

**Collingwood Nursing Home  
Emergency Preparedness Plan**

COLLINGWOOD NURSING HOME LIMITED  
250 CAMPBELL STREET  
COLLINGWOOD, ON L9Y 4J9

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## SECTION 1

### *INTRODUCTION*

An emergency is any sudden, generally unexpected situation or set of circumstances demanding immediate action.

A responsible employee will take whatever steps he/she reasonably can, first to prevent an emergency from ever happening in the first place, and secondly to prepare themselves as best as they can cope with emergencies that cannot be prevented

All of us have the responsibility for the care and custody of our residents, as well as for the safety of employees and visitors while in COLLINGWOOD NURSING HOME LIMITED.

It is for these reasons that we have adopted this Emergency Plan, which outlines the actions required of employees to protect life and property in case of fire or other emergencies. It is important that all employees become thoroughly familiar with the part they must play in this plan.

All staff members must be aware that in accepting employment at the COLLINGWOOD NURSING HOME LIMITED, they also accept the responsibility to be knowledgeable, skilled and available in the event of a disaster.

It is the individual responsibility to protect oneself from liability by recorded participation in fire drills and in-service.

It is our goal with constant vigilance continual update, safety maintenance and awareness to avoid disaster and be prepared for an emergency.

## ***EMERGENCY PLAN***

### **Purpose**

The purpose of this emergency plan is to provide a plan of action to be taken in any emergency, which may affect this facility and its residents.

### **Goals**

1. To ensure the continuous well-being of all residents and staff.
2. To provide continuous health care in the event of a major change in the physical plant or service.
3. To ensure the smooth transportation of the residents, materials and records out of the facility into another location if necessary.
4. To minimize the effects of trauma and shock to the residents and staff.
5. To ensure a co-ordinate effort with all services inside and outside the facility.
6. To eliminate as much as possible the possibility of surprise and panic in an emergency.

In the event of any emergency occurring, the Charge Nurse on duty shall be designated as the Incident Commander and shall be responsible for conducting appropriate responses to the situation until other responding officials (i.e. fire department, emergency services, etc.) relieve them.

## ***BUSINESS CONTINUITY FOR ADMINISTRATIVE FUNCTIONS***

COLLINGWOOD NURSING HOME LIMITED Emergency Plan outlines plans and procedures to provide for the continuity of resident care during unplanned disruptions, which may arise from natural, accidental, or engineered occurrences.

Our emergency plan outlines the detailed steps and procedure that will be followed to ensure that our residents and staff continue operations in a safe and practical manner. The emergency plan outlines the critical functions that should be continued in each scenario.

In the event of disasters affecting our operations, the program will support the following objectives:

- Continuation of critical business functions that guarantee resident safety and critical service provision.
- A timely, organized and highly efficient return to full operations of all remaining business functions.

### ***Alternative Locations:***

All critical business administrative functions can be carried out at alternate sites that will address the minimum requirements to continue the business operations of the home. All Business functions such as payroll, billing, payables, etc. can be processed out of an alternate site. Assured Care Management and Metcap Management offices are in Toronto and can provide space to continue the business functions of the home. In addition; homes in the management umbrella follow similar processes and can be called upon to assist in admin functions when required. This can be done by staff at other homes or management company staff.

Alternate staff at these locations have been trained to complete billing, payroll and payables in absence of the ability to do so at the home.

The home has redundant backup systems to ensure that resident care can be provided at the home because of total shut down of the network/internet at the facility. Resident care plans are printed and maintained at the home. In addition, the resident's medication profiles are backed up hourly in pdf format and can be printed in an emergency, (including power loss). The back up redundant computer is on the generator and does not rely on internet to print out the medication profiles. This enables the registered staff to continue to dispense medications and document appropriately.







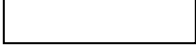


The home can produce backup flow sheets to ensure care provision is documented.

In addition; the home has an emergency menu to ensure residents are provided healthy nutrition for a one week period.

**Preparedness:** In the event of a disaster, every reasonable attempt will be made to restore and maintain normal service levels.

## *UNIFORM EMERGENCY CODES*

We have adopted Uniform Emergency Codes in our facility to be used in any emergency. The following is a list of Emergency Codes that will be paged in any emergency to notify staff regarding the type of emergency they are dealing with:

FIRE EMERGENCY	Code Red	
CARDIAC ARREST	Code Blue	
EXTERNAL DISASTER	Code Orange	
EVACUATION	Code Brown	
MISSING RESIDENT	Code Yellow	
BOMB THREAT	Code Black	
VIOLENT PERSON	Code White	
MALFUNCTIONING FIRE ALARM SYSTEM OR ALTERNATE FIRE MONITORING	Code Pink	
ALL CLEAR	Code Green	



## *ACTIVATION OF EMERGENCY PLANS AND RESUMPTION OF NORMAL PRACTICES*

1. Following the activation of the emergency plans contained herein; the home will complete an assessment of the implementation and prepare a debriefing to be distributed to all stakeholders following stabilization of the emergency.
2. The Charge Personnel shall be responsible for following up with Residents and any Substitute Decision Markers (as applicable) to keep them informed as per each emergency policy and as appropriate.
3. The Administrator/Designate shall be responsible for following up with staff and volunteers upon resumption of normal activities to provide them information on the activation of the emergency plan and improvements that can be made.
4. The Administrator/Designate will be responsible for directly the resumption of normal operations in the home following the emergency.
5. The activation of the emergency plan will also be reviewing at the next scheduled Quality Committee Meeting as part of the Risk/Safety analysis.
6. Residents requiring support following the emergency will be assessed and appropriate plan of care will be implemented to help support them.

## **SECTION 2**

### ***FIRE PLAN RESPONSIBILITIES***



## Fire Safety Plan

For

## Collingwood Nursing Home

250 Campbell Street, Collingwood, Ontario, L9Y 431

705-445-3991

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Approved By Fire Chief  
Collingwood Fire Department

Facility Name Beds	Contact Number	Number of
Bay Haven Senior Community	705-445-6501	1
Sunset Manor	705-445-4499	8
Stayner Nursing Home	705-428-3614	4-8
Woods Park Care Centre	705-424-2859	20-25
Grove Park Home	705-726-1003	10-12
Villa Care Centre	705-536-4238	10
Sara Vista Long-Term Care	705-322-2128	8
Specialty Care Bradford Valley	905-952-2270	2-6
Trillium Manor	705-325-1504	1-10

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This official document is to be kept readily available, on site, at all times for use by supervisory personnel and fire department officials in the event of an emergency.

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## Section One

### Introduction

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This is a Fire Safety Plan for the Collingwood Nursing Home located at 250 Campbell Street in Collingwood.

This plan has been developed in accordance with Div. B, Section 2.8 of Ontario FireCode. Ont. Regulation 213/07.

A Fire Safety Plan is designed to provide occupant safety in the event of a fire, to provide effective utilization of the fire safety features of the building and to minimize the possibility of fires. This plan discusses what occupants are to do in the event of fire, fire safety, supervisory staff and related duties, and other related issues.

In order for this plan to be effective, management must know the plan and be able to implement it in the event of fire. The Fire Code requires the owner to be responsible for carrying out the provisions for fire safety, and defines "owner" as "any person, firm or corporation controlling the property under consideration". Consequently, the owner may be any one or a combination of parties, including building management, maintenance staff, security staff and occupancy groups.

This Fire Safety Plan has been approved by the Collingwood Fire Department, but this does not in any way relieve the owner, the lessee, or the management, of their responsibilities. The FPPA states that "every person who contravenes any provision of the Fire Code and every director or officer of a corporation who knowingly concurs in such contravention is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for an individual or imprisonment for a term of not more than one year, or both, or \$100,000 for a corporation".

The fire safety plan shall be reviewed as often as necessary, but at intervals not greater than 12 months, to ensure that it takes account of changes in the use and other characteristics of the building.

The Chief Fire Official (or their designate) is to be notified regarding any subsequent changes in the approved Fire Safety Plan.

The fire safety plan shall be kept in the building in an approved location. The approved location for this fire safety plan is in the fire safety plan box located in the Main Entrance Vestibule.



## Distribution of the Fire Safety Plan

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This Fire Safety Plan was prepared by:



41 Courtland Avenue, Unit One

Concord, Ontario, L4K 3T3

Phone Number: 905-738-4999

Fax Number: 905-738-9585

Attention: Julie Ineson

[Email: Jineson@safetyfirstint.com](mailto:Jineson@safetyfirstint.com)

The following contacts shall be given an approved copy of this fire safety plan;

- ✓ 1 copy for the Collingwood Fire Department
- ✓ 1 copy for the Building Owner
- ✓ 1 copy for each designated Supervisory Staff
- ✓ 1 copy to be kept at the Main Entrance in a Fire Safety Plan Box
- ✓ 1 copy in Customer file at Safety First Fire Prevention

Emergency procedures and the non-ambulatory form shall be given to all employees and care givers. Each resident will receive the emergency procedures and will have the non-ambulatory form filled out at the time of the resident's acceptance.

This fire safety plan was last updated August, 2022.

## Responsibilities of the Building Owner

Ontario Regulation 213/07, The Ontario Fire Code, is a provincial regulation made under Part IV of the Fire Protection and Prevention Act. The Ontario Fire Code requires the owner to be responsible for carrying out the provisions of this code, and defines the "owner" as "any person, firm or corporation controlling the property under consideration". Consequently, the owner may be any one of or combination of parties including building management, maintenance staff and tenant groups.

The building owner and building operator have numerous responsibilities as outlined in this fire safety plan. They must work together to ensure that the following measures are in compliance;

The building and facilities comply with the provisions of the Ontario Fire Code
Establishment of emergency procedures to be followed at the time of an emergency
Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety
Holding of fire drills
Control of fire hazards in the building
Maintenance of the building facilities provided for safety of the occupants
✓ Assuring that checks, inspections and tests as required by the Ontario Fire Code, are complete on schedule and that records are retained
✓ Provisions of alternate measures for safety of occupants during the shutdown of fire protection equipment
✓ Notification of the Chief Fire Official (or their designate) regarding changes in this fire safety plan
✓ Be in complete charge of the approved fire safety plan and the specific responsibilities of the personnel
✓ Designate and train sufficient assistants to act in this position
✓ Educate and train all staff in the use of the existing fire safety equipment, and in the actions to be taken under the approved fire safety plan.

All supervisory staff and owners will be responsible for reviewing and understanding all aspects of this Fire Safety Plan. Owners and staff members are required to have an understanding of applicable sections of the Ontario Fire Code as it applies to this building, and review this fire safety plan on an annual basis.

Instruction and training is to be an on-going basis and any changes to the fire protection systems or building design is to be reflected in training, and in this fire safety plan.

## Appointment and Organization of Supervisory Staff

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The \_\_\_\_\_ is in charge of this fire safety plan. President/Administrator will appoint and train sufficient supervisory staff to cover all shifts in the building. Supervisory staff shall be instructed in the fire emergency procedures as described in this fire safety plan before they are given any responsibility for fire safety. Staff shall be available on notification of a fire emergency to fulfill their obligation as described in this

<b>Colcamp Investments Inc.</b> Building Owner
<b>Collingwood Nursing Home Ltd.</b> Building Operator
Charge/Head Nurse <b>Designated Lead Supervisory Staff</b>
President/Administrator <b>Designated Supervisory Staff - <u>Assistant to the Lead</u></b>
All Staff <b>Designated Supervisory Staff</b>

In the event that the fire alarm is activated, the Charge/Head Nurse will be in charge of directing staff. The President/Administrator is designated to assist the Charge/Head Nurse, with all staff as designated supervisory staff who will carry out the emergency procedures described in this plan.

## Supervisory Staff Responsibilities for this Fire Safety Plan

The President/Administrator will implement this Fire Safety Plan which includes appointing and training sufficient staff to successfully implement the plan. The

President/Administrator plays a key role in the effectiveness of this Fire Safety Plan because of their involvement and familiarity with the general layout of the building.

### Responsibility of the President/Administrator

1. Be in charge of implementing the approved Fire Safety Plan for the building.
2. Ensure information in Fire Safety Plan is current.
3. Establishment of emergency procedures to be followed at the time of an emergency
4. Ensure a copy of the approved emergency procedures is given to each employee.
5. Appointment and organization of designated supervisory staff to carry out fire safety duties.
6. Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety.
7. Assuring maintenance of building facilities provided for safety of the occupants.
8. Be in charge of implementing the approved Fire Safety Plan for the building.
9. Assuring that checks, tests and inspections, as required by the Fire Code, are completed on schedule and those records are made and retained.
10. Provision of alternative measures for safety of occupants
11. Ensure that alternate measures for life and fire safety are instituted during any shutdown of the fire protection equipment. Employees must be notified and instructions posted as to alternate provisions or actions to be taken in case of an emergency. These provisions and actions must be acceptable to the Chief Fire Official (or their designate).
12. Comply with the Ontario Fire Code Control of fire hazards in the building.
13. Organize fire drills monthly.
14. Train all staff in the safe evacuation of residents in their areas, location of all exits, location of all fire-fighting equipment and use of portable fire extinguishers.
15. Ensure all means of egress are unobstructed at all times.
16. Designate and train sufficient assistants to act in this position during your absence.
17. Be in compliance with the Ontario Fire Code.

This official document is to be kept readily available, on site, at all times for use by supervisory personnel and fire department officials in the event of an emergency.

### Responsibility of all Staff

1.	Keep the doors to stairways closed at all times.
2.	Keep landings, hallways, passageways and exits (inside and out) clear of obstruction at all times.
3.	Do not permit combustible materials to accumulate in any part of a means of egress or ventilation shafts.
4.	Do not permit combustible waste materials to accumulate in quantities or locations which will constitute a fire hazard.
5.	Promptly remove all combustible waste from all areas where waste is placed for disposal.
6.	In the event of any shutdown of fire protection equipment, notify the Fire Department and patrol the building once every hour (fire
7.	Conduct alternative measures during any shutdown of the fire protection equipment as specified in this plan.
8.	Be in compliance with the Ontario Fire Code.

## Training of Supervisory Staff and Employees

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The President/Administrator is to ensure that Supervisory staff is trained during orientation on the following equipment and procedures before they are given any responsibility for fire safety;

### Lead Supervisory Staff Training

1.	The procedures established to facilitate Fire Department access to the building and to the specific locations in the building.
2.	Evacuating residents requiring assistance.
3.	Evacuation location and procedures.
4.	Operation and location of portable fire extinguishers.
5.	Location of the fire hoses and the fire department connection.
6.	Location of the fire alarm panel and operation of the fire alarm system.
7.	Location operation of the kitchen suppression system.
8.	Location of all utility shutoffs.

### Staff Training

1.	Emergency evacuation procedures.
2.	Evacuation location and procedures.
3.	Evacuating residents requiring assistance.
4.	Location of all exits.
5.	Operation and location of portable fire extinguishers.
6.	Method of sounding the fire alarm.

## Section Two

### Audit of Human Resources

#### Building Owner

Name:	Collcamp Investments Inc.
Address:	250 Campbell Street, Collingwood, Ontario, L9Y 4J9
Phone Number:	705-445-3991, 223
Contact Person:	Peter Zober (Owner)
24 Hour Emergency	Peter Zober (Owner) 705-888-3363

#### Building Operator

Name:	Collingwood Nursing Home Ltd.
Address:	250 Campbell Street, Collingwood, Ontario, L9Y 439
Phone Number:	705-445-3991, 223
Contact Person:	Peter Zober (Owner/President/Administrator)
Alternative Contact Person:	
24-Hour Emergency Contact:	Peter Zober (Owner & President/Administrator) Jamie Hynman, 705-443-0346 Lisa Hiscott (Assured Care Consulting) 647-241-9995 Robert Berg (Assured Care Consulting) 416-526-6491 Wendy Curran (Director of Resident Care) 705-818-2061

#### Building Operation

Hours of	24-Hours per Day, 7 Days per Week
Average Number of Employees:	Day Shift - 6:00am to 2:00pm - 15 Staff Members Evening Shift - 2:00pm to 10:00pm - 8 Staff Members Night Shift - 10:00pm to 6:00am -
Occupancy:	A2
Occupant Load:	64 Residents
Key Access:	Designated supervisory staff will have master keys for the building and meet arriving fire fighters at the Main Entrance with this fire safety plan.

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## Building Contractor Contact Information

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### Fire Alarm Service Contractor

Name: Huronia Alarms  
Phone Number: 705-444-2287

### Fire Hose Service

Name:	Huronia Alarms
Phone Number:	705-444-2287

### Emergency Lighting Service Contractor

Name: Huronia Alarms  
Phone Number: 705-444-2287

### Fire Extinguisher Service

Name:	Huronia Alarms
Phone Number:	705-444-2287

### Kitchen Suppression Service Contractor

Name: Huronia Alarms  
Phone Number: 705-444-2287

### Monitoring Company

Name:	Huronia Alarms
Phone Number:	705-444-2287

### Generator Service Firm

Name:	Sommers Generator Systems
Phone Number:	519-655-2396

This official document is to be kept readily available, on site, at all times for use by supervisory personnel and fire department officials in the event of an emergency.



## Audit of Building Resources

### Building Construction

Construction:	Non-Combustible
Year of Construction:	1991
Area:	26,000 Square Feet
Stories Above Grade:	1
Stories Below Grade:	0
Number of Resident Rooms:	<span style="color: red;">See Addendum Attached:</span> 15 Resident Rooms per Wing for a total of 30 beds per wing, 60 beds total. Addition of two rooms with 4 residents in West Wing. There is a maximum of 64 Residents.

### Fire Department Access

Major Intersection:	High Street and Campbell Street
Direction from Major Intersection:	East
Fire Route:	Yes - Driveway
Access to the building Via:	Campbell Street
Main Entrance:	Via the North Face of the building

### Exits

Exits from Grade:	11 - The Main Entrance/Exit is located on the North face of the building along with exits from the Sitting Room, Storage Room, West Corridor and Electrical Room. On the East face of the building there is 1 exit from the end of the East Corridor. On the South face of the building there are 5 exits from the Dining Room, Kitchen, Staff Room, Laundry Storage Room and South Corridor.
Stairwells:	No
Electromagnetic Locking	Yes

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## Electromagnetic Locking Devices

Locations:	Please reference the floor plan for the exact locations of the Electromagnetic Locking Devices.
Release upon activation of Fire Alarm System:	Yes
Location of Release Switch:	There are key locks adjacent to each electromagnetic locking device to manually release the door. The keys will be kept readily available in the fire safety plan box.
Note:	A legible sign must be provided stating "Emergency Exit Unlocked by Alarm" is to be affixed to the door as per the OBC, B.3.4.6.15.(4)(g)

Fire Alarm Control Panel:	GE EST QS4-72-5 Addressable Fire Alarm System, Two-Stage
Location:	Nursing Station
Annunciator Panel Location:	Main Entrance Vestibule
Emergency Power:	4 x 6v 20ah Batteries, and a Generator Back Up
Devices:	Smoke Detectors, Heat Detectors, Manual Pull Stations, Kitchen Suppression System
Audible Device:	Bells
Emergency Voice:	No
Monitoring:	The fire alarm system is monitored. Upon activation of a detection device, a signal will be sent to the monitoring company resulting in the fire department being called to the building. Upon activation of the fire alarm, call 9-1-1. Never assume that this has been done.
Ancillary Devices:	Closing of Fire Doors, Electromagnetic Locking Devices Release

Notes:	The fire alarm system does not automatically initiate thesecond stage. A key must be used to manually put thefire alarm system in its second stage. This key is kept atthe Nursing Station and in the fire safety plan box.
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### Access to Roof

Location of the Hatch tothe Roof:	Peach Wing Utility Room
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Notes:	The Roof contains the 'Penthouse' area. The hot water tanks and make-up air unit are also in the Penthouse area.
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### Standpipe System

Location:	There are fire hose cabinets located throughout the facility. Each cabinet includes an ABC rated fire extinguisher.
Hose Cabinet	1 1/2" x 75' Fire Hose with a Fog Nozzle
Type:	Wet
Fire Department Connection	North Face of the Building

### Fire Pump

Location:	Electrical Room
Type:	Armstrong
Pump Capacity:	100 USGPM @ 55PSI
Emergency Power:	Generator
Note:	The fire pump serves the Standpipe System

### Kitchen Suppression System

Type:	Range Guard 2.5 Gallon Kitchen Suppression System
Tank Location:	Kitchen Wall
Coverage:	Duct, Plenum, 6 Burner Range, Griddle
Manual Release	South Kitchen Wall adjacent to the Kitchen Exit
Extinguishing Agent:	Wet Chemical
Interconnected to Fire Alarm:	Yes
Automatic Fuel Supply Shut Off:	Yes
Note:	Instructions for manually operating the kitchen extinguishing system is to be posted in a conspicuous location in the kitchen (OFC, B.2.6.1.14.(1))

### Portable Fire Extinguishers

Location: Fire extinguishers are located throughout the building.  
Please reference the floor plans for the exact location.

Type: 5LB ABC Fire Extinguishers, 10LB ABC Fire Extinguishers, and a Class K Fire Extinguisher for the commercial cooking area.

### Emergency Lighting

Type:	Generator Power Supply with back up Battery Packs with Remote Heads.
Coverage:	The entire area of the building, including all egress routes are provided with emergency lighting.
Duration:	Emergency lighting is provided for a minimum of 2 hours. In the event that the generator malfunctions, Battery Pack units will provide lighting for 30 minutes.

### Emergency Planning

Location of Fire Safety Plan Box:	Main Entrance Vestibule
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Location of Main Gas Shut Off: West face of the Building

### Fire Hydrants

Location of Municipal Hydrant:	Campbell Street
Location of Private Hydrant:	North of the Building

Evacuation Location: North Grass Area

### Generator

Location:	West face of the building, exterior.
Fuel Supply:	Natural Gas
Location of Manual Starting	Fire Safety Plan Box and Maintenance Room
Life Safety Systems Powered by	Exit Signs, Emergency Lighting, Fire Alarm System, Fire Pump

### Utilities

Location of Main Electrical Shut	Main Electrical Room
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### Section Three

#### Emergency Procedures to be used in case of Fire

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Due to the overwhelming danger to the residents in the event of a fire, it is extremely important that each employee know his/her duties at the time the fire alarm sounds. Staff should be so familiar with this procedure that it becomes second nature.

Please note, it is the responsibility of the staff to provide for the safety of the residents. Know your responsibility in an emergency and remain calm. The goal of evacuation is to remove residents from an unsafe place to a safe area. Steps of the evacuation procedure described below are a general guideline which may be used to move residents.

**STEP 1** - Partial evacuation should have already been achieved as an initial response to the discovery of a fire. It involves removing residents from the room(s) area threatened by a source of fire or smoke. Evacuate these residents, horizontally away from fire location - to beyond fire separation doors or out doors or out an exit.

**STEP 2** - If the fire is not extinguished and/or the smoke hazard persists, evacuate residents from their area to beyond fire separation doors or out the nearest exit. Residents in immediate danger should be moved first followed by:

1. Ambulatory, 2. Wheelchair, 3. Bedridden, 4. Uncooperative

**STEP 3** - When you hear the second stage of the fire alarm (twice as many rings) initiate total evacuation procedures, and evacuate residents immediately out the closest exit away from the fire.

Total evacuation will only be on command of the Administrator, Lead Nurse, or the Collingwood Fire Department. To activate second stage of the alarm place fire key into any Pull Station and turn the lock. The Administrator and Lead Nurse have a key, and additional key is placed in the fire safety plan box.

In the event of a total evacuation, residents will be moved by ambulance, van, private cars and buses to a temporary location designated by the Administrator. Residents will be cared for at designated locations until the Collingwood Nursing Home can be reoccupied or until residents can be transferred to other facilities in the area. A reciprocal resident program is in place. The Community Care Access Centre will assist with the placement of residents to other care facilities. If need be, residents will be transported to the nearest hospital, Collingwood General and Marine.

## Staff Duties in the Event of Fire

### If you discover a fire in your area;

1. Leave the fire area immediately taking all residents in immediate danger with you to safety.
2. Close all doors behind you.
3. Sound the fire alarm system by activating the nearest pull station.
4. Use exits to leave the building immediately, only if it is unsafe to relocate to another wing/area of the building.
5. If you encounter smoke, consider using an alternative exit.
6. Notify the **Charge/Head Nurse** of the location of the fire. The **Charge/Head Nurse** will activate the second stage of the fire alarm system to initiate total evacuation.
7. **Charge/Head Nurse** - Telephone the Collingwood Fire Department from a safe location by dialing 9-1-1. Never assume this has been done. Know the correct building address (250 Campbell Street) and the location of the fire.
8. Follow instructions from the **Charge/Head Nurse** as to begin a partial or full

### If you hear an intermittent fire alarm signal;

1. It indicates a possible fire condition somewhere in the building. Please proceed to the Nursing Station for more information from the **Charge/Head Nurse**.
2. Follow instructions from the **Charge/Head Nurse** as to begin a partial or full evacuation.
3. Prepare to evacuate or relocate residents from the building. Start items which may temporary be located in corridors.

### If you hear a continuous fire alarm

1. It indicates a possible fire condition somewhere in the building. Please proceed to the Nursing Station for more information from the **Charge/Head Nurse**.
2. Remove residents from immediate danger as designated by the **Administrator/Lead Nurse**.
3. Close all doors behind you and mark doors with a pillow to indicate that all residents have been taken from that particular room.
4. Proceed to bring residents to the nearest exit or wing. Do not panic.
5. If you encounter smoke, consider using an alternative exit.
6. In the event of total evacuation, leave residents in the designated meeting area away from the building (30 meters), upwind to fire and smoke conditions and away from incoming fire equipment. Remain calm.

**Do not re-enter the building until it has been declared safe to do so by fire officials**

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## Supervisory Staff Duties in the Event of Fire

Upon notification of a possible fire condition (first stage of the fire alarm system) the Charge/Head Nurse will;

1. Check the fire alarm panel located at the Nursing Station as to the location of the zone in trouble. Assess the emergency and if necessary, initiate the Emergency Fire Procedures.
2. Telephone the Collingwood Fire Department from a safe location by dialing 9- 1-1. Never assume this has been done. Know the correct building address (250 Campbell Street) and the location of the fire. \*If evacuation is required during a night shift, ask dispatch to send extra crews to assist with evacuation.
3. If it is safe to do so, report to the Nursing Station to brief staff on the location of the fire and provide any pertinent information on the wings which require partial or full evacuation. In the event that the Nursing Station is not safe, proceed outside to the meeting area (as designated on the site plan located in this fire safety plan - Page 54) and take control from there. Notify staff that the fire department has been called and that they are on their way.
4. Assign staff to meet the arriving fire crews at the Main Entrance and to notify you when they are on site.
5. Keep the Nursing Station area clear and residents confined until the fire department arrives. Account for all residents and staff evacuated into the designated meeting area. Ensure that you have a copy of the resident roster for when evacuation is complete.

Note: The President/Administrator will be available as an assistant when in the building and can be delegated additional responsibilities.



The procedures to be followed by building occupants shall be posted in each floorarea. It is recommended that emergency procedures are posted at each manualpull station. The posted procedures shall include the

### IN CASE OF FIRE

UPON DISCOVERY OF FIRE

LEAVE FIRE AREA IMMEDIATELY

CLOSE ALL DOORS BEHIND YOU

ACTIVATE FIRE ALARM SYSTEM VIA THE NEAREST PULL STATION

CALL THE FIRE DEPARTMENT FROM A SAFE LOCATION

DIAL 9-1-1

LEAVE BUILDING VIA NEAREST EXIT

REMAIN CALM

### UPON HEARING A CONTINUOUS FIRE ALARM SIGNAL

LEAVE BUILDING VIA NEAREST EXIT

CLOSE DOORS BEHIND YOU

### UPON HEARING AN INTERMITTENT FIRE ALARM SIGNAL

STAND BY AND PREPARE TO LEAVE THE BUILDING

### CAUTION

IF YOU ENCOUNTER SMOKE USE AN ALTERNATE EXIT

CALL THE FIRE DEPARTMENT FROM A SAFE LOCATION

DIAL 9-1-1

REMAIN CALM

*The building is equipped with a two-stage fire alarm system. The fire alarm system is to be activated to alert the supervisory staff of an emergency situation and*

## Instructions for Resetting Fire Alarm Systems

### Important Note:

**YOU CANNOT RESET OR SILENCE THE FIRE ALARM SYSTEM UNTIL GIVEN AUTHORIZATION FROM THE COLLINGWOOD FIRE DEPARTMENT.**

#### Resetting Components in the Detection Circuit

<b>Pull Station</b>	Close so that the internal trip switch is free to be re-activated
<b>Smoke Detector</b>	The activated detector can be identified by its red light (on and not blinking). The smoke detector will generally reset itself. If it is damaged, the fire alarm system cannot be reset. In that circumstance, use the "alarm silence" feature on the fire alarm panel. It is essential that a fire alarm service firm be called for emergency services, and that alternative measures are implemented, as well as a fire watch conducted.
<b>Heat Detector</b>	The heat detector cannot be reset if the centre disc has melted off. In that circumstance, use the "alarm silence" feature on the fire alarm panel. It is essential that a fire alarm service firm be called for emergency services and that alternative measures are implemented, as well as a fire watch conducted.

#### Resetting the Fire Alarm System

1. Reset the activated component, and depress reset button.	
<b>Alarm Silence Button</b>	This feature should be used only when the detection component cannot be reset. Depressing this button will temporarily silence the alarm. It is essential that a fire alarm service firm be called for emergency services and that alternative measures are implemented, as well as a fire watch is conducted.
<b>Trouble Indicators</b>	Depress the "acknowledge silence tone" button to silence the trouble tone. It is essential that a fire alarm service firm be called for emergency services and that alternative measures are implemented, as well as a fire watch conducted.

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## Instructions to Staff with Commercial Cooking on Fire Procedures

The procedures to be followed by the restaurant staff in an emergency situation will be prominently posted at the kitchen suppression system manual pull station and will read as follows:

IN CASE OF	
UPON DISCOVERY OF FIRE ON STOVE	
ACTIVATE THE KITCHEN SUPPRESSION	
BY USING THE MANUAL PULL STATION. FOR ALL OTHER FIRES USE THE ABC EXTINGUISHER	
LEAVE FIRE AREA IMMEDIATELY AND ALERT BUILDING	
CLOSE ALL DOORS BEHIND	
LEAVE BUILDING VIA NEAREST	
CALL THE FIRE DEPARTMENT FROM A SAFE	
DIAL 9-1-1	

REMAIN CALM

### Important:

Do not use After the kitchen suppression system until after **first** using the Class K extinguisher to fight the fire. Then if needed, activate the kitchen suppression system.

After the fire is extinguished;

1. Contact your Fire Protection contractor to have your system recharged.  
You cannot start cooking until you have a fully functional fire suppression system.

Huron Alarms can be contacted at 705-444-2287 to reset the kitchen suppression system in the event of a system dump.

## Section Four

### Control of Fire Hazards in the Building

It is extremely important that a high level of housekeeping and building maintenance is maintained, as it is a very important aspect in the role of fire prevention.

#### General;

Keep Hallways, passageways and exits clear of obstructions and combustible refuse at all times.

Avoid unsafe cooking practices, unattended deep fat frying, too much heat, and unattended appliances.

Devices having open flames shall be securely supported in non-combustible holders and located or protected so as to prevent accidental contact of flame with combustible materials

#### Control of Combustible Materials;

Combustible materials shall not be permitted in quantities or locations that may constitute a fire hazard.

Combustible materials shall not be permitted to accumulate in any part of a stairway, fire escape or other means of egress.

Flammable or combustible liquid spills in a building shall be removed immediately with an absorbent material that will not increase the hazard and shall be disposed of in a safe manner.

Combustible refuse in the building shall be stored in metal refuse containers with self-closing, hinged metal covers

Combustible refuse shall be removed from the building on a regular basis.

Combustible materials shall be kept to a minimum of 3-feet away from electrical or equipment. If applicable, to be stored in approved

Combustible materials, other than those for which the location, room or space is designed, shall not be permitted in any part of an elevator shaft, ventilation shaft or means of egress.

No combustible materials, other than those for which the room or space is designed, shall be permitted in any service room or service

Except for building components, no combustible materials shall be permitted in horizontal concealed spaces, such as crawl spaces and ceiling spaces.

Greasy or oily rags or materials subject to spontaneous heating shall be deposited in a receptacle or removed from the premises.

Combustible materials shall not be stored with ashes in the same receptacle.

Flammable liquids shall not be used for cleaning purposes except where the cleaning is an essential part of a process.

Smoking is restricted to designated locations equipped with non-combustible containers for the disposal of ashes

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## Control of Electrical Hazards

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All electrical equipment must be labeled Canadian Standards Association and/or Underwriters Laboratories of Canada approved.

### Electrical Equipment wiring shall

Continuous runs or spliced at Junction boxes

Kept from under rugs

Free of cuts, significant abrasions or damage

Connected directly to a Junction box or outlet (no extension cords)

Grounded appropriately

Extension cords must be for temporary use only or be an approved power bar











### Permanent Wiring Requirements;

Junction boxes and panels must have protective cover-plates. Electrical panels must have appropriately sized fuses or breakers. All wiring must have proper splices and joints damaged or exposed wiring shall be repaired immediately

## Fire Extinguishment, Control or Confinement

This is primarily the responsibility of the Collingwood Fire Department. The production of toxic fumes in buildings makes fire fighting potentially dangerous, particularly if a large amount of smoke is being generated.

Only after ensuring that evacuation of the building has started and the Fire Department notified, should an experienced person (familiar with extinguisher operation) attempt to extinguish a small fire. Using a fire extinguisher is a voluntary act. If it cannot be easily extinguished with the use of a portable fire extinguisher, leave the area and confine the fire by closing the door. To determine what type of fire extinguisher you have, look at the label on the extinguisher. It should say A, BC, ABC, D or K. Ensure

Fire Classification	Class A Ordinary Combustibles	Class B Flammable Liquids	Class C Electrical Equipment	Class D Combustible Metals	Class K Cooking Oils (Kitchen Fires)
Fire Classification Pictogram					
Fire Classification Symbol	 Ordinary Combustibles	 Flammable Liquids	 Electrical Equipment	 Combustible Metals	 Combustible Cooking
Combustible Materials	Wood Paper Plastics Rubber Cloth	Flammable Liquids Tars Oil Based Paints Alcohols Flammable Gases	Appliances Machinery Transformers Computers Fuse Boxes	Sodium Lithium Titanium Aluminum Metal Dust	Cooking Oils Animal Oils Fats
Extinguisher Selection	Class A Fire Extinguisher or a Multipurpose ABC Dry Chemical Extinguisher	Multipurpose ABC or BC Dry Chemical Extinguisher or Carbon Dioxide Extinguisher	Multipurpose ABC or BC Dry Chemical Extinguisher or Carbon Dioxide Extinguisher or Clean Agent Extinguisher	Class D Fire Extinguisher	Class K Fire Extinguisher

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## Operation of Portable Fire Extinguishers

Ensure that the pin is intact and the seal has not been broken. Set the extinguisher on the floor, break the plastic or wire seal by twisting the pin.

You are now ready for the **PASS** method:



For your safety;

- ✓ Keep the exit to your back to avoid being trapped in the building
  - ✓ Never re-hang an extinguisher once it has been discharged. Have the extinguisher recharged by a qualified service contractor
  - ✓ Always maintain a 3-foot clearance around all fire extinguishers, and other fire protection equipment
  - ✓ Using a fire extinguisher is a voluntary act. Do not use an extinguisher should you not feel comfortable, or if it endangers your life.

## Section Five

### Fire Drill Procedures

The purpose of fire drills is to ensure that the staff is totally familiar with emergency evacuation procedures. The procedures for conducting fire drills shall be included in the fire safety plan, taking into consideration;

- ✓ The building occupancy and its fire hazards
- ✓ The safety features provided in the building
  - ✓ The desirable degree of participation of occupants other than supervisory staff,
  - ✓ The number and degree of experience of participating supervisory staff

The fire drill procedures shall be prepared in consultation with the Chief Fire Official (or their designate). Records of fire drills shall be kept for 12-months after the fire drill. Fire drills shall be held at least once during each month for the supervisory staff. Notices must be posted 24-hours prior notifying occupants that there will be a fire drill taking place the following day, and to notify the fire department via 9-1-1 if they see an actual fire. The purpose of posting notices is to prevent false alarm calls to the fire department from occupants which may result in a fine.

#### **Instructions for Supervisory Staff on Fire Drills, Buildings with a Fire Alarm**

Notify the Collingwood Fire Department at 705-445-3920 prior and after the fire drill to ensure that they do not respond to any signals that may be received. Notify the monitoring company prior and after the drill. Ensure they received an alarm signal.

The building staff, managers, and any additional supervisory staff shall meet one-half hour prior to the drill for a briefing; at which time they will decide which pull station will be activated.

After the drill has taken place and the alarm has been reset, the supervisory staff will meet again to discuss any deficiencies and complete a "Record of Fire Alarm Drill" report which will consist of the following information;



## Record of Fire Drill

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Comments
Date of Fire Drill:
Time of Fire Drill:
Employees Notified 24-hours Prior:
Building Supervisory Staff Present:
Did fire doors close, where the bells loud and clear?
Deficiencies:
Fire Department Notified:  Fire Alarm Monitoring Company Notified:

Comments
Date of Fire Drill:
Time of Fire Drill:
Employees Notified 24-hours Prior:
Building Supervisory Staff Present:
Did fire doors close, where the bells loud and clear?
Deficiencies:
Fire Department Notified:  Fire Alarm Monitoring Company Notified:

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## Persons Requiring Assistance

The President/Administrator or Lead Nurse is to designate staff during an emergency to help relocate persons requiring assistance in the building. Staff should:

### If a person is unable to be moved from the building;

- ✓ Relocate the person requiring assistance, if it is safe to do so, to an area(zone) that is free of smoke and fire conditions.
- ✓ Exit the building and notify the Fire Official and Lead Supervisory Staff of the situation and of the location and condition of the persons requiring assistance.

### **If the person is able to be moved from the building:**

✓ Move the persons requiring assistance outside to the designated meeting area.
✓ A designated staff member will wait with the person outside in the designated meeting area.
✓ Whenever possible, persons requiring assistance should be moved to the exit with their assistive devices; for example, wheelchairs, crutches or scooters, as they will require these devices once outside the building. The device(s) should remain in the building if it is too heavy or large to be safely, quickly and easily transported, or if it is likely to block the emergency exit.

## Sample Notice

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Dear Resident, Family and/or Decision Maker;

In order to ensure your safety during an emergency situation in the building, we are asking for your co-operation in filling out the information requested below. This confidential information is made available only to building management, and the Collingwood Fire Department. All information received will be kept confidential and will enable us to be of assistance in the event of an emergency evacuation.

Please detach the bottom portion of this form and return the completed form by: -----.

Name:                                      Area:                                      Telephone Number:

Outline of any concerns or medical problems which would require assistance in an emergency situation.

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## Emergency Lifts and Carries

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### Ambulant Residents

If total or partial evacuation must be carried out, the ambulatory resident's area evacuated first, unless other residents remain in immediate danger. The evacuees should first be instructed to stand outside their rooms. They should then be led in groups or in single file, to a safe area. Once the ambulant have been evacuated, the helpless and non-ambulant can be carried.

### Non-Ambulant Residents

Non-ambulant residents may be evacuated on blankets or bedspreads. Blankets are usually readily available. They can be used by one person to pull a resident. If two or more carries are available, the blankets can be used as an improvised stretcher.

### Types of Carries

Carries are best learned through demonstration and practice. The following types of carries are used to evacuate residents and should be taught to all staff to increase the facilities' preparedness for evacuation;

#### One Person

- ✓ Pack strap carry
- ✓ Hip carry
- ✓ Knell drop carry

#### Two People

- ✓ Swing carry
- ✓ Extremity carry

#### Four People

- ✓ Four-man blanket carry

## Section Six

### Alternative Measures for Occupant Fire Safety

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In the event of any shutdown of the fire protection equipment and systems or part thereof, the Collingwood Fire Department shall be notified at 705-445-3920 and instructions will be posted throughout the facility as to alternate provisions or actions to be taken in case of an emergency. These provisions and actions must be acceptable to the Chief Fire Official (or their designate). Employees of the building will be notified by the person responsible at site.

### F i r e   D e p a r t m e n t   A c c e s s

The Fire Department access allows fire-fighters (as well as ambulance or police), and the equipment they use, to gain access to and inside the buildings. Vehicles parked in a fire route, excessive vegetation, snow and other forms of obstructions to access routes, fire hydrants and Fire Department connections are not permitted by the Fire code. Maintaining Fire Department access is an on-going matter.

### E x i t s   a n d   E x i t   S i g n s

In the event of a shutdown or impairment to an exit sign, or if an exit sign becomes damaged or illegible, supervisory staff shall be assigned to direct occupants to safety if an emergency situation arises. Supervisory staff must be provided with reliable flashlights in the event that exit signs cannot be

### Fire Separations

service.

In the event of impairment to a fire separation or closure, or part thereof, as to affect the integrity of their fire resistance rating, an effort shall be made by all staff to keep breaches in the separations sealed. A notice will be posted throughout the building. The notice will explain what measures are to be taken (example: close fire doors manually).

### P o r t a b l e   E x t i n g u i s h e r s

In the event that a Portable Extinguishers becomes discharged, inoperable, damaged or condemned it shall be recharged as soon as possible after use. Where the premises will be open to the public during the recharge delay, replacement extinguishers shall be provided while the extinguisher is being serviced.

### **Fire Alarm Shutdown**

In the event of a shutdown or impairment of the fire alarm system, or part thereof, the fire department will be notified and a notice will be posted throughout the building (if the system is going to be shut down for more than 24-hours, the fire department must be notified in writing). The notice will explain the extent and the duration of the shutdown. Notices will also be posted and the fire department will be contacted when the system is reactivated. Contact the fire protection service firm, and request emergency service. During the shut-down, a Fire Watch is required for the areas affected. Building Occupants will be instructed to advise the Fire Department immediately via 9-1-1 of any fire situation and to warn other occupants of the fire verbally. A written log must be maintained with information on the time of patrols, deficiencies and corrective measures.

### **Standpipe System or Fire Hose Shutdown**

In the event of a shutdown or impairment of the fire hose or standpipe system, or part thereof, the fire department will be notified and a notice will be posted throughout the building (if the system is going to be shut down for more than 24-hours, the fire department must be notified in writing). The notice will explain the extent and the duration of the shutdown. Notices will also be posted and the fire department will be contacted when the system is reactivated. Contact the fire protection service firm, and request emergency service.

### **Fire Pump Shutdown**

In the event of a shutdown or impairment of the fire pump, or part thereof, the fire department will be notified and a notice will be posted throughout the building (if the fire pump is going to be shut down for more than 24 hours; the fire department must be notified in writing). The notice will explain the extent and the duration of the shutdown. Notices will also be posted and the fire department will be contacted when the system is reactivated. Contact the fire protection service firm, and request emergency service. During the shut-down, a Fire Watch is required for the entire site. Building Occupants will be instructed to advise the Fire Department immediately via 9-1-1 of any fire situation and to warn other occupants of the fire by activation of the fire alarm system. A written log must be maintained with information on the time of patrols, deficiencies and corrective measures.

### Emergency Power Supply

Shutdown In the event of a shutdown or impairment of the emergency power supply system, or part thereof, the fire department will be notified if it provides power to the fire alarm system, emergency lighting system or fire pump, and a notice will be posted through-out the building (if the generator is going to be shut down for more than 24 hours, the fire department must be notified in writing). The notice will explain the extent and the duration of the shutdown, and that there is no working emergency lighting for the building (staff should have sufficient flashlights readily available at the nursing station in the event of a power outage). Notices will also be posted and the fire department will be contacted when the system is reactivated. Supervisory staff must be provided with reliable flashlights in the event that emergency lighting cannot be provided. Contact the emergency power system service firm, and request emergency service.

### Emergency Lighting Shutdown

In the event of a shutdown or impairment of the emergency lighting system, or part thereof, a notice will be posted throughout the building. The notice will explain the extent and the duration of the shutdown, and that there is no working emergency lighting for the building (staff should have sufficient flashlights readily available at the nursing station in the event of a power outage). Notices will also be posted when the system is reactivated. Supervisory staff must be provided with reliable flashlights in the event that emergency lighting cannot be provided. Contact the emergency lighting service firm, and request emergency service.

### Private Fire Hydrant

Shutdown In the event of a shutdown or impairment of a private fire hydrant, or part thereof, the fire department will be notified and a garbage bag will be secured over the hydrant that is out of service (if the hydrant is going to be out of service for more than 24-hours, the fire department must be notified in writing). Contact the fire hydrant service firm, and request emergency service. The fire department will be contacted when the system is reactivated.

### Fixed Cooking Suppression System

Shutdown In the event of a shutdown or impairment of the automatic fixed extinguishing system, or if the system has been activated, commercial cooking which produces grease laden vapours shall not be done without providing a minimum of 2 80BC extinguishers and a trained operator for the control of fire hazards. Contact the fixed cooking suppression system service firm, and request emergency service. The system shall be restored to proper operating condition ASAP. If the exhaust system becomes inoperative, no commercial cooking which produces grease laden vapour shall be done.

## Fire Watch Requirements

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A fire watch is a manual system of fire detection, performed by individuals constantly on alert and patrol, searching for fire hazards when the buildings life safety systems have malfunctioned. This watch is to be activated whenever it has been established that a building fire alarm system is either out of service or severely deficient in functionality.

Any person who has direct control over a building and has good reason to believe that the life safety systems or their related equipment is out of order, and poses a serious risk to person(s) or property in any occupied or unoccupied structure should conduct a fire watch.

Fire watch personnel shall be provided with means of communication with the fire department (phone), a means of notifying occupants (whistle or blow-horn) and be equipped with portable illumination (flash light) and protective equipment.

The person appointed for the fire watch duty shall be familiarized with all fire safety features of the building, including this fire safety plan and the condition of exits, and patrol the area to ensure that the means of egress are kept clear and that regulations are enforced.

### Individuals performing the manual fire watch are to;

1. Continuously patrol all floors and public areas of the building at a minimum of once per hour.
2. Immediately call 9-1-1 if any fire, strong odor of smoke, or visible smoke is observed.
3. Report any suspicious behaviors, circumstances, extinguished fires, burn marks, etc. immediately.



# Fire Watch Log

Name of Building under the Fire Watch: Collingwood Nursing Home

Person performing Fire Watch: \_\_\_\_\_

I have read the instructions about conducting this Fire Watch and understand that I am responsible to follow those instructions and patrol my designated area at least once each hour.

Signature: \_\_\_\_\_

[illegible]

## Section Seven

### Maintenance of Building Facilities

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Ontario Regulation 213/07, The Ontario Fire Code, is a provincial regulation made under Part IV of the Fire Protection and Prevention Act. The code requires the

Owner(s) to be responsible for carrying out the provisions of this Code, and defines the "owner" as "any person, firm or corporation controlling the property under consideration", and includes the persons in the building or property.

It is the responsibility of the owner to ensure the following required checks, inspections and tests are carried out in accordance with the applicable standards at the prescribed intervals. All deficiencies found shall be corrected.

Fire prevention officers may request the required documentation to ensure that the necessary checks, inspections and/or tests are being done when conducting their inspections.

Written records shall be kept and maintained readily available, on site at all times for a period of 2 years after they are made.

Definitions for Key Words are as follows;

**Check** Means visual observation to ensure that the device or system is in place and is not obviously damaged or obstructed.

**Inspect** Means physical examination to determine that the device or system will apparently perform in accordance with its intended function.

**Test** Means operation of a device or system to ensure that it will perform in accordance with its intended function.

## Maintenance Requirements for Means of Egress and Fire Department Access

OFC	Action	What	Frequency	By Who
B.2.4.1.2.	Check	Ensure that combustible waste materials do not accumulate in quantities or location, which will constitute a fire hazard, or in any part of a stairway, fire escape, or other means of egress	Daily	Maintenance
B.2.7.1.7.	Check	Door openings and the surrounding areas to ensure that they are kept clear of everything that would be likely to obstruct or interfere with the free operation of the door	Daily	Maintenance
B.2.5.1.3.	Check	Access to roadways and fire routes are kept clear and accessible so as to be immediately ready for use at all times by Fire Service vehicles	Daily	Maintenance
B.2.7.1.7.	Check	Maintenance of access to exits, including corridors used by the public and exits, including outside areas, are maintained free of obstructions	Daily	Maintenance
B.2.7.1.7.	Check	Maintenance of lighting provided for illumination in exits and access to exits, including corridors used by the public	Daily	Maintenance
B.2.7.1.7.	Check	Exterior walkways and stairways to ensure that they are kept in good repair and kept free of snow and ice accumulations	Daily	Maintenance
B.2.7.2.1.	Check	Devices on any required exit door be such that the door may be readily opened from the inside without the use of keys	Daily	Maintenance
B.2.7.3.1.	Check	Exit lights for blown bulbs and damage	Daily	Maintenance

This official document is to be kept readily available, on site, at all times for use by supervisory personnel and fire department officials in the event of an emergency.

OFC	Action	What	Frequency	By Who
B.2.2.3.1	Check	Closures in fire separations to ensure that they are operable at all times	Daily	Maintenance
B.2.2.3.3	Check	Closures in fire separations are not blocked or wedged open	Daily	Maintenance
B.2.2.3.5	Check	Doors in fire separations to ensure that they remain closed	Daily	Maintenance
B.2.6.1.3 (1)	Checked	Hoods, filters and ducts that are subject to accumulations of combustible deposits	Weekly	Maintenance
B.2.2.3.4	Inspect	All doors in fire separations to ensure proper operation to maintain the integrity of the fire separations	Monthly	Maintenance
B.7.2.3.1	Inspect	Closures in vent openings into smoke shafts from each floor area shall be inspected sequentially over a period not to exceed five years. Every closure in an opening to the outdoors at the top of a smoke shaft shall be inspected annually to ensure that it will open manually from outside the building, a signal from the smoke or heat actuated device in the smoke shaft, and when a closure in an opening between a floor area and the smoke shaft opens.	Annually	Contractor
B.2.2.3.7	Inspect	Fire dampers and fire-stop flaps	Annually	Contractor
B.2.6.1.4 (1)	Inspect	Chimneys, flues and flue pipes	Annually	Contractor

This official document is to be kept readily available, on site, at all times for use by supervisory personnel and fire department officials in the event of an emergency.

## Maintenance Requirements for Emergency Lighting

Emergency power systems shall be inspected, tested and maintained in conformance with CSA-C282, "Emergency Electrical Power Supply for Buildings".

OFC	Action	What	Frequency	By Who
B.2.7.3.3.	Inspect	Emergency lighting unit equipment to ensure that the terminal connections are clean, free of corrosion and lubricated, when necessary. Ensure that the terminal clamps are clean and tight as per the manufacturer's specifications, the electrolyte level and specific gravity are maintained as per the manufacturer's specifications, and that the battery surface is kept clean and dry.	Monthly	Maintenance
B.2.7.3.3.	Test	Emergency lighting unit to ensure that the emergency lights will function upon failure of the primary power supply	Monthly	Maintenance
B.2.7.3.3.	Test	Emergency lighting unit equipment to ensure that the unit will provide emergency lighting for a duration equal to the design criteria under simulated power failure conditions.	Annually	Contractor
B.2.7.3.3.	Test	Emergency lighting units charging conditions for voltage, current and the recovery period to ensure that the charging system is in accordance with the manufacturer's specifications	Annually	Contractor

This official document is to be kept readily available, on site, at all times for use by supervisory personnel and fire department officials in the event of an emergency.

## Maintenance Requirements for Emergency Power Systems

Emergency power systems shall be inspected, tested and maintained in conformance with CSA-C282, "Emergency Electrical Power Supply for Buildings". When an emergency power system or any part thereof is shut down, the supervisory staff shall be notified in accordance with Section 2.8.

6.7.1.2. Where an emergency power system is installed, instructions shall be provided, for switching on essential loads and for starting the generator when this is not done automatically. Written records shall be maintained as required in CSA-C282, "Emergency Electrical Power Supply for Buildings".

The amount of fuel stored and connected to the emergency power system shall be sufficient to operate the engine for at least 2 h.

6.7.1.5. (1) Liquid fuel storage tanks shall be drained and refilled with fresh fuel at intervals not greater than 12 months. (2) The requirements of Sentence (1) may be achieved by replenishment as the result of the normal test program required in Article 6.7.1.1.

OFC	Action	What	Frequency	By Who
B.6.7.1.1	Check	Check all components of the system and operate the generator set under at least 50% of rated load for 30 min.	Weekly	Maintenance
B.6.7.1.1	Check	Check and clean crankcase breathers, governors and linkages on emergency generators	Semi-Annually	Contractor
B.6.7.1.1	Inspect	Inspect and service generator	Annually	Contractor
B.6.7.1.1	Check	Check torque heads and valve adjustments for engines	Two Years	Contractor
B.6.7.1.1	Inspect	Inspect and service injector nozzles and check valve adjustments on diesel engines	Three Years	Contractor
B.6.7.1.1	Check	Check insulation of generator windings	Five Years	Contractor

## Maintenance Requirements for Portable Extinguishers

A permanent record containing the maintenance date, the examiner's name and a description of any maintenance work or hydrostatic testing carried out shall be prepared and maintained for each portable extinguisher.

Portable extinguishers shall be replaced and recharged after use in conformance with instructions given on the extinguisher nameplate.

Extinguisher shells, cartridges or cylinders that show leakage or permanent distortion in excess of specified limits or that rupture shall be removed from service. Ensure extinguisher is conspicuously located, is readily accessible in case of fire, and is set on hanger, shelf or bracket. Ensure extinguisher is installed so that the top of the extinguisher is not more than; 1.1 m (4 ft.) above the floor, where the gross weight of the extinguisher is greater than 18 kg. (40 lbs.), or 1.5 m (5 ft.) above the floor, where the gross weight of the extinguisher is 18 kg (40 lbs.) or less.

OFC	Action	What	Frequency	By Who
B.6.2.7.2	Inspect	All portable extinguishers as per NFPA 10	Monthly	Maintenance
B.6.2.7.1.	Inspect	All portable extinguishers as per NFPA 10	Annually	Contractor
B.6.2.7.1	Test	Conduct hydrostatic testing of Carbon Dioxide and Pressurized Water Extinguishers	5 Years	Contractor
B.6.2.7.1.	Inspect	Replace extinguishing agent in stored pressure extinguishers	6 Years	Contractor
B.6.2.7.1	Test	Conduct hydrostatic testing of stored pressure fire extinguishers	12 Years	Contractor

## Maintenance Requirements for Magnetic Locking Devices

All magnetic locking devices are to be inspected and tested as part of the monthly and annual fire alarm test and a manual reset done upon completion. The inspection and test is performed by maintenance.

## Maintenance Requirements for Fire Alarm Systems

The fire alarm system, with or without voice communication capability, shall be subject to the requirements of CAN/ULC S536-04, standard for the inspection and testing of fire alarm systems, Voice communication systems that are integrated with a fire alarm system shall be tested in conformance with CAN/ULC-S536, "Inspection and Testing of Fire Alarm Systems".

Building owners should be aware that the requirement for having their fire alarm tested and maintained in accordance with C.1.2.1.2 of the Fire Code. Building owners are responsible for confirming that fire alarm technicians working on their fire alarm systems have either successfully completed a fire alarm training program acceptable to the Fire Marshal or are supervised by a technician that has met these requirements.

OFC	Action	What	Frequency	By Who
B.6.3.2.1.	Check	Fire alarm system, AC power lamp, and trouble signal	Daily	Maintenance
B.6.3.2.3.	Check	The central alarm and control facility to ensure that no trouble is indicated in the system	Daily	Maintenance
B.6.3.2.1.	Test	One manual alarm-initiating device shall be operated on a rotation basis and shall initiate an alarm condition.	Monthly	Maintenance
B.6.3.2.1.	Test	The proper function of all alarm signal appliances shall be ensured.	Monthly	Maintenance
B.6.3.2.1.	Test	The annunciator panel shall be checked to ensure that the tested devices Annunciate correctly.	Monthly	Maintenance
B.6.3.2.1.	Test	The proper function of the audible and visual trouble signals shall be ensured.	Monthly	Maintenance
B.6.3.2.1.	Test	The fire alarm and standby power batteries shall be checked to ensure that: <ul style="list-style-type: none"> <li>) Terminals are clean and lubricated where necessary.</li> <li>) Terminal clamps are clean and correct where necessary.</li> <li>) Electrolyte level and specific gravity, where applicable, are as specified by the manufacturer.</li> </ul>	Monthly	Maintenance
B.6.3.2.1.	Test	Fire Alarm System	Annually	Contractor

This official document is to be kept readily available, on site, at all times for use by supervisory personnel and fire department officials in the event of an emergency.



## Maintenance Requirement for Standpipe and Hose Systems

Each hose connection in a standpipe system shall be provided with a legible signreading: "FIRE HOSE FOR USE BY TRAINED PERSONS ONLY".

Standpipe systems

that have been modified, extended or are being restored to service after a period ofdisuse exceeding one year shall be tested as follows;

6.4.3.2. Standpipe system piping shall be hydrostatically tested at a pressure of notless than 1400 kPa (gauge) for 2 h, or at 350 kPa (gauge) in excess of the normal

hydrostatic pressure when the normal hydrostatic pressure is in excess of 1050 kPa (gauge).

6.4.3.3. Piping between the fire department connection and the check valve in theinlet pipe to the standpipe shall be tested in the same manner as the remainder ofthe system.

6.4.3.4. (1) Underground mains and connections shall be tested for 2 h at a hydrostatic pressure of 350 kPa (gauge) in excess of the maximum hydrostaticpressure in service, but not less than 1400 kPa (gauge). (2) Leakage during thetest shall not exceed 2 L/h per 100 Joints for pipe laid with rubber gasket Joints, and 30 mL/h per 25 mm of pipe diameter per Joint for pipe laid with caulked lead orlead substitute Joints.

6.4.3.5. Flow and pressure tests shall be conducted at the highest and most remotehose valve or hose connection to ensure that the water supply for standpipes isprovided as originally designed.

OFC	Action	What	Frequency	By Who
B.6.4.2.1.	Inspect	Hose stations to ensure that the hose isin proper position and that all of theequipment is in place and in operablecondition	Monthly	Maintenance
B.6.4.2.4.	Inspect	Hose valves to ensure that they aretight so that there is no water leakageinto the hose.	Annually	Contractor
B.6.4.2.5.	Inspect	Standpipe hose replaced on the rackannually and after use, and any wornhose or gaskets in the couplings at thehose valves and at the nozzle replaced.When hose is replaced on the rack, itshall be done so that any folds will notoccur	Annually	Contractor
B.6.4.3.6.	Test	Standpipe system piping which normallyremains dry in conformance with Article6.4.3.2.	5 Years	Contractor

This official document is to be kept readily available, on site, at all times for use by supervisory personnel and fire department officials in the event of an emergency.

## Maintenance Requirements for Private Fire Hydrants

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OFC	Action	What	Frequency	By Who
B.6.6.4.2.	Check	Hydrants shall be maintained free of snow and ice	Daily	Maintenance
B.6.6.4.3.	Check	Hydrants shall be readily available and unobstructed for use at all times	Daily	Maintenance
B.6.6.5.1.	Inspect	Hydrants annually and after each use	Annually	Contractor
B.6.6.5.2.	Inspect	Except when in use or being inspected, hydrants shall be equipped with port caps that are secured wrench-tight. The port caps shall be removed and the connections inspected for wear, rust or obstructions that in any way hamper easy removal and corrective action shall be taken as needed. If the caps are missing, the hydrant shall be examined for obstructions or accumulated refuse and flushed, and the port caps shall be re-installed.	Annually	Contractor
B.6.6.5.3.	Inspect	Hydrant barrel to ensure that no water has accumulated within the barrel when the main valve is in the closed position	Annually	Contractor
B.6.6.5.4.	Inspect	Drain valve when the hydrant barrel is found to contain water	Annually	Contractor
B.6.6.5.6.	Inspect	Hydrant water flow in accordance with article 6.6.5.7.	Annually	Contractor
B.6.6.5.7.	Check	Hydrant water flow by fully opening the main valve of the hydrant and operating with one port open	Annually	Contractor

This official document is to be kept readily available, on site, at all times for use by supervisory personnel and fire department officials in the event of an emergency.

## Maintenance Requirements for Fixed Extinguishing Systems

Commercial cooking equipment, exhaust and fire protection systems shall be maintained in conformance with NFPA 96, "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations".

Commercial cooking equipment shall be provided with exhaust and fire protection systems in conformance with NFPA 96, "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations".

OFC	Action	What	Frequency	By Who
B.2.6.1.4.	Check	Hoods, filters, and ducts that are subject to accumulations of combustible deposits and clean when the deposits create a fire hazard	Weekly	Kitchen Staff
B.2.6.1.1 3	Inspect	Fire protection systems for commercial cooking equipment	6 Months	Contractor
B.2.6.1.4. (1)	Inspect	Chimneys, flues and flue pipes	Annually	Contractor
B.2.6.1.8.	Tested	disconnect switches for mechanical air-conditioning and ventilating systems shall be operated at intervals not greater than 12 months to establish that the system can be shutdown in an emergency	Annually	Contractor
NFPA 17A	Test	Hydrostatically test cylinders for fixed extinguishing systems	12 Years	Contractor

This official document is to be kept readily available, on site, at all times for use by supervisory personnel and fire department officials in the event of an emergency.

## Facility Critical Systems Information



## Facility Critical Systems Orientation Manual

### ***Purpose:***

The purpose of this manual is to insure all Managers and Registered staff are able to effectively deal with building emergencies until the problem can be fixed. This will enable all staff to limit building damage and continue services to our residents. **Before calling emergency numbers listed in this manual. Unless not practical, please contact Maintenance and the Administrator first.**

### ***Contacts:***

Administrator: Peter Zober 705-888-3363

DOC: Wendy Curran 705-423-9364 (hm)  
705-818-2061 (cell)

Maintenance: Jamie Hyndman 705-444-8824 (hm)  
705-443-0346 (cell)

#### Contractors:

Water Problems	1) Bloomfield Plumbing	705-445-7082 or	705-444-3068 cell
	2) Anytime Plumbing (Clayton)	705-606-7082	
	3) Baymount Plumbing (Richard)	705-443-8805	

Gas Company	Emergency # 1-866-763-5427, Enbridge Gas
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Electrical Problems	1) Proline Electric (Johan Olynyk)	705-441-4193
	2) Universal Integrated Solutions (Christoff)	705-445-1364
	3) Clarksburg Contractors	519-599-2123

Roofing Emergencies	DJ Peat Roofing	705-444-6335
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Backup Generator	Sommers Generators	519-655-2396
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Snow Ploughing	Contact Maintenance
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Police	911 or non emergency 705-445-4321
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Fire Department	911 or non emergency 705-445-3920
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## ***GUIDELINES FOR ALL FACILITY EQUIPMENT SITUATIONS***

- 1) Isolate the problem.
- 2) Address the problem.
- 3) Inform the proper personnel so the issue can be resolved.

## **GAS:**

### Gas Shut off Valve for the Kitchen Stoves

This is located to the right of the stove. It is marked as *Main Kitchen Gas Valve*

### Gas Shut off Valve for the Penthouse

This is located on the wall outside the boiler room door to the penthouse. It is part of the yellow piping that runs along the roof. It is marked *Main Penthouse Valve*

### Gas Shut off Valve for Entire Building

This is located outside at the west end of the building and is marked with a red tag stating *Main Building Valve*.

Note: A wrench will be needed to operate the valves.

In all cases, if the gas has to be shut off for an emergency the following services should be notified:

- 1) Fire Department 911
- 2) Gas Company 1-866-763-5427
- 3) Police 911

## ***ELECTRICITY:***

### **Back Up Generator**

This is located outside at the west end of the building.

This provides electricity to some of our systems in the event of a power failure. Not all of the services run by electricity are connected to the backup generator.

It is automatic and will start up approximately 30 seconds after the electricity fails and will shut down after the power to the building is restored.

The emergency lights are connected to the backup generator. They come on when the power fails. If the emergency lights do not go out then we know that there is a problem with the backup generator and the service technician will have to be called. The emergency generator is regularly inspected and maintained. Call the Homes Maintenance support

### Isolated power Failure (Plugs and switches)

On occasion you will find that certain electrical items will not work. This may be due to a faulty connection or broken equipment. Report all such situations to the maintenance staff or administration no matter how insignificant they may seem. This is to prevent possible injury or electrocution.

### **Main Hydro Panels**

These are located in the electrical/ fire pump room off the service wing near the service wing entrance.



## ***WATER:***

### **Location of Water Shut off Valves**

There are many water shut off valves throughout the building. In the event of a leak, and depending upon where the leak is, some or all of these valves may have to be turned off.

Toilets - valve is located behind the toilet and goes into the wall.

Taps for the Sinks - valves are located under the sink. There is one for hot and one for cold water.

Rooms - **valves are located in the ceiling outside each room and shut off the water supply to individual rooms.**

There is a “ Tab/Button in the ceiling tile outside the rooms to indicate the position of hot and cold water valves for that particular room.

To access these valves you must lift the ceiling tile and push it aside, exposing the valves.

### **NOT TO BE DONE WITHOUT OWNERS EXPLICIT CONSENT**

Penthouse - hot and cold water valves for the penthouse are located in the ceiling to the west of the nursing station toward the dining room entrance.

It is marked “*cold water isolation valves*” on the rail supporting the ceiling tiles.

To access these valves you must lift the ceiling tile and push it aside, exposing the valves.

Main Water Valve - located in the electrical room off of the service wing. (Use as a last resort)

NOTE: Do not shut off the main valve unless you have run out of options by using all the other shut off modes. Shutting this valve presents many problems when restarting the system.

### **Floor Drains**

In the event of a massive flood there are drains located in the halls that appear as squares in the floor tiles. To access these it is necessary to remove the lids in the floor to get to pipes inside.

Note: 1) These are to be used as a last resort and should be left to either a plumber or the maintenance staff.

2) In a worst case scenario simply open the doors at the end of the halls and let the water run out.

High Water Alarm (Penthouse)

This alarm will sound to indicate a flood of water in the penthouse due to a broken pipe or damaged boiler. (There are floor drains in the penthouse to accommodate drainage should this happen.)

Note: If this alarm sounds call the administrator or maintenance asap to assess the situation. (It will be necessary to shut off the water to the penthouse using the “cold water isolation valves” located in the ceiling to the west of the nursing station towards the dining room entrance.)

## ***FIRE OR SMOKE DETECTION:***

### **Fire Alarm System**

This is the device that automatically informs us of smoke or fire in the resident rooms or other places throughout the building. It also provides us with the opportunity to initiate a fire or smoke notice manually through the use of the pull stations.

Read and understand the Homes Approved “Fire Safety Plan”.

### **Fire Pump**

This provides water to the hose cabinets located on each wing of the facility.

### **Trouble Signals**

The Fire Alarm System has other functions beyond the detection of fire. It monitors the condition of the equipment used to detect Fire and Smoke. The FA System also monitors the status of the Water Pressure and the condition of the Water Pump used in connection with our hose cabinets.

If there is a problem with any of the equipment used by the Fire Alarm System, the system will notify us in the form of a “trouble signal” located on the Fire Alarm Panel. It will automatically send a report to the Monitoring Station who will also inform us of the condition.

*This is not an emergency.*

We then note where the “trouble” is and report this information to the Fire Alarm Technicians at Huronia Alarms (705-435-3977) and they make the repairs.

To silence the trouble signal press the “silence trouble signal” on the Fire Alarm Panel. It will not stop the flashing light, it will only silence the alarm at the panel. The technicians have to reset the panel when the cause of the trouble is repaired.

## ***HEATING AND AIR CONDITIONING***

### **Heaters**

We have three types of heaters that service our building.

#### 1) Air Make Up Units

The homes main source of heat is the Air Make Up Unit. There are two of them, one being located on the roof inside the penthouse and the other on the roof above the kitchen. They are gas fired furnaces with a fan that sends the heated air throughout the building.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

The on/off switch for the penthouse unit is located in the Treatment Room and can be set for either summer or winter. Like your house furnace there is a thermostat that regulates the temperature. It is pre-set and is located inside the air make up unit.

The gas valve for the penthouse air make up unit is located outside the boiler room on the wall of the penthouse. It is also the main gas valve for the boilers.

The controls for the kitchen unit (Reznor Heater) are in the kitchen.

The gas valve for the Reznor Heater above the kitchen is found to the west of the unit and is a ball valve not requiring a wrench.

### 2) Incremental Heater/ Air Conditioning Units

These are electrical and are found in the dining room, the living room, the activity room, the staff room, the function room, the quiet room and the main offices.

The breakers for these units are located in the Administration Storage room and can only be accessed by the master key which is carried by the Administrator.

Ask the maintenance staff about the proper operation of these units.

Inform the maintenance staff of any issues regarding these units.

***For emergency repairs call Neelands at 705-444-0048 or 705-720-0677.***

### 3) Baseboard Heaters

These are electrical and are located throughout the building.

The breakers for the resident rooms are located in electrical panels in the blue wing housekeeping storage and peach wing housekeeping utility rooms.

Inform the maintenance staff of any issues regarding these units.

**For emergency repairs call one of the listed electricians.**

### Telephones and TV:

The main telephone panel is located in the Electrical / Fire Pump Room off the service wing near the service wing entrance.

## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

There are secondary telephone panels located on both blue and peach wings which service those particular wings. Peach Wing - Housekeeping Utility Room; Blue Wing - Soiled Utility Room

The main TV hubs are in the same rooms on Peach and Blue Wings.

Speak to someone in the administration office or maintenance for service.

#### **Security Systems:**

These include all door alarms, switching devices, keypads, call bells and all magnetic door locks.

**Call John at MacTech Security for service. 705-445-0405**

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *FUEL BURNING APPLIANCES*

The following areas contain fuel burning appliances in the building:

- Roof top penthouse hot water tanks (natural gas fired)
- Roof top penthouse HVAC unit (natural gas fired)
- Outside generator (natural gas fired emergency generator)
- Main floor kitchen (natural gas fired stoves)

### *TELEPHONE VOICE PAGING SYSTEM (NOT PART OF FIRE ALARM SYSTEM)*

A public address system has been installed throughout the building. The system allows the building management to broadcast important information or special instructions in the event of emergency. Handsets for communication via the telephone system by emergency personnel are also available (EnGenious cordless phone system).

### *EMERGENCY POWER (GENERATOR)*

The building is equipped with a standby natural gas generator located outside. The generator services the following areas:

- Designated lighting in the corridors, common areas and resident rooms
- Exit signs
- Fire alarm systems
- Emergency electrical plugs (painted red) located in the dining room, kitchen, blue and peach wing end of hallway, nurse office-blue wing, central area NW wall, electrical room.
- External magnetic door locks
- Fridge/freezer in kitchen
- Phone system

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 3.0

#### *ALTERNATE FIRE MONITORING*

##### **ALTERNATE MEASURES FOR MONITORING BUILDING (CODE PINK)**

**IF FIRE ALARM SYSTEM BECOMES INOPERABLE** for any reason, the following "Alternate Fire Plan" will be put into effect.

1. The Receptionist or Supervisor will announce "Code Pink, Code Pink, Code Pink. Please patrol your area." over the public address system every 30 minutes. A RECORD SHOULD BE KEPT OF THESE ANNOUNCEMENTS.
2. Notify residents and staff that you are in a "Code Pink" situation by announcing instructions for alternate provisions or actions to be taken in case of an emergency.
3. The Supervisor must notify the Fire Alarm Monitoring Service to notify them that the alarm is inoperable.
4. The senior person on duty in each department will ensure that all areas in his/her department are patrolled every 30 minutes, so that if a fire starts, it will be quickly detected. Keep records of your fire rounds.
5. The Administrator (or senior charge person in her absence) shall ensure that all areas of the premises are patrolled every 30 minutes until the alarm system is operable.

If any areas protected by a sprinkler system are non-operational, (sprinklers only) call the Fire Department **705-445-3920** to inform them that the sprinkler in that area is non-operational.

**IF FIRE IS DETECTED** (while the fire system is not functioning)

1. The person finding the fire must follow "General Fire Procedures" see "If you Discover a Fire".
2. Senior staff on the scene **MUST** page location so there is immediate assistance. **REMEMBER THERE ARE NO BELLS.**
3. The most senior person on duty in the area where the fire is detected must call the Fire Department at 911 (or direct someone else to make the call).
4. When the "All Clear" is sounded, the following announcement is to be made: "We are now announcing the ALL CLEAR, Code Pink is still in effect."

## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

#### *WHEN THE FIRE SYSTEM RETURNS TO NORMAL*

1. Receptionist or Supervisor announces, "Code Pink is no longer in effect". (Announce three (3) times.)
2. Notify Ministry of Health by completing a critical incident S.107 (3) 2 that system was malfunctioning.
3. Notify the Fire Monitoring that the system has been restored.
4. If it was the sprinkler system affected; notify the Fire Department when it has been restored.
5. Forward Code Pink logs to the Administrator to be kept on file.



COLLINGWOOD NURSING HOME LIMITED

# EMERGENCY PREPAREDNESS PLAN

## Code Pink

*Record of Announcements – “CODE PINK, CODE PINK, CODE PINK, PLEASE PATROL YOUR AREA”*

**Date:** \_\_\_\_\_

**Code Pink commenced at:**\_\_\_\_\_

Reason for code pink:\_\_\_\_\_

**Code Pink cancelled at:**\_\_\_\_\_

[illegible]

COLLINGWOOD NURSING HOME LIMITED

# EMERGENCY PREPAREDNESS PLAN

## Code Pink

### Record of Floor Review

**Date:** \_\_\_\_\_

**Location of Building:**\_\_\_\_\_

[illegible]

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 4.0

#### SMOKING POLICIES

This policy is intended support smoking standards provided in the *Tobacco Control Act, 1994, and the Smoke Free Ontario Act May 31, 2006.*

The policy lists and expands upon basic procedures required for safe smoking practices within the long-term care facilities and the responsibilities of the owner/operator, staff, residents and visitors in carrying out these practices.

#### 1.0 SCOPE

This policy guideline has been prepared to comply with the recommendations of the Office of the Ontario Fire Marshal, the Ontario Ministry of Health and Long Term Care, and the Ontario Municipal Fire Prevention Officers Association.

The facility smoking policy will be incorporated into the facility Fire Safety Plan and requires approval by the Chief Fire Official (municipal Fire Chief or designate) under Subsection 2.8.1. of the Ontario Fire Code, and failure to implement them could result in prosecution. Subsequent changes to the procedures would also require approval by the Chief Fire Official.

#### 2.0 BACKGROUND

Smoking and the careless use of smoking materials is the cause of many fires in all types of occupancies. The consequence of fire in long-term care facilities is even more significant because most residents require direct assistance to evacuate the building. This is evidenced by statistics that show that most fire deaths in long-term care facilities over the last 20 years resulted from residents using smoking materials. We have included smoking procedures in their Fire Safety Plan as a means of limiting fire from this potential source.

Identifying smoking as a potential fire hazard in the Fire Safety Plan is consistent with Subsection 2.4.3. of the Ontario Fire Code which states that “where conditions are such as to make smoking a fire or explosion hazard, smoking shall be permitted only in specifically **approved** smoking areas”. An “**approved** smoking area” is one acceptable to the Chief Fire Official.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### 3.0 CONTROL OF FIRE HAZARDS RELATING TO SMOKING

There are a number of best practices that are followed by the facility and its staff to ensure that fire safety is addressed while taking into consideration the needs of the residents. These best practices are as follows:

- ◆ Staff smoking is restricted to the designated outdoor area (consistent with O. Reg. 613/94, "*Tobacco Control Act*" and/or Bill 119, "An Act to prevent the Provision of Tobacco to Young Persons and to Regulate its Sale and Use by Others").
- ◆ The home has a no Resident smoking policy. The home does not support indoor or outdoor resident smoking.
- ◆ The facility smoking policy is posted in the facility in a readily observable location.

The implementation of our smoking policy is an effective means of reducing fires caused by smoking materials. Successful and effective implementation of this policy however, is only feasible if resident smokers are provided with designated smoking areas and sufficient smoking periods to satisfy their smoking needs. The provision of designated outdoor smoking areas enables staff to control the risk to all residents.

The control of smoking materials by staff is another effective measure in the prevention of accidental fires from occurring due to unauthorized smoking. This control is most effective when residents are confident that they can obtain tobacco products and a "light" from the staff during designated smoking periods. Frequency of smoking periods should be based on realistic needs of the residents.

A copy of the smoking policy is provided to residents at the time of their admission to the facility, as well as their families. Safe smoking practices should also be explained to visitors upon entering the building and/or the smoking policy is posted in a location readily viewable upon entering the building. Further smoking policy reminders should be posted in strategic locations in the building, i.e. at entrances to bedroom wings and in visitation areas. Copies of the policy should be provided to visitors requesting it.

"No Smoking" signs are posted throughout the facility. Use of symbol-type signs will help ensure that visitors and residents understand the smoking policy.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### 4.0 DESIGNATED SMOKING AREAS

Smoking is permitted in backyard area for staff only.

Designated smoking areas should include the following features and best practices to ensure fire safety.

#### **Exterior Smoking Areas Located on the Property**

- ◆ The Designated Smoking area is identifying with posted signs.
- ◆ The Designated Smoking area is located in an area free of significant combustibles.

### 5.0 POLICY ENFORCEMENT

The smoking policy applies to all residents, staff and visitors. Although smoking by visitors is seldom a source of fire ignition in long-term care facilities, their actions can result in unsafe smoking practices by residents.

In order to have an effective smoking policy, procedures are required to outline the actions to be taken by facility management and staff to address breeches of the smoking policy.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### ENFORCEMENT OF SMOKING POLICY

#### ***POLICY***

All contraventions of the smoking policies will be handled in the following manner.

#### ***PROCEDURE***

##### Resident

1. Immediate extinguishments of smoking material.
2. Explanation of policies and verbal warning.
3. Removal smoking materials i.e. cigarettes, matches, etc.
4. A letter to be issued to the next-of-kin notifying them of the incident
5. Completion of an incident report.
6. Documentation in the resident care plan regarding unsafe smoking habits and interventions put in place by staff to address the issue.
7. If resident does not comply and the incident recurs, management will be forced to take further action and notify the Ministry of Health.

##### Staff

1. Immediate extinguishments of smoking material.
2. Explanation of policies and verbal warning.
3. Removal smoking materials i.e. cigarettes, matches, etc.
4. Report the contravention to the supervisor of the shift.
5. Document on the employee's file the nature of the contravention.
6. If the incident recurs management will take further disciplinary action.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### Visitors

1. Ask the visitor to comply with the policy, and to cease smoking.
2. If he/she refuses to comply, ask the visitor to leave the premises.
3. Report all incidents to the Administrator.

### **6.0 STAFF TRAINING**

Staff receives a copy of the facility's smoking policy during the orientation period to the facility. In addition the smoking policy is reviewed with staff annually during the annual Fire Inservice Session; in addition the policy is posted in staff areas for easy reference. Staff should be informed of their responsibility to strictly follow the smoking policy and procedures. A process should be established to review the policy with staff that does not follow the established procedures and to retain documentation of such incidents.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### RESIDENTS' RECORDS

1. AFTER the residents have been evacuated from the affected wings, the Charge Nurse will assign staff to remove MAR books, Residents' Medical Charts from the floor.
2. Charge Nurse must ensure that all drug carts, drug cupboards, and medication rooms are locked before leaving the floor.
3. Note: AT NO TIME should staff remain in a hazardous environment after the residents have been evacuated. The records, although important, can be left behind if staff feel they cannot remove them without risking their own lives.

### *EQUIPMENT AND NECESSITIES TO BE CONSIDERED FOR EVACUATION*

1. Medications (Charts, etc.)
2. Resident Care Plans
3. Resident Medical Charts
4. Staff phone number lists.
5. Family contact number lists.
6. Adequate blankets and bedding.
7. Residents appliances as necessary (shavers, etc.)
8. Residents personal clothing and grooming aides.

### *DUTIES OF EVACUATION CO-ORDINATOR*

Assuming an evacuation is in progress, the Evacuation Co-ordinator will attend to the following: (Delegate to other staff as required).

1. Announce over the overhead paging system:  
“**Code Brown**” repeat three times
2. Assign a staff member to call in all off duty staff. Follow call-in procedure for all staff, and call in additional personnel as required to assist with evacuation or to go to receiving centres to care for arriving residents (including physicians).



## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

3. Confirm that transportation arrangements made with community authorities have been initiated.
4. Assign residents to other facilities as per plan as required.
5. Notify receiving centres of emergency and the numbers of residents being referred.
6. Ensure that all residents are appropriately identified with armbands or nametags.
7. Ensure a list of all residents being evacuated is made prior to residents leaving the building and as they board vehicles (to ensure an accurate head count).
8. Ensure residents being evacuated are properly clothed or covered for the weather.
9. Assign personnel as appropriate to inform families of situation by phone.
10. Ensure sufficient medical documentation accompanies residents (if possible).
11. Ensure that all residents and staff are accounted for. (Fire Department to double-check all evacuated areas).
12. Assign personnel as appropriate to inform families of situation by phone.
13. Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive necessary medication, and sign responsibility sheet.
14. Make a list by department of the necessary equipment to be evacuated (e.g. drug carts, extra blankets, bed linen, personal clothing, nursing supplies from store room).
15. Restrict admissions to facility to authorized personnel only.
16. Refer members of the press to Administrator or MetCap Living representative.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

17. Notify Ministry of Health, and MetCap Living Head Office.

### ***BUILDING LEFT UNATTENDED – THE EVACUATION CO-ORDINATOR OR LOCAL OFFICIALS MUST:***

1. Make final check of empty building to ensure all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.
2. Ensure that all evacuated areas are sealed off, appropriately secured and barricaded as necessary to prevent vandalism.
3. Notify police that building is empty and unattended.
4. Post signs on door indicating new location, who to contact and telephone number.

### ***GENERAL PRINCIPLES***

DO NOT evacuate across the path of a fire or through dense smoke.

DO NOT panic. Move quickly but safely. Tell residents what you are doing and reassure them.

DO NOT Shout.

DO NOT allow a resident to return to an area, which has been evacuated.

DO keep exits and hallways clear of equipment to facilitate movement of traffic (e.g. clear empty wheelchairs away from head of stairs, move cleaning carts into a room, etc.)

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *COMMUNICATIONS*

#### 1. Relatives

The Evacuation Co-administrator/Administrator will be responsible for establishing a system whereby the relatives of residents are advised of the whereabouts of their family member as soon as possible.

#### 2. Media

Only the Administrator has the authority to communicate with members of the media. Staff must direct all enquiries to these persons.

The Administrator will designate one employee to answer calls from concerned relatives or friends. All other calls must be directed to the Administrator.

### *EVACUATION TRANSPORT PROCEDURE*

When an order to evacuate is given, the Ambulance Dispatch Centre would be notified.

Upon notification of evacuation order, Ambulance Dispatch Centre would act as follows:

1. Commit two ambulances to our home. One vehicle would then become disaster command supplying direct radio communications with surrounding local hospital and if necessary, Hospitals. The disaster command vehicle would inform ambulance dispatch of the numbers of residents to be transported and their status, i.e. wheelchair, stretcher, ambulatory.
2. In the event of a community disaster and the above transportation is not available, we would utilize the following modes of transportation.
  - a) personal cars
  - b) volunteer's cars and vans.
3. For those who cannot be moved by car, we would wait for ambulances to be clear.
4. The city will supply their transit buses within 15 minutes of request during the day and 30 minutes through the night.

<p>COLLINGWOOD NURSING HOME LIMITED</p> <p>EMERGENCY PREPAREDNESS PLAN</p>
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<p>COLLINGWOOD NURSING HOME LIMITED</p> <p>EMERGENCY PREPAREDNESS PLAN</p>
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### RECORD OF RESIDENTS TRANSFERRED

[illegible]

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *PUBLIC RELATIONS LIAISON AND COMMUNICATION*

Under no circumstances will staff release any information to the press without the direct approval of the Administrator.

The Administrator or Director of Care or Office Manager will keep a log of events.

A Public Information Centre will be established at a location as directed by the Administrator.

This information Centre will provide the following:

1. Factual information to officials involved in the emergency operations
2. News release to the news media.
3. Information on the location and state of health of the residents to the concerned individuals.
4. Information to the news media and concerned individuals must have prior approval of the Administrator prior to release.

### **Localized**

Volunteers will be designated as a phone committee to notify resident's families of circumstances of the emergency and when possible, the radio stations will also be utilized.

All reports of casualties or injuries will be reported to administrative staff that in turn will notify next of kin.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *EMERGENCY SUPPLIES*

Kitchen	10 Lt milk 2 boxes of tea 4 milk jugs 2 cases of cookies 1 case of instant coffee 1 box of disposable teaspoons 1 box of disposable cups Individual sugar for Reg & Diabetic Diet List Supplement list Tube feeding items
Nursing	Band aids Tape (2 packs - one for holding area - immediately) Roller bandage for transport to receiving area Alcohol Scissors (one to stay in holding area) Gauze squares (one to be kept in Med room) Staff time sheets Sheets (1st floor) Care Plans Charts Medication carts or bins
Housekeeping	3 bed pans 3 urinals 3 emesis basins 3 hand basins 3 large pads 3 pencils 1 doctor's progress notes staff time sheets

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *EMERGENCY EQUIPMENT*

1. Equipment
  - a) Wheelchairs
  - c) Commodes
  - e) Blankets
2.
  - a) Keep equipment in designated areas
  - b) Work in pairs
  - c) Keep corridors and stairwells free of obstruction
  - d) Delegate staff to bring equipment to emergency area

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 5.0

#### EVACUATION PROCEDURE – CODE BROWN

##### PURPOSE

The purpose of evacuation is to remove residents from an unsafe area to a safe area.

##### OBJECTIVES

The objectives of the Evacuation Plan are:

1. To ensure the well-being of all residents and staff.
2. To provide continuous health care in the event of a major change in the physical plant or an interruption in a vital service.
3. To ensure the smooth transportation of residents, materials and records to a safe area within or out of the facility.
4. To minimize the effects of trauma and shock to the residents and staff.
5. To ensure a co-ordinated effort with all services inside and outside the facility.
6. To eliminate as much as possible the possibility of surprise and panic in an emergency.

##### *REASONS FOR EVACUATION*

1. An immediate life-threatening emergency within the facility.

##### *EVACUATION CO-ORDINATOR*

The Evacuation Co-ordinator has overall responsibility for the implementation and direction of the Evacuation process.



# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

The Administrator, Director of Care, any Supervisor, or Registered Nurse, may assume the role of Evacuation Co-ordinator.

### *CONTROL CENTRE*

The Control Centre for all emergencies will be at the NURSE STATION area.

### *ORDER OF EVACUATION*

1. Residents in IMMEDIATE DANGER
2. Residents who are AMBULATORY
3. Residents in a WHEELCHAIR
4. Residents who are BEDRIDDEN
5. Residents who are UNCOOPERATIVE

### *STAGES OF EVACUATION*

There are four types of emergency evacuation procedures that can be conducted within a health care facility.

1. Immediate Evacuation: This evacuation consists of the room in which the code red originated, the rooms on either side, and the room directly across.'
2. A Horizontal Extended Evacuation is a complete evacuation of all people in the Fire Area beyond designated fire Barrier Doors to a previously designated safe area on the same floor.
3. A Vertical Extended Evacuation is a complete evacuation of all people on the fire floor in a vertically downward direction. Descent should be made from the non-fire side

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

of the building (beyond the fire barriers), or out of the building via the end exit farthest from the fire. Code Green-Stat should take place at the discretion of the Fire Department in consultation with an administrative representative.

4. Total Evacuation of all persons in the home is necessary, the Evacuation Alarm will be sounded. The decision to totally evacuate all persons in the home will be made by the Fire Department in consultation with the administration representative in the Fire Control Room.

NOTE: The alert stage of the two-stage alarm system is operational when evacuation stages 1,2,3, are being conducted.

### *Horizontal Evacuation - Stage 1*

Residents in immediate danger are evacuated away from a fire.

#### **Action**

1. Remove residents or staff from immediate area.
2. Close room doors.
3. Ensure that door marker is engaged or a pillow.

### *Horizontal Evacuation - Stage 2*

When a threat to residents' safety persists (fire, smoke or other), the residents are evacuated to a safe area on the same floor beyond a fire separation door.

#### **Action**

1. The evacuation should be started by the Evacuation Co-ordinator.
2. Remove residents in the fire area to a safe zone on the same floor beyond the fire separation door.

## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

3. Search each room for residents in the affected fire zone, including bathrooms, closets, under beds, shower rooms, and public washrooms.
4. Close all doors as you proceed.
5. Ensure that door marker is engaged or a pillow.
6. Do not allow any resident to return to an evacuated area.

**Note:** If floors immediately above or below the fire area are threatened horizontal evacuation of these floors should be initiated as well.

#### *VERTICAL EVACUATION*

If an emergency persists and threatens the safety of residents on the second floor, the Evacuation Co-ordinator will order a vertical evacuation of that floor.

#### **Action**

1. Staff will assist ambulatory residents down available stairwells. Be certain that confused residents are supervised on first floor.
2. . Be certain all residents are moved to Main Lobby for supervision (or other designated area as required).
4. Make final check of floor if possible.
5. Remove records if possible.

#### **TOTAL EVACUATION**

If, because of fire or other disaster, all residents on all wings are affected, total evacuation will be necessary. The authority to initiate total evacuation will be the Evacuation Co-ordinator or Senior Fire Official on the scene.

#### **Action**

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

1. Residents will be moved to the Dining Room, Living room/Activity Room area if designated by Evacuation Co-ordinator.
  2. Keep to the right of hallways when moving residents.
  3. DO NOT allow any resident to return to an evacuated area.
1. If fire or other hazardous situation prevents residents from reaching designated area inside the building, leave building through nearest exit and move to east side of parking lot. See Parking Lot Diagram at end of this section.
5. Evacuation Co-ordinator will assign two staff members to identify, list and count each resident leaving the facility. Residents will be assembled in the lobby, parking lot or will be placed directly into waiting vehicles for transport to either:
    - a) Acute Care Hospitals for acute medical treatment if required
    - b) If it becomes necessary to arrange accommodation for an extended period; accommodations can be made as per the current Emergency Shelter Agreements with other Long Term Care facilities. **see reciprocal agreements in "Fire Box"**
  6. Each group of residents transported to another location will be accompanied by a staff member designated by the Evacuation Co-ordinator.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *DIRECT CARE STAFF - RESPONSIBILITIES (RN, RPN, HCA, AND PSW)*

1. Ensures that residents in their area are appropriately dressed and covered. Obtain extra blankets, jackets, etc. from linen storage room.
2. Ensures that residents are safely removed from the facility.
3. Ensures that residents are properly identified (Arm band, name tag).
4. Ensures that any person transporting resident to receiving facility is apprised of his/her medical situation.
5. Ensures destination of residents is recorded so that records etc. can be transported later.
6. Accompanies residents to receiving facility, if requested.
7. Ensures that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive necessary medications and are requested to leave a forwarding address.

### *RESIDENTS' RECORDS*

1. AFTER the residents have been evacuated from the affected wings, the Charge Nurse will assign staff to remove MAR books, Residents' Medical Charts from the floor.
2. Charge Nurse must ensure that all drug carts, drug cupboards, and medication rooms are locked before leaving the floor.
3. Note: AT NO TIME should staff remain in a hazardous environment after the residents have been evacuated. The records, although important, can be left behind if staff feel they cannot remove them without risking their own lives.

### *EQUIPMENT AND NECESSITIES TO BE CONSIDERED FOR EVACUATION*

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

1. Medications (Charts, etc.)
2. Resident Care Plans
3. Resident Medical Charts
4. Staff phone number lists.
5. Family contact number lists.
6. Adequate blankets and bedding.
7. Residents appliances as necessary (shavers, etc.)
8. Residents personal clothing and grooming aides.

### *DUTIES OF EVACUATION CO-ORDINATOR*

Assuming an evacuation is in progress, the Evacuation Co-ordinator will attend to the following: (Delegate to other staff as required).

3. Announce over the overhead paging system:  
“**Code Brown**” repeat three times
4. Assign a staff member to call in all off duty staff. Follow call-in procedure for all staff, and call in additional personnel as required to assist with evacuation or to go to receiving centres to care for arriving residents (including physicians).
3. Confirm that transportation arrangements made with community authorities have been initiated.
4. Assign residents to other facilities as per plan as required.
5. Notify receiving centres of emergency and the numbers of residents being referred.
6. Ensure that all residents are appropriately identified with armbands or nametags.
7. Ensure a list of all residents being evacuated is made prior to residents leaving the building and as they board vehicles (to ensure an accurate head count).
8. Ensure residents being evacuated are properly clothed or covered for the weather.

## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

9. Assign personnel as appropriate to inform families of situation by phone.
10. Ensure sufficient medical documentation accompanies residents (if possible).
11. Ensure that all residents and staff are accounted for. (Fire Department to double-check all evacuated areas).
12. Assign personnel as appropriate to inform families of situation by phone.
13. Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive necessary medication, and sign responsibility sheet.
14. Make a list by department of the necessary equipment to be evacuated (e.g. drug carts, extra blankets, bed linen, personal clothing, nursing supplies from store room).
15. Restrict admissions to facility to authorized personnel only.
16. Refer members of the press to Administrator or MetCap Living representative.
17. Notify Ministry of Health, and MetCap Living Head Office.

#### ***BUILDING LEFT UNATTENDED – THE EVACUATION CO-ORDINATOR OR LOCAL OFFICIALS MUST:***

1. Make final check of empty building to ensure all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.
2. Ensure that all evacuated areas are sealed off, appropriately secured and barricaded as necessary to prevent vandalism.
3. Notify police that building is empty and unattended.
4. Post signs on door indicating new location, who to contact and telephone number.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *GENERAL PRINCIPLES*

DO NOT evacuate across the path of a fire or through dense smoke.

DO NOT panic. Move quickly but safely. Tell residents what you are doing and reassure them.

DO NOT Shout.

DO NOT allow a resident to return to an area, which has been evacuated.

DO keep exits and hallways clear of equipment to facilitate movement of traffic (e.g. clear empty wheelchairs away from head of stairs, move cleaning carts into a room, etc.)

### *COMMUNICATIONS*

#### 1. Relatives

The Evacuation Co-administrator/Administrator will be responsible for establishing a system whereby the relatives of residents are advised of the whereabouts of their family member as soon as possible.

#### 2. Media

Only the Administrator has the authority to communicate with members of the media. Staff must direct all enquiries to these persons.

The Administrator will designate one employee to answer calls from concerned relatives or friends. All other calls must be directed to the Administrator.



# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *EVACUATION TRANSPORT PROCEDURE*

When an order to evacuate is given, the Ambulance Dispatch Centre would be notified.

Upon notification of evacuation order, Ambulance Dispatch Centre would act as follows:

1. Commit two ambulances to our home. One vehicle would then become disaster command supplying direct radio communications with surrounding local hospital and if necessary, Hospitals. The disaster command vehicle would inform ambulance dispatch of the numbers of residents to be transported and their status, i.e. wheelchair, stretcher, ambulatory.
2. In the event of a community disaster and the above transportation is not available, we would utilize the following modes of transportation.
  - a) personal cars
  - b) volunteer's cars and vans.
3. For those who cannot be moved by car, we would wait for ambulances to be clear.
4. The city will supply their transit buses within 15 minutes of request during the day and 30 minutes through the night.

<p>COLLINGWOOD NURSING HOME LIMITED</p> <p>EMERGENCY PREPAREDNESS PLAN</p>
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<p>COLLINGWOOD NURSING HOME LIMITED</p> <p>EMERGENCY PREPAREDNESS PLAN</p>
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*RECORD OF RESIDENTS TRANSFERRED – Collingwood Nursing Home*

[illegible]

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *PUBLIC RELATIONS LIAISON AND COMMUNICATION*

Under no circumstances will staff release any information to the press without the direct approval of the Administrator.

The Administrator or Director of Care or Office Manager will keep a log of events.

A Public Information Centre will be established at a location as directed by the Administrator.

This information Centre will provide the following:

1. Factual information to officials involved in the emergency operations
2. News release to the news media.
3. Information on the location and state of health of the residents to the concerned individuals.
4. Information to the news media and concerned individuals must have prior approval of the Administrator prior to release.

### **Localized**

Volunteers will be designated as a phone committee to notify resident's families of circumstances of the emergency and when possible, the radio stations will also be utilized.

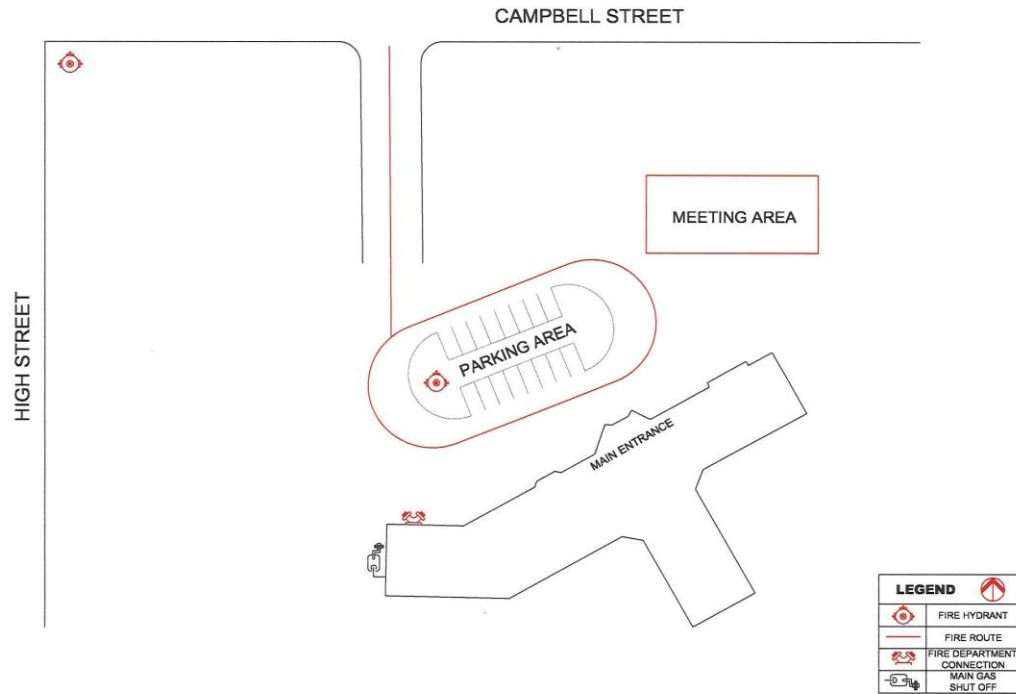
All reports of casualties or injuries will be reported to administrative staff that in turn will notify next of kin.

### *EMERGENCY SUPPLIES*

Kitchen	The home has a 5 day supply of food in an emergency. Tube feeding items is a month
Nursing	The home has a minimum of one week medical supplies.
Housekeeping	The home a month supply of cleaning products and equipment

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN



WWW.SAFETYFIRSTINT.COM  
1-866-745-4999  
JINESON@SAFETYFIRSTINT.COM

REGARD FOR

COLLINGWOOD NURSING HOME  
250 CAMPBELL STREET, COLLINGWOOD, ONTARIO

PROJECT B0212

DATE MARCH 2012

DESIGNER JULIE INESON

TYPE SITE PLAN

DRAWN BY JULIE INESON

SCALE NTS

PAGE 54

FIRE SAFETY PLAN



**OUTSIDE EVACUATION GATHERING AREA**

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 6.0

#### ***STAFF EDUCATION & PRECAUTIONS***

#### ***TRAINING AND EDUCATION***

This Home ensures that the following measures are incorporated in the Fire Safety Plan:

- Establishment of emergency procedures to be followed at the time of an emergency
- Appointment and organization of designated supervisory staff to carry out fire safety duties
- Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety
- Holding of fire drills
- Control of fire hazards in the building
- Maintenance of building facilities provided for safety of the occupants
- Provisions of alternate measures for safety of occupants during shut down of fire protection equipment
- Assuring the checks, inspections, and tests, as required by the fire code, are completed on schedule and that records are retained
- Notification of the chief fire official regarding changes in the fire safety plan
- Be in complete charge of the approved fire safety plan and the specific responsibilities of the personnel
- Designate and train sufficient assistants to act in this position
- Educate and train all building personnel and occupants in the use of the existing fire safety equipment, and in the actions to be taken under the approved fire safety plan

## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

- Survey the building to determine the number of exits available from each floor or area
- Prepare and post on each floor or area, a schematic and emergency procedure for use by the occupants of each exit, primary and secondary, in the case of an evacuation
- Ensure that the schematic diagrams show type, location and operation of all building fire emergency systems, e.g. location of fire alarm control panel, fire hose cabinets, water control valves, is maintained.

#### **TRAINING OF SUPERVISORY STAFF**

1. The Administrator is responsible for instructions to the Management Staff on all aspects of the Fire Safety and Evacuation Plans.
2. The initial instruction of the Shift Supervisors will be the responsibility of the Director of Care.
3. Subsequent instructions and assurance of knowledge and skill of the Supervisor will be the responsibility of the Director of Care.
4. The Department Manager is responsible for training all new employees within five working days of starting employment. All new staff must read and understand the Emergency Manual.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### STAFF EDUCATION

1. To maintain a high level of employee awareness, the Home's will conduct periodic in-service sessions on Fire Safety and Emergency procedures.
2. To assure knowledge and skill in fire safety procedures, department Managers are responsible for reviewing the manual with existing employees at least yearly.
3. All staff members are to read and be familiar with pertinent sections of the manual.
4. All employees are to be taught the various resident carries for evacuation purposes. These are to be practised routinely annually in drills held by the Home's Fire Marshall.
5. In the event of a fire, judgement may be necessary in deciding which action is appropriate in each situation. The selection made should always be the one, which achieves the greatest protection for the occupants.

### SUPERVISOR RESPONSIBILITIES

1. Ensure that all employees are familiar with General Fire Procedures.
2. Ensure that all employees are knowledgeable about basic fire hazards in their work area and maintain their areas in such a manner as to be free of hazards.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### EMPLOYEE RESPONSIBILITIES

1. Be familiar with the contents of the emergency manual.
2. Know the location of fire alarm pull stations; firefighting equipment and exits in his/her work areas.
3. Adhere to the fire safety policies of the home.
4. Report to the Supervisor any accumulation of combustible waste material inside or outside the building.
5. Report to the Supervisor any defective mechanical, gas or electrical equipment or other fire hazard.
6. Ensure that gas and electrical appliances in the department are turned off during unsupervised hours.
7. Participate in fire drills and fire safety training.



# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### FIRE PRECAUTIONS

#### Staff Responsibility

1. It is the personal responsibility of all staff to prevent fires and to report conditions, which constitute a fire hazard. All staff must be familiar with fire orders and fire regulations.

#### Cigarettes, Matches & Flames

2. All staff must take meticulous care that all flames, matches, cigarettes etc. are extinguished with care. Before using an open flame for any purpose, employees should carefully consider their surroundings, as a hospital uses and stores highly flammable materials.
3. Obey all "No Smoking" signs.
4. Smoking in patient rooms is not permitted.

#### Flammable Materials

6. Supply on hand of flammable materials and volatile liquids must be kept to an absolute minimum.
7. When not in use, flammable materials should be stored in a safe place (e.g. metal cabinet or cupboard) away from any source of heat.
8. Flammable waste materials, such as paper, shavings etc. are not to be left on the floor of any building but must be placed in covered waste cans which are emptied daily.
9. All wipe rags, cloth, steel wool or other materials for wiping or cleaning oily or waxy substances, must be placed in metal containers with a metal lid and removed from work areas at the end of each day to the proper disposal area.
10. Keep any source of heat a safe, distance away from cardboard boxes or wooden desks), never place flammable material (i.e. cardboard, clothes etc.) on top of hot plates, never cover lights with flammable materials (i.e., towels over bed lamps or desk lamps)

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **SECTION 7.0**

#### **BOMB THREAT PHILOSOPHY**

Management and Staff are responsible for providing a safe environment for our residents, staff, volunteers, and visitors.

#### **Goal**

To protect the lives of the residents, staff, volunteers, and visitors by having a control and search procedure in place if a BOMB THREAT is received.

#### **Objectives**

Staff is aware of the control and search procedure.

Action to be taken if a suspicious object is found.

Evaluation Procedure.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **CODE BLACK – BOMB THREAT Collingwood Nursing Home Limited**

#### **CONTROL PROCEDURE - THREAT RECEIVED**

Bomb threats usually fall into two categories; those, which threaten the entire building, or one area. The procedure for dealing with both is basically the same. However, the number of people involved will vary depending on the area affected.

Bomb threats are normally transmitted by phone and the person receiving the call should obtain precise information such as:

1. The time the call was received and on what number.
2. The exact words of the person making the call, including location of bomb and any time factor involved.
3. Male or female voice and approximate age.
4. The accent of the caller.
5. Does the person sound intoxicated?
6. Are there any background noises, i.e. traffic, music, etc.
7. Is the voice familiar? Who?
8. Time suspect hung up?

The person receiving the phone call should also be prepared to ask the caller certain questions if the information has not been volunteered:

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What does it look like?
4. What kind of bomb is it?
5. Why did you place the bomb?

## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

The caller may very well not answer any of the questions, but the answer to any question will be helpful.

The staff member who has received this call must:

1. Alert the Administrator or person in charge.
2. Contact Police at 911
3. Notify staff by calling "**Code Black**" over the intercom three (3) times.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **IF A SUSPICIOUS PACKAGE OR OBJECT IS FOUND, "DO NOT TOUCH IT"**

Should a suspicious object or package be found, the finder should make no attempt whatsoever to move or handle it. He will immediately contact the main control centre, giving the following information:

1. Where the object is.
2. Why it is suspect.
3. A description of the object.
4. Details about who placed it there, if possible.

The control centre will immediately notify the Region Police Force at 911 relaying to them the foregoing information.

While awaiting the arrival of the Explosives Disposal unit of the Region Police Force, the control centre should:

1. Make sure that no person goes near or attempts to move the object.
2. Endeavour to establish ownership of the suspicious object. There have been instances where legitimate property has been left behind in error by innocent persons prior to the Bomb Threat being received.
3. Establish the most direct route to the object.
4. Detail someone familiar with the building and the area where the object is, to meet the Explosives Disposal Unit of the Region Police Force personnel on their arrival.
5. Continue your search procedure until all areas have reported to the control centre; there may be more than one device.

**REMEMBER - DO NOT TOUCH OR MOVE THE OBJECT!**

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### The person receiving the call will:

1. Try to keep caller on the line as long as possible.
2. Attract the attention of another staff by jotting a note.

This person would immediately call police - 911, that a threat has been received and relay all pertinent information to the operating taking the call.

Notify the Charge Nurse that a **BOMB THREAT** has been received and she will initiate search procedure immediately.

A control centre will be set-up at our Business Office where all information can be centralized. Charge Nurse will notify staff on the floors that a **BOMB THREAT** has been received and what area they should search. Staff to report immediately back to the control centre after search has been completed or something suspicious has been discovered. **DO NOT TOUCH OBJECT.**

All areas inside and outside of Home will be searched. Special attention should be given to areas that the general public have easy access to, e.g. lobby, washrooms, stairways, halls, delivery area, garbage containers, etc.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### CODE BLACK

#### SEARCH PROCEDURES FOR MANAGEMENT

- The incident commander will be the Charge Nurse on duty, he/she has been appointed to co-ordinate all activities related to a bomb threat.
- Any and all bomb threats received by Management will be reported immediately to the Incident Commander.
- The Incident Commander is responsible to notify:
  - Police Department – 911
  - All Department Heads
- If the Police call with information relating to a bomb threat, they shall be directed to the Incident Commander or Alternative. On receiving such information from the Police, Management and Building Staff will follow directions given by the Police.
- In the absence of any instruction from the police the Incident Commander or Alternative will make the decision of whether to evacuate based on the information received.
- Reception and Security shall be notified that no one other than home staff and emergency personnel is to be allowed into the building until further notice.
- While the information is being evaluated, staff should be instructed to begin searching the exits for suspicious objects in anticipation that an evacuation may be necessary.
- If it is decided that an evacuation is necessary, it should not be initiated until management determined that the evacuation route has been searched and confirmed to be safe.
- When the Incident Commander or Alternate determines that an evacuation or partial evacuation is necessary the Department Heads and Medical Staff shall be instructed to initiate evacuation procedures by announcements over the voice communication (public address) system, stating:
  - “Attention all staff, Code Black”, this announcement to be repeated three times.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### CODE BLACK

#### EMERGENCY PROCEDURE FOR RECEPTION/WARD CLERK

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line if possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing \*69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Provide voice communication message as instructed by the Incident Coordinator or Alternate or the Police.

If instructed to do so, activate procedures to summon off-site staff to the facility, (emergency call in lists).

Assist with the evacuation, assembly, and relocation of residents, including arranging for alternate accommodations and transportation.



# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **CODE BLACK EMERGENCY PROCEDURES FOR NURSING SUPERVISOR**

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing \*69 on the telephone.
- Notify your supervisor and Nursing Staff of the threat.

### **CODE BLACK EMERGENCY PROCEDURES FOR NURSING STAFF**

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing \*69 on the telephone.

Notify your supervisor and provide him/her with the complete Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Prepare residents for potential evacuation.
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### CODE BLACK

#### EMERGENCY PROCEDURES FOR ENVIRONMENTAL SERVICES SUPERVISOR

If the Environmental Supervisor is not available, the Housekeeping Staff will assume this role.

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing \*69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Secure all entrances to the building to prevent entry by everyone except staff and emergency personnel.
- Quickly, but thoroughly check all exits for the presence of any bag, box, parcel or letter that cannot be accounted for. If the bomb threat indicated where the bomb is located start searching the exits from this area first.
- Assist Nursing Staff in searching any areas that residents will be evacuated to before residents are moved into that area.
- Search any areas as required by the Incident Coordinator.
- Assist with the evacuation of residents as required by the Incident Commander.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### CODE BLACK

#### EMERGENCY PROCEDURES FOR FOOD SERVICE SUPERVISOR AND STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing \*69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### CODE BLACK

#### EMERGENCY PROCEDURES FOR LAUNDRY STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing \*69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### CODE BLACK

#### EMERGENCY PROCEDURES FOR HOUSEKEEPING AND MAINTENANCE STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing \*69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.
- Have floor plans and plans of the HVAC systems available for search personnel, the police, and/or the fire department is necessary.
- Upon request, provide search personnel, the police, and/or the fire department with the master keys for all areas and rooms in the building.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **CODE BLACK EVACUATION PROCEDURE - CHARGE NURSE**

Should a suspicious object be found, then, and only then, should a quiet and systematic evacuation from the area be conducted, in consultation with the Police Department.

#### **Use our Evacuation Procedure**

#### **AVOID PANIC**

Never tell anyone that there is a bomb in the building. Give a reason, such as the sprinkler system is liable to malfunction, or there is a water leak on the floor above, etc.

#### **REMEMBER - NEVER DISTURB SUSPICIOUS PACKAGES**

Let the Explosives Disposal Unit personnel check it. It is better to be a little embarrassed and be around to tell about it...

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **CONCLUSION**

Taking into consideration past events in our city, and other parts of the country, it would be advisable to consider each threat seriously.

A well-prepared and rehearsed plan of our particular concern will ensure a speedy, thorough search, etc., and will ensure a minimum disruption. At the same time, panic and possible tragedy will be avoided

Tight security and housekeeping controls could possibly avoid many problems.

### **PREVENTION IS THE SOLUTION!**

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### THREATENING CALL INFORMATION RECORD

Employee name:		Floor or unit:	
Telephone line call received on: (   )                      Ext.	Time call received:	Time call ended:	
Exact words of caller (continue on back of form):			
Background noise of Call:			
Aircraft          Bar sound          Children crying          Machinery          Music			
Traffic          Trains          Voices          Other (indicate)			
<b>Questions to ask:</b>			
Type of threat (What is it?)		What time will it go off?	
Description of threat (What does it look like?)			
Reason for phoning you (Why did you call me?)			
Reason for planting item (Why did you plant the bomb?)			
Name of Caller (Who are you?)		Gender of Caller	
Approximate Age of Caller		Accent of Caller	



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### ***State of Caller***

Calm    Cool    Crying    Drugged    Emotional    Excited    Immature  
Intoxicated    Irrational

### ***Manner of Speech of Caller***

Defective    Fast    Frightened    Lispings    Obscene  
Polite    Slow    Stuttering    Vulgar

### ***Was Callers Voice Familiar?***

Yes    No

Name and Identity of Caller

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **POST PROCEDURE ANALYSIS**

Following a bomb threat, the Administrator will conduct a post procedure analysis.

Staff will be interviewed to determine what problems are encountered and what procedures worked well. Contact for this purpose should also include police, fire, ambulance, personnel, etc. to ensure the maximum information is achieved to benefit the future education of the home.

A Post Incident Review Form should be completed to ensure a record is maintained for this type of occurrence.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### POST-INCIDENT REVIEW FORM

Did receiver of bomb threat receive all pertinent data from the caller?
Was CODE BLACK called over the intercom three times?
Did staff react in a calm and professional manner?
Were all individuals contacted as laid out in the procedures?
Did key personnel arrive?
Were searches completed?  Kitchen _____  Office Areas _____ Penthouse _____
Was the suspected bomb located?
Describe the evacuation that took place?
Duration of emergency?
Comments:
Personnel involved in search:
Completed by: _____ Date: _____

**EMERGENCY PROCEDURES FOR MANAGEMENT/CHARGE PERSON WITHIN THE FACILITY**

COLLINGWOOD NURSING HOME LIMITED

EMERGENCY PREPAREDNESS PLAN

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 8.0

#### **POWER & WATER LOSS MAJOR POWER FAILURE**

Electrical power failure often results from uncontrolled events such as a severe storm conditions, earthquakes, and floods.

#### **EMERGENCY PROCEDURES FOR MANAGEMENT/CHARGE PERSONNEL ON SITE WHEN POWER LOSS OCCURS**

- Advise staff, residents, and visitors of the situation through the voice communication system.
- Fire system will maintain functionality. Ensure it is operable.
- Assign maintenance staff to ensure that generators are operating.
- Assign maintenance staff to ensure that the fuel supply is monitored and arrange for delivery before fuel supply is depleted.
- Contact local hydro utility to inform them of the situation.
- If the power failure is likely to be long term, plan for alternate accommodations for residents.

#### **EMERGENCY PROCEDURES FOR NURSING SUPERVISOR**

- Ensure that all electronic medical equipment is provided with power through the emergency power systems (RED plugs).
- Print backup eMARs from backup eMAR pdf files on backup computer.
- Reset door mag locks to ensure they are operable and working on generator.
- Ensure that fridge/freezer, and HVAC system are all operable and running on generator.
- Ensure emergency lighting in hallways and stairwells are running and operating on battery backup and generator.
- Ensure flashlights, headlights are available for use during the night if the outage is prolonged or occurs at night.

•  
Backup emergency phone is in the Medication

- Business Manager's office should power affect internal phone system.
- Ensure call bell system is operable. Notify maintenance if not functioning and arrange for regular rounds to ensure all residents are well.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **EMERGENCY PROCEDURES FOR MAINTENANCE**

- Ensure that the generators are operating properly, and inspections are up to date.

### **EMERGENCY PROCEDURES FOR DIETARY STAFF**

- Ensure fridge/freezer are operating on generator. Notify maintenance if not.
- Assess upcoming menu to ensure that all items can be prepared with operating stove and fridge/freezer.

### **EMERGENCY PROCEDURES FOR ALL STAFF**

In the event of a power failure:

- notify supervisor
- shut off all nonessential electrical equipment to avoid power surges and to reduce electrical ignition sources when power returns
- Specify the location where the power failure occurred and details of the power failure

**COLLINGWOOD NURSING HOME LIMITED**

**EMERGENCY PREPAREDNESS PLAN**

**TOTAL WATER LOSS (SEE BOIL WATER ADVISORY SECTION  
20 FOR FURTHER DETAILS)**

1. Notify Maintenance personnel for direction.
2. Contact the Executive Director.
3. Notify your emergency plumber.
4. Notify the Public Utilities Commission in your area.
5. Switch to disposable items for meal service to minimize water requirements for meal service.
6. Prepare residents for evacuation should water loss be expected for an extended period.
7. Utilize bottled water for residents.
8. Contact a water service to obtain water to the building.

# **COLLINGWOOD NURSING HOME LIMITED**

## **EMERGENCY PREPAREDNESS PLAN**

### **SECTION 9.0**

#### **BIOLOGICAL AND CHEMICAL THREATS CHARACTERISTICS OF A CHEMICAL AGENT**

- Generally, in liquid form and often aerosolized (fine mist).
- Has a unique odor and color. Common odors for chemical agents include bitter almond, peach kernels, fresh mown hay, mustard, onion, garlic, geraniums, or green grass.
- Most result in immediate symptoms or are delayed for a few hours at most.
- Inhalation is the most likely route of attacking your body.
- Many likely agents are heavier than air and tend to stay close to the ground.
- Some will break down rapidly when exposed to sun, diluted with water, or dissipated in high winds.

#### **CHARACTERISTICS OF BIOLOGICAL AGENT**

- Generally, in liquid or powder form.
- No odor or color.
- Symptoms may be delayed for days.
- Inhalation most likely and effective attack route.
- Attack routes may also be through food/water contamination or skin absorption.
- Many likely agents are heavier than air and tend to stay close to the ground.
- Most will break down rapidly when exposed to sun, diluted with water, or dissipated in high winds.

#### **WARNING SIGNS THAT A BIOLOGICAL/CHEMICAL ATTACK HAS OCCURRED**

- Droplets of oily film on surfaces.
- Unusual dead or dying animals in the area.
- Unusual liquid sprays or vapors.
- Unexplained odors.
- Unusual or unauthorized spraying in the area.
- Multiple victims displaying symptoms of nausea, difficulty breathing, convulsions, disorientation, or patterns of illness inconsistent with natural causes.
- Low-lying clods or fog unrelated to weather, clouds of dust, suspended or colored particles.



## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

- People dressed unusually (long sleeved shirts or overcoats in summertime) or wearing breathing apparatus particularly where large numbers of people tend to congregate, such as subways or stadiums.

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### EMERGENCY PROCEDURES FOR MANAGEMENT

- Any management personnel that have reason to believe that a biological/chemical attack may have occurred shall immediately ensure that all persons are relocated to an area away from the release. Direct staff using the voice communications (public address) systems. Although evacuation to the outside is preferable, in many cases this is not a practical solution.
- Initially staff and residents should be relocated to an adjacent fire compartment. Measures for shelter in place should be taken (see below).
- If this is not possible or if there is the potential that the biological/chemical agent can spread to the adjacent compartment, occupants shall be moved upwards to an interior room on a higher floor (since many agents are heavier than air). Measure for shelter in place should be taken.

Note: persons without proper training and equipment shall not attempt to rescue victims who have been overcome by the biological/chemical agent. They will only become another victim.

- When everyone has been evacuated the area shall be sealed off as much as possible by closing doors and shutting down the HVAC equipment.
- The Incident Commander or Alternate shall be notified immediately of the incident.
- The Incident Commander shall immediately phone (!! And inform them of the nature of the incident. They must state that they think a biological/chemical attack has occurred.
- The Incident Commander shall coordinate evacuation procedures.
- Staff responsible for building security shall be notified. No one other than emergency personnel or health care facility staff is to be allowed into the building until further notice.
- Record the names of everyone in the area who may have been in contact with the agent. The list shall be given to the Incident Commander to ensure everyone receives appropriate follow up treatment.
- Quarantine those who may have been in contact with the agent, so as not to affect residents or staff remaining in the building.
- Ensure that anyone who has been in contact with the agent washes it off with soap and water immediately.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **Shelter In Place Procedures**

If it is not possible or advisable to evacuate the building the following procedures shall be implemented:

- Seal off the affected area.
- Seal the building or room so contaminants cannot enter.
- Close windows and doors. Check the inventory of openings to ensure that no openings have been overlooked.
- Seal gaps under doorways, windows, and other building openings. This can be accomplished with sheets, towels, and tape.
- Turn off heating, air conditioning and ventilation systems.
- Monitor radio or television stations for further updates and remain in the shelter until authorities indicate it is safe to come out.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### EMERGENCY PROCEDURE FOR ALL STAFF

If your immediate area has been contaminated by a biological/chemical release, all staff shall take the following actions:

- Protect your breathing airways (distance yourself from contamination source, cover your mouth and nose with handkerchief, clothing, or linen, etc).
- Evacuate as many residents from the contaminated area as possible if this can be one without becoming a victim yourself. Note: Persons without proper training and equipment shall not attempt to rescue victims who have been overcome by the biological/chemical agent. You will only become a victim yourself.
- Although evacuation to the outside is preferable, in many cases this is not a practical option.
  - Initially, staff and residents should be relocated to an adjacent fire compartment. Measures for shelter in place should be taken.
  - If this is not possible or if there is the potential that the biological/chemical agent can spread to the adjacent compartment, occupants shall be moved upwards to an interior room on a high floor (since many agents are heavier than air). Measures for shelter in place should be taken.
- When everyone possible has been evacuated, the area shall be sealed off by closing doors and shutting down HVAC equipment.
- Warn others in the immediate area of the danger and prevent anyone from entering the area.
- Notify supervisory personnel immediately. If they are not available, notify the Incident Commander or Alternate.
- If splashed with an agent, immediately wash it off using warm soapy water. Do not use bleach.
- Inform responding emergency personnel that you may have been in contact with the biological/chemical agent.

If you have been notified that there has been a biological/chemical release elsewhere in your building, all staff shall take the following actions:

- Seal off your area by closing doors and shutting down HVAC equipment.
- Prepare residents for potential evacuation.
- Follow instructions from your Incident Commander. You may be instructed to either initiate evacuation procedures or shelter in place.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 10.0

#### SUSPICIOUS PACKAGES

Bombs and biological/chemical/radiological agents have been known to be delivered to intended targets through the mail system. These weapons may be delivered in the form of a package, regular envelope, or even a hollowed-out book. Identifying these packages and dealing with them appropriately before they reach their intended destination is crucial to the safety of the building and its occupants. Characteristics of suspicious packages/letters may include one or more of the following indicators:

- Excessive or inadequate or missing postage
- Handwritten or poorly typed addresses
- Incorrect titles or no name
- Misspelling of common words
- Oily stains, discoloration, or odor
- No return addresses
- Excessive weight
- Lopsided or uneven envelope
- Protruding wires or aluminum foil
- Excessive security material such as masking tape, string, etc.
- Visual distractions
- Ticking sound
- Restrictive markings such as "Personal", "Confidential", or "To be opened by."
- Postmarks city/province/state does not match the return address
- Unprofessional wrapping
- Threatening markings on exterior of package
- Inappropriate air mail or special delivery stickers

**Upon discovery of a suspicious package, follow the emergency procedures.**

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### EMERGENCY PROCEDURES FOR MANAGEMENT

Upon receiving a report of a suspicious package in the building:

- Obtain the following information from the discoverer:
  - Object location
  - Object description
  - Any other useful information
- Notify your emergency response team of the potential emergency.
- Attempt to establish ownership of the object
- Report the incident to the police (911)
- If necessary, initiate evacuation procedures.

### EMERGENCY PROCEDURES FOR ALL STAFF

Upon discover of a suspicious package:

- Do not shake or bump it
- Do not open, smell, or examine, touch or taste
- Treat it as suspect.
- If you suspect that the package/device is a bomb:
  - Do not cover it
  - Open doors and windows to minimize blast effects
- If you suspect that the package/device is contaminated with a chemical or biological agent:
  - Gently place in clear plastic bag, if available or cover with other material.
  - Close the door
  - Minimize physical contact with other people
  - Wash your hands with soap and water
  - Remove contaminated clothing and place in a sealed container (plastic bag) to be forwarded to emergency responders. Shower (with soap and warm water) as soon as possible
  - List all people who may have been in contact or proximity to the suspicious package/device and provide this list to appropriate authorities
  - If necessary, seek medical assistance as soon as possible.

## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

- Clear the immediate area where the package was discovered
- Notify Supervisory staff and provide the following information
  - Object location
  - Object description
  - Any other useful information

\* Report incident to the police (911)

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 11.0

#### CARBON MONOXIDE

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

- stale, stuffy air
- occupants have symptoms of CO exposure
- the pilot light on gas-fired equipment keeps going out
- a sharp odor or the smell of natural gas occurs when equipment turns on
- the burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue.
- Chalky, white powder forms on a chimney or exhaust vent pipe or soot builds up around the exhaust vent.
- Excessive moisture on walls or windows in areas where natural gas equipment is on
- CO detectors alarm

#### Symptoms of Carbon Monoxide Exposure

Exposure to CO can cause flu-like symptoms without a fever, including:

- Headache
- Nausea
- Dizziness
- Drowsiness or fatigue
- Burning eyes
- Confusion
- Loss of coordination

Where occupant experiences these symptoms inside a building but felt better when they go outdoors or away from the building, CO may be the cause.



# **COLLINGWOOD NURSING HOME LIMITED**

## **EMERGENCY PREPAREDNESS PLAN**

### **EMERGENCY PROCEDURES FOR MANAGEMENT**

If there is a possibility that occupants have or could be exposed to CO you shall:

- Inform the Incident Coordinator (Charge Nurse) or alternate
- Relocate all occupants from the affected area immediately
- Call the fire department using 911
- Provide medical attention for those that need help. Pay particular attention to anyone with a respiratory ailment (asthma).

### **EMERGENCY PROCEDURES FOR ALL STAFF**

- Inform your supervisor if you or any of the residents experience symptoms
- If possible, open windows to ventilate the area
- Relocate to another area of the building following the evacuation procedures for a fire emergency

### **CARBON MONOXIDE MONITORING**

Carbon Monoxide sensors are in various locations around the home. The Environmental Supervisor is responsible to monitor these sensors daily and report to the Administrator any findings.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 12.0

#### EXTERNAL DISASTER –CODE ORANGE

In the event of an external disaster within the community, the facility may be required to respond by evacuating, or receiving and providing temporary shelter to those in the immediate area.

External disaster may include:

- Transportation Accident
- Subway or Train Derailment
- Chemical Spill
- Emergencies due to Extreme Weather or Severe Weather
- Bomb / Explosion
- Biological or Chemical Threat
- Armed Intrusion or Hostage Taking Situation
- Radiological accident
- Natural Gas Leak
- Earthquake

The Emergency Services Manual outlines all procedures to be taken by staff in the event of a threat from any of the above emergencies.

#### SECURITY

The police will handle the immediate emergency areas and once the emergency and evacuation procedures are completed, security will become the responsibility of the facility.

The maintenance supervisor will be responsible for arranging 24-hour coverage of the facility.

#### TRAFFIC CONTROL

One person will be assigned to direct traffic until the police arrive (Maintenance personnel where possible). The person assigned will be responsible for ensuring that the main entrance is kept free from vehicles to allow access for emergency staff to the in-house command and communication station.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **RECIPROCATATE AGREEMENTS**

If this home is not required to evacuate, and the community requires temporary shelter, we would be able to provide the following:

- First Aide
- Temporary Shelter
- Food
- Communication Centre
- Holding Area

The Activation rooms, lounges, and community space in the main areas could be set up with cots (obtained from Red Cross) for sleeping arrangements.

All available spaces with the facility shall be utilized for any essential services as required or directed by the Administrator to accommodate immediate community needs.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 13.0

#### EMERGENCIES RELATED TO NATURAL DISASTER

##### EARTHQUAKE

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

##### EMERGENCY PROCEDURES FOR MANAGEMENT

- Warn occupants to expect the fire alarms and sprinklers to go off during an earthquake
- Instruct occupants that it is very dangerous to leave a building during earthquake because objects can fall on occupants. Instruct occupants to seek shelter within the building
- Once the shaking has stopped, the Incident Commander (Charge Nurse) or designate, will make the decision as to the requirement to evacuate the building. If evacuation is determined to be necessary, residents should be evacuated from the affected area. If evacuating to the outside, ensure the residents are moved away from the building, preventing injury from falling debris. Warn occupants of fallen power lines and other hazards.
- If necessary, arrange transport of resident to alternate health care facilities
- If there is significant structural damage, ensure that staff confirm that there are no trapped residents in the building. If necessary, call the fire department for rescue assistance.
- Put out small fires quickly if this can be done without endangering personnel
- Clean up flammable liquid spills immediately
- Expect aftershocks
- The Incident Commander or designate will make the decision as to when reentry to the building will occur. Before authorizing reentry, he/she will need to determine (from advice received from the experts) whether the building is safe to occupy.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### EMERGENCY PROCEDURES FOR ALL STAFF

- stay calm and do not run outdoors
- Take shelter under tables, beds, desks, or other objects that will offer protection against flying glass and debris or step under a doorway/corridor/interior room (away from the outer walls). Keep at least 15 feet away from windows to avoid flying glass. Keep away from overhead light fixtures. Protect your face and head with your arms.
- Stay under cover until the shaking stops. Be prepared for aftershocks.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Coordinator. Watch for falling debris, or electrical wires upon leaving the building
- If a fire occurs, sound the alarm
- Proceed to a safe area away from the danger of being struck by falling glass, bricks, electrical wires, or other hazardous objects
- Follow instructions from supervisory and emergency personnel

COLLINGWOOD NURSING HOME LIMITED

EMERGENCY PREPAREDNESS PLAN

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SEVERE STORMS

#### EMERGENCY PROCEDURES FOR MANAGEMENT

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

Upon receiving information from weather forecasters that a severe weather condition is imminent the Incident Commander (Charge Nurse) or designate, will make the decisions to:

- close the building to non-essential personnel
- provide safe accommodations for the building occupants

If the building is affected by a severe weather condition:

- identify persons with injuries and provide medical assistance
- check exit stairwells to ensure they are safe and available to use in the event of a building evacuation
- the Incident Commander or designate will make the decision as to the requirement to evacuate the building. Evacuation may be required if the building is determined to be unsafe or there is danger to the occupants due to a severe weather damage
- if necessary, arrange for the transportation of residents to alternate health care facilities

#### EMERGENCY PROCEDURES FOR ALL STAFF

If a severe weather condition occurs, those in the building will

- stay calm and do not run outdoors
- move residents to the corridor or to an inside room (away from outer walls of the building). Keep at least 15 feet away from windows to avoid flying glass. Keep away from overhead light fixtures.
- Take shelter under tables, beds, desks, or other objects that will offer protection against flying glass and debris. Protect face and head with arms.
- Stay under cover until the severe weather condition has subsided
- Identify persons with injuries and provide medical assistance as appropriate.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### FLOODS

Facility management should assess the threat of flooding to their building based on whether there is a history of such similar events.

#### EMERGENCY PROCEDURES FOR MANAGEMENT

During a flood:

- if necessary, arrange to have residents relocate to a safe part of the building or another facility
- If necessary, arrange for maintenance staff to open lower-level doors to equalize water pressure on the building's foundation and walls
- Ensure that occupants do not use open flames, as there may be escaping gases from ruptured mains

After a flood:

- Ensure building is structurally safe. Inspect for buckled walls or floors, holes in the floor, broken glass, and other potentially dangerous debris
- Arrange to have drinking water tested after a flood. Particularly in areas where drinking water is obtained from wells.

#### EMERGENCY PROCEDURES FOR STAFF

In the event of a flood:

- Shut off all electrical power in the affected area
- Be prepared to assist with the relocation of resident to a safer part of the building when advised to do so.



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## EMERGENCY PREPAREDNESS PLAN

### ROOF COLLAPSE

Buildings may experience roof collapse due to environmental conditions such as high winds, severe storm, and in particular snow load. A cubic foot of snow can weigh from 7 pounds new and dry snow up to 30 pounds for old, compacted snow. Drifting snow may put excessive load on an area where it piles up.

### EMERGENCY PROCEDURE FOR MANAGEMENT

To mitigate the risk of roof collapse:

- Have roof assessed by professional engineer to determine whether snow load is significant or there are any visible signs of structural distress (twisting, bending, or cracking)
- Implement a safe snow removal procedure that will not result in producing an uneven or concentrated loading on the roof.

### EMERGENCY PROCEDURE FOR MAINTENANCE SUPERVISOR

- if possible, shut off all services to the affected area

### EMERGENCY PROCEDURE FOR ALL STAFF

In the event of roof collapse:

- Immediately evacuate the affected part of the building to outside following the evacuation procedure for fire emergencies.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 14.0

#### HAZARDOUS SPILLS HAZARDOUS MATERIALS ACCIDENT

##### EMERGENCY PROCEDURES FOR MANAGEMENT

- Any spill or leak of chemical must be treated as being a potential hazardous material incident until the chemical can be identified.
- Immediately evacuate all persons from the danger area(s).
- Determine the name of the spilled or leaking chemical or material from the label on the container or from the shipping manifest or invoice.

Note: If the type of spilled/leaked substance cannot be determined, then it must be assumed to be the most dangerous substance used/stored in the building

- If anyone is, or appears to be injured or ill because of the spill  
→ Call 911. Ensure that emergency responders are informed of the name of the chemical or material involved.

→ Provide any medical treatment specified on the Material Safety Data Sheets (MSDS). These can be found on the 1<sup>st</sup> floor, employee's entrance, or Nursing Stations on the floors.

- Determine if the chemical or material is one of the following:
  - Explosive material
  - Flammable gas
  - Poisonous gas
  - Corrosive gas
  - Flammable or combustible liquid
  - Flammable solid
  - Oxidizer
  - Poisonous or infectious substance
  - Reactive material
  - Corrosive material

If necessary, consult the MSDS's located in the binder on the first floor, employee's entrance or Nursing Stations on the floors to determine the characteristics of the material.

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## EMERGENCY PREPAREDNESS PLAN

- If the chemical or material is not one of the above, you do not have a hazardous material incident and the material can be cleaned up using normal housekeeping procedures.
- If the chemical or material is one of the above, you are dealing with a hazardous material and the following procedures must be followed

Establish:

- health hazard
- fire hazard
- hazard to the environment
- procedure for containing the spill/leak
- procedure for disposing of the spilled chemical/ material
- The Incident Coordinator or Alternate will notify the Fire Department at 911 if, in their opinion in-house personnel cannot safely deal with the hazard.
- Determine the need to evacuate the building or part of the building from the information in the SDS
- If it is determined that an evacuation or partial evacuation is necessary, instruct the response team members to initiate the evacuation procedures for fire emergencies.
- If the material is flammable, eliminate ignition sources.
- Prevent all non-emergency persons from entering the spill area.
- Ensure that the appropriate staff cleans up the spill
- If the personal protective equipment specified in the SDS is available and if you are sure of the procedures to follow, proceed to clean up the spill.

**If personal protective equipment specified in the SDS is not available or if you are not sure of the procedures to follow, you must contact the hazardous waste removal contractor immediately and arrange for them to clean up the spill**

- Immediately after all safety matters have addressed, if any substance has entered, or believed to have entered, a drain or water course, the Incident Coordinator shall notify the following
  - The Ministry of the Environment
  - The Local Spills Coordinator
  - The Local Public Works Department, and

## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

- All spills no matter how small, are to be documented. A record shall be kept of
  - The name of the spilled material
  - The quantity involved
  - The names of person involved in the spill and clean up
  - The names of anyone requiring medical attention
  - Any outside agencies or contractors that were involved
  - How the spill material was disposed of

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## EMERGENCY PREPAREDNESS PLAN

### EMERGENCY PROCEDURES FOR MAINTENANCE SUPERVISOR

Depending on the nature of the substance involved in the spill, it may be appropriate to have maintenance staff responsible for containing and cleaning up the spill.

Contain and clean up the spill by:

- Stopping any ongoing leak
- Protecting drains in the immediate area by covering them with rubber sewer drain covers or surrounding them with spill socks.
- Scraping up the bulk of the material and putting it in an appropriate container
- Soaking up the remainder of the material using an absorbent substance (sawdust, oilsorb, absorbent pads). This material must be compatible with the spilled material
- Placing the waste material in an appropriate container
- Following disposal instructions as established with the hazardous waste removal contractor
- Cleaning the spill/leak area with an appropriate cleaning solution
- Contacting the hazardous waste removal contractor to have the waste removed

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## EMERGENCY PREPAREDNESS PLAN

### EMERGENCY PROCEDURE FOR ALL STAFF

- Any spill or leak of chemical or other material must be related as being potential hazardous material incident until the material can be identified.
- Immediately evacuate all persons from the danger area( s).
- If anyone is or appears to be injured or ill because of the spill:
  - Call 911. Ensure that emergency responders are informed of the name of the chemical or material involved.
  - Provide any medical treatment specified in the SDS.
- Notify your supervisor. The supervisor will advise the Incident Coordinator (Charge Nurse) or alternate of the situation.
- Eliminate ignition sources.
- Prevent all non-emergency persons from entering the spill area
- Follow the instructions of the Supervisor and the Incident Coordinator.

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## EMERGENCY PREPAREDNESS PLAN

### SECTION 15.0

#### BOIL WATER ADVISORY

The Medical Officer of Health will issue a boil water advisory when the water is unsafe for drinking.

This can be based on:

- Results of bacteriological testing OR
- An occurrence of illness in the community that has been linked to consumption of the water OR
- Other information indicating that the water is unsafe to drink OR
- As a precaution if there is a loss of pressure in the water system serving the home.

#### RESPONSIBILITIES OF THE CHARGE PERSONNEL UPON NOTIFICATION OF THE BOIL WATER ADVISORY:

- Notify the Administrator, DOC and IPAC lead of the advisory.
- Secure a supply of potable (drinkable) water by:
  - Obtaining the emergency water supply from the supply room.
  - Boil water. Water should be brought to a rolling boil and boiled for a minimum of 1 minute, allowed to cool and then stored in a covered sanitized container.
  - Use commercially bottled water. Send staff to local grocery store to purchase 10– 5-gallon jugs and 20 cases of small bottles for immediate use.
  - Obtain store of bottled water kept in storage area.
- Shut off drinking water fountains/dispensers.
- Disconnect all equipment directly plumbed to water systems including ice makers; juice machines, coffee machines and housekeeping chemical dispensers for dilution.
- Post signs at all faucets and sinks that water is undrinkable and that there is a boil water advisory in effect.

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### RESPONSIBILITIES OF ADMINISTRATOR/ DOC

- Ensure preliminary action has been undertaken by the charge personnel in the home.
- Source additional potable drinking water from outside of area of the boil advisory.
- Ensure 72-hour supply of drinking/cooking water is kept as emergency supply in emergency storage.

### FOOD PREPARATION AND COOKING

- Discard any ready and prepared food that was prepared with potentially unsafe water prior to the issuance of the advisory. (Coffee, juice, jello, ice tec.) If you are unsure of any food to discard, consult with Public Health inspector.
- Restrict menu to items that require little or no additional water, and little preparation.
- Use safe potable water sources as above for all food preparation activities.
- Only use safe potable water to wash and prepare fruits and vegetables and as any ingredient in a ready to eat food product.
- Dishes and cutlery may be washed in the commercial dishwasher provided that temperatures are maintained above 82 C (180 F) for the final rinse. Low temperature dishwashers that use chemical sanitizers cannot be used for dishes/cutlery.
- Safe potable water (as described above) is to be used to clean and sanitize equipment and utensils.
- Disposable utensils should be used for meal service if dishwasher cannot be used.

### HOUSEKEEPING

- Only safe potable water can be used to mix with chemical cleaners and disinfectants for use in environmental cleaning.
- Obtain fully diluted chemicals from suppliers and refrain from using concentrate machines for chemicals. Ensure that any dilution dispensers are unhooked from water supply to ensure that unsafe water is not used.

### HAND HYGIENE

- Use hand sanitizer to clean hands when hands are not visibly soiled.
- When hands are visibly soiled, use only safe heated potable water (as described above) from an insulated container with a spigot to wash hands. After washing



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your hands with the warm potable water, dry them with paper towels and then use hand sanitizer afterwards.

- Post hand washing directions as above at all sinks advising not to use the sink to wash hands but to use above method.

### **RESIDENT CARE**

- Resident hand hygiene before and after meals should be done as above.
- Teeth brushing and denture care should be completed with potable water.
- Unless otherwise specified by Public Health, bathing may continue as per regular practices if residents do not consume the water and their skin is fully intact. Follow up with Public Health to confirm when the boil water advisory is issued. After bathing the resident, practice hand hygiene as above.
- For any medical procedures requiring water, use safe potable water as above.
- For any residents who may not be able to follow the boil water advisory signs in their room, shut the water off to the sinks in their bathrooms.

### **LAUNDRY**

- Routine laundry practices are followed for laundering linens and clothing.
- Laundry staff to follow hand hygiene practices as above.

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## EMERGENCY PREPAREDNESS PLAN

### SECTION 16.0

#### NATURAL GAS LEAK

##### EMERGENCY PROCEDURES FOR MANAGEMENT

Building management should retain a list or drawings that identify the location of all gas shut off valves, not just the main shut off valve.

If management believes that a nature gas leak has occurred, they shall:

- Inform the Incident Coordinator (Charge Nurse) or alternate
- Instruct building maintenance to immediately shut off the gas at the main valve and any secondary valves if necessary
- Relocate staff, residents from the affected area or the building following the fire emergency procedures.
- Instruct occupants to not smoke or use any electrical devise, including cell phones
- Call 911 from a phone located well away from the source of the leak
- Call the gas company from a phone located well away from the source of the leak

##### EMERGENCY PROCEDURES FOR ALL STAFF

- If you smell natural gas, inform your supervisor
- Relocate to a safer area
- Wait for instructions to evacuate the building
- Do not light matches or lighters
- Do not turn on or turn off electrical power.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 17.0

#### RADIOLOGICAL ACCIDENTS

The following procedures address radiological accidents.

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

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

#### EMERGENCY PROCEDURES FOR MANAGEMENT

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

- Inform the Incident Commander (Charge Nurse) or alternate.
- Tune to local radio or TV station for information and direction from Provincial or community authorities.
- Alert building occupants that an evacuation may be necessary.
- Ensure that windows, doors and other opening to the exterior are closed.
- Ensure that air condition, vents, fans, and heating equipment are turned off.

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

- organize a calm environment
- ensure the building is secure
- arrange transportation for those who must be transported to alternate health care facilities

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

- Notify the building occupants of the hazard and reasons to shelter in place
- Seal building so contaminants cannot enter.
  - Ensuring that all windows and doors are closed
  - Sealing gaps under doorways, windows, and other building opening
  - Ensuring that all heating, air conditioning and ventilation systems are turned off

## COLLINGWOOD NURSING HOME LIMITED

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

#### **EMERGENCY PROCEDURES FOR ALL STAFF**

- If building staff becomes aware that a radiological accident may have occurred, they shall immediately inform their supervisor. If they are not available notify the Incident Coordinator (Charge Nurse) or alternate.
- Remain in the building unless specifically instructed to evacuate
- Close windows, doors, and other openings to the exterior in your area.
- Turn off air conditioning, vents, fans, and heating equipment
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Coordinator.

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## EMERGENCY PREPAREDNESS PLAN

### SECTION 18.0

#### PHYSICAL THREATS

##### PROTEST – DEMONSTRATION – DISTURBANCES

Information about a protest or demonstration is usually received in advanced.

On receipt of information relating to a planned protest or demonstration to be held around the building perimeter or on the grounds or parking areas connected to the building the following procedures shall be implemented:

- Notify the police using the business number (note: if the protest is already taking place or violence appears imminent, call 911)
- Ensure that personnel responsible for security lock all doors except receiving door, which will be used by the staff entrance during protest; this will prevent entry to the building (nothing should be done that will inhibit evacuation from the building).
- Inform the reception/ward clerk that no visitors to be allowed into the building unless escorted by an employee.
- Remove employees and residents away from the ground floor windows if there is a possibility that the windows could be broken

##### EMERGENCY PROCEDURES FOR ALL STAFF RE: PROTESTS OR DEMONSTRATIONS

- If you learn that a demonstration may occur around the building perimeter or on the grounds, or parking areas connected to the building notify supervisory personnel. If they are not available notify the Incident Coordinator (Charge Nurse) or Alternate.
- If a demonstration is taking place when you arrive at the building, enter the building through the receiving entrance if possible. If you are prevented from entering the building, go to a safe location and call your supervisor.
- **At no time do anything that will place you in confrontation with the demonstrators.**
- If you are in the building when a demonstration occurs outside. Remain in the building. Move residents away from the ground floor windows to avoid being hurt by glass if the window is broken.
- If you see any demonstrators or strangers in the building notify the staff responsible for security immediately. Do not attempt to remove them yourselves.

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## EMERGENCY PREPAREDNESS PLAN

- Follow the instructions of your Supervisor or Security

### SECTION 19.0

#### ARMED INTRUSION OR HOSTAGE TAKING SITUATION

##### EMERGENCY PROCEDURES FOR MANAGEMENT

Any management person who becomes aware of an intrusion by an armed person, a violent act (shooting, stabbing, or physical assault) or hostage taking incident shall take the following actions:

- Immediately evacuate as many people as possible from the area
- Cordon off the area or otherwise prevent people from entering the area
- Call 911. Tell them if people have already been injured, how many intruders there are and what weapons they have.
- Advise the Incident Coordinator (Charge Nurse) or Alternate and the staff responsible for security of the situation.
- Ensure that any victims receive medical treatment if this can be provided without putting anyone in danger.

The police will take command of the situation when they arrive. Management will provide the police with any information they require, including floor plans of the area in question.

If the police determine that an evacuation of the building is required, occupants will utilize the exit route described in the Fire Safety Plan without the activation of the Fire Alarm signal. Use the Voice Communication (public address) System or by Police Officers visiting each area and verbally advising occupants to evacuate.

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## EMERGENCY PREPAREDNESS PLAN

### EMERGENCY PROCEDURES FOR ALL STAFF

If an armed person invades your area, or if a violent act (shooting, stabbing or physical assault) or a hostage taking incident occurs in your area, all occupants shall take the following actions:

- Evacuate as many residents from the area as possible if this can be done without becoming hostage or a victim yourself.
- Warn others in the immediate area of the danger and prevent anyone from entering the area.
- If you are unable to leave the area, barricade yourself in the most secure room available. Keep calm and do nothing that will attract the intruder's attention.
- Call 911. Tell them how many intruders there are and what weapons they have.
- Advise the Incident Coordinator (Charge Nurse) or alternate of the situation.
- Provide medical treatment to any victims if this can be done without putting yourself in danger.
- Follow the instructions of the police or staff responsible for security or your supervisor.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **IDENTIFICATION OF AND RESPONDING TO VIOLENT OUTBURSTS**

1. In alignment with the home's workplace and violence policies and responsive behavior management program, staff should be informed when there is an anticipated risk from violence in the workplace. Residents who are at risk of violent, aggressive or responsible behaviours will be identified in their careplan as such.
2. The careplan will also identify possible interventions that staff **MUST** follow in order to reduce the risk of violence by the resident. All staff must be aware of the careplan of the residents they care for. This is the staff's responsibility to review.
3. This risk of violence will also display on the resident's Kardex in pointofcare for staff to review and be informed.
4. All staff must follow the residents' plan of care.
5. Staff are expected to follow the home's policies and procedures regarding Responsive Behaviours and Workplace Violence to reduce the risk of violence during their work responsibilities.
6. When providing care to a resident with a risk of violence, all staff must work with a partner. No staff shall enter a room or provide care to a resident with a stated risk of violence alone.
7. When an individual is displaying violent behaviours or risk of violence, staff should ensure that residents and other staff in immediate danger are looked after as much as possible. Staff can attempt to diffuse the situation if it is safe to do so.
8. When an individual is displaying violent behaviours, staff should initiate the emergency nurse call signal as close to them as possible.
9. Other staff are expected to respond to the nurse call signal as quickly as possible to offer assistance.



## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

10. Remove residents in immediate danger and attempt to isolate the person causing the situation. Staff should not place themselves in danger, but rather remove those at risk of danger.
11. If the staff cannot diffuse the situation and require additional charge personnel to assist; one staff will be assigned to call the charge RN on their phone which they carry with them at all times.
12. If the RN cannot be reached directly through their extension; the staff will then page "RN stat-(location) Code White over the PA system. When this is paged the charge RN shall immediately report to the location directly to assess the situation.
13. Once the RN is at the location; the RN shall assess the situation, direct staff to ensure that other residents and staff are as safe as possible.
14. If the RN is unable to contain the situation and/or diffuse the situation and requires further staff to assist; the RN shall then page "Code White ALL staff to (location). All staff will then report to the area to assist.
15. Once staff hear Code White ALL staff; all staff will respond to the area to assist.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 20.0

#### MEDICAL EMERGENCY CARE

An emergency is defined as a serious situation that arises suddenly and threatens the life or welfare of the resident.

Emergency nursing is the nursing care provided to prevent imminent, severe damage, death, or to avert serious injury. Nursing strategies are listed for some of the emergencies that could possibly occur at the facility. All Nursing Staff are responsible to be aware of treatment required during an emergency and responding appropriately.

#### PRIORITY ASSESSMENT

The Nurse is required to do a priority assessment of the resident's condition to ensure that appropriate treatment is given. Following a physical assessment of the resident, the registered staff will complete a progress note to summarize the assessment.

##### *Airway*

- presence of respiration
- presence of foreign body in the mouth or airway

##### Breathing

- respiration rate, depth and character
- use of accessory muscles for breathing
- tracheal deviation

##### *Circulation*

- presence of carotid pulse
- pulse rate, strength, rhythm
- presence of hemorrhage
- skin color, temperature, moisture

##### *Level of Consciousness*

- response to voice, touch or painful stimuli
- pupillary response
- unconscious

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### HEAD INJURY

#### DEFINITION

Head injuries are any blow to the head and can range from a minor blow to the head to a massive skull fracture. A skull fracture can be very dangerous, fragments of bone can pierce brain tissue and cause damage to the tissue. Concussion can occur from any head blow, even if it is a minor blow.

#### PROCEDURE

The Charge Nurse will notify the resident's family of all head injuries and falls, the day of the incident, or if the injury occurs during the night, notification may occur the following morning if there is no serious injury.

All staff is to notify the Charge Nurse immediately of all falls and incidents, prior to moving the resident, so the nurse may complete an assessment.

Documentation will include completion of the incident report in the Risk Management documentation of pointclickcare, incident progress notes in the client record of pointclickcare, completion of critical incident when required and the head injury routine form.

Head injury routine to be followed and record on the head injury routine form and in pointclickcare:

- assess vital signs, including:
  - pulse,
  - respiration,
  - temperature
  - blood pressure,
  - LOC,
  - motor and sensory response, and
  - pupil reaction according to the following schedule
- all vital signs will be assessed according to the following schedule:
  - a. every 15 mins for the first hour
  - b. every ½ hour for the next 2 hours
  - c. every 1 hours for 4 hours
  - d. every 4 hours for the next 16 hours
  - e. every 8 hours for the next 72 hours

All vital signs are recorded on the Head Injury Routine Record.

## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

Follow up should occur following any drastic change in the vital signs. Consideration for transfer to acute care or notifying the attending physician immediately, as appropriate.

Assessment of the resident's condition to be recorded in the interdisciplinary progress notes by the nurse on duty for each shift for the next 72 hours (3 days).

Obtain accurate account of the incident from the staff and the resident, if possible, try to determine the cause of the injury.

Ensure that the resident care plan indicates a potential for falls and update the care plan to indicate that the resident did fall and sustained a head injury. Evaluate the plan of care on an ongoing basis to ensure that the nursing interventions are successful in preventing further falls, if not adjust the plan of care accordingly.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **FRACTURES, STRAINS, SPRAINS OR DISLOCATIONS**

A fracture is a break in continuity of the bone. Although fractures are not classified as life threatening, they do require medical evaluation and immobilization as soon as possible.

A sprain is an injury to a joint from a stretched or torn ligament.

A strain is an injury to a muscle that causes stretching and tearing.

A dislocation occurs when joints are out of alignment.

All the above are a result of injury to the musculoskeletal system and manifest with the following symptoms:

- pain
- swelling
- inflammation
- restricted movement of the affected limb
- discoloration

Hip fracture is one of the most common and the most serious in our resident population. Recovery rates from surgical repair of hip fractures and the resultant complication of the surgery and anesthetic, is very low. It is imperative that every effort be made to prevent falls that result in hip fractures.

To assess for a fracture of the hip:

- lay resident, if possible flat on their back
- ask them to point or touch the area that hurts, observe for resident grasping femur or higher towards hip or pelvic region
- attempt very gently to move the leg, watch for residents' response, if painful hip fracture is likely
- measure both legs, if unequal in length, hip fracture is likely
- ask the resident to move both limbs, if unable or painful, hip fracture is likely (rotation- inward or outward).
- ask resident to simultaneously push both of their feet onto your hands and measure the strength of their movement, if painful or unequal hip fracture is likely

If you suspect hip fracture, notify the physician, and transport the resident to the hospital for medical assessment and surgical intervention.

Notify the family members immediately and inform them of the transfer so they can arrange to meet the resident at the hospital.

If you suspect fracture to any bone, or joint dislocation, notify the physician immediately for assessment and medical intervention.

## COLLINGWOOD NURSING HOME LIMITED

### EMERGENCY PREPAREDNESS PLAN

Complete a transfer record to go with the resident to the hospital including functional level and all medications, with a full description of the injury, the resident's complaints, and resultant deficits.

Document in the progress notes and update the resident care plan, including and decrease in functional ability to perform ADL's or CCL's and any accompanying behaviors associated with the injury including the nursing interventions implemented with the times and frequencies.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### CHEST PAIN

The most common complaint of victims of cardiac emergencies is chest pain, they may also complain of pounding in their chest, shortness of breath, and pain or tingling in arm shoulder or jaw.

### ACTION

1. Assist the resident to sit or lie down as soon as possible, do not ask them to walk a long distance to do this, as this will put an added stress on their heart.
2. Loosen any tight clothing.
3. Obtain vital signs and assess the pain.
4. Check the MAR sheets for an order for Nitroglycerin, if available give nitro as ordered.
5. Contact the physician immediately for medical assessment and treatment. Contact an ambulance if necessary.
6. Stay with the resident, this is a very frightening experience, and they will need reassurance.
7. Check the resident's chart for Advanced Health Care Directives, prepare to do CPR if necessary, until the ambulance arrives.
8. Complete a transfer record and prepare to transport the resident to the emergency department of the hospital.
9. Notify family member of events and the pending transport to the emergency department.
10. Document assessment and actions in the progress notes.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### RESPIRATORY EMERGENCIES

**Respiratory emergencies may include:**

- Congestive heart failure and resultant shortness of breath
- Asthma attacks
- Emphysema

**Action**

- Position the resident to aid in breathing, upright, leaning over a bedside table, onto a pillow
- Loosen any tight clothing
- Open a window or turn on a fan
- Give oxygen if ordered
- Contact physician with assessment and request for medical assistance
- Call ambulance
- Give any medication as ordered by the physician
- Review residents' chart for Advance Health Care Directive, prepare to do rescue breathing if necessary
- Complete the transfer record
- Contact family with information about the event and the pending transport to the hospital
- A staff member should stay with the resident until the ambulance arrives, this is a very frightening experience for the resident, and they will require reassurance and support
- Document in the progress notes the events, your assessment and actions



# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **DIABETIC EMERGENCIES REFER TO DIABETIC CARE PROGRAM FOR HYPO AND HYPERGLYCEMIC REACTIONS SEIZURES**

Seizures may occur with any resident at any time. Seizures may result from:

- Medication
- Cerebral vascular accident
- Low blood levels of anticonvulsant medication
- Head injury
- Fever
- Head injury
- Hyperventilation
- Changes in sleep pattern
- Alcohol
- Emotional stress

#### **Actions include:**

- Protect the resident from injury and/or fall
- Do not restrain the residents' limbs
- Protect the head to prevent trauma
- Notify the physician for medical assessment and treatment
- Notify the family
- Document the event and the follow up
- Ensure that the resident care plan indicates seizure activity as a potential for injury

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **CEREBRAL VASCULAR ACCIDENTS (CVA)**

Cerebral vascular accidents occur when their blood flow to the brain is interrupted, and damage occurs.

**Symptoms can include, but are not limited to:**

- Loss of motor power
- Loss of sensation
- Slurred speech
- Loss of consciousness
- Mental impairment
- Swallowing deficits
- Seizures

**Actions should include:**

- Ensure the residents safety and prevent falls
- Reassure the resident as this is very frightening
- Position with head raised to relieve pressure on brain tissue
- Ensure airway is cleared and respirations adequate
- Consult physician for medical advice and treatment
- Notify the family
- Document assessment and actions

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### ACUTE ABDOMINAL DISTRESS

**Acute abdominal distress can be caused by many different conditions. Symptoms include:**

- Pain
- Tenderness
- Rapid and shallow breathing
- Tendency to lie in a guarded position
- Nausea and vomiting
- Abdomen is rigid and distended
- Possible absence or over abundant bowel sounds

Residents with acute abdominal distress require medical assessment and treatment.

**Action:**

- Assess the resident including pain assessment, and vital signs
- Abdominal assessment, both palpation and auscultation
- Review the BM chart to see the resident's bowel pattern
- Contact physician with assessment and arrange a medical assessment
- Document assessment in the progress notes
- Notify the family
- Hold all food and fluid intake, as required

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### CHOKING

Choking occurs because of a blocked airway, or aspiration of food or fluids. In emergencies airway obstruction is critical. Establishing an open airway is the first step in emergency care. The nurse must provide an adequate airway for the resident. Often, this is all that is required to reestablish breathing in a non-breathing resident.

**Airways can be obstructed in many ways, including:**

- Head position can cause the tongue to fall back and block the airway
- Trauma can cause broken teeth, blood, vomit, mucus, foreign body to obstruct the airway
- Food can block an airway
- Objects and foreign bodies can cause obstruction

Airways can be partially or completely blocked. With a partial obstruction the nurse should allow the resident time to dislodge the obstruction on his or her own. With a complete airway obstruction, the nurse must perform a Heimlich maneuver immediately.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### HEIMLICH MANEUVER

#### PURPOSE

To clear a completely obstructed airway.

#### PROCEDURE

1. Assess resident for ineffective airway clearance related to obstruction, aspiration of a foreign body and ineffective breathing pattern.
2. Position self behind the resident.
3. Wrap arms around the resident, waist level.
4. Make a fist with one hand and place your thumb side against the victim's abdomen, between the umbilicus and xiphoid process.
5. Grasp your fist with the other hand.
6. Press into the victim's abdomen with quick upward thrusts
7. Repeat thrusts until either the foreign body is expelled, or the victim becomes unconscious.
8. When victim becomes unconscious, position on back
9. Call for help.
10. Look into victim's mouth for foreign body, and perform finger sweep by inserting forefinger into the mouth in a hooking motion and sweeping finger towards you, to remove foreign body.
11. Attempt to ventilate.
12. If unable to ventilate perform abdominal thrusts
13. Repeat finger sweep.
14. Repeat ventilation, abdominal thrust, and finger sweep until foreign body is expelled.
15. Refer the victim for medical assessment and document all actions.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### BURNS

Heat, electricity, or chemicals can cause Burns. They are classified according to the depth and extent of the body surface that is injured. This classification determines the severity of the burn and its potential for complications. The deeper and more severe the burn, the more complications for the resident.

#### **If a burn occurs:**

- Cool the burn immediately
- Soak in cool (not cold) water
- Apply cold compress for as long as it takes to decrease the pain
- Avoid grease, butter, salt water, or topical ointments
- Cover wound with a sterile dressing
- Document your assessment in the progress notes
- Consult with the physician for medical advice
- Notify the family

The key is preventing the burn from occurring, monitor the environment daily and eliminate any articles or procedures that could cause burns. Preventative measures that are undertaken daily include:

- Measuring hot water temperatures every shift
- Checking temperature of bath water before resident enters tub
- Removing all smoking material from residents
- Supervising all smoking
- Checking all electrical cords and appliances for safety
- Unplugging or turning the power off to resident stoves when not supervised.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### OPEN WOUNDS

Open wound treatment is dependent upon, the depth and severity of the wound.

**Action:**

- Control bleeding
- Assess for foreign bodies
- Clean wound
- Assess ability to approximate the edges of the wound, if unable refer for medical consult and suturing
- Cover wound with dressing, as required
- Notify the physician
- Notify the family
- Document assessment, cause of the wound, and treatment provided

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### POISONING

Poisons can be ingested, absorbed, injected, and inhaled.

**Ingested poisons can include:**

- Medication
- Household cleaners
- Chemicals
- Alcohol

It is imperative to contact the Poison Control Center for advice.

**Inhaled poisons come from:**

- Industrial gases
- Chemicals
- Carbon monoxide

It is imperative to remove the resident from the area as quickly as possible and monitored.

**Injectable poisons can include:**

- Snake bites
- Insect bites

Assess the severity of the reaction. Remove or scrape away any stingers or absorption will continue. Apply cold packs to the area and elevate if possible.

**Absorbed poisons can come from:**

- Poisonous plants encountering the skin

Prevent by monitoring plants in the resident areas. If reaction does occur wash the area off immediately, apply a cold compress and monitor.



# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### POISON CONTROL CENTER

**Toll free number: 1-800-268-9017 operational 24 hours/day 7days/week**

Information required when calling:

- Name of resident
- Age
- Sex
- Weight
- Ingredients ingested, inhaled, or contacted
- Percentage of ingredient ingested
- Time of ingestion, inhalation, or contact
- Dosage of any medication ingested

Do not induce vomiting or give the resident anything to eat or drink until you have contacted Poison Control Center for advice.

If an abrasive has splashed in the eyes, rinse immediately with lukewarm water for fifteen minutes.

If a resident has swallowed a battery, there is a possibility that it could decompose and damage the GI tract. Observe the stool for four to six days and if it has not passed suggest that an x-ray be taken.

Always notify the physician of the event that occurred.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **CARDIOPULMONARY RESUSCITATION OBJECTIVE**

To ventilate the patient until adequate circulation to the brain is re-established-.

### **PROCEDURE**

1. Where indicated by residents wishes and/or clinical judgement cardiopulmonary resuscitation should begin within 4 minutes after the following symptoms occur:
  - a. No pulse
  - b. No respirations
  - c. No heartbeat
2. Call 911 or direct another staff member to call 911.
3. Place in supine position on a firm surface with head tilted backward and mandible pulled forward.
4. Begin external chest compressions. 30 chest compressions. (100 to 120 compressions per minute)
5. Commence artificial ventilation. Use an Ambu bag if present, assuring a seal over the nose and mouth of the Resident/Person. In absence of an Ambu bag, begin mouth to mouth, or mouth to nose breathing making sure that the chest expands. When the chest rises, stop inflation, turn your face to the side and allow the patient to exhale passively. When his exhalation is finished, give the next deep inflation. Give two breaths following each set of 30 chest compressions.
6. Repeat step 4 and 5.
7. When carotid and femoral pulses become palpable. Stop CPR. Otherwise continue CPR until emergency services arrives.
8. If cardiac arrest recurs ventilation must be re-started.
9. If patient responded to initial emergency treatment, transfer to a hospital will be arranged, if indicated by resident's wishes.
10. Chart in resident's progress notes events leading to CPR< during CPR and after CPR. Notify POA, DOC, Coroner (if required), MOHLTC if indicated and inform MD as appropriate.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### **CARDIOPULMONARY RESUSCITATION IN COVID POSITIVE RESIDENT**

#### **OBJECTIVE**

To ventilate the patient until adequate circulation to the brain is re-established-.

#### **PROCEDURE**

1. Where indicated by residents wishes and/or clinical judgement cardiopulmonary resuscitation should begin within 4 minutes after the following symptoms occur:
  - No pulse
  - No respirations
  - No heartbeat
11. Call 911 or direct another person to call 911.
12. Place in supine position on a firm surface with head tilted backward and mandible pulled forward.
13. Begin external chest compressions. 30 chest compressions. (100 to 120 chest compressions per minute).
14. Do not initiate emergency breathing or ventilation manipulation. Lightly cover resident's mouth and nose with a cloth during chest compressions to decrease droplet spread.
15. Continue chest compressions only.
16. When carotid and femoral pulses become palpable. Stop CPR. Otherwise continue CPR until emergency services arrives.
17. If cardiac arrest recurs resuscitation must be re-started.
18. If patient responded to initial emergency treatment, transfer to a hospital will be arranged, if indicated by resident's wishes.
19. Chart in resident's progress notes events leading to CPR< during CPR and after CPR. Notify POA, DOC, Coroner (if required), MOHLTC if indicated and inform MD as appropriate.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### ANAPHYLACTIC REACTION

#### ANAPHYLACTIC REACTION

Severe and sometimes fatal systemic hypersensitivity reaction to a sensitizing substance e.g. Drug, venom, foods, or chemicals.

#### SIGNS AND SYMPTOMS

Sudden constriction of bronchiolar muscles, edema of the pharynx and larynx, and severe wheezing and shortness of breath. The resident may also become severely hypotensive, requiring emergency resuscitation measures.

#### POLICY

Epinephrine: To provide rapid relief of anaphylactic reactions.

#### PROCEDURE

1. When anaphylactic reaction is noted draw up 1ml of Epinephrine 1:1000 and administer IM or SC ASAP (do not give IM in buttocks)
2. Monitor vital signs
3. Call physician for further direction
4. May administer Epinephrine in 10-15 minute intervals according to doctor's orders

**NOTE:** In the event that you cannot contact the doctor and/or the resident's condition continues to deteriorate, call 911.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 8.0

#### **MISSING RESIDENT CONTINGENCY PLAN FOR MISSING RESIDENT**

Staff are to inform the Charge Nurse immediately if they are unable to locate any resident.

Charge Nurse commences the search:

- Obtain picture of resident from PCC and obtain up to date physical description of the resident from staff on resident's unit. Obtain a Wandering Resident Search Audit and commence completing the audit. Note the time at the start of the search.
- Charge Nurse will announce "Code Yellow, Stage One, Residents Name and normal location of the missing resident"

#### **STAGE ONE SEARCH:**

Each staff is assigned to a specific zone to check for the missing resident.

- Zone One: includes all resident bedrooms, closets, under beds and inside bathrooms, on the resident's ward
- Zone Two: including all dining rooms, lounges, bath and shower rooms, community washrooms and all other common areas on the resident's ward
- Zone Three: all locked areas including clean and dirty utility rooms, medication, and treatment rooms on the resident's ward

Once staff have checked their assigned area, report back to the nursing station with results of the search. Move to Stage Two if Stage One search is not successful in locating the resident.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *STAGE TWO SEARCH*

Charge Nurse will announce "Code Yellow, Stage Two, with the resident's name."

Charge Nurse to notify the Director of Resident Services, or the staff member in charge of the building, the most senior staff member in the building will be designated as the Search Coordinator.

Designated individual will check security cameras to determine the resident's last known whereabouts and whether they were seen exiting the facility.

Search Coordinator will assign staff to search all Zones as follows:

- Zone One: one staff will search the resident's immediate home area and room.
- Zone Two: Staff will commence an immediate search of their unit including all residents' bedrooms, bathrooms, closets, dining rooms, tub and shower rooms, service areas, and common resident areas.
- Zone Three: All administration office, reception and staff areas.
- Zone Four: the service areas including, kitchen, hairdresser's salon, laundry, and maintenance areas.

Once staff have completed the extensive search of their assigned areas, report back to the nursing station with the results of the search. If resident found report the location that the resident was found. If resident has not been found or was observed to have left the building using the cameras move to Stage Three.

### **STAGE THREE SEARCH**

The search coordinator will announce, "Code Yellow, Stage Three, and state the residents name."

Staff will be assigned to search the following areas:

- Zone One: outside each exit door, and walk around the building

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

- Zone Two: walk one block north, one block south, one block east, and one block west of the building and along the back of the property along the alley

If staff are unable to locate a resident within 20 to 30 mins from start of search (stage 1) contact the police immediately.

Once staff have completed the extensive search of their assigned area, report back to the nursing station with the results of the search. If the resident is found, report the location that the resident was found and complete risk management report. If resident has not been found, move to the next stage:

### *STAGE FOUR SEARCH*

Search Coordinator to send one or two staff in their cars to drive a 2 to 3 block perimeter of the building searching for the resident, if possible. Print out picture of resident and gather any information that the police will need in their search including all areas searched, last time the resident was seen, and a description of clothing the resident was last seen wearing.

Search coordinator to contact the following people:

- Police to assist in the search
- Director of Resident Services
- Administrator
- Residents' family members

The local emergency personnel will then take over the search responsibilities and notify Home staff of the results and any specific help they need in the search.

The Director of Care/Delegate is responsible for notifying the After Hours (if applicable) or submitting the appropriate Critical Incident (if applicable).

Once the resident has been located:

- Ensure the resident is safe and unharmed. Complete a head-to-toe assessment in PCC.
- Contact the Attending Physician to address any concerns regarding the resident's health.
- Notify the family of the resident's status.
- Notify the Administrator and Director of Care
- Complete the Risk Management Report in PCC.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

- **The Administrator, Director of Care or designate shall be responsible for reporting the incident as follows.**
  1. If the resident is Missing less than 3 hours and has no injuries, contact the MOH by at least the next day via a Critical Incident Report
  2. If missing less than 3 hours but has sustained an injury, contact the MOH immediately using the after hours pager if necessary and initiate a Critical Incident Report
  3. If the resident is missing greater than 3 hours (regardless of injury) contact the MOH immediately using the after-hours pager if necessary and initiate a Critical Incident Report.
- Complete a Ministry of Health Critical Incident Reporting Form, and incidental documentation in the resident's progress notes.
- The Director of Nursing will ensure completion of the Critical Incident Reporting Form and submission to the Ministry of Health office.
- The Charge RN will review the residents care plan to ensure that Potential for Exit Seeking is documented and there are relevant interventions to address the issue. Review all safety features that are in place to address the resident's safety.



COLLINGWOOD NURSING HOME LIMITED

EMERGENCY PREPAREDNESS PLAN

**MISSING RESIDENT SEARCH AUDIT**

**DATE:** \_\_\_\_\_ **RESIDENT:** \_\_\_\_\_

Clothing resident last seen wearing: \_\_\_\_\_

Place and time resident last seen: \_\_\_\_\_

**STAGE ONE:**

**TIME:** \_\_\_\_\_ **SEARCH COORDINATOR:** \_\_\_\_\_

ZONE	RESPONSIBLE STAFF
------	-------------------

Zone One:	_____
-----------	-------

Zone Two:	_____
-----------	-------

Zone Three:	_____
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**STAGE TWO:**

**TIME:** \_\_\_\_\_ **ADMINISTRATION NOTIFIED:** YES / NO

ZONE	RESPONSIBLE STAFF
------	-------------------

Zone One:	_____
-----------	-------

Zone Two:	_____
-----------	-------

Zone Three:	_____
-------------	-------

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

Zone Four: \_\_\_\_\_

### **STAGE THREE:**

TIME: \_\_\_\_\_

ZONE

RESPONSIBLE STAFF

Zone One: \_\_\_\_\_

Zone Two: \_\_\_\_\_

Zone Three: \_\_\_\_\_

### **STAGE FOUR**

TIME: \_\_\_\_\_ POLICE NOTIFIED: YES / NO

Name of police officer: \_\_\_\_\_

Notified by whom: \_\_\_\_\_

Family notified: Name \_\_\_\_\_

Administration notified: \_\_\_\_\_

### **ONCE RESIDENT LOCATED**

**Met / Unmet N/A**

Ensure resident is safe

Contact Physician to address any health issues

Notify family

Notify Administration

Notify Ministry of Health

Complete Ministry of Critical Incident

Document in Residents Progress Notes

Complete Risk Management Report in PCC

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COLLINGWOOD NURSING HOME LIMITED

EMERGENCY PREPAREDNESS PLAN

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### SECTION 9.0

#### OUTBREAK CONTINGENCY PLAN

##### STATEMENT OF PURPOSE

To outline roles, responsibilities, policies, and procedures in the event of an outbreak situation that complies with Regional Public Health Department and Ministry of Health standards.

##### *OUTBREAK RECOGNITION*

Staff monitors all residents' conditions daily on the 24-hour report and record any new symptoms and conditions. Infection surveillance is the essential component of our Infection Control Program. Infection Control Records are completed for any indication of infection. This surveillance establishes baseline information about the frequency and types of infections that exist in the facility and can be used to determine deviations from that baseline.

An outbreak is suspected anytime an illness exceeds the normal distribution in each area, at a given time. Surveillance of infections is a satisfactory indicator of a potential outbreak, but most often outbreaks are discovered when the nurses on a floor feel that "something is not quite right".

##### *CASE DEFINITIONS*

Case definitions are outbreak specific, and each case definition has to be developed at the outset of each outbreak. Review of the 24-hour report and the nosocomial infection reporting forms assists in developing the case definition.

##### *NOTIFICATION*

Early reporting and rapid response will minimize the impact of an outbreak.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

If staff suspects an outbreak of any nature, notify Public Health for assistance, and advise.

# COLLINGWOOD NURSING HOME LIMITED

## EMERGENCY PREPAREDNESS PLAN

### *VERIFICATION OF OUTBREAK*

Obtain specimens from the residents with the most recent infections as applicable to the symptoms. Contact Public Health to pick up the specimens and deliver them to the Public Health Laboratory.

The line listing is a tracking tool on which information that could be useful in characterizing the outbreak is recorded. It is started at the time an outbreak is suspected. It lists information regarding residents, location, symptoms, and lab specimens taken.

Collection of specimens from residents and staff. Positive verification can only be determined through Public Health Laboratory analysis of specimens. Type of samples may include food, stool, nasopharyngeal swabs and environmental swabs.

### *COMMUNICATION/NOTIFICATION*

Once the virus type has been identified, notify all members of the Infection Control Committee, and establish an Outbreak Management Team. This team may consist of:

- Administrator
- Medical Advisory Physician
- Director of Nursing
- Assistant Director of Care
- Public Health Inspector
- Laboratory
- Pharmacy
- Infection Control Practitioner
- Food Service Supervisor

Notify the Ministry of Health & Long-Term Care by completing and submitting a critical incident report regarding the type of outbreak and the number of residents and staff affected. If the outbreak is declared after hours, phone and notify the Ministry via the After-hours number.

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Accurate written documentation and daily communication with all parties involved is imperative. Detailed documentation regarding symptoms and new cases is essential for reporting to the Public Health and Ministry of Health.

Notify Residents, Family and Staff via emergency email contact list.

The Administrator is responsible for communication and release of information.

### *SURVEILLANCE (VIA LINE LISTING)*

Surveillance of both residents and staff members should continue throughout the outbreak to monitor new signs and symptoms and resolved signs and symptoms.

### *VISITORS/VOLUNTEERS*

Signs will be posted notifying visitors that there is an outbreak in the home and the restrictions that are in place due to the outbreak. Volunteer programming and services will be cancelled during an outbreak to prevent cross contamination into the community.

### *COHORT NURSING/SEPARATING RESIDENTS*

Residents may be separated during an outbreak to isolate symptomatic residents from well residents. The IPAC lead will review and institute cohort nursing so that nurses caring for well residents will not be caring for ill residents.

### *NEW ADMISSION*

New admission and/or readmission to the home may be held depending on the type of outbreak the home is experiencing. There may be qualifying information required prior to deciding regarding admitting or readmitting residents.

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### *IDENTIFICATION OF SOURCES*

Identification of the potential source and determine the type of epidemic. Food will be assumed to be the source of an enteric outbreak until proven otherwise.



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### *EDUCATION*

Education of staff, residents, families, and volunteers regarding the type of outbreak, the symptoms, the precautions in place to prevent further spread, is the responsibility of the IPAC lead.

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### OUTBREAK TEAM RESPONSIBILITIES

#### ***POLICY***

Individual members of the Outbreak Management Team will have clearly defined responsibilities.

#### ***ADMINISTRATOR***

- Arrange for meetings with all parties.
- Be responsible for co-ordination of the Outbreak Management Team's activities.
- Communicate information regarding the outbreak to the institution's staff, residents, family members and visitors.
- Establish protocol regarding visiting privileges and media support when necessary.
- To communicate with the Ministry of Health.
- To communicate with Head Office. They can act as a resource re supplies and staffing.

#### ***DIRECTOR OF NURSING***

- Arrange extra staffing as required to facilitate cohort nursing.
- Monitor daily reports of ongoing surveillance among residents and staff.
- Attend meetings.

#### ***INFECTION PREVENTION AND CONTROL LEAD***

- Ensure the distribution of specimen containers and collection of stool specimens among staff/residents.
- Collect and communicate all surveillance data for Public Health, and the Ministry of Health, and Head Office, for both residents and staff.
- Reinforce precautions with staff.
- Education of staff.
- Attend daily meeting.
- Complete line listing of all symptomatic, asymptomatic, negative, positive, and cleared cases.

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### *RESPONSIBILITIES OF ADVISORY PHYSICIAN*

- Consult and or assists the Outbreak Management Team.
- Coordinate resident care with regards to medical protocol. Other attending physicians are informed of these recommendations.

### *RESPONSIBILITIES OF FOOD SERVICE SUPERVISOR AND*

#### *DIETARY DEPARTMENT*

#### Immediate Steps in Food Control

It is essential to take IMMEDIATE MEASURES to eliminate food as a continuing source of infection.

#### *Food Handlers:*

An immediate investigation for illness or carrier status in all food handlers should be carried out. All dietary staff, including temporary or part time staff, should be interviewed regarding recent illnesses and submit stool specimens as soon as the outbreak is recognized if so by M.O.H. Exclude from work all cases or suspected cases involved in any aspect of food handling pending further investigations.

#### *Inspection*

An immediate in-depth inspection of kitchens, food preparation, storage, handling and distribution methods should be carried out by Public Health Officials. An objective examination by local public health inspectors is most productive in detecting problems.

As part of the inspection, samples of left-over vulnerable food should be submitted for laboratory examination. Once inspection has identified possible deficiencies in equipment or food handling, prompt and vigorous correction and ongoing maintenance of these standards is essential.

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### *Menu Changes*

Copies of Menus must be saved to assist in the outbreak investigation. To facilitate investigation, menus are retained as a routine practice.

Menus should be adjusted to minimize the number of vulnerable food items being prepared while awaiting completion of inspection and a comprehensive evaluation of food processing.

### *Food Handling*

- a. Personnel processing food, handling trays and dishes, and distributing trays to patients should wear disposable plastic gloves after instruction in their proper use. The need for good hygiene even while using gloves must be emphasized.
- b. Temperature control and areas of possible cross-contamination of cooked foods by raw foods or contaminated equipment should be immediately monitored and dealt with.

### *Outside Sources of Food*

During an outbreak, it is advisable to eliminate the possibility of food-borne illness being introduced from outside the institution by banning outside food sources. Thus visitors would not be allowed to bring in food and would not be permitted to obtain food from local restaurants or take-out facilities.

### *ENVIRONMENTAL SUPERVISOR (Administrator)*

- Arrange staffing as required.
- Provide isolation bags for laundry.
- Make provisions for adequate linen supplies.
- Reinforce appropriate cleaning of rooms.
- Reinforce education to staff re appropriate procedures to prevent spread of infection in housekeeping and laundry.
- Ensure proper disposal of waste.
- Check ice dispensers and other equipment to ensure working appropriately.

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- Assist with moving beds as necessary for cohort nursing

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### ***RESPONSIBILITIES OF LABORATORY***

- To establish and maintain effective lines of communication with the Outbreak Management Team.
- To advise of the collection and transport of specimens during day, evening and weekends.
- To isolate and identify the etiological agent.
- To coordinate transfer of culture specimens to reference labs as required.
- To communicate lab finds to the Outbreak Management Team.

### ***RESPONSIBILITIES OF CHARGE NURSE***

- To report residents' physical condition to I.C. officer and O.M.T.
- To assist I.C. officer as requested and initiate outbreak envelope.
- To supervise isolation procedures and supplies required.
- To obtain supplies for Isolation.
- Setup isolation caddies as required.
- C.N. directs Housekeeping to do extra cleaning to prevent cross contamination. (ex. disinfect doorknobs, phone receivers, toilets etc.).
- C.N. directs activity persons to help with jobs not in their job description. (ex. deliver extra juices to dehydrated residents).
- C.N. posts signs to deter visitors from Isolation Areas.
- C.N. would make necessary entries in line listing.
- To assist I.C. officer to inform families of residents' condition to ensure families are kept informed.
- C.N. ensures staff on their shift are knowledgeable re isolation procedures needed on that shift.
- C.N. on each shift is responsible for infection control oversight of staff. All staff must help her/him.

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### *RESPONSIBILITIES OF ACTIVITY DIRECTOR*

- To follow Medical Officer of Health's directives.
- To assist Infection Control officer as requested.
- Ensure programming is modified as applicable to the outbreak. Modify staffing if required.
- Provide individualized bedside activities for those in isolation. Program 1:1 visits if possible.
- Ensure methods of communication are made available to residents/families if visiting in the home is not permitted. (Eg. Ipads, phones, window visits)
- Schedule staff to assist with meals and care if needed

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### OUTBREAK LINE LISTING

#### *POLICY*

All residents and staff members who show similar signs and symptoms during an outbreak will be listed on the Line Listing.

#### *PROCEDURE*

1. Complete the top section of the Infection Control Line Listing, including the case definition, case number, and contacts at the nursing home and the Public Health Department.
2. List the name of the resident or staff, age, location in the facility, date and time of onset, date of recovery, symptoms, any procedures completed and any other critical information.
3. One line listing will be maintained for all ill residents, at the nursing station during an outbreak.
4. One line listing will be maintained for all ill staff member.
5. The infection control practitioner reviews the line listing daily during the outbreak.
6. A copy of the line listing is faxed to the Public Health Department on a daily basis.
7. All line listings are stored for a one-year time period after the outbreak.



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### INFECTION CONTROL PRACTITIONER/LEAD ROLE DURING OUTBREAK

The Infection Control Practitioner/Lead is responsible **before outbreak season** for the following:

1. Review the vaccine order calculated for the facility by the Health Department.
2. Plan and implement annual vaccination program. It is recommended that flu vaccine be given in early November, because the influenza vaccine's protectiveness wanes over time, giving the vaccine later in the season will protect residents during the peak influenza season.
3. Promote vaccine program to residents, staff, and visitors.
4. Provide education sessions to residents, families, and staff.
5. Review outbreak contingency plan with staff.
6. Obtain creatinine clearance levels of all residents and provide this information to the pharmacy.
7. Place caution signs on all entrance locations of the building in early October to inform family and other visitors that they should refrain from visiting when they have an acute respiratory illness or flu symptoms.

The Infection Control Practitioner is responsible **during the influenza season** for the following:

1. Determine the vaccine status of all new admissions, and new staff to the facility. Offer late vaccination to all new admissions who have not been vaccinated or whose vaccination status is unknown.
2. Ensure nursing staff have an increased awareness of influenza-like symptoms during the season.
3. Provide the vaccine status of a resident when transferring to an acute care hospital. This information will be requested by the hospital when a patient in a high-risk category for influenza is admitted.
4. Ensure that at least two nursing staff are trained in the appropriate technique for collection of nasopharyngeal swabs on residents presenting with influenza-like symptoms, to identify possible index case of an outbreak.
5. Reassign staff member's ill with acute respiratory symptoms to duties with no resident contact or send them home when possible.
6. Keep residents with acute respiratory illness out of common areas such as dining or sitting rooms and exclude them from group activities.

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The Infection Control Practitioner/Lead is responsible **during an outbreak** for the following:

1. Assess clinical features of illness for consistency.
2. Notify the Public Health Department if there are two or more cases, or if an outbreak of is suspected.
3. Ensure MOH is notified via CI.
4. Establish an Outbreak Management Team.
5. Isolate all ill residents.
6. Keep ill residents away from common areas and exclude them from group activities until their acute symptoms have resolved.
7. Institute cohort nursing.
8. Ensure that housekeeping staff pay particular attention to cleaning of surfaces, such as handrails, doorknobs, counter tops.
9. Reinforce hand washing among staff and residents.
10. Ill staff to remain off work or reassign them to positions where there is limited resident contact.
11. Offer influenza vaccine to all previously unvaccinated residents and staff.
12. Place outbreak notice sign on all entrance doors to the facility indicating an outbreak and that visitor restrictions are in effect (as applicable).
13. Antiviral treatment and prophylaxis should be considered immediately when influenza A has been positively identified in the community and residents are exhibiting influenza-like symptoms.
14. Contact the management company to inform them of your current outbreak status.
15. Inform staff not to work in other LTCF's during the outbreak. Staff working in other facilities should not work in this facility for the duration of the outbreak.
16. Limit the movement and the activities of the residents.
17. Residents being treated in the hospital at the time that an outbreak is declared should not be transferred back to the facility until the outbreak has been declared over.
18. New admissions to the facility during an acute outbreak will be determined by PH and the LHIN.
19. The outbreak will be declared over by the Public Health Department.

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## EMERGENCY PREPAREDNESS PLAN

*OTHER AREAS WHERE INSPECTION AND CONTROL MEASURES MAY BE REQUIRED*

### **1. Pharmacy**

- Storage
- Dispensing Procedures and handling of medication
- Health of Staff

### **2. Laundry**

- Collection procedures - routes taken by soiled laundry
- Adequacy of processing

### **3. Water Supply**

- Condition of drinking fountains, water taps, and ice machines.

### **4. Nursing Stations**

- Food Storage
- Cleanliness

### **5. Commonly used Equipment**

- Proper cleaning procedures and storage of equipment, ie. bedpan, etc. between residents.