _____ Incident Manager: _____

Gas Leak

- _____ Contact Director of Environmental Services.
- _____ Call Levac Propane for outside gas lines and Choquette for inside gas line.
- _____ Contact On-call lead.
- _____ Contact CEO.
- _____ Inform users of the gas leak.
- _____ All gas repairs to be done by a licensed gas fitter.
- _____ Complete an Incident Report and engage in a post-incident review.
- _____ If required, contact the Ministry of Long-Term Care. (See Reporting Requirements)

Flood

- _____ Contact Director of Environmental Services immediately and report the flood location.
- _____ Contact On-call lead.
- _____ Contact CEO.
- _____ Turn off local stop valve, nearest to the point of the problem (i.e. faulty water pipe, etc.). If no stop valve, turn off main water valve and booster pumps in basement mechanical room.
- _____ NOTE: The main water valve is only to be turned off if absolutely necessary.
- _____ Barricade the flooded area to ensure safety of residents, staff and visitors.
- _____ Extract water and clean up the flooded area.
- _____ Complete an Incident Report and engage in a post-incident review on affected unit(s).
- _____ If required, contact the Ministry of Long-Term Care. (See Reporting Requirements)

Boil Water Advisory

- _____ Prevent water use. Shut off the contaminated water supply.
- _____ Contact regulatory agency.
- _____ Contact On-call lead.
- _____ Contact CEO.
- _____ Page overhead by pressing *3301 "Code Grey: Boil Water Advisory".
- _____ Supply potable water.
- _____ Use single-service cutlery, plates and cups for serving food or drink to residents.
- _____ Determine when boil water advisory will be over. If longer than 1-day, initiate Incident Command Center.

- _____ When over, announce "Code Grey all clear" over the paging system by pressing *3301.
- _____ Complete an Incident Report and engage in a post-incident review.
- _____ If required, contact the Ministry of Long-Term Care. (See Reporting Requirements)

Failure of Mag Locks

Record the time action was initiated (on the line below):

- _____ Contact mag lock repair company.
- _____ Notify Environmental Services Director and Maintenance Manager.
- _____ Contact On-call lead.
- _____ Contact CEO.
- _____ Page overhead by pressing *3301 "all staff report to the nursing station on your assigned floor. The mag locks are down". When staff have gathered, assign as needed to ensure all doors are monitored.
- _____ Use staff fan out list to call in extra staff, one for each door.
- _____ Ensure every door is constantly monitored by a dedicate staff member (11 doors in total).
- _____ Call in more staff to take over door monitoring if mag locks are down more than 8 hours.
- _____ When over, announce "Code Grey all clear" over the paging system by pressing *3301.
- _____ Complete an Incident Report and engage in a post-incident review.
- _____ If required, contact the Ministry of Long-Term Care. (See Reporting Requirements)

Failure of Call Bell System

- _____ Contact call bell repair company.
- _____ Notify Environmental Services Director and Maintenance Manager.
- _____ Contact On-call lead.
- _____ Contact CEO.
- _____ Complete an initial assessment to determine where each resident is currently located.
- _____ Page overhead by pressing *3301 "All staff report to the nursing station on your assigned floor. The call bells are down". When staff have gathered, assign as needed to ensure residents are checked.
- _____ Ensure that each resident is visually checked on at least every 15 minutes.
- _____ Complete a Resident Room Check every 15 minutes and document.
- _____ Assign staff to check all common areas at least every 15 minutes.
- _____ Ensure staff notify the Incident Manager of any changes to the occupancy of common areas.
- _____ Assign two staff members to determine if any call bells are working by testing all of them.

- _____ Consider using the fan out list to bring in more staff, if needed.
- _____ Ensure staff notify Incident Manager if residents leave the unit to go to common areas.
- _____ Every hour, complete an assessment to determine the location of every resident in the home.
- _____ When over, announce “Code Grey all clear” over the paging system by pressing *3301.
- _____ Complete an Incident Report and engage in a post-incident review on affected unit(s).
- _____ If required, contact the Ministry of Long-Term Care. (See Reporting Requirements)

Failure of Phone System

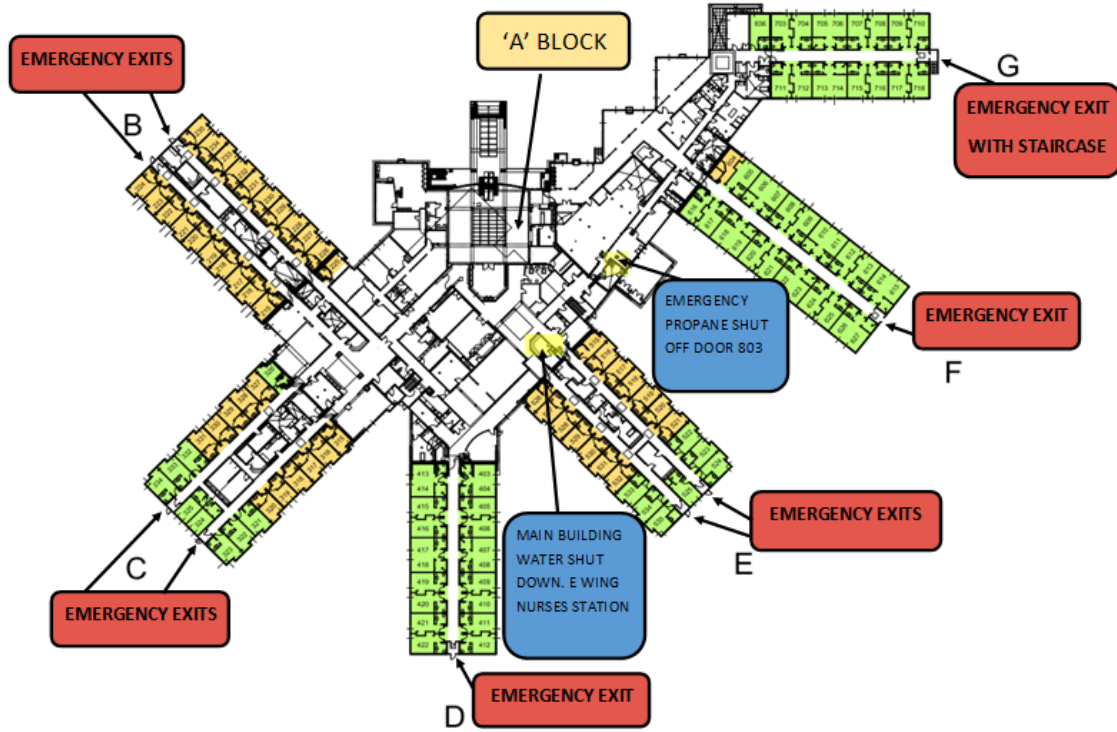
- _____ Contact Director of Environmental Services immediately and report the phone failure.
- _____ Contact phone company.
- _____ Contact On-call lead.
- _____ Contact CEO.
- _____ Page overhead by pressing *3301 “Code Grey: the phones are down”.
- _____ Use the cell phone in the building in case of emergency
- _____ Let the Medical Director and Nurse Practitioner know.
- _____ If the failure is expected to be longer than 30 minutes, communication sent to essential caregivers and a message put on social media to indicate the issue and when it is expected to be resolved.
- _____ Engage with phone company to find a resolution of the issue.
- _____ When over, announce “Code Grey all clear” over the paging system by pressing *3301.
- _____ Engage in a post-incident review.
- _____ If required, contact the Ministry of Long-Term Care. (See Reporting Requirements)

Failure of IT Clinical System

- _____ Contact Director of Environmental Services immediately and report the IT clinical system failure.
- _____ Determine who will contact PoinkClickCare and IT Support.
- _____ Contact On-call lead.
- _____ Contact CEO and Director of Care.
- _____ Perform impact analysis to determine root cause of the issue. If determined to be significant, then incident manager to page overhead by pressing *3301 “Code Grey: the IT clinical system is down”.
- _____ Distribute communication to Clinical System users and provide coaching/support for downtime processing based on the direction provided as part of the overall communication.

- _____ Find a resolution of the issue.
- _____ When over, announce "Code Grey all clear" over the paging system by pressing *3301.
- _____ Engage in a post-incident review.
- _____ If required, contact the Ministry of Long-Term Care. (See Reporting Requirements)

Appendix A: Facility Map with Emergency Exits and Shut Offs



Appendix B: Emergency Shut Off Instructions

Main Gas Shutoff:

To shut off the propane gas supply to the entire building, it is located on the outside on the propane storage tank. Located east of the Manors service entrance. There is another shut off valve located at the wall where the propane line enters the building. For the Main Kitchen there is a shutoff on east wall to the right as you walk in Door 803

Main Electrical Disconnect

The main electrical disconnect is located in the building main electrical Room (Basement) Room 914.

Domestic Water Shutdown:

The main domestic water Shut Down is located at Nurse station E-Wing and in (Basement) Room 936.

Sprinkler System:

The main shut off for the building sprinkler system is in Boiler Room (Basement) Room 933.

Standpipe System:

The main water valve for the buildings sprinklers is in room 933 (Basement).

Appendix C: Ministry of Long-Term Care Reporting Requirements



REPORTING REQUIREMENTS TIP SHEET

Section 24(1) (Mandatory Reports)

1. Improper or incompetent treatment or care of a resident that resulted in harm or risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under the Act or the *Local Health System Integration Act, 2006*.

OR

Regulation 107(1) (Critical Incidents)

1. An emergency, including fire, unplanned evacuation or intake of evacuees.
2. An unexpected or sudden death, including a death resulting from an accident or suicide.
3. A resident who is missing for three hours or more.
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.
6. Contamination of the drinking water supply.



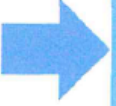
Monday to Friday during normal business hours (8:30 am to 4:30 pm) submit Mandatory Reports or Critical Incidents via CI System (CIS)

Report Immediately

After hours –Call Service Ontario After-Hours Line (1-888-999-6973) and submit CIS Report the next business day

Investigate and report findings of the investigation via CIS amendment within 10 days

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including: a breakdown or failure of the security system; a breakdown of major equipment or a system in the home; a loss of essential services, or flooding.
3. A missing or unaccounted for controlled substance.
4. Subject to subsection (3.1), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.
 - * Where an incident occurs that causes an injury to a resident that is taken to a hospital, but the licensee is unable to determine within one business day whether the injury was resulted in a significant change in the resident's condition, the licensee shall:
 - Consider the incident within three calendar days after the occurrence of the incident to determine whether the injury was resulted in a significant change in the resident's health condition; and
 - Where the injury was resulted in a significant change in the resident's health condition or otherwise results in a significant change in the resident's health condition, inform the Director of the incident no later than the business day after the occurrence of the incident, and follow with the report required under subsection (4) of 107(3.1)
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.



Report via CI system within one business day *Do not call after-hours line

Investigate and report findings of the investigation via CIS amendment within 10 days

In making a report to the Director this is what must be included:

1. A description of the incident:
 - a. Names of all Residents involved.
 - b. Names of any staff either present or who discovered the incident.
 - c. Names of staff who responded or who are responding to the incident.
2. Actions taken in response to the incident:
 - a. What care was provided as a result of the incident and by whom?
 - b. Was a physician or a Registered Nurse in the extended class contacted? correct or prevent the recurrence.
 - c. What other authorities were contacted if any?
 - d. Was the family, a person of importance or substitute decision maker contacted? Provide name.
 - e. Status of the individuals involved.
3. Analysis and follow-up actions:
 - a. Immediate actions taken to prevent the recurrence, and
 - b. Long term actions planned to correct or prevent the recurrence.
4. Name and title of the person making the report (also helpful to include contact information).

In making a report to the Director this is what must be included:

1. A description of the incident:
 - a. Names of all Residents involved.
 - b. Was a physician or a Registered Nurse present or who discovered the incident.
 - c. Names of staff who responded or who are responding to the incident.
2. Actions taken in response to the incident:
 - a. What care was provided as a result of the incident and by whom? correct or prevent the recurrence.
 - b. Was a physician or a Registered Nurse in the extended class contacted? correct or prevent the recurrence.
 - c. What other authorities were contacted if any?
 - d. Was the family, a person of importance or substitute decision maker contacted? Provide name.
 - e. Status of the individuals involved.
3. Analysis and follow-up actions:
 - a. Immediate actions taken to prevent the recurrence, and
 - b. Long term actions planned to correct or prevent the recurrence.
4. Name and title of the person making the report (also helpful to include contact information).

Appendix E: Resident Monitoring Form

Add back the chart from previous manuals

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Code Brown – Hazardous/Chemical spill			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 6

Policy

Planning is required to respond safely to a spill. When hazardous materials are unexpectedly released and/or the size of the spill prevents staff from carrying out a safe cleanup, a Code Brown incident must be called.

Staff must be trained by their supervisor in the safe handling, storage and disposal of hazardous chemicals such as WHMIS, and in consultation with the Occupational Health and Safety representative.

As soon as a chemical spill is discovered, actions must be taken to assess the situation, protect the health and safety of everyone in the area, and initiate clean up in accordance with the SDS.

SAFE STORAGE OF HAZARDOUS MATERIALS

All hazardous materials will be stored as identified in the Safety Data Sheet (SDS) and the manufacturer recommendations. The SDS will identify the type of personal protective equipment (PPE) required for the material.

Flammable fuels such as gasoline and propane will not be stored in any building where residents live. The only exception will be the storage of diesel fuel for stand-by generators in specially designated rooms that have been approved by jurisdictions having authority (normally the fire department and the building inspector).

Cleaning solutions and other chemicals must never be stored above shoulder height.

SAFE HANDLING OF HAZARDOUS MATERIALS

All hazardous materials will be properly handled as identified in the Safety Data Sheets (SDS) and the manufacturers recommendations. The SDS will identify the type of personal protective equipment (PPE) required for the material.

SPILL RESPONSE TEAM

The Spill Response Team may include but is not limited to the following members:

- Director, Environmental Services
- Manager, Facilities
- Maintenance staff
- Housekeeping aides
- Health and Safety Committee Member

Background

Hazardous materials are used throughout Maxville Manor. A spill may include liquids, powders, or even gaseous substances. Occasionally spills, misuse and other incidents can expose staff, other people or the environment to these materials.

The Code Brown alerts staff to an unexpected released of a hazardous or potentially hazardous material and provides response procedures for competent prompt clean-up to reduce and eliminate the hazards present.

Procedures

DISCOVERING A SPILL OR LEAK OF HAZARDOUS OR UNIDENTIFIED MATERIAL

All Staff

1. Notify the Incident Manager/designate or any suspected/actual chemical spill.
2. Report to the Incident Manager/designate upon hearing a Code Brown page.

Incident Manager

1. Use the Code Brown Checklist.
2. Page or delegate an employee to page three times by pressing *3301 on the phone system:
CODE BROWN (location)
NOTE: When there is any doubt about the type, extent or nature of the risk associated with a spill, the person discovering the spill will call 9-1-1.
3. Notify the CEO to request the Spill Response Team if the spill cannot be addressed with the staff on hand or occurs after hours.
4. Cordon off the area and keep people away until the Spill Response Team arrives.
 - S Safely evacuate everyone from the immediate area and secure area
 - P Prevent the spread of vapours by closing doors
 - I Initiate appropriate spill procedure (See SDS Binder)
 - L Leave all electrical equipment alone. Do not turn on or off.
 - L Locate any information regarding the chemical (See SDS Binder), if possible, and act accordingly
5. If the spill is of a flammable material or there are any injuries/illness:
 - a. Call 9-1-1 – do not pull the fire alarm;
 - b. Clear everyone from the area;

- c. Ensure no sources of ignition;
 - d. Open windows to ventilate the area (if safe to do so); and
 - e. Attend to people who may be contaminated. Remove contamination immediately and flush the spill with water for no less than 15 minutes. Launder clothing before re-use.
- NOTE: If the clothing contamination is flammable or highly toxic, then it should be disposed of not laundered.
6. Identify where eye wash stations are located.

Spill Response Team / Incident Manager

1. Upon hearing the Code Brown alert, proceed to the spill location to assess the situation.
2. The most senior member of the Spill Response Team will be the Incident Manager unless relieved by a more senior manager.
3. Ensure the safety of residents, staff and others in the building.
4. Determine if evacuation is required. If an emergency evacuation of the unit or a greater area is required, announce Code Green and notify the CEO. Code Green will be paged and the CEO will be notified.
5. Determine the name and quantity of the substance spilled.
6. Obtain the Safety Data Sheet (SDS) or other references and review for recommended spill clean-up methods and materials, and assess the need for personal protective equipment (PPE) e.g. masks, goggles, gloves, protective clothing.
7. Use proper PPE based on the chemical spilled as per the SDS.
8. Assess the spill from a safe location to determine if it is within the team's capability to clean up (Manageable Spill) or not (Unmanageable Spill). The complexity and detail of the clean-up plan will depend upon the physical characteristics and volume of materials being handled, their potential toxicity, and the potential for releases to the environment.

MANAGEABLE SPILLS

1. Initiate a clean-up following the assess of the spill and your team's capacity.
NOTE: If the spill is outside the capability of your team, follow the steps outlined below in Unmanageable Spill Procedures
2. Obtain the spill response kit in the mechanical room in the basement. This kit will include absorbent materials and other equipment to disperse, collect and contain spill control materials (e.g. brushes, scoops, sealable containers).
3. Protect all floor drains or other means of environmental release.
4. Distribute loose spill control materials over the entire spill area, working from the outside, circling to the inside, reducing the chances of splash or spread of the spilled chemical.
5. Absorb the spilled materials using a brush and scoop to place materials in an appropriate container. Use polyethylene bags for small spills. Five

gallon pails or 20 gallon drums with polyethylene liners may be appropriate for larger quantities.

6. Complete a hazardous waste sticker, identifying the material as spill debris involving (identify) chemical, and affix onto the container.
Note: Spill control materials may need to be disposed of as a hazardous waste. Refer to municipal public works for specifics based on the type and quantity of the chemical spilled.
7. Decontaminate the surface where the spill occurred using a mild detergent and water when appropriate.
8. Arrange for operations to return to normal when the spill is cleaned up and no longer hazardous.
9. Notify the Ministry of LTC immediately if any evacuation or displacement of residents occurs or if there is any disruption to the home operations.
10. Notify the Ministry of Labour if there are any critical injuries to staff.
11. Complete the Incident Report, making recommendations as required, and submit to the CEO.
12. Announce or designate an employee to announce three times through the paging system:
CODE BROWN (location), ALL CLEAR

UNMANAGEABLE SPILLS

1. Assess the spill. If the spill is determined to be outside the capabilities of the Spill Response Team, make arrangements for external assistance, which could include a commercial spill response team.
2. Follow the Code Brown Emergency Checklist.
3. Notify your local Public Works Department if the spill involves or potentially involves a floor drain or other means of release into the environment.
4. Notify appropriate government/expert agencies for safety and environmental purposes such as legislative requirements for handling and clean-up.
5. Contact the CEO to activate the Emergency Operations Centre.
6. Notify the Ministry of LTC immediately if any evacuation or displacement of residents occurs or if there is any disruption to the home operations.
7. Complete the Incident Report, making recommendations as required and submit to the CEO.

Chief Executive Officer

1. Initiate the Incident Management Team.

Nurses and Care Staff

1. May be required to assist in care in the event of an injury.
2. May be required to assist in evacuation procedures.

Other Staff

1. Stay away from the affected area.

2. Ensure personal safety and the safety of others is protected.
3. Await further instructions from the Incident Management Team and/or external authorities.

Code Brown Emergency Checklist

Date: _____ Incident Manager: _____

Reporting staff member: _____

Record the time action was initiated: _____

Time spilled discovered: _____

Person discovering the spill: _____

Location of the spill: _____

Substance spilled (if known): _____

Check all actions completed: (on the line below):

_____ Charge nurse notified will assume the role of the Incident Manager until relieved of the role by the Director, Environmental Services or more senior manager.

_____ Cordon off the area and establish a safety perimeter.

_____ Incident Manager will notify all staff of the Code Brown identifying the location (unit/area).

_____ After hours, notify the CEO or designate to determine if maintenance staff should be called in.

If the spill is of a flammable material or there are any injuries/illness from the spilled material:

Record the time the action was initiated:

_____ Time 9-1-1 was called

_____ Time 9-1-1 arrived.

_____ Maintenance staff arrive at the location to assess the situation.

_____ Name: _____

_____ Certified worker rep of the Health and Safety Committee

_____ Name: _____

_____ Additional team members:

_____ Name: _____

_____ Name: _____

Check all actions completed:

_____ Clear the area of all persons.

_____ Ensure there are no sources of ignition.

_____ Ventilate the area by opening windows (if safe to do so).

_____ Attend to any people who may be contaminated. Contaminated clothing must be removed immediately and the skin flushed with water for no less than fifteen minutes. Contaminated clothing is left for Spill Response Team to determine disposal or cleaning methods.

_____ Fire Department arrival (if 9-1-1 called).

_____ EMS arrival (if 9-1-1 called).
 _____ Police arrival (if 9-1-1 called).
 _____ Name and quantity of the substance spilled
 determined: _____
 _____ Material Safety Data Sheet(s) obtained.
 _____ Appropriate Personal Protective Equipment (PPE) for the spill
 available and utilized.
 _____ Determined if an evacuation is required (circle): Yes No
 _____ Code Green paged if emergency evacuation of area required.
 _____ CEO or designate notified if evacuation is required or injuries
 occurred.
 _____ Floor drains and other means of environmental release protected.
 _____ Local Public Works Department notified if spill reached floor drains
 or has other environmental release.
 _____ Maintenance staff initiated clean-up (if within their capability).
 _____ Contaminated material cleaned up properly, contained and labelled.
 _____ External assistance requested of commercial spill response team (if
 required).

Name and contact information of external support requested:

 Company Name: _____
 Contact Person: _____
 Telephone: _____
 Other contact info: _____

_____ CEO or designate notified of external assistance request
 _____ CEO initiates the IMS Team
 _____ Ministry of LTC notified immediately of any evacuation
 _____ Ministry of Labour notified of any critical injuries to staff
 _____ Ministry of Environment/Public works notified of spills
 _____ Proper disposal of waste material

Method of disposal: _____
 Name of disposal company: _____
 Contact information: _____
 Date / Time of removal: _____

_____ Surface of spill area decontaminated. Method of decontamination:

 _____ Code Brown All clear given.
 _____ Incident Report completed.
 _____ Engage in a post-incident review.

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Code Orange – External/natural disaster			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 6

Policy:

Maxville Manor must be prepared to receive and treat a sudden influx of people requiring emergency care due to an external or natural disaster such as a tornado, earthquake, hurricane or severe storm, while ensuring the safety and care of existing residents, staff, volunteers and visitors.

Maxville Manor will enact appropriate emergency responses to natural/external disasters as directed by IMS leaders. Emergency officials will declare when a Code Orange is declared over.

Staff are to reassure residents during a Code Orange.

The local or municipal disaster recovery plan may supersede this policy manual.

Background:

Code Orange alerts staff to the potential of a large volume of incoming residents or residents due to external or natural disasters. Its primary use is to accept residents from another evacuated home.

Code Orange could also be used if the local municipality has requested the home as a reception centre for primarily for Glen Garden Village and Village Centre apartments and then community members being evacuated from a major event, hospital evacuation, etc. While homes are not the primary destination or home of choice for emergency planners, they have commercial kitchen facilities, larger spaces to accommodate people and alternative electricity sources that make them a viable option.

The evacuation and relocation of the elderly and people requiring special care is a traumatic event. These people cannot be treated as other incoming residents. Many will have increased complications (medical, psychological, behaviours, social and dietary). In addition, incoming people may not have medical charts, medications, accompanying staff or family members. For these reasons, we refer to incoming people as residents in this policy.

The maximum number of people we can accommodate is 20 people.

Procedures:

Incident Manager/designate:

1. Upon receipt of a phone call advising of the potential for incoming residents, gather the following information:
 - a. Name, full contact information and official capacity of the caller;
 - b. Nature of the disaster;
 - c. Location of the disaster;
 - d. Time frame to anticipate residents;
 - e. Where the residents are coming from;
 - f. Demographics of the incoming residents (LTC, retirement, group home, community, etc.);
 - g. Anticipated number of residents;
 - h. Resources accompanying the residents (e.g. nursing staff, volunteers);
 - i. Anticipated duration of the stay;
 - j. Physical/medical/emotional condition of the residents; and
 - k. Time of call.
2. Use the Code Orange Checklist.
3. Notify the admin on call..
4. Notify the CEO.
5. If residents are expected to arrive in less than 3 hours, announce or delegate an employee to announce (repeat 3 times) via the paging system (*3301) to alert staff of the potential incident:
CODE ORANGE
6. If residents are expected to arrive in 3 hours or more, a Code Orange is not required, but you will be expected to bring together the Incident Management System Team (IMS).
7. Mobilize the IMS Team in the Emergency Operations Centre.
8. Assign the Incident Management Team positions for:
 - a. Operations
 - b. Logistics
 - c. Planning
 - d. Administration/finance
 - e. Safety
 - f. Liaison
 - g. Communications
9. Ensure team members follow the IMS Policy, refer to page 12 - 13.
10. Delegate staff to complete other tasks as required.
11. Review all information collected and evaluate the capability of the home to assist in the incident.
12. Communicate with the originating organization to advise how many residents can be accepted and the restrictions on their presenting conditions based on the resources available.
13. Implement the staff call-back list procedure to call in the staff required for receiving the residents. Establish a receiving area where residents can be triaged and assessed, utilizing incoming resident documentation forms.
14. Provide identification tags.

15. Establish an area(s) for housing the incoming residents (e.g. Chapel).
16. Establish a plan for the associated influx of family members and friends of the incoming residents.
17. Arrange for a nurse, dietitian or other professionals to be available (where possible) to provide assessments on the incoming residents and guests.
18. Assign a staff member to direct incoming residents, families, etc. and ensure that the arriving residents do not access normal resident areas.
19. Establish washrooms for incoming residents.
20. Set up Family Information Support Centre.
21. Contact appropriate stakeholders.

Directors and Supervisors

1. Proceed to the Emergency Operations Centre for instructions within 10 minutes of the Code Orange announcement.

All Staff

1. Once Code Orange is announced, return to your assigned stations and report to your supervisor.
2. Await further instruction by the Incident Manager or designate.
3. Recreation coordinate activities.

IPAC:

Provide training on IPAC and safety measures.

Communications:

1. Create social media regarding situation and needs.



Code Orange Emergency Checklist

Date: _____ Incident Manager: _____

Check all actions completed: (on the line below):

Call received (time):

Caller's name: _____

Organization: _____

Contact phone: _____

Cell phone: _____

Contact email: _____

Estimated number of incoming residents: _____

Circumstances of relocation: _____

Where residents are arriving from: _____

Estimated time of arrival: _____

- ETA less than 3 hours – immediately notify all staff of Code Orange
- ETA greater than 3 hours - call together the IMS Team

- _____ Staff notified of Code Orange.
- _____ CEO or designate notified.
- _____ Staff call-back list initiated.
- _____ First IMS meeting – 20 minutes after Code Orange paged.

Function assignments:

- Operations Name: _____
- Logistics Name: _____
- Planning Name: _____
- Administration/Finance Name: _____
- Safety Name: _____
- Liaison Name: _____
- Communications Name: _____

Tasks to be addressed by the IMS Team

- _____ Call the original contact to reconfirm the data on the incoming residents.
- _____ Evaluate the capability of the home to assist in the incident.
- _____ Communicate with the originating organization to advise how many residents can be accepted and the restrictions on their present conditions based on the resources available.
- _____ Staff member assigned as security to reception entrance.
Name(s): _____
- _____ Access controlled – locked all exterior entrances.
Name(s): _____
- _____ Receiving area for resident assessment determined.
Location: _____
- _____ RN(s) assigned to resident triage/assessment area.
Name(s): _____
- _____ Dietician (if available) assigned to resident triage/assessment area.
Name(s): _____
- _____ Support staff assigned to resident triage/assessment area to maintain documentation.
Name(s): _____
- _____ ID Tags for incoming residents.
- _____ Location to house residents determined.
Location(s): _____

Staff assigned to resident home areas:

- _____ Nursing staff
Name(s): _____

- _____ Housekeeping staff
Name(s): _____

- _____ Dietary staff
Name(s): _____

_____ Administration support (documentation)
Name(s): _____

_____ Feeding plan determined
_____ Overnight accommodations/facilities plan determined
Mattresses required: _____
Blankets required: _____

Tasks to be addressed by the IMS Team:

	Name:
_____ Ministry of LTC:	_____
_____ Local Emergency Management:	_____
_____ Local Public Health:	_____
_____ Red Cross:	_____
_____ Local Grocery Suppliers:	_____
_____ Local Bedding / Linen Suppliers:	_____
_____ Other:	_____

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Code Orange Internal/Natural Disaster			
ORIGINAL DATE: July 2024	DATE LAST REVIEWED: August 2024	COVERAGE: All Employees	PAGE #: 1 of 5

Policy

In the event of severe weather conditions, including storms/tornado heavy rainfall, or strong winds, it is essential to prioritize the safety of our residents and all others in Maxville Manor LTC home at the time. This policy outlines the procedures for relocating residents away from windows and into their doorways to minimize risks associated with adverse weather.

Definitions to identify Severity of conditions:

Alert – is a cue used to raise attention

Watch – indicates potential for severe weather

Warning – conditions pose a threat to life or property and are issued when severe weather is actually occurring or is imminent

PROCEDURE

1. Notification and Monitoring:

Director of Environmental Services (DES) or designate will monitor weather alerts from reliable sources to stay informed about impending severe weather conditions for Maxville & surrounding area. Upon receiving a severe weather alert/warning/watch for Maxville, DES or designate in consult with the CEO will immediately notify all by Announcing or delegate an employee to announce (repeat 3 times) via the paging system (*3301) to alert staff of the potential incident and all staff return to assigned units to assist residents to safe locations. DES assign a staff at front entrance to ensure anyone coming / going is directed to safe locations.

CODE ORANGE/ Internal – **DES or designate will Utilize the code orange Checklist**

2. Vulnerable areas to avoid:

All staff ensure people are not situated in vulnerable areas – in front of windows, in rooms with large windows or in vulnerable structures

Alternate safer locations include:

1. Doorway of bathroom
2. Close bedroom door and sit at entrance of room facing the hallway
3. Sitting in the doorway (note residents rooms at end of hallways should not be seated in hallway due to close proximately to the glass exit doors)
4. If residents in bed ensure to move away from window

3. Communication and Support:

Staff will communicate calmly and clearly with residents, reassuring them and providing necessary assistance & encouragement to remain in the designated safe zones until the severe weather has passed. Close all curtains and blinds. Nurse in each unit accounts for all residents within unit.

DES or designate will be expected to bring together the Incident Management System Team (IMS) once residents are in safe location.

Mobilize the IMS Team in the Emergency Operations Centre.

Assign the Incident Management Team positions for:

- a. Operations
- b. Logistics
- c. Planning
- d. Administration/finance
- e. Safety
- f. Liaison
- g. Communications

Ensure team members follow the IMS Policy.

Delegate staff to complete other tasks as required.

Review all information collected and evaluate the capability of the home further action

Implement the staff stat telephone program to call out in the event of needing more help.

4. Monitoring and evaluation:

DES or designate continuously monitor the weather conditions and assess the safety of residents throughout the duration of the severe weather event.

After the weather event has subsided and the area is deemed safe, staff and residents are made aware that they can return to their previous location by announcement by DES or delegate CODE ORANGE/ INTERNAL IS CLEARED X 3 TIMES

All involved are invited to a debrief for sharing feedback.

Ongoing Training and Preparedness:

Training on this policy and procedures related to severe weather safety is part of the emergency preparedness manual.

Drills and simulations will be conducted periodically to ensure staff readiness and familiarize residents with the safety protocol.

This policy will be reviewed annually, to ensure its effectiveness and relevance.

Code Orange/ Internal Emergency Checklist

Date: _____ Incident Manager: _____

Check all actions completed: (on the line below):

Call received (time):

Caller's name: _____

Organization: _____

Contact phone: _____

Cell phone: _____

Contact email: _____

_____ Staff notified of Code Orange.

_____ CEO or designate notified.

_____ Staff Stat call out initiated if needed

_____ First IMS meeting – 20 minutes after Code Orange paged.

Function assignments:

Operations Name: _____

Logistics Name: _____

Planning Name: _____

Administration/Finance Name: _____

Safety Name: _____

Liaison Name: _____

Communications Name: _____

Tasks to be addressed by the IMS Team

_____ Staff member assigned as security to reception entrance.
Name(s): _____

_____ Access controlled – locked all exterior entrances.
Name(s): _____

_____ Receiving area for resident assessment determined.
Location: _____

_____ RN(s) assigned to resident triage/assessment area.
Name(s): _____

_____ Dietician (if available) assigned to resident triage/assessment area.
Name(s): _____

_____ Support staff assigned to resident triage/assessment area to maintain documentation.
Name(s): _____

_____ ID Tags for incoming residents.
Location to house residents determined.
Location(s): _____

Staff assigned to resident home areas:

_____ Nursing staff
Name(s): _____

_____ Housekeeping staff
Name(s): _____

_____ Dietary staff
Name(s): _____

_____ Recreation Staff:
Name(s): _____

_____	Feeding plan determined
_____	Overnight accommodations/facilities plan determined
_____	Mattresses required: _____
_____	Blankets required: _____

Tasks to be addressed by the IMS Team:

	Name:
_____	Ministry of LTC: _____
_____	Local Emergency Management: _____
_____	Local Public Health: _____
_____	Red Cross: _____
_____	Local Grocery Suppliers: _____
_____	Local Bedding / Linen Suppliers: _____
_____	Other: _____

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Manual			
Policy and Procedure: Prevention and Management of Hot Weather Illness			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 3

Policy:

Maxville Manor staff will be familiar with hot weather-related illnesses (when temperature over 26 Degrees Celsius) and the factors that contribute to their development. Prevention and management of hot weather illness will be directed by the Ministry of Long-Term Care’s publication *Guidelines for the Prevention and Management of Hot Weather-Related Illness in Long Term Care Homes*. *The DOC/ADOC will be responsible for monitoring this situation.*

Resident Risk Assessment

All residents are assessed as being at high risk of hot weather-related illness on Admission and Annually. This assessment is located in PointClickCare and is titled “Heat Risk Assessment”. See Appendix A: Heat Risk Assessment. All departments and staff have a role to play in prevention of hot weather-related illness.

Definitions:

1. Heat Rash

Heat rash, also called prickly heat, is a skin irritation caused by excessive sweating during hot, humid weather. Sweat glands become clogged and sweat trapped beneath the skin surface unable to evaporate causing a mild inflammation or rash. The rash appears as a cluster of red bumps and may feel itchy, or sore with prickly sensation. It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases. The best treatment for heat rash is to provide a cooler, less humid environment. Keep the affected area dry. Creams or lotions should not be used.

2. Heat Cramps

Heat cramps are muscle pains or spasms – usually in the abdomen, arms or legs that may occur in association with strenuous activity. This sweating depletes the body’s salt and moisture. The low salt level in the muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion. To alleviate heat cramps, stop all activities and sit quietly in a cool place. Drink clear juice or a sports beverage. If the person has heart problems or is on a low-sodium diet, seek medical attention.

3. Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone to heat exhaustion are elderly people, those with high blood pressure, and those working or exercising in a hot environment.

Warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting

The skin may be cool and moist. The pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. Seek medical attention if symptoms worsen or last longer than one hour.

4. Heat Stroke

Heat stroke is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 41.1 degrees Celsius or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 39.4 degrees Celsius)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

Procedure:

Managers:

- Every summer season, information about hot weather-related illness identification and prevention strategies is communicated to staff via the newsletter and staff meetings.

Registered Nurse:

- All residents should have the Heat Risk Assessment completed on Admission and annually in the spring of each year.
- Monitor residents for signs and symptoms of heat related illness.
- Refer residents at increased risk due of poor fluid intake to Registered Dietitian for further assessment and action.
- Assess and provide additional skin care in response to hygiene requirements of each resident.
- If any of the symptoms listed above are present, registered staff is to call the physician and start cooling the resident.

Maintenance:

- Monitor indoor climate for overall comfort and report resident discomfort and/or temperature changes that would affect overall resident well-being health and safety.
- Monitor the indoor air temperatures and humidex levels at varying times throughout the day so that the indoor air temperature does not fall below 22°C and remains cooler and less humid than outdoor air conditions.

Personal Support Worker:

- Dress residents in suitable clothing and accessories that are appropriate for the weather conditions.
- Ensure necessary protection is available when residents go outside (sun block, umbrellas, hats, appropriate clothing).

Dietary:

- Implement enhanced hydration protocol – setting up water stations in each hallway and encouraging and offering resident's additional hydration.

Activity Director:

- Modify recreation opportunities to be in cooler areas of the home, decrease physical exertion, offer additional water to residents, community outings in appropriate cool setting and mode of transportation to include air conditioning.

All Staff:

- Keep shades, drapes, blinds, or window coverings closed.

- Assess need for and provide additional fluids to residents as needed.
- If the resident is outside, move residents to common air conditioned/cooled areas as needed.
- Reduce the use of heat generating equipment from kitchen, laundry, and other areas to alternate times during the day (night/evening), as appropriate.
- Turn off unused electrical appliances and equipment as appropriate.
- Distribute cooling equipment and portable fans.
- Maximize use of an ice machine to support a continuous supply of ice.

References:

- Guidelines for the Prevention and Management of Hot Weather-Related Illness in Long-Term Care Homes, MOHLTC, 2012

Appendix A: Heat Risk Assessment

Heat Risk Assessment

Client:

Effective Date:

Location:

Admission:

Health Card Number:

Date of Birth:

Gender:

Primary Language:

Score: NA

Category: NA

Physician:

Allergies:

Diagnoses:

1. History

15 points if checked

- A. The client has a medical history of heat stroke (hyper pyrexia, heat apoplexy, sunstroke)

10 points if checked

- B. The client has a medical history of heat exhaustion (heat prostration, dehydration) or heat syncope (heat collapse or fainting)

5 points if checked

- C. The client has a medical history of infection without fever

2. Age & Mobility

4 points if checked

- A. Age over 90

4 points if checked

- B. Limited to bed

10 points if checked

- C. Severe general debility

3. Functional Status

6 points if checked

- A. Postural hypotension (systolic drops more than 30mmHg lying to standing) or history of falls

4 points if checked

- B. Skin disease (general erythroderma, psoriasis) over a large body surface

3 points if checked

- C. Diabetes Mellitus

4 points if checked

- D. Severe obesity

7 points if checked

- E. Advanced dementia or late stage Parkinson's

4 points if checked

- F. Implanted pacemaker

5 points if checked

- G. Severe congestive heart failure (grade IV ventricle or more than 3 medications for CHF)

5 points if checked

- H. Renal Failure

2 points if checked

- I. Dysphagia

4. Medications

3 points if checked

- A. Diuretics

2 points if checked

Heat Risk Assessment		
Client:	Effective Date:	Score: NA
Category: NA		
B.	<input type="checkbox"/> Other antihypertensives (beta-blockers, alpha-blockers, calcium channel blockers)	3 points if checked
C.	<input type="checkbox"/> Anticholinergics (propranolol, oxybutynin chloride, dicyclomine)	3 points if checked
D.	<input type="checkbox"/> Psychotropics, especially major neuroleptics (chlorpromazine, thioridazine, haloperidol)	3 points if checked
E.	<input type="checkbox"/> Tricyclic antidepressants (amitriptyline, desipramine)	2 points if checked
F.	<input type="checkbox"/> Check if two or more of the above medication groups are checked	

Maxville Manor Policy and Procedures
DEPARTMENT: Emergency Preparedness

Policy and Procedure: Code White - Security/Violent Situation			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 3

Policy:

Maxville Manor provides a safe environment for residents, families, staff, volunteers and visitors. A staff member assessing a violent situation or a person with a weapon as posing an immediate danger to themselves and/or others, may call a Code White at any time. The home must follow the procedures in this policy in dealing with a situation where there is a potential for serious injury or uncontrollable behaviours due to a violent outburst.

Background:

These situations may include aggressive residents, visitors or other people. In situations where assistance in de-escalation and/or control of the disruption/violence is necessary, responding staff must use non-violent interventions. The primary aim is to remove everyone from the situation to minimize risk of injury.

Procedures:

DURING A VIOLENT OR POTENTIALLY UNCONTROLLABLE SITUATION
Staff:

1. If you are unable to deescalate the situation or if you identify a crisis situation, feel threatened or there is a possibility of an escalation of violence, remove yourself from the confrontation and immediately call 9-1-1. Provide as much information as possible about the situation to the police.
2. Advise other staff of a Code White identifying the location of the incident and if a weapon is involved.
3. Delegate a staff member to declare a Code White and announce CODE WHITE (location), 3 times over the paging system by pressing *3301, from any landline.

CEO or designate:

1. Decide whether or not to assemble the IMS Team.
2. Notify the Health and Safety Committee and government authorities (e.g. Ministry of Labour) if any staff suffers a critical injury (as defined by the Occupational and Safety Act).
3. Notify Ministry of LTC if a resident is critically injured or is sent to hospital due to an injury; initiate an incident report.
4. Schedule a detailed review within one week of a Code White incident.

Incident Manager or designate

1. The IMS Leader or designate will declare an all clear via the paging system (*3301) once the incident has been resolved and will announce three times:
CODE WHITE ALL CLEAR
2. Update the police (9-1-1) within 5 minutes.
3. Delegate a staff member to meet the police at the main entrance. Provide directions to the scene and to optional access.
4. Ensure first aid is provided in a safe location and EMS is notified (9-1-1) if injuries occur.
5. Call the admin on call.
6. Call the CEO as soon as possible (if not on site).
7. Meet with staff to complete a debrief of the incident within 24-48 hours of the incident and complete the Incident Report and forward it to the CEO at the end of the incident.
8. Complete a debrief of the incident within 24-48 hours of the incident.

EXTERNAL INCIDENT – OFF GROUNDS

1. If a school 'lockdown' occurs or other situations of violence occur external to the home and may affect the home, advise staff of a Code White – External via the paging system (*3301) by announcing:
CODE WHITE EXTERNAL, (provide location if known)
2. Mobilize staff to go immediately to the external sitting areas and usher residents back into the building and lock the entrances or switch the doors to manual so they are controlled from inside only.
3. Do not permit people to leave the building until all is clear.
4. Call police at 9-1-1 to ascertain the situation.
5. Secure the doors until the police or other officials (e.g. school principal) declare the situation safe.
6. Once situation is declared all clear, announce using the home's paging system three times:
CODE WHITE EXTERNAL, ALL CLEAR

Staff

1. If you are in the immediate area and/or responding to the Code White, remove others from harm's way and the immediate confrontation to a safe location.
2. If you are in the unit or area of the emergency, assist in evacuating residents from the area of threat, if necessary. The Incident Manager may send you back to your duties depending on the situation and when it is under control.
3. Use action-oriented verbal communication and non-violent interventions to de-escalate the situation safely. Do not try to remove a weapon or subdue the person.

Code White Emergency Checklist

Date: _____ Incident Manager: _____

Reporting staff member: _____

Check all actions completed (on the line below):

- _____ Call police 9-1-1. and identify the person(s) responsible for the violent situation.
- _____ Direct staff to remove all persons from the area of the threat.
- _____ Determine if any weapons are involved.
- _____ Notify all staff of Code White including the location and whether or not weapons are involved.
- _____ Delegate a staff member to meet the police at the main entrance with directions and alternate access to the situation.
- _____ Delegate a person to notify the CEO or designate.
- _____ Update the police within 5 minutes of the first call.
- _____ Ensure first aid is provided (when safe to do so) and EMS (9-1-1) is called for any injuries.
- _____ Ensure employee incident reports are completed for any injured staff, if applicable.
- _____ Complete a debrief with staff within 24-48 hours of the incident
Incident manager completes a incident report on their observations and accidents.

Maxville Manor Policy and Procedures			
DEPARTMENT: Emergency Preparedness			
Policy and Procedure: Code Black - Bomb Threat			
ORIGINAL DATE: July 2022	DATE LAST REVIEWED: March 2024	COVERAGE: All Employees	PAGE #: 1 of 8

Policy:

Any bomb threat or terrorist threat must be reported immediately to the Management Team and be treated as a critical incident.

Background:

Bomb threats are most often received in the following ways:

- The home will receive a telephone warning claiming that a bomb has allegedly been planted in the home.
- A letter, email or social media message addressed and sent to the home / office containing a bomb threat or a threatening note is delivered to the home / office.
- Suspicious packages placed within the home.

Procedures:

Employee receiving the Threat

RECEIVING A BOMB THREAT

1. Treat the call seriously, remain calm and courteous and speak in a normal tone. Attempt to prolong the conversation and do not interrupt the caller as this will help in tracing the call by police.
2. To prolong the conversation and extract as much information as possible from the caller, ask the following questions:
 - a. When will the bomb explode?
 - b. Where is the bomb? (Ask for the specific location).
 - c. What does it look like?
 - d. Why did you place the bomb here?
 - e. What is your name?
 - f. Where are you calling from?

NOTE: Most callers will not reveal who or where they are but try to obtain this information anyway.

3. Signal another employee using non-verbal cues to report the call to police immediately, request a trace on the call and notify the home/office's Incident Manager to initiate IMS. Do not inform the caller that you have informed the police.
4. Immediately after the phone call, complete the Code Black Emergency Checklist for the police investigation. Fill out as much of the report as possible. Give the Incident Manager a full account.

5. Document as much of the conversation and background as possible, including:
 - a. Date, time and approximate length of the call
 - b. The exact wording of the threat
 - c. Any identifying characteristics of the caller – sex, estimated age group, accent, voice (e.g. loud or soft), speech (fast, slow nervous), diction (good, nasal, lisp), command of the language (articulate, poor, words out of context, mispronunciation), manner (calm, emotional, vulgar) and mannerisms (pet Phrases, uncommon words)
 - d. Anything familiar about the voice
 - e. Any background noises
 - f. Whether the caller seemed to be familiar with the area or building
 - g. What phoned line the call was received on
6. Be alert to subsequent calls of the same nature.

RECEIVING A WRITTEN, MAILED OR ELECTRONIC THREAT

1. Treat all threats seriously.
2. If the threat is written, mailed or dropped off, avoid handling the document to preserve fingerprint evidence.
3. If the threat was sent electronically (email, text, social media, etc.):
 - a. Save the message for future reference by the authorities
 - b. Do not forward the message unless requested to do so by authorities
 - c. Do not respond to the message
4. Notify the Incident Manager, who will notify the police.
5. Give the incident Manager a full account of your steps.
6. Complete the Code Black Emergency Checklist for the police investigation.
7. Follow the Incident Manager's instructions.

SUSPICIOUS OBJECT/PACKAGE LOCATED OR RECEIVED

1. Do not touch, move or open the object.
2. Do not activate light switches, slam doors or move nearby objects in the area of the suspicious object.
3. Do not use portable radios (walkie-talkies), cell phones or other electronic devices.
4. Announce a Code Green (evacuation) for that area. Refer to Code Green procedures.
5. Notify the Incident Manager.

Incident Manager

RECEIVING A BOMB THREAT

1. Use the Code Black Emergency Checklist to track actions and log the times of the response where appropriate.

2. If the caller was not specific as to the location within the home, announce or delegate an employee to announce over the paging system (*3301) three times:
CODE BLACK – ALL VISITORS AND STAFF, PLEASE TURN OFF ALL CELL PHONES AND OTHER WIRELESS DEVICES IMMEDIATELY. THANK YOU.
3. If the call identified a specific location within the home, announce or designate an employee to announce three times:
CODE BLACK(LOCATION) - ALL VISITORS AND STAFF, PLEASE TURN OFF ALL CELL PHONES AND OTHER WIRELESS DEVICES IMMEDIATELY. THANK YOU.
CODE GREEN (LOCATION) – PLEASE CALMLY EVACUATE (LOCATION).

A THREAT TO A SPECIFIC LOCATION

1. If the threat identified a specific bomb location, announce a Code Green for that area and, using a landline phone, notify police services. Refer to Code Green evacuation instructions.
2. Search the evacuated area for unusual or suspicious objectives. Coordinate the evacuation and provide instructions to staff as required.

A NON-SPECIFIC THREAT

1. Notify the police.
2. If required, delegate personnel to initiate a staff call-back using the call-back list. Those responding to the staff call-back will report to the Emergency operations Centre.
3. Request addition help, as required, using a landline phone.
4. Provide details of the threat to staff to initiate the search for the bomb in the order given in the checklist, including a grounds search.
5. Search the home area most familiar to you.
6. Assign staff reporting from the staff call-back list to assist in the search, if applicable. Review the information with police to determine additional actions.

TRACING A CALL

1. Some phone services will have a number that can be dialed immediately after hanging up. If your phone provider offers this service, trace the call and report the number immediately to police.
2. Call the police immediately; give the suspected bomb location and indicate a trace was requested/obtained on the call.
3. Begin search for bomb.

RECEIVING A WRITTEN, MAILED OR ELECTRONIC THREAT

1. Notify the police and provide details of the threat. Do not handle a written or mailed threat.

2. If the threat identifies a specific location, refer to the procedures above for a Specific Threat Location.
3. If the threat did not identify a specific location, refer to the procedures above for a Non-Specific Threat.

SUSPICIOUS OBJECT/PACKAGE LOCATED OR RECEIVED

1. Announce Code Green (evacuation) for the area and follow Code Green procedures. Clear and secure the area surrounding the suspicious object to ensure the safety of residents, staff and others present.
2. Search the relocation area before moving residents into it.
3. Do not activate light switches, slam doors or move nearby objects in the area of the suspicious object.
4. Do not use portable radios (walkie-talkies), cell phones or other electronic devices.
5. Do not assume there is only one device. Search the entire home.
6. Advise the police of the location and external appearances of the suspicious object/package.
7. Delegate an employee to begin staff call-back notification if additional help is required.

All Staff

RECEIVING A BOMB THREAT

1. Turn off cell and wireless phones immediately upon hearing the Code Black announcement.
2. Report suspicious, unusual or unknown items, packages and people to the Incident Manager.
3. Report to the Incident Manager for directions on a search.
4. If a specific location is given along with a Code Green, assist in the evacuation.

A THREAT TO A SPECIFIC LOCATION

1. Upon notification of a Code Green (evacuation) following a Code Black, evacuate residents from the identified area to a safe location and close fire doors.
2. Once the identified area is evacuated, stay out of the identified area. The police will initiate the search of that area.
3. If you are not involved in or have completed the evacuation, search your own work area.
4. Search the evacuation reception area for any unusual or suspicious objects.

SUSPICIOUS OBJECT/PACKAGE LOCATED OR RECEIVED

1. Do not activate light switches, slam doors or move nearby objects in the area of the suspicious object/package. Do not use portable radios (walkie-talkies), cell phones or other electronic devices.

2. Upon notification of a Code Green (evacuation) following a Code Black, follow Code Green procedures. Begin the evacuation with everyone closest to the device area.

Search Teams

A NON-SPECIFIC THREAT

1. Each person or team (where searches are in pairs) conducting a search will update the Incident Manager regularly and check in for further instruction.
2. Searches will include closets, bathrooms, toilets, garbage cans, recycling bins, laundry carts, and medication carts, cabinets, under chairs, tables and beds. Rooms should be searched in a counter clockwise rotation and from ceiling to floor.
3. Rooms searched must be identified with evacu-check.

CEO/Designate

1. Establish the IMS Team immediately.
2. Notify the Ministry of LTC. Note: If the package is determined to be an actual explosive device or any resident area is evacuated, notification will be immediate.

Code Black Emergency Checklist

Date: _____ Incident Manager: _____

Record the time action was initiated (on the line below):

- _____ Original threat reported to the Charge Nurse by:

- _____ Time original threat was received:

- _____ Charge Nurse becomes Incident Manager until relieved by a more senior staff member.
- _____ Incident Manager advises all staff and visitors Code Black – please turn off all cell phones and wireless phones. Repeat three times.
- _____ Incident Manager delegates staff to start home search.
- _____ Police notified via 9-1-1, by person who received the threat.
- _____ Police arrived at the home.
- _____ CEO or designate notified (initiates Call Back List if required).
- _____ Ministry of LTC notified

STAFF ASSIGNED TO SEARCH AREAS

- _____ Staff assigned to search basement
- _____ Staff assigned to search A wing (town square, up to fire doors, and admin offices)
- _____ Staff assigned to search BC wing
- _____ Staff assigned to search DE wing
- _____ Staff assigned to search FG wing
- _____ Staff assigned to search grounds and parking

Suspicious Package Located:

- _____ Suspicious package located.
Location: _____
By whom: _____
- _____ Police notified of suspicious package.
Officer: _____
- _____ Police advise what areas need to be evacuated.
- _____ Code Green initiated for area where package located and the area police advise – refer to Code Green Policy
- _____ Ministry of LTC notified by CEO or designate.

After All Clear Given:

- _____ Initial debriefing held
 - Debriefing notes will include the time and date of the debriefing, list of attendees, and notes from the discussion
- _____ Incident Report completed

Notes:

Code Black Information Form

Date: _____ Time Received: _____ Approx. length of call: _____

Identifying characteristics of the caller:

Sex: _____

Estimated age group: _____

Accent: _____

Voice (e.g. loud, soft): _____

Speech (fast, slow, nervous): _____

Diction (good, nasal, lisp): _____

Command of the language: _____
(articulate, poor, words out of context, mispronunciation)

Manner (calm, emotional, vulgar): _____

Mannerisms (pet phrases, uncommon words): _____

Anything familiar about the voice: _____

Any background noises: _____

Does the caller seem to be familiar with the area or building: _____

What phone line was the call received on: _____

Call police 9-1-1. Time called: _____

Notify Charge Nurse. Time called: _____

Use the back of the sheet to add as many details as possible.

CODE BLACK CALL RECEIVER INFORMATION

When a bomb threat is received: Listen, be calm and courteous. Obtain as much information as you can. Try to write out the exact wording of their responses and the threat.

Questions to ask:

- When will the bomb explode? _____
- Where is the bomb? (specific location) _____
- What does it look like? _____
- Why did you place the bomb here? _____
- What is your name? _____
- Where are you calling from? _____

FOLLOW CODE BLACK PROCEDURES