



EMERGENCY RESPONSE PLAN

IN COOPERATION WITH
THE CITY OF GUELPH EMERGENCY PLAN



The Elliott Community

Hazard Identification and Risk Assessment

Hazard	Policy Binder	Policy Number	
Air Contamination			
Forms	Emergency Plan	EP02-009	
Policy	Emergency Plan	EP02-009	
Bomb Threat			
Forms	Emergency Plan	EP02-010	
Policy	Emergency Plan	EP02-010	
Chemical Spill			
Policy	Emergency Plan	EP02-013	
Preventative Maintenance	Maintenance Policy	M-055	
Dietary Equipment			
Preventative Maintenance	Maintenance Policy	M-023,025 & 038	
Electrical Safety			
Preventative Maintenance	Maintenance Policy	M-023,025 & 041	
Elevator Emergencies			
Policy	Emergency Plan	EP02-007	
Preventative Maintenance	Maintenance Policy	M-025	
Employee Mass Resignation/ Sickness			
Policy	Emergency Plan	EP02-012	
Evacuation			
Forms	Emergency Plan	EP03-002 to 038	
Policies	Emergency Plan	EP03-001 to 018	
Fire			
170 Metcalfe Policy	Fire Plan	EP04-001 to EP04-013	
168 Metcalfe Policy	Fire Plan	EP05-001 to EP05-012	
Preventative Maintenance	Maintenance Policy	M-023 to M-041 & M-059	
Floods, Prolong Power Failure			
Forms	Emergency Plan	EP02-017	
Policy	Emergency Plan	EP02-014	
Preventative Maintenance	Maintenance Policy	M-023,025 & 038	
Heating and Cooling Emergencies			
Forms	Emergency Plan	EP02-018	
Policy	Emergency Plan	EP02-018	
Preventative Maintenance	Maintenance Policy	M-023,025,030,031 & 035	
Kitchen/Servery and Café Fires			
Policy	Fire Plan	EP02-006	
Medical Emergencies			
Forms	Emergency Plan	EP02-016	
Policy	Emergency Plan	EP02-016	
Missing Resident			
Forms	Emergency Plan	EP02-002	
170 Metcalfe Policy	Emergency Plan	EP02-002	
168 Metcalfe Policy	Emergency Plan	EP02-003	
Natural Gas Leaks			
Forms	Emergency Plan	EP02-022	
Policy	Emergency Plan	EP02-022	
Nursing Equipment			
Preventative Maintenance	Maintenance Policy	M-023,025 & 037	

Hazard Identification and Risk Assessment continued

Outbreaks, Epidemics & Pandemics			
Forms	Emergency Plan	EP02-021	
Policy	Emergency Plan	EP02-021	
Pest Control			
Preventative Maintenance	Maintenance Policy	M-022,023 & 025	
Power Failures			
Forms	Emergency Plan	EP02-017	
Policy	Emergency Plan	EP02-017	
Preventative Maintenance	Maintenance Policy	M-023,025 & 036	
Slip and Fall Hazards			
Preventative Maintenance	Maintenance Policy	M-043,044,045 & 058	
	Housekeeping Policy	H-032 to H-046	
Tornado Watch and Warnings			
Policy	Emergency Plan	EP02-019	
Unwanted Visitor/Violent Incident			
Forms	Emergency Plan	EP02-006	
Policy	Emergency Plan	EP02-006	
Water Advisory / Loss of Water			
Forms	Emergency Plan	EP02-008	
Policy	Emergency Plan	EP02-006	
Preventative Maintenance	Maintenance Policy	M-023,025,033 & 034	
Preventative Maintenance	Maintenance Policy	M-023,025,030,031 & 035	
Water Temperature			
Preventative Maintenance	Maintenance Policy	M-023,025 & 046	

Emergency Phone Numbers

CEO	-Cellular Telephone: 519-830-6470
Chief of Resident Care Services	-Cellular Telephone: 647-338-1312
DOC – Retirement	-Cellular Telephone: 519-546-2652
DOC – LTC	-Cellular Telephone: 226-971-1431
Director, Environmental Services	-Cellular Telephone: 548-328-0841
Maintenance Supervisor	-Cellular Telephone: 519-400-6704
Chief of HR & Communication	-Cellular Telephone: 519-831-4566
Director, Dietary Services	-Cellular Telephone: 226-218-1495
Chief of Finance & Operations	-Cellular Telephone: 416-895-3449
ADOC- Retirement	-Cellular Telephone: 519-803-2523
Executive Assistant	-Cellular Telephone: 519-212-1509

Evacuation Emergency Phone Numbers

TRANSPORTATION- **Elliott Bus Lines**: 519-822-5225
RECEIVING FACILITIES- **St. Josephs**: 519-824-6000 x4205/ afterhours- 519-824-6000
LaPointe Fisher: 519-821-9030 x230/ afterhours-226-220-3242
Eden House- 519-856-4622
NURSING SUPPLIES - **Pharmacy**: 1-844-316-7369, afterhours- 1-844-639-6447
Oxygen: 519-886-0202
Supplies: 877-878-7778
FOOD ORDERS- **Food Service**: 800-265-9267 afterhours- 519-476-4252
Milk: 800-268-7777
Bread: 519-654-6640
Water: 519-744-2248
REPORTING- **Ministry of Health & LTC**: 905-897-4623 or 866-223-9128
Retirement Homes Regulatory Authority (RHRA): 855-275-7472
Medical Director: Dr. Will Rudock: 519-822-1871, cell- 519-993-6284

Other Emergency Numbers

DIESEL FUEL DELIVERY- **UPI Energy**: 800-265-7292
DIESEL FUEL SPILLS- **UPI Energy**- Dana 519-240-8591, Terry 519-767-6118 or
Mike 519-766-5693
Ministry of the Environment- 800-268-6060
Canutec- 613-996-6666
GUELPH FIRE DEPARTMENT- **Administration back door number**: 519-824-3232
WELLINGTON PUBLIC HEALTH- 519-846-2715
REGIONAL CORONER- 800-897-8565
GUELPH TRANSIT- 519-822-1811
POISON CONTROL-800-268-9017
Enbridge Gas- 1-866-763-5427
GUELPH HYDRO- 519-822-3010
GUELPH WATER SERVICES- 866-630-9242
ELEVATOR EMERGENCIES- **Thyssen Krupp**: 800-343-5103

Emergency Response Plan (Integrated Standards Compliant)

Emergency Response Plan – Alternative Formats

The Elliott Community is dedicated to ensuring the Health and Safety of all of our employees, volunteers, visitors, customers and guests. As such, we will provide our Emergency Response Plan in a format that takes into consideration individual needs.

It is critical that all of our employees, volunteers, visitors, customers and guests know and understand our Emergency Response Plan, if the information provided to you is unclear or in a format that prevents you from fully knowing and understanding our process, please contact the following person as soon as possible:

Name: Mark Rosa, Director of Environmental Services

Telephone: 519 822 0491 x 2215

Email: mrosa@elliottcommunity.org

In person: Elliott Community Building, Main Floor, Receiving Area

The Elliott Community will work with the individual, as soon as practicable, to identify solutions and options that take into consideration their needs. Alternative options include but are not limited to:

- Enlarged text;
- Communication support either in person or over the phone;
- Documents provided via email.

If requested, and upon approval by the individual, the individual Emergency Response and Fire Evacuation Plan shall be shared with the person designated to provide assistance to the individual.

INTRODUCTION

It is known that when people are not prepared for an emergency situation they usually panic, and their responses are not very effective. This emergency plan, which has been developed in consultation with employee input, provides the guidelines and expectations of The Elliott Community to emergencies.

The information in this plan is organized so that it can be used as a reference or as the working document in emergency situations. The development and implementation of this plan demonstrates The Elliott Community's intention to meet its responsibilities in emergency situations. It is a plan for the coordination of services required in the event of a real or anticipated emergency that will ensure:

- Prompt response by all required services and the establishment of overall control of an emergency situation;
- Elimination of all sources of potential danger in the area of the incident;
- Evacuation of the building considered to be in a hazardous situation;
- Prompt rescue of all persons trapped and the provision of first aid at the site;
- Controlled evacuation and balanced distribution of Residents to hospitals and other care environments;
- Traffic control to minimize crowd convergence at the site so that emergency operations are not impeded, and to prevent additional casualties;
- Prompt factual official information to:
 - All officials involved in emergency operations;
 - News media to allay public anxiety and to reduce the numbers of onlookers at the scene;
 - Concerned individuals and family seeking personal information;
- Restoration of normal services.

SPECIFIC CHECKLISTS OR CONTROL DOCUMENTS CONCERNING SPECIFIC EMERGENCY PROCEDURES ARE COPIED ON YELLOW PAGES AND ARE TO BE REMOVED AND UTILIZED IN THE CASE OF A PARTICULAR EMERGENCY.

EMERGENCY RESPONSE STRATEGY

Incident

Identify the emergency situation and consult the emergency response plan to determine course of action



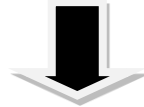
Activate Emergency Alerting System

Refer to the Emergency Alerting System to initiate immediate response from Essential Services by calling your Manager



Notify and Assemble Emergency Control Group

Email the Emergency Control Group at ECG@elliottcommunity.org to assemble the Individuals who will represent the organization



Declaration of Emergency Situation

After reviewing the emergency situation and consulting with Essential Services, the state and extent of the emergency situation is declared



Implementation

The action that is appropriate, timely, and coordinated to ensure the safety and security of Residents, Staff, and Essential Service Personnel

POLICY REVIEW TABLE

POLICY REVIEW TABLE

Introduction and Administration- Policy Section EP01

EP01-	Subject	Review	Revised / New	Date	Authorization
001	Implementation	√		Jan 2023	Dean Broughton
002	Emergency Alerting System	√		Jan 2023	Dean Broughton
003	Emergency Control Group		√	Jan 2023	Dean Broughton
003.1	ECG Actions during an Emergency	√		Jan 2023	Dean Broughton
004	Responsibilities under the Emergency Response Plan	√		Jan 2023	Dean Broughton
005	Maintenance of the Emergency Response Plan	√		Jan 2023	Dean Broughton
006	Training and Testing of the Plan	√		Jan 2023	Dean Broughton
007	Mock Emergency Evaluation Form	√		Jan 2023	Dean Broughton

Specific Emergency Responses- Policy Section EP02

EP02-	Subject	Review	Revised / New	Date	Authorization
001	Specific Emergency Responses	√		Jan 2023	Dean Broughton
002	170 Metcalfe Missing Resident	√		Jan 2023	Dean Broughton
003	168 Metcalfe Missing Resident	√		Jan 2023	Dean Broughton
004	172 Metcalfe Missing Resident	√		Jan 2023	Dean Broughton
005	Fire Alarm and Evacuation	√		Jan 2023	Dean Broughton
006	Unwanted Visitors/Intruders	√		Jan 2023	Dean Broughton
007	Elevator Emergencies	√		Jan 2023	Dean Broughton
008	Water Contamination/Loss of Water	√		Jan 2023	Dean Broughton
009	Air Quality Contamination	√		Jan 2023	Dean Broughton
010	Bomb Threat	√		Jan 2023	Dean Broughton
011	Workplace Violence- Threats of Personal Violence	√		Jan 2023	Dean Broughton
012	Employee Mass Absence	√		Jan 2023	Dean Broughton
013	Chemical Spill	√		Jan 2023	Dean Broughton
014	Floods, Prolong Power Failure	√		Jan 2023	Dean Broughton
015	Kitchen/Server and Café Fires	√		Jan 2023	Dean Broughton
016	Medical Emergency	√		Jan 2023	Dean Broughton
017	Power Failures	√		Jan 2023	Dean Broughton
018	Heating and Cooling Emergencies	√		Jan 2023	Dean Broughton
019	Tornado Watch and Warnings	√		Jan 2023	Dean Broughton
020	Armed Intruder		√	Dec 2023	Mark Rosa
021	Outbreaks, Epidemics & Pandemics	√		Jan 2023	Dean Broughton
022	Natural Gas Leaks	√		Jan 2023	Dean Broughton

POLICY REVIEW TABLE

Evacuation Management- Policy Section EP03

EP03-	Subject	Review	Revised / New	Date	Authorization
001	Evacuation Policy	√		Dec 2023	Mark Rosa
002	Resident Discharges and Transfers	√		Dec 2023	Mark Rosa
003	Transportation	√		Dec 2023	Mark Rosa
004	Media Communication	√		Dec 2023	Mark Rosa
005	Emergency Supplies	√		Dec 2023	Mark Rosa
006	Emergency Menu	√		Dec 2023	Mark Rosa
007	Emergency Fuel Management	√		Dec 2023	Mark Rosa
008	Volunteer Call List	√		Dec 2023	Mark Rosa
009	CEO/ Chief of Resident Care Services Responsibilities	√		Dec 2023	Mark Rosa
010	Director of Environmental Services Responsibilities	√		Dec 2023	Mark Rosa
011	Director of Care Responsibilities	√		Dec 2023	Mark Rosa
012	Community Engagement Manager	√		Dec 2023	Mark Rosa
013	Director of Dietary Services	√		Dec 2023	Mark Rosa
014	Chief of Finance & Operations	√		Dec 2023	Mark Rosa
015	Chief of HR & Communication Services	√		Dec 2023	Mark Rosa
016	Emergency Telephones	√		Dec 2023	Mark Rosa

170 Metcalfe Street Fire Procedures- Policy Section EP04- SEE FIRE PLAN BINDER

168 Metcalfe Street Fire Procedures- Policy Section EP05- SEE FIRE PLAN BINDER

172 Metcalfe Street Fire Procedures- Policy Section EP06- SEE FIRE PLAN BINDER

Community Centre Fire Procedures- Policy Section EP07- SEE FIRE PLAN BINDER

Forms

Specific Emergency Forms - Policy Section EP02

Subject	Policy	Review	Revised / New	Date	Authorization
Air Contamination Checklist- HVAC Shut down	EP02-009	√		Dec 2023	Mark Rosa
Bomb Threat	EP02-010	√		Dec 2023	Mark Rosa
Chemical Spill	EP02-013	√		Dec 2023	Mark Rosa
Elevator Emergencies	EP02-007	√		Dec 2023	Mark Rosa
Employee Mass resignation/ Mass illness	EP02-012	√		Dec 2023	Mark Rosa
Medical Emergency Checklist	EP02-016		√	Dec 2023	Mark Rosa
		√		Dec 2023	Mark Rosa
Evacuation Forms		√		Dec 2023	Mark Rosa
Resident Registry	EP03-002	√		Dec 2023	Mark Rosa
Command Post Task List	EP03-011	√		Dec 2023	Mark Rosa
Command Post Telephone Calls	EP03-011	√		Dec 2023	Mark Rosa
Holding Area Task List	EP03-014	√		Dec 2023	Mark Rosa
Holding Area Resident Registry	EP03-014	√		Dec 2023	Mark Rosa
Receiving Facility Task List	EP03-015	√		Dec 2023	Mark Rosa
Receiving Facility Resident Registry	EP03-015	√		Dec 2023	Mark Rosa
Staff and Volunteer Registration	EP03-015	√		Dec 2023	Mark Rosa
				Dec 2023	Mark Rosa
Fire Drill Report Form	EP04 - 07	√		Dec 2023	Mark Rosa
Floods- Natural Disasters	EP02-014	√		Dec 2023	Mark Rosa
Heating and Cooling Emergencies- Building	EP02-018	√		Dec 2023	Mark Rosa
Missing Resident	EP02-002	√		Dec 2023	Mark Rosa
Natural Gas Leak	EP02-022	√		Dec 2023	Mark Rosa
Outbreaks Epidemics and Pandemics	EP02-021	√		Dec 2023	Mark Rosa
Tornados- Natural Disasters	EP02-019	√		Dec 2023	Mark Rosa
Violent incident	EP02-006	√		Dec 2023	Mark Rosa
Water Advisories	EP02-008	√		Dec 2023	Mark Rosa

Introduction And Administration

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Introduction and Administration- Policy Section EP01

Policy Number	Subject
EP01-001	Implementation
EP01-002	Emergency Alerting System
EP01-003	Emergency Control Group
EP01-003.1	ECG Actions during an Emergency
EP01-003.2	Conclusion Of An Emergency
EP01-004	Responsibilities under the Emergency Response Plan
EP01-005	Update/Maintenance of the Emergency Response Plan
EP01-006	Training and Testing of the Plan
EP01-007	Mock Emergency Evaluation Form
EP01-008	Emergency Communications Equipment

Section: Introduction & Administration	Policy Number: EP01-001
Page: 1 of 1	Category: Plan Implementation

Policy:

- 1 The Implementation of the Emergency Response Plan shall be the immediate responsibility of the most senior staff member on site **only after the residents and staff are in a safe location.**
 - 2 That staff member will be responsible to contact Essential Emergency Services (see **EMERGENCY ALERTING SYSTEM** that follows).
 - 3 Essential Emergency Services will provide direction on the appropriate action to take including the location of where the Emergency Control Group will gather. Unless otherwise stated, the emergency control group will assemble at the **MAIN RECEPTION DESK OF THE ELLIOTT**. The staff member that assesses the Emergency and contacts **9-1-1** should be prepared to ask and record the following key directions.
 - 1.3.1 I will contact The Elliott's Emergency Control Group, I will be instructing the members to gather at the main reception desk of the Elliott. Is this location adequate in light of this emergency?
 - 1.3.2 We have an Emergency Response Plan, would you like me to begin to initiate the particular area of our plan immediately?
 - 4 Once completed, that most senior staff member will contact and gather the **EMERGENCY CONTROL GROUP** (see below) and notify them of where the Emergency Control Group will gather based on the direction of the Essential Emergency Service.
 - 5 The Emergency Control Group, once assembled, will assume responsibility for the Emergency situation under the direction of the Chief of Resident Care Services/CEO or alternate.
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Section: Introduction & Administration	Policy Number: EP01-002
Page: 1 of 1	Category: Emergency Alerting System

Policy:

- 1 The purpose of the Emergency Alerting System is to ensure that there is a timely response of Essential Services. The Elliott Community is a component of a larger, municipally based emergency response procedure. The municipal emergency response system will dispatch essential services of Police, Fire, Ambulance and any other such emergency services deemed necessary regarding the emergency situation.
 - 2 Without hesitation, if there is a suspicion of an emergency situation, immediately telephone **9-1-1** and describe clearly, and calmly, the nature, extent and circumstances of the emergency situation.
 - 3 **Should the telephone system be compromised, there is an emergency direct line located at The Elliott and Ellington Nursing Stations and at the main reception that will operate and can access 911 services. Each nursing station and reception station contains a phone that should be used in such cases.**
 - 4 In the event that The Elliott Nursing Station is inaccessible and the telephone system is not functioning, immediately dispatch an available staff member to proceed safely to an adjacent residential home or personal cell phone and seek access to a telephone to contact 911.
 - 5 Once 9-1-1 has been contacted, you will be instructed as to the appropriate action to take awaiting the arrival of essential services. Follow these instructions carefully and when completed, initiate the internal emergency response plan, by assembling the Emergency Control Group.
 - 6 **During a large-scale incident or emergency, the City of Guelph's Emergency Plan would be activated**
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Section: Introduction & Administration	Policy Number: EP01-003
Page: 1 of 2	Category: Emergency Control Group

Policy:**PURPOSE:**

The purpose of the Emergency Control Group (ECG) is to gather a group responsible for the provision of direction to Elliott Community staff, interaction with essential services, and cooperation with the media to minimize the effects of the emergency to the immediate and surrounding affected residents.

PROCEDURE:

The Emergency Control Group (ECG) shall be composed of:

- The CEO or alternate;
- The Chief of Resident Care Services or alternate;
- The DIRECTOR OF RESIDENT CARE – LTC or alternate;
- The DIRECTOR OF RESIDENT CARE – RETIREMENT or alternate;
- The DIRECTOR OF ENVIRONMENTAL SERVICES or alternate
- The SUPERVISOR OF MAINTENANCE SERVICES or alternate;
- The Chief of HR & Community Services or alternate;
- The DIRECTOR OF FOOD SERVICES or alternate;
- The Chief of Finance & Operations or alternate.
- Associate Director of Care (LTC) or alternate.
- Associate Director of Care (Retirement) or alternate.
- Clinical Coordinator or alternate.
- Charge Nurse (LTC) or alternate.
- Charge Nurse (Retirement) or alternate.
- Maintenance Supervisor or alternate.
- Housekeeping/Laundry Supervisor or alternate.
- Executive Assistant or alternate.
- Community Engagement Manager
- Marketing Coordinator or alternate.
- Others as required

Appointment of a duty officer to maintain a permanent log of the actions and decisions made by the Emergency Control Group must be implemented by the ECG Chair.

Section: Introduction & Administration	Policy Number: EP01-003
Page: 2 of 2	Category: Emergency Control Group

Continued

The ECG will work cooperatively with the City of Guelph's Emergency Operations Control Group which will have access and support from the following officials, services, and/or agencies:

- The General Manager of Human Resources or Alternate;
- The Chief Building Official or alternate;
- The University of Guelph Physical Resources or alternate;
- The Director of Guelph Emergency Services or alternate;
- The Chief of Guelph Police Services or alternate;
- Bell Canada/Business Sales and Services Section Manager Field Services;
- Operations Manager of the Enbridge Gas Company or alternate;
- The Superintendent of the Wellington County Roman Catholic Separate School Board or alternate;
- The Superintendent of the Upper Grand District Public School Board or alternate;
- The Chairman of the Red Cross;
- Such other persons as are deemed necessary by the Emergency Operations Control Group;

Under the direction of the Emergency Services or City of Guelph Emergency Operations Control Group. There could be an emergency that happens where emergency services may ask you to start bringing staff in. The City's EOCG may not be activated at that time.

Section: Introduction & Administration	Policy Number: EP01-003.1
Page: 1 of 2	Category: Actions During An Emergency

Policy:

- 1 The Elliott Community with cooperation from the City of Guelph's Emergency Operations Control Group or the Emergency Services will commence with emergency procedures designated for the type of emergency identified by the City's ECG.
 - 2 The City's EOCG would only order for a larger scale evacuation as the rest would be handled by emergency services.
 - 3 Evacuation of those buildings within the "Emergency Area" which are they themselves considered dangerous or in which the occupants are considered to be in danger from some other source.
 - 4 The selection of a command post at which additional staff and equipment will gather as well as the determination of the inner and outer perimeter areas of the emergency scene.
 - 5 Dispersal of groups of peoples who by their presence are considered to be in danger, or whose presence hinders in any way the efficient functioning of the operation.
 - 6 Arrangement for the accommodation and maintenance on a temporary basis, of any residents who are in need of assistance due to displacement as a result of the emergency.
 - 7 The calling out and deployment of any municipal equipment and personnel.
 - 8 Requesting the assistance of personnel and equipment of voluntary and other agencies not under municipal control as may be required for emergency operations, i.e., St. John Ambulance Brigade, Red Cross, Salvation Army, and local industry.
 - 9 Establishment of a Media and Inquiry Centre to provide the residents, POA's, resident's council, family council, Elliott staff, volunteers, public and the media with accurate and timely information throughout the emergency until the emergency is declared over.
 - 10 Establishment of a system to ensure balanced distribution of casualties to the hospitals.
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Section: Introduction & Administration	Policy Number: EP01-003.1
Page: 2 of 2	Category: Actions During An Emergency

Continued

- 11 Discontinuance of any service within the "Emergency Area" without notices to the consumer, if such services constitute a hazard.
 - 12 To request from the Provincial or Federal Governments, assistance either civilian or military, should the resources of the City of Guelph be insufficient to control the emergency.
 - 13 Appointment of an Emergency Site Manager (ESM) from the appropriate department.
 - 14 Appointment of a duty officer to maintain a permanent log of the actions and decisions made by the Emergency Operations Control Group.
 - 15 Determining if additional volunteers are required and if appeals for volunteers are warranted.
 - 16 Determining if additional transport is required for evacuation or transport of persons and/or supplies.
 - 17 Determining the need to establish advisory group(s) and/or sub-committees.
 - 18 Authorizing the expenditure of money required to deal with the emergency.
 - 19 Ensuring that unaffected areas of the City continue to receive a reasonable level of service having regard to the demands on resources occasioned by the emergency.
 - 20 All persons are deemed to be covered for the duration of the emergency under the Workplace Safety Insurance Act.
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Section: Introduction & Administration	Policy Number: EP01-003.2
Page: 1 of 1	Category: Conclusion Of An Emergency

- 1 Begin the long-term operations plan and establish the priorities for the restoration of services and facilities to the community.
 - 2 Notifying the service, agency, or group under their direction, of the termination of the emergency.
 - 3 The CEO and Director of Environmental Services will work with Emergency Services for re-occupancy of the facility is accomplished in a timely manner.
 - 4 The facility must be inspected and approved for resident re-occupancy by the Chief of Resident Care Services, the Director of Nursing and the Director of Environmental Services as well as the relevant local authorities.
 - 5 The ECG team will meet to prepare for the return of the residents.
 - 6 The CEO and ECG will coordinate how the facility will be re-occupied and have timelines available.
 - 7 The CEO will communicate this information to all stakeholders.
 - 8 Participating in the debriefing within 30 days following the emergency. The debriefing will include the ECG, residents, POA's, staff and volunteers.
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Section: Introduction & Administration	Policy Number: EP01-004
Page: 1 of 5	Category: Responsibilities Under The Emergency Response Plan

Policy:

- 1 The Authority identified during an emergency will be the CEO and/or Director of Environmental Services and shall be responsible for:
- 2 Attending and chairing all regular meetings of the Emergency Control Group.
- 3 In consultation with the City of Guelph's Emergency Operations Control Group, declaring an emergency to exist within a designated area of The Elliott Community property.
- 4 Ensuring that this plan has been activated once an emergency has been declared.
- 5 Ensuring that the City of Guelph's Emergency Operations Control Group, Ministry of Health Long Term Care, Retirement Home Regulatory Authority and public are kept advised of the status of the emergency situation when required.
- 6 The CEO or designate will act as The Elliott Community's official spokesperson for all public announcements and media conference and Elliott Board Of Trustee's notification of the Emergency.
- 7 Declaring the state of emergency terminated after consultation with the City of Guelph's Emergency Operations Control Group.
- 8 Calling a meeting of The Elliott Board of Trustees after the termination of the emergency in order to act on any recommendations of the Emergency Control Group.
- 9 Maintaining a record of all of his/her action taken.

Specific roles & responsibilities by department

Senior Leadership is responsible for gathering the Emergency Control Group and are responsible for the provision of direction to Elliott Community staff and interaction with essential services. These directions include updating information for staff, residents and family, set up of evacuation points internally and externally, transportation, supplies and services during any such evacuation. Each Director has a key role in the evacuation plan.

Section: Introduction & Administration	Policy Number: EP01-004
Page: 2 of 5	Category: Responsibilities Under The Emergency Response Plan

CEO or designate- Establish Command post, designate Administration staff to carry out evacuation services (transportation etc.), communication with staff and Emergency Services. Works with Emergency Services for re-occupancy of the facility is accomplished in a timely manner.

Director of Environmental Services or designate - Works with the Emergency Services to ensure their role in the emergency is achieved quickly and safely. Designates maintenance staff to set up receiving areas for receiving residents. Arranges that supplies are delivered to receiving areas. Works with Emergency Services for re-occupancy of the facility is accomplished in a timely manner.

Director of Care or designate- Report to the Command post for Checklist. Assignment of all call-in staff and volunteers. Receives resident census when evacuation of units are completed and reconciles resident census once evacuation is completed. Reports to the receiving facility.

Director of Recreation or designate- Report to the Command post for Checklist. Takes Holding Area forms and reports to holding area to set up for receiving residents. Fills out resident census as residents are evacuated to holding area. Ensures residents are ready to be transported to the receiving facility. Records any residents that are being taken by family members. Report to the Command centre with the resident census for the DOC to reconcile with the unit census. Reports to the receiving facility.

Director of Dietary or designate- Report to the Command post for Dietary Checklist. Report to the receiving facility to be ready to receive residents. Arrange for supplies to be delivered to the receiving facility in anticipation of the needs of the residents. Assign staff and volunteers as they arrive to ensure resident needs are met.

Chief of Finance & Operations or designate - Take direction from CEO to ensure administrative duties carry on during the emergency until the facility is re-occupied. The Chief of Finance & Operations will ensure the facilities business needs continue to be addressed throughout the emergency.

Chief of HR & Communication Services or designate- Take direction from the CEO and assist with dealing with the media, ensuring staff payroll and emergency scheduling requirements are overseen.

Section: Introduction & Administration	Policy Number: EP01-004
Page: 3 of 5	Category: Responsibilities Under The Emergency Response Plan

Charge Nurse

The Charge Nurse is responsible for taking charge of the unit's fire and evacuation protocols. Ensures staff are taking steps to contain the fire and smoke, safely evacuating residents from the area moving them beyond the fire separations keeping ahead of the smoke. The Charge nurse must ensure staff are guarding all stairwell doors, sending a staff member after regular business hours with the Yellow Card from the fire box to make the call to the Fire department and waiting at the front entrance for their arrival to direct the Fire Department to the fire area. The Charge nurse will also ensure the emergency check lists are being completed, as well as ensure a resident census is being done. If the Fire Department is ordering a partial or full evacuation, the following duties must be must be communicated- Notification to the other units, notify the CEO or designate to initiate the Emergency Control Group Call In procedures. Once the residents have been evacuated off of the unit, the Charge Nurse must have the completed resident census sent down to reception and turned over to the Director of Care.

Team Leaders

The Team Leaders are responsible for taking charge of the unit's fire and evacuation protocols until the Charge Nurse arrives. Ensures staff are taking steps to contain the fire and smoke, safely evacuating residents from the area moving them beyond the fire separations keeping ahead of the smoke. The Team Leader must ensure staff are guarding all stairwell doors, sending a staff member with the Yellow Card from the fire box to make the call to the Fire department and waiting at the front entrance for their arrival to direct the Fire Department to the fire area. The Team Leader will also ensure the emergency check lists are being completed, as well as ensure a resident census is being done. Once the Charge Nurse is present, the Team Leader will take direction from that person. Once the residents have been evacuated off of the unit, the Team Leader must have the completed resident census sent down to reception and turned over to the Director of Care.

Maintenance Staff

During regular business hours, the most two senior members will stay with the fire panel to wait for the Fire Department one person will bring the Fire Department to the fire unit while the other person stays with the fire panel to reset the system when the Fire department gives the 'all clear'. The rest of the maintenance staff will proceed to the fire unit and take direction from the Charge Nurse or Team Leader to ensure smoke is contained and residents are evacuated from the fire area to beyond the fire doors or off of the floor. Guarding of stairwell doors and accounting for all of the unit's residents and reporting back the Charge Nurse and or Fire department. Staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully. If the alarm is after hours, the maintenance 'on call' will proceed to the Elliott and take charge of the fire panel and take direction from the Charge Nurse or Fire Department when they arrive. If evacuating to another facility, report to the Director of Environmental Services for receiving area set up.

Section: Introduction & Administration	Policy Number: EP01-004
Page: 4 of 5	Category: Responsibilities Under The Emergency Response Plan

Non-Registered Nursing Staff

Responsible for taking direction from the Charge Nurse or Team Leader to ensure smoke is contained and residents are evacuated from the fire area to beyond the fire doors or off of the floor. Guarding of stairwell doors and accounting for all of the unit's residents and reporting back the Charge Nurse and or Fire department. Staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully.

Recreation Staff

Responsible for taking direction from the Charge Nurse or Team Leader to ensure smoke is contained and residents are evacuated from the fire area to beyond the fire doors or off of the floor. Guarding of stairwell doors and accounting for all of the unit's residents and reporting back the Charge Nurse and or Fire department. Staff will conduct themselves in a safe and expedient manner to ensure the evacuation.

Kitchen Staff

Responsible to shut down all kitchen equipment, close the doors to the kitchen and respond to the fire unit. The cook will stay behind and check if any residents or family are in the Anne Flowers lounge and stay with them, but will report to the Charge Nurse on the fire unit if no residents are present. The rest of the kitchen staff will take direction from the Charge Nurse or Team Leader to ensure smoke is contained and residents are evacuated from the fire area to beyond the fire doors or off of the floor. Guarding of stairwell doors and accounting for all of the unit's residents and reporting back the Charge Nurse and or Fire Department will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully.

Servers/ Dining Room Staff

Responsible to shut down all server equipment, close the doors to the dining room and respond to the fire unit. If residents are in the dining room, stay with them until directed by the Charge Nurse orders to evacuate to the next unit, or if smoke is present in the dining room. If residents are not present, staff will report to the Charge Nurse or Team Leader and take direction from them to ensure smoke is contained and residents are evacuated from the fire area to beyond the fire doors or off of the floor. Guarding of stairwell doors and accounting for all of the unit's residents and reporting back the Charge Nurse and or Fire department. Staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully.

Section: Introduction & Administration	Policy Number: EP01-004
Page: 5 of 5	Category: Responsibilities Under The Emergency Response Plan

Laundry Staff

Responsible to shut down all laundry equipment, close the doors to the laundry room and respond to the fire unit. Report to the Charge Nurse or Team Leader and take direction from them to ensure smoke is contained and residents are evacuated from the fire area to beyond the fire doors or off of the floor. Guarding of stairwell doors and accounting for all of the unit's residents and reporting back the Charge Nurse and or Fire department. Staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully.

Housekeeping Staff

Responsible for taking direction from the Charge Nurse or Team Leader to ensure smoke is contained and residents are evacuated from the fire area to beyond the fire doors or off of the floor. Guarding of stairwell doors and accounting for all of the unit's residents and reporting back the Charge Nurse and or Fire department. Staff will conduct themselves in a safe and expedient manner to ensure the evacuation process is completed successfully.

Volunteers

Responsible for taking direction from the Volunteer co-ordinator or Receptionist during regular business hours or the Charge Nurse after hours. If you are in charge of a resident, report to the front reception area with the resident and wait for further instructions. Communicate with the staff at the main fire panel to ensure the staff from the resident's home area is able to account for the resident's whereabouts.

Section: Introduction & Administration	Policy Number: EP01-005
Page: 1 of 1	Category: Emergency Plan Maintenance

Policy:

- 1 It is the responsibility of the CEO and/or Director of Environmental Services to review and amend this document as required on at least an annual basis.
 - 2 The CEO and/or Director of Environmental Services is responsible for the coordination of the Plan and the Emergency Control Group.
 - 3 The Emergency Control Group is responsible for updating and approving the Plan. It is the responsibility of each Emergency Control Group member to ensure up-to-date contact names and telephone, cell phone and pager numbers are provided to the CEO and/or Director of Environmental Services for circulation to all other members of the group.
 - 4 The Emergency plan must be updated within 30 days of an emergency if change is required.
 - 5 Any updates to the Fire Plan will be sent for an approval by the Fire Department Chief Fire Prevention Office to ensure any feedback from the Fire Department is captured and changes noted.
 - 6 Any updates to the Emergency Plan will be sent for an approval by the City of Guelph Community Emergency Management Coordinator, Corporate and Community Safety to ensure any feedback is captured and changes noted.
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Section: Introduction & Administration	Policy Number: EP01-007
Page: 1 of 1	Category: Training and Testing

Policy:

- 1 It is the responsibility of the CEO and/or designate to:
 - 1 Identify training needs for the Emergency Operations Control Group and other necessary support personnel.
 - 2 Evaluate the effectiveness of the training.
 - 3 Identify a training provider.
 - 2 It is the responsibility of the CEO and/or designate to test the Plan, including:
 - 1 Identifying procedures for testing the Plan according to the following schedule:
 - A. Communications System – Annually
 - B. Zone Evacuation Simulation – Annually
 - C. Full Evacuation Simulation – Every Three Years as per the LTC act or every two years as per RHRA
 - 2 Updating the communications network on a regular basis.
 - 3 Reviewing activities during tests to correct deficiencies.
 - 4 The CEO and/or Director of Environmental Services shall submit the Fire Plan and Spill Response Plan for approval by the Chief Fire Prevention Officer with the Guelph Fire Department when changes to the plan are made.
 - 5 The CEO and/or Director of Environmental Services will review all emergency policies on an annual basis.
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Section: Introduction & Administration	Policy Number: EP01-008
Page: 1 of 1	Category: Emergency Communications

Emergency Communications

POLICY

The Elliott Community will not rely only on one type of communication technology during an emergency. Emergency communications will have backups to ensure the safety of our residents and staff. They include the following;

- **Telephone system**- In each nursing station of Long Term Care, in the Wellness Centre of the Nottingham floor and in Reception on the main floor and the nursing station of the Ellington, there is an emergency jack and an emergency telephone. These are available should the regular business phones be compromised. Each of these jacks and phones are identified with signage so that they can be easily located in an emergency.
 - **Cell Service**- Staff also have access to Elliott Community IPHONES as well as their personal cell phones if communication is compromised.
 - **Nurse Call**- Resident nurse call system is powered by the Elliott Community's emergency generator circuits in case of power interruptions. If the call bell system is in-operative, policies are in place for resident safety checks as per the Nursing Policies.
 - **Fire Alarm System**- Monitoring of our fire panels are through dedicated cell service. The Elliott's policy during an alarm is to call the Fire Department even when the monitoring company informs the Fire Department. The fire alarms are also monitored for communication failures by the monitoring company and they inform the Elliott of these failures when and if they occur.
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Specific Emergencies

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Section: Specific Emergency Responses	Policy Number: EP02-001
Page: 1 of 1	Category: Specific Emergencies

Policy:

The Elliott Community's Emergency Response Plan is intended to deliver an appropriate and safe response in the care of our Residents and Staff to the following types of Emergency situations.

EP02-**002-** Missing Resident Long-Term Care Residence**003-** Unwanted Visitors/Intruders**005-** Fire Alarm and Evacuation Policies and Procedures**006-** Workplace Violence- Threats of Personal Violence**007-** Elevator Emergencies**008-** Water Advisory/ Loss of Water**009-** Air Quality Contamination**010-** Bomb Threat Procedures**012-** Employee Mass Absence Procedure**013-** Chemical Spill Procedure**014-** Floods, Natural Disasters**015-** Food Preparation area Fires**016-** Medical Emergencies**017-** Power Outages**018-** Heating and Cooling Emergencies**019-** Tornado Watch/ Warning, Natural Disasters**020-** Armed Intruder**021-** Outbreaks, Epidemics and Pandemics**022-** Natural Gas Leaks

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 1 of 2	Category: Missing Resident

MISSING RESIDENT PROCEDURES

- 1 **Missing Resident Checklists** are to be referenced for this section. **Each home area has a missing resident checklist in the emergency plan box located on each floor located in the elevator bay, and the Ellington is located in the nursing office.**
- 2 It is the policy of the Elliott Community to provide a comprehensive search procedure for missing residents to alert all relevant staff of a missing resident and implement a planned procedure promptly, searching thoroughly for the resident.
- 3 The Charge Nurse will assume the role of "Search Co-ordinator". The Search Co-ordinator's responsibility is to organize and implement the search plan as per procedure. Retrieving the checklist shall be the first duty and be followed.
- 4 The Search Co-ordinator will call the Director of Resident Care and /or designate before completion of Phase 1.
- 5 If the facility has had a disaster/major event, the search in the disaster area will be authorized, directed and carried out by persons in charge (Fire Department, Police etc.).

PHASE 1

- 1 When a resident is identified as missing, the Search Co-ordinator will check the sign out book to ensure that the resident has not left the building with a responsible person.
 - 2 The Search Co-ordinator organizes a systematic search utilizing the Missing Resident Checklist, and initiates Phase 1 of the search plan, which includes the surroundings as well as high-risk areas such as stairwells and corridors.
 - 3 Checklists identifying specific search areas are distributed to each staff person involved in the search. This is done so that there is a systematic method of ensuring all areas have been thoroughly searched. Staff must initial all areas designated as checked. **The search checklist can be found in the fire plan box on each floor located in the elevator bay, and the Ellington is located in the nursing office.**
 - 4 Upon completion of the search list, staff will return to the nursing station to await further instruction.
 - 5 If Phase 1 is unsuccessful, the Search Co-ordinator will contact the family, and initiate Phase 2 of the search plan if the resident is not with family.
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Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 2 of 2	Category: Missing Resident

PHASE 2

- 1 The search co-coordinator/Director of Resident Care will contact /assemble the Emergency Control Group (ECG) in the event that a resident has been established as missing. IT will be contacted to pull video of the resident leaving the facility.
- 2 A "Missing Resident Report" is completed with all available information and the resident's picture is removed from the medical record and/or the resident chart.
- 3 Search teams are organized, and the facility is thoroughly searched again using the checklists. An outside search is initiated for the immediate area surrounding the facility (garden areas, sheds, patio, etc.). All home areas of the facility will be searched using the home area's checklist.
- 4 If the missing resident is not located within the Home or immediate outside area, the search will be expanded within the community, including the fields surrounding the facility.
- 5 The search coordinator or designates will call the hospital and both taxi companies and report we have a missing resident and give them a description of the resident.
- 6 Upon commencing the expanded search, the **Chief of Resident Care Services /CEO**, or delegate, will contact the Guelph Fire Department and the Guelph Police services for their assistance. The Guelph Fire Department has two-way radio equipment and manpower to assist in the search.
- 7 Each team/person will report back to the search co-coordinator when their search has been completed. Those searching the facility will submit their search checklist, ensuring that the forms have been completed including the time the search was completed and the staff responsible for that area searched.
- 8 All calls to or from the press, community or family are to be referred to the CEO or designate.
- 9 Once the resident is located, the search co-coordinator or designate will notify the staff by paging over the Fire Panel PA, i.e." We thank all for your assistance. You may now resume your normal duties".
- 10 The search co-coordinator will ensure that the "Missing Resident Report" is completed.
- 11 If necessary, further actions will be initiated by the **Chief of Resident Care Services /CEO**, or delegate.
- 12 All reports will be retained on the residents' chart with copies to the **Chief of Resident Care Services /CEO** and Director of Resident Care.
- 13 The CEO or Designate to approve that the emergency meets the guidelines of reporting it to MOHLTC or RHRA.
- 14 The ECG will call for a debriefing within an acceptable amount of time and will relay to all staff any changes to the policy that stem from the debriefing.

Section: Specific Emergency Responses	Policy Number: EP02-003
Page: 1 of 1	Category: Unwanted Visitor/Intruder

Policy

- 1 Remain Calm; signal another staff member that there is a person in the facility that should not be there.
 - 2 The Elliott Community is entrusted with the safety and security of the Residents and Staff within The Long-Term Care Residence, The Retirement Suites Retirement Suites and The Life Lease Suites Life Lease Suites.
 - 3 Should someone gain access into any of the three Buildings and at the CEO, or delegate's discretion, if it is determined that there is a risk of harm, theft or threat, the individual(s) will be asked to leave the premises.
 - 4 The Charge Nurse should remind the individual(s) that there are video surveillance cameras located in the Building and that their presence is being recorded.
 - 5 DO NOT ENGAGE IN PHYSICAL CONFLICT WITH THE INDIVIDUAL (S); telephone 9-1-1 and report the incident and await appropriate instruction from Guelph Police Services.
 - 6 Do not place yourself between the individual(s) and an available exit. Do not place yourself between the individual(s) and an available exit. Conversation with the individual should only be kept to informing the person that the Guelph Police Service have been notified.
 - 7 In order to assist the investigation, please use the **Unwanted Visitors/ Intruders Checklist** to record the specific information regarding the circumstances of entry, actions while in the Building and exit. **The checklist can be found in the fire plan box on each floor located in the elevator bay. Ellington and Retirement plus is located in the nursing office.**
 - 8 All completed forms shall be retained by the Director of Environmental Services. Please forward any necessary information to the attention of the Director of Environmental Services immediately after the Emergency situation.
 - 9 The Director of Environmental Services will copy the form and submit the copy to the CEO or designate who in turn will complete a report of the Incident and forward copies to the MOHLTC or RHRA.
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Section: Specific Emergency Responses	Policy Number: EP02-005
Page: 1 of 1	Category: Fire Alarms

Policy:

- 1 The Long-Term Care Residence Specific Fire Plan is contained in a separate FIRE PLAN section.
 - 2 The Retirement Suites Retirement Home Specific Fire Plan is contained in a separate FIRE PLAN section.
 - 3 The Life Lease Suites Life-Lease Suites Specific Fire Plan is contained in a separate FIRE PLAN section.
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Section: Specific Emergency Responses	Policy Number: EP02-006
Page: 1 of 5	Category: Violence in The Workplace

PURPOSE

The Elliott Community is committed to providing a safe and healthy work environment for all Elliott Community employees, residents and visitors and, as such, treats any act of violence within its scope of service as a very serious matter and investigates promptly. The Elliott Community takes every reasonable precaution to reduce the risk of workplace violence.

POLICY

As part of our commitment to providing a safe and healthy work environment, and in collaboration with our Nursing Policies (Abuse to Staff by Resident, Abuse to Staff by Visitor Abuse to Staff by Staff) this policy addresses the reporting procedures for The Elliott Community employees and agents when there is violent behavior on the part of residents and visitors.

Acts of violent behavior by residents or visitors are not acceptable. Such acts are subject to sanctions consistent with the seriousness of the incident and may include but are not limited to:

- Supervised visits,
- Prosecution consistent with the law, or
- Other legal remedies.

All acts of violent behavior by residents or visitors shall be identified and recorded. Incidents of aggressive or violent behavior by a resident are to be noted on the resident's health record. Any remedial actions which are implemented and that may affect the resident's care or access are also to be recorded in the resident's health record.

Gentle Persuasive Approach (GPA) training shall be made available for Elliott Community staff members that work in areas where they may reasonably expect to encounter violent behavior.

Guiding Principles

1. Ensuring personal safety and that of others is the primary concern when addressing incidents of violent behavior.
 2. In health care environments, residents may experience stress and anxiety associated with their illness and may direct frustration, anger or aggression toward others. These individuals, however, need to be made aware that violent behavior is unacceptable.
 3. Reporting acts of violent behavior is the responsibility of all employees.
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Section: Specific Emergency Responses	Policy Number: EP02-006
Page: 2 of 5	Category: Violence in The Workplace

DEFINITIONS

Workplace Violence: Any action, incident, or behavior that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of his or her work.

Workplace violence includes:

- Threatening behavior - such as shaking fists, destroying property or throwing objects.
- Verbal or written threats - any expression of an intent to inflict harm.
- Harassment - any behavior that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person that the individual engaging in the behavior knew or ought reasonably to have known would be unwelcome or would cause offence or harm . This could include words, gestures, intimidation, bullying, or other inappropriate activities.
- Verbal abuse - swearing, insults or condescending language.
- Physical attacks - hitting, shoving, pushing or kicking.

Employee: refers to any employee, other practitioner, volunteer, student, and contractor, associate of The Elliott Community or employee of a The Elliott Community.

Resident: refers to any individual receiving care while residing in The Elliott Community.

Visitor: refers to any individual who is not an Employee or a Resident, who is on The Elliott Community property or is contacting an Employee in their work capacity.

Workplace: means any place where an employee is or is likely to be engaged in any occupation and includes any vehicle or mobile equipment used or likely to be used by an employee in an occupation.

PROCEDURE

Immediate Intervention and Reporting of Violent Behavior

Employee Responsibility

Where involved in or encountering violent behavior:

1. Assess the safety of self and others in the area of the incident. Based on the assessment of the situation inform the Charge Nurse immediately.
2. Remain calm and do not escalate the situation by being confrontational.
3. If no immediate danger exists, notify the aggressor that his/her behavior is unacceptable and unwelcome.
4. Be specific about the exact behavior to be stopped as this ensures the aggressor knows what conduct is unacceptable.
5. Avoid being placed in a position of unnecessary physical risk and engage the help of the team where possible.
6. If the situation becomes physical, if there is a weapon involved, or the situation is life threatening, leave the situation and get help as follows:

Section: Specific Emergency Responses	Policy Number: EP02-006
Page: 3 of 5	Category: Violence in The Workplace

- Go to the nearest Elliott Community Nursing Station and **CALL 911**
 - Contact the Charge Nurse and advise.
 - Contact the Director of Care, who contacts the CEO
7. As per Guiding Principle Statement #2, consider the underlying cause behind abusive behavior and manage the situation in a professional manner.
 8. If experiencing violent behavior from a resident or visitor, notify your supervisor or manager.

Manager/Supervisor Responsibility

Take whatever reasonable measures are necessary to ensure a safe workplace. When aware of an incident of violent behavior:

1. Contact the treating or on-call physician where the violent behavior is exhibited by a resident.
2. Document and report the occurrence as required.
3. As soon as possible, investigate and discuss the situation with relevant staff and directors to determine the extent of the violent behavior and whether additional measures are required.
4. Review the resident/client care plan to ensure controls identified in the investigation for safety of employees and residents are included.
5. Ensure the care plan and the status of the resident/client is monitored.
6. Determine if Employees require post-incident support or help coping with the event.
7. Determine if there is a need for a formal review and action to be taken to prevent reoccurrence.
8. Where the violent behavior is by a visitor, set behavioral limits and expected outcomes; where the visitor does not comply, contact police and have the visitor removed.
9. If there exists - or there is potential for - on-going danger to an employee, or the staff, manager, employee or team is considering the bringing of criminal charges in respect of the violent behavior, contact Elliott Community management for immediate determination of protective steps to be taken.

Management Formal Review

Where the Manager has completed a risk assessment and determines:

- The hazard or risk of workplace violence continues to be high,
- Additional support is required, and
- Occurrences are ongoing,

Section: Specific Emergency Responses	Policy Number: EP02-006
Page: 4 of 5	Category: Violence in The Workplace

The Manager may request a formal review. The Manager makes the appropriate contacts to convene a review team comprised of participants from all or some of the following to provide long term preventive measures or programs to ensure a safe and healthy work environment:

- Safety Programs
- Risk Management
- Professional Practice
- Resident Representative
- Department Manager
- Workplace Safety Team Member or Member of the Joint Occupational Health & Safety Committee (JHSC)
- Human Resources Consultant
- Physician attending resident where appropriate
- Legal Services (General Counsel or Associate Legal Counsel)

Results may include issuance of a warning letter, supervised visits or involvement of the police as appropriate.

Review Team's Responsibility

1. Review teams consult with health care providers as appropriate to obtain the team's assessment as to the cause of continuing violent behavior and whether the acts are intentional. These care providers may also assist with developing recommendations to prevent reoccurrence of incidents or injury.
2. The review team meets to review the findings of the manager's investigation and makes a recommendation as to the appropriate action plan or sanctions.
3. In managing violent behavior, it is essential to consider whether the behavior is intentional or not intentional, as a consequence of the medical or psychological status of the resident.
4. Recommended sanctions may include an order for Protection of Property.
5. The review team prepares a report that:
 - Identifies the recommended actions to prevent recurrence; and
 - Ensures that these recommendations are forwarded to the appropriate persons/manager for consideration and implementation.
6. The Review Team ensures that:
 - The report is reviewed and a copy of the report is sent to the appropriate parties. .

Section: Specific Emergency Responses	Policy Number: EP02-006
Page: 5 of 5	Category: Violence in The Workplace

Threats of Violent Persons other than Residents and Staff

To ensure the safety of both staff and residents in the face of personal violence, the following must be remembered:

- All doors to The Elliott Community Facilities remain secured or monitored 24 hours a day. The Life Lease Suites and Retirement Suites operate with telephone entry systems while The Elliott operates with a secured building from 9:00PM in the evening until 7:00AM in the morning with all doors and locks secure during these evening and early morning hours. Door alarms act as staff alert to residents/visitors, who may be entering/leaving premises, and also as staff alert to any intruder who may be entering/leaving premises;
- No attempt will be made to resist any intruder by physical contact or in any other way that will endanger the personal safety of staff or residents.
- Contact the Guelph Police Service by calling 9-1-1.
- If possible contact the Chief of Resident Care Services /Director of Care/Nursing Coordinator.

Threat of a Violent Resident

Violent residents are to be treated with dignity and respect, being afforded as much latitude available without causing or risking personal harm to another person or themselves. Place resident in safe area. Do not directly face a violent resident; stand to the side as voice and action have a great impact on whether or not the resident calms or becomes more agitated.

- Staff should listen for hidden indications as to the cause of the agitation.
 - Report to Nursing Coordinator/Director of Care.
 - Report to Doctor and Family member.
 - Assessment done by Resident Physician and Psychiatrist (if necessary).
 - Resident Care Conference with family member, Director of Care, Nursing Co-coordinator, staff involved, and resident (if possible) as well as Doctor (if applicable).
 - Draw up plan of action to deal with problem and reassess as necessary.
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Section: Specific Emergency Responses	Policy Number: EP02-007
Page: 1 of 1	Category: Elevator Emergencies

Policy:

- 1 This policy is intended to provide staff with a course of action in the event that one or both elevators become inoperable, but is not intended to provide direction when the Elevator is undergoing routine maintenance or servicing where there are no risks.
 - 2 In the event of an Elevator malfunction, immediately call the Maintenance Department at Extension 2725 (Maintenance), 2706 (Supervisor), or 2215 (Director). If the Elevator situation occurs after hours or on a weekend, please call the Maintenance Pager number: 226-218-0113.
 - 3 After contacting the Maintenance Department, please provide a visual barrier to anyone wanting to gain access to that particular Elevator car.
 - 4 If maintenance is unable to restore service, ensure that either maintenance or the Charge Nurse contacts ThyssenKrupp at 1-(800) 343-5103
 - 5 If there is an occupant(s), do not try to tamper with the doors or Elevator mechanism.
 - 6 Advise any occupant(s) in the elevator to use the Emergency telephone; maintain contact via the telephone and reassure them that help is on the way.
 - 7 Recommend to the occupant(s) to sit in the middle of the Elevator car, loosen tight clothing and remain calm. The Elevator car will not drop the built in safety features.
 - 8 If necessary, contact emergency services at 911
 - 9 Provide regular communication with person(s) trapped in the elevator; prepare for the person's release from elevator by having water and a seat available upon their release.
 - 10 Make arrangements for transporting residents and services in the absence of elevator service; meal area may be altered to an area on each floor of the home to minimize risk to residents on stairwells and transport meals to a common area on the floor; meals may be altered to a lighter fare to assist ; use of paper products to minimize lift and weight when transporting to other area in the home to service residents
 - 11 Elevator failures resulting in death, injury requiring medical attention or adversely affecting the safe operation of an elevating device must be reported immediately to the TSSA's customer contact Centre at 1 (877) 682-8772
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Section: Specific Emergency Responses	Policy Number: EP02-008
Page: 1 of 2	Category: Water Advisory / Loss of Water

Policy:

- 1 This policy is intended to provide direction to Staff members who must continue to provide care and services to the Residents of our facility when the water supply has been deemed unusable.
 - 2 If the water contamination is advised by the Wellington District Health Unit, received via radio station broadcast, or directly from the Water Treatment facility, the information should be supplied to the Chief of Resident Care Services /CEO or designate immediately.
 - 3 The CEO or designate, will determine when to invoke this water contamination policy. When this has been determined, the following practices will occur immediately.
 - 4 The CEO or designate, will communicate to all staff to ensure the following is done:
 - 5 The Maintenance Staff will be mobilized to turn off all sources of incoming water, via the main water shutoffs located in the basement areas of each affected building.
 - 6 The staff would assemble at the Nursing Station and be advised as to the instructions of the particular circumstances of the contamination, followed by the staff assignments.
 - 7 Staff assigned a particular area of the facility will proceed immediately to that area and ensure that there is no pressure still remaining in the water lines by turning on all of the facets and allowing the system to bleed out any excess water. As Staff moves from area to area, they will clear all toilets and sinks to ensure that there is no standing water remaining that may be mistakenly accessed by someone. All faucet shut-off valves will be closed.
 - 8 Once staff has completed their assigned areas, the Building will be considered secure for access to contaminated water and the focus shall transfer to the provision of care, dietary needs and the management of the emergency for the duration of the water contamination period.
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Section: Specific Emergency Responses	Policy Number: EP02-008
Page: 2 of 2	Category: Water Advisory / Loss of Water

- 9 Dietary will be advised to discontinue the washing of dishes and cutlery and substitute disposable product to continue to serve and prepare meals. An emergency menu would be developed by the Director of Food Services or designate that meets with the intent of the water restriction. In cases where water is necessary for the preparation of meals, the inventory of bottled water will be accessed and utilized to maintain the continuation of dietary services. Any tap water utilized must be brought to a rolling boil for a minimum of 1 minute.
- 10 Nursing Staff will be instructed as to the proper means of hand washing, toileting, personal cares, and other procedures that would otherwise involve water. Hand sanitizer is stored at the Nursing Stations for the use in these circumstances.
- 11 Ensure that bottled water is immediately brought onsite and distributed throughout the affected facilities to ensure that it is readily available to staff and residents as needed.
- 12 Suitable information bulletins will be posted at all entrances to the facility to ensure that the staff, residents, and visitors are kept informed.
- 13 Ongoing interaction with the Wellington District Health Unit and the City of Guelph Water Treatment facility will be managed by the CEO or designate.

CONFIRMATION OF SAFE WATER USE

- 14 The facilities' water supply will be tested by the Wellington District Health Unit and the City of Guelph to ensure its safety.
 - 15 Once the confirmation has been received from the Wellington District Health Unit and the City of Guelph Water Treatment facility, the CEO or designate will determine that the Water Contamination Emergency has ended.
 - 16 The CEO or designate, will assigned staff to return to each of the building's areas to ensure that all faucets remain shut off, while re-opening the water valves to the sinks and toilets.
 - 17 Once confirmation has been received that all water faucets and valves have been checked, maintenance staff will slowly re-engage the water source.
 - 18 The CEO or designate will then assign staff to go faucet by faucet throughout the facility and turn on both the hot and cold water supply for a period of 10-15 seconds to flush the system.
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Section: Specific Emergency Responses	Policy Number: EP02-009
Page: 1 of 3	Category: Air Quality Contamination

AIR QUALITY

SMOG ALERT

- 1 In the case of a broadcast smog alert through the media or from the Wellington Health Unit, discontinue use of gas powered equipment such as lawn mowers, tractors, etc.
- 2 Advise the Residents of the Smog Alert and the dangers of going outside and risking exposure to harsh weather conditions that may affect their respiratory systems by paging, individual contact as well as the posting of notices regarding the Smog Alert Advisory. Postings should be on all exit doors.

CONTAMINATED EXTERNAL AIR

Upon determining that the external air may present a hazard to the health and safety of the buildings occupants, an immediate assessment shall be made by the Senior Staff in Charge as to the potential risk. If it is deemed necessary to exclude external air from the facilities, the following steps shall be initiated:

- 1 Inform the Emergency Control Group by email immediately
 - 2 Coordinate the closing of windows and the closing of external doors. Please use the **AIR CONTAMINATION CHECKLISTS** specific to the building(s) experiencing the contaminated air. **The checklist can be found in the fire plan box on each floor located in the elevator bay. The Ellington is located in the nursing office.**
 - 3 Shut down all air circulation fans which draw external air into the Facilities. A detailed location of these air handling units are part of the checklist. Signage is posted outside of the switchgear rooms for easy identification of what to turn off.
 - 4 All external doors shall remain closed until authorization to reopen is given.
 - 5 Adequate signs/postings/paging regarding the air quality contamination will be used to notify all Residents and Staff not to exit the building.
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Section: Specific Emergency Responses	Policy Number: EP02-009
Page: 2 of 3	Category: Air Quality Contamination

Building Climate Emergencies

- 1 In the case of a heating or cooling break down, the resident's and staff safety must be continuously assessed. Advise residents and staff of the emergency and continuously keep them informed.
 - 2 Advise Maintenance by calling 2725, between 8 & 4, 7 days per week, or call the after-hours emergency phone @ 226-218-0113 to inform them of the problem. The Charge nurse will then inform the DOC in case the Emergency Control Group is required to meet.
 - 3 All windows must be checked and closed to ensure the internal temperature is less affected by the outside temperatures. Oxygen concentrators should be put in the resident's washroom and the door closed if this is a heat emergency and lighting dimmed as much as safely possible.
 - 4 Once a repair timeline has been established, the charge nurse will contact the Director of Care or designate to inform the Director of the situation to ensure the Director is able to report the emergency to the CEO or designate to approve that the emergency meets the guidelines of reporting it to MOHLTC or RHRA.
 - 5 During off business hours, the charge nurse will approve any contractor repairs that the maintenance staff requests necessary to ensure the HVAC system returns to normal operations in a timely manner, once informing the DOC.
 - 6 The charge nurse will inform the dietary department to deliver to the floor any hot/cold refreshments that are required for residents and staff as well as inform maintenance to deliver to the floor fans or small heaters that can help with resident and staff comfort during the emergency. Housekeeping staff will be informed that all floor washing will be stopped until the emergency is over.
 - 7 The charge nurse will notify the dietary department to change the menu to reflect appropriate food for the type of emergency (i.e. cold foods for heat emergencies).
 - 8 The charge nurse will call the maintenance staff throughout the emergency for updates and ensure that maintenance inform the charge nurse of any changes.
 - 9 Hot and cold weather protocols must be followed for residents and staff. Staff must continue to assess any at risk residents and staff throughout the emergency.
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Section: Specific Emergency Responses	Policy Number: EP02-009
Page: 3 of 3	Category: Air Quality Contamination

Carbon Monoxide Detectors (C.O. Detector)**PURPOSE**

The Elliott Community has 2 C.O. detectors in the facility. These serve to warn staff of the possibility of C.O. build up in the areas where Natural Gas is used. The areas are the main kitchen, laundry and the Penthouses.

POLICY

When a C.O. detector is activated, the staff must respond quickly to ensure residents and staff evacuate the area and that the Fire Department is called.

PROCEDURE

Upon hearing the alarm from the C.O. detectors located in the Laundry, Kitchen and the Ellington lounge (beside the gas fireplace), the staff must react immediately and:

- 1 Check area on your way out to aid any co-workers or residents in evacuating
- 2 Close all doors to the area.
- 3 Call 911 and inform them that a C.O. detector has gone off in that area.
- 4 Report to the charge nurse of the situation.
- 5 Follow the charge nurses orders.
- 6 Keep anyone from entering the area.
- 7 Have someone wait for the Fire Department at the front entrance to guide them to the area.

AIR CONTAMINATION CHECKLIST

The Air Contamination Checklists follow for all facilities:

Section: Specific Emergency Responses	Policy Number: EP02-010
Page: 1 of 2	Category: Bomb Threat

Policy:

This procedure will be carried out discreetly with a minimum of publicity. The news media should not be notified under any circumstances.

Bomb threats should never be taken lightly. All bomb threats should be taken seriously unless proven otherwise. Please consult the **Bomb Threat Checklist found in the fire plan box on each floor located in the elevator bay. Ellington and Retirement plus is located in the nursing office.**

The PERSON RECEIVING CALL will:

1. Remain calm - do not panic.
2. Attempt to prolong the conversation and extract as much information as possible from the caller- i.e.: location of bomb, time limit, and reason for threat. See checklist Appendix 1.2.
3. Pay particular attention to the distinguishing characteristics of the caller's voice, i.e. accent, sex, age or impediment.
4. Record the exact time of the call and any other information obtained.
5. Immediately advise the CEO or designate, Director of Nursing and the Charge Nurses.
6. Indicate via a signal, to the other staff that the caller is indicating a bomb threat.

The CEO or Designate, Director of Nursing, or Charge Nurse will contact Police and the Guelph Fire Department.

The SENIOR PERSON ON SITE will meet the police and guide them to the affected area.

The Charge Nurse will ensure

1. Utilize staff in each area that is most familiar with that part of the building.
 2. Search area in a systematic fashion moving progressively room by room until each area is complete.
 3. Searchers are to be cautioned; be alert for strange objects, especially anything that appears to be out of place.
 4. When such an object is found; **it is to be left untouched!!!**
 5. Staff is to ensure the safety of the Residents and Staff, once such an object is located, by relocating Residents and Staff to another part of the building.
 6. The decision to evacuate will be made by the City of Guelph's Emergency Operations Control Group.
- 14 The CEO or Designate will complete a report of the Incident and forward copies to the Long Term Care Regional Office and or RHRA.
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Section: Specific Emergency Responses	Policy Number: EP02-010
Page: 2 of 2	Category: Bomb Threat

How to conduct a search:

- Search public areas first (washrooms, lounges, anywhere a visitor could be un-escorted).
- Search semi-private areas second – (resident rooms, nursing stations)
- Search locked areas last.
- In each area make three sweeps. First looking at everything from your waist to the floor; second from your waist to shoulders; and third from shoulders to the ceiling.
- Law enforcement should search the outside of the building. However, a search of the inside of the facility is much more effective if done by the staff. The police are not as familiar with the facility's natural surroundings.
- If nothing suspicious is found, communicate that to the police. Document everything that has been done.
- If a suspicious item is found, calmly inform other staff and residents that you will be evacuating, by which route and where you will gather a safe distance away (at least two hundred yards).
- If the police have already arrived, tell them where you found the suspicious item. Otherwise wait at the evacuation point until police arrive.

If you choose to evacuate:

- The Emergency Control Group will decide how you will communicate that there is an emergency and a need to evacuate the facility. The Community Centre would be the best option to help protect our residents from the elements.
 - Have several pre-planned escape routes. A suspicious item may be in the way of one escape route.
 - Did you evacuate all residents? What home area(s) will you evacuate?
 - Ensure to bring the resident census (found in the emergency boxes) so you can account for all residents?
 - Have a designated meeting point a safe distance from the search area and make sure to notify all staff of which place will be used, prior to evacuating. The Community Centre would be the best option to help protect our residents from the elements.
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Section: Specific Emergency Responses	Policy Number: EP02-012
Page: 1 of 1	Category: Employee Mass Absence

Policy;

The Chief of Resident Care Services should be notified. The Chief of Resident Care Services /CEO, in turn, will notify the Director of Resident Care and/or the Nursing Coordinator. The Emergency Control Group will determine the future areas of roles and responsibilities at that time with regard to:

1. Determine number of qualified staff still available to work.
2. Contracted staff from external agencies, extending working hours, calling retired staff back to work is a strategy that could be used to increase staff capacity.
3. Encourage carpooling of staff from certain checkpoints if public transportation is not available. Staff should speak to their managers if experiencing transportation difficulties.
4. Staff may bring a sleeping bag/comforter to work along with a change of clothes in the event they are unable to leave.
5. All vacation requests will be cancelled.
6. Clerical and housekeeping staff could be trained to assist with care (i.e. feeding).
7. Family members could be trained to help with care and daily living activities (i.e. providing a bed bath and assisting with feeding and toileting).
8. Use of volunteers.
9. Pregnant women should be deployed to non-affected areas or work from home. Relenza is the drug of choice for this group of individuals as it comes in a topical form and is safer for breast feeding mothers.

It will be essential to “cross-train” staff with different skills other than their current position.

The 6 main categories include:

- Feeding residents
- Toileting, transferring, including mechanical lifts
- Obtaining vital signs
- Basic housekeeping skills
- Basic food preparation and inventory control
- Medication administration

Although individuals may be trained, they will not work in these capacities, replace staff or assist staff during non-pandemic times, as that would be a violation of current collective agreements therefore “in time” training will be provided when the pandemic occurs.

Discharge and transfer of residents, including care of records and personal effects, to be carried out by personnel, attempting to follow the procedure as set down in the Nursing Manual as close as possible.

Section: Specific Emergency Responses	Policy Number: EP02-013
Page: 1 of 1	Category: Chemical Spill

Policy:

In the event of a chemical spill, the most senior staff is to follow the emergency implementation procedures in Section (1) and then perform the following:

- 1 Close all the windows and doors of the building until an assessment of the situation can be made. The decision to evacuate will be made by the Chief of Resident Care Services /CEO in consultation with the authorities.
- 2 Move all affected residents and or staff to another part of the facility is preferable.
- 3 If evacuation is deemed necessary, the normal evacuation procedure will become operative.
- 4 The Relocation Site will be: St. Joseph's Hospital or LA Point Fisher as denoted and or in the Transportation *Section 10* of this Plan.

For Diesel Fuel Spill, See Fuel Spill policy with the fire plan.

Section: Specific Emergency Responses	Policy Number: EP02-014
Page: 1 of 1	Category: Floods-Natural Disaster

FLOODS

A natural disaster may be a flood, prolonged power failure, loss of water service, etc. It is essentially the disruption of dependent services to the facility that is necessary to maintain normal operations.

This policy sets out the values, principles and policies underpinning the home's approach to dealing with the emergencies arising from floods or the risk of flooding of the home, in the vicinity or in a wider area that could disrupt its running and put residents' welfare at risk.

The Elliott Community with cooperation from the City of Guelph's Emergency Operations Control Group or the Emergency Services will commence with emergency procedures designated for the type of emergency identified by the City's ECG.

The City's EOCG would only order for a larger scale evacuation as the rest would be handled by emergency services.

Even outside of high-risk areas, heavy rain can cause groundwater to rise and blocked sewers can cause a flood.

The home will be concerned about flooding affecting:

- The premises
- Local roads, preventing care staff from getting to work or supplies being delivered
- The possibility of being marooned under some conditions.

Responding to Flood Risks:

- Arrangements for resident welfare, including continuity of their personal care, nutrition and hydration needs and medicines.
- Arrangements to maintain staffing levels where there might be difficulties in staff travelling arrangements. See Employee Mass Sickness Policy **EP02-012**
- Arrangements to maintain essential supplies, including food and medicines.
- ECG and Emergency Services plan for Evacuation over Shelter in Place if resident and staff safety may be compromised.

ECG Responsibilities

- The resident's welfare is made a priority and that they can always be kept safe and have their needs met.
 - Staff can carry out their work safely with minimum of disruption and are fully supported
 - Local Utilities may need to be shut off to the buildings. See Power Failures Policy **EP02-017**
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Section: Specific Emergency Responses	Policy Number: EP02-015
Page: 1 of 1	Category: Food Preparation area Fires

Policy:

To ensure the safety of staff and residents in our facility, The Elliott treats these areas as a high risk area of the facility. The Elliott staff must ensure all reasonable precautions are taken no matter how insignificant the fire emergency may seem. Staff must always ensure equipment is used as per the manufacturer's recommendations and staff must never use heat sources in equipment not designed to use them (use of chafing fuel in non-chafing equipment).

Chafing equipment may only be used in the Community Centre during events and must never be used in any of the resident areas of the Elliott Community. Café or event staff must monitor this equipment during use and must ensure any table linens will not come into contact with the open flame. Café or event staff must ensure the safe disposal of depleted chafing containers to ensure containers have cooled off before disposal.

Kitchen and Server areas experiencing any open flame and/or smoke, the staff must react quickly and efficiently to extinguish the fire and limit the contamination of air quality in the surrounding area and beyond into other areas. If the fire alarms do not activate, the staff are to pull the closest pull station to activate the fire alarms. Staff must turn off all equipment and close off all access to the area to contain smoke. Any fire in these areas, no matter how small, must be investigated by the Fire Department.

Café areas experiencing any open flame and/or smoke, the staff must react quickly and efficiently to extinguish the fire and limit the contamination of air quality in the surrounding area and beyond into other areas. If the fire alarms do not activate, the staff are to pull the closest pull station to activate the fire alarms. Staff must turn off all equipment and close off all access to the area to contain smoke. Any fire in these areas, no matter how small, must be investigated by the Fire Department. Staff must evacuate all Community Centre patrons out of the Community Centre.

Unpackaged food being prepared before the fire started must be disposed of and not be served. Any contamination from the smoke will penetrate the unprotected food and cannot be served to anyone.

Section: Specific Emergency Responses	Policy Number: EP02-016
Page: 1 of 6	Category: Medical Emergencies

CHOKING – COMPLETE AIRWAY OBSTRUCTION – UNCONSCIOUS

PROCEDURE

If a resident has been found unconscious, follow these steps:

1. Call for help
2. Assess unresponsiveness by gently shaking the victim's shoulder and shouting close to the ear.
3. Open the airway and check for breathing (Look, Listen and Feel)
4. If the victim is not breathing, attempt to ventilate.
5. If you feel resistance from within the victim to your breathing attempt, do not continue, but reposition the head and attempt to ventilate again.
6. If you are still unable to ventilate, additional forward displacement of the jaw may be required.
7. Grasp the angles of the victim's lower jaw and lift with both hands, one on each side, displacing the mandible upward while tilting the head backwards.
8. If unable to ventilate, designate an individual to call 911, requesting help.
9. Follow the procedure for unconscious victim with complete airway obstruction (below).
10. If all else fails, suctioning may be tried, or repositioning resident over the bed to try to dislodge item.

Complete Airway Obstruction

11. If the patient goes unconscious due to choking, adult or child, be concerned of your safety. By using your leg that was placed between the patient's legs, slide the patient to the ground. Be careful with the patient's head and give support to it. Call 911 or get a bystander to call 911.
12. Open the mouth. If it is safe and you can see the object, gently try to remove the object.
13. After either removing the object or the object is not visible, gently open the airway using the "Head Tilt/Chin Lift" method. Check for breathing for five seconds (count out loud). If the patient is not breathing, immediately begin chest compressions.
14. Adult - up to 30 compressions using the same technique as with CPR
15. Child - up to 30 compressions using the same technique as with CPR
16. Infant - up to 30 compressions using the same technique as with CPR
17. After completing the chest compressions, return to Step 1 and attempt a breath (adult)/ puff (child). If the air does not go in, bring the head back to a neutral position and re-tilt the head again (repositioning) and try another breath (adult)/ puff (child). Repeat Steps 1 to 3 until the breaths go in or until EMS arrives.

Section: Specific Emergency Responses	Policy Number: EP02-016
Page: 2 of 6	Category: Medical Emergencies

Complete Airway Obstruction continued

18. **If the resident is obese or you cannot get your hands around the resident,** then a modified chest compression should be done. This is done by placing one fist on the resident's chest directly in line with her arm pits. Place your other hand on top of your fist. Using the same stance, head and chest positions as above, compress the resident's chest by pulling straight back. Give the resident **up to 5 chest thrusts**. Repeat up to 5 back blows and up to 5 chest thrusts until either the object comes out, or the resident loses consciousness
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Section: Specific Emergency Responses	Policy Number: EP02-016
Page: 3 of 6	Category: Medical Emergencies

UNEXPECTED DEATH

.PROCEDURE

1. If staff should come upon a resident and determine absence of life signs, and not have witnessed the arrest, CPR is applicable until status is confirmed. ****For non-registered or support staff, all incidents should be called into the Charge Nurse via the call bell before anything is initiated.***
2. The attending physician must be contacted about the resident's absence of life and must come to the facility to pronounce death, determine the cause and sign the death certificate.
3. **If the physician requests** that the coroner be contacted, the registered staff will call the Regional Coroner (1-800-897-8565) and explain the reason for the call, indicating that there has been an unexpected death. The coroner will then come to the facility, pronounce death, determine the cause and sign the death certificate.
4. The most appropriate person will notify the family/substitute decision maker. This may be the physician, charge nurse or Director of Resident Care.
5. The body and personal effects must remain secure and not moved until permission is given by the physician. No unauthorized person shall be allowed into the room.
6. The room must be locked and a sign placed on the door, requesting that anyone coming to that room must contact nursing staff.
7. If the name of the funeral home is not indicated on the resident's chart, the individual contacting the family/substitute decision maker will request this so that arrangements can be made.
8. Family may request to be with the body prior to discharge to the funeral home and this must be respected. The physician will be notified of this request so that permission may be granted for entry into the resident's room.
9. If family do come in prior to the body being discharged to the funeral home, staff will escort them to the resident's room and offer any assistance/support needed.
10. All pertinent data must be entered into the resident's progress notes, including the family member/substitute decision maker contacted.

Section: Specific Emergency Responses	Policy Number: EP02-016
Page: 4 of 6	Category: Medical Emergencies

MANAGEMENT OF ANAPHYLAXIS

PURPOSE

To ensure the prompt recognition and appropriate management of potentially life threatening anaphylactic reactions.

Definition

Anaphylaxis is a serious, potentially life-threatening allergic reaction to foreign antigens; it has been proven to be associated with vaccines, medications, food etc. Anaphylaxis is rare with an estimated range of occurrence of 1-10 episodes per million doses of vaccine administered. It should be anticipated in every **vaccination** administered. Other common causes are; **peanuts**, nuts, **fish** and **shellfish**, anaphylaxis triggers in adults include: certain **medications**, including antibiotics, aspirin and other over-the-counter pain relievers, and the intravenous (IV) contrast used in some imaging tests. Stings from bees, yellow jackets, wasps, hornets and fire ants. **Latex**

Preventing Anaphylaxis:

.Pre-vaccination screening

- Prevention of anaphylaxis is critically important. Pre-vaccination screening includes screening for a history of anaphylaxis and identification of potential risk factors. It should include questions about possible allergy to any component of the vaccine(s) being considered in order to identify if there is a contraindication to administration.

Post-vaccination observation

- Most instances of anaphylaxis to a vaccine begin within 30 minutes after administration of vaccine, vaccine recipients should be kept under observation for at least 15 minutes after immunization; 30 minutes is a safer interval when there is a specific concern about possible vaccine allergy.
- **Admission screening**
A Medical History Assessment is completed prior to admission, by the physician, to determine previous history of allergies to medicine, food, latex, dyes etc. A prescreening conducted with the DOC and/or ADOC with documentation into Point Click Care. Notification to dietary department via the Dietary Referral Assessment in Point Click Care for any food related allergies.

Recognizing anaphylaxis:

In anaphylaxis, signs and symptoms develop over several minutes and by definition involve at least two body systems (e.g. the skin, respiratory, gastrointestinal or circulatory systems).

Section: Specific Emergency Responses	Policy Number: EP02-016
Page: 5 of 6	Category: Medical Emergencies

The cardinal features of anaphylaxis are

- itchy, urticarial rash
- progressive, painless swelling (angioedema) about the face and mouth, which may be preceded by itchiness, tearing, nasal congestion or facial flushing
- respiratory symptoms, including sneezing, coughing, wheezing, laboured breathing and upper airway swelling (indicated by hoarseness and/or difficulty swallowing) possibly causing airway obstruction
- gastrointestinal symptoms, including crampy abdominal pain and vomiting
- sudden reduced blood pressure or symptoms of end-organ dysfunction (e.g., hypotonia and incontinence).

Fainting, anxiety or breath-holding

Fainting (vasovagal syncope), anxiety and breath-holding episodes are benign reactions to vaccination which occur more commonly than anaphylaxis

Anaphylaxis Management Kit (Adrenalin/epinephrine):

Anaphylaxis management kits are located in each nursing office and include:

- A copy of the Policy and Procedure of anaphylaxis emergency management protocol
- Two vials of aqueous epinephrine 1:1000
- 2-3 → 1 cc syringes with needles (1 - 25 gauge, 1 inch needle; 1 - 25 gauge, 5/8 inch needle)
- One - 25 gauge, 5/8 inch needle (extra)
- Alcohol swabs

Prior to administering vaccines or medications, every staff will ensure she/he knows the epinephrine kit is located **in each of the nursing offices**. This kit will be regularly inspected by the nursing staff on the night job routines (weekly) to ensure expiry dates are current and the kit is intact. Please reorder the Epinephrine, if expired, from Classic Care Pharmacy.

Steps for basic management of anaphylaxis in a non-hospital setting

(Steps 1, 2, 3 should be done promptly and simultaneously)

1. **Assess** circulation, airway, breathing, mental status, skin, and body weight (mass). Secure an oral airway if necessary. **Direct someone to call 911** or emergency medical services.
2. **Position** the vaccine recipient on their back or in a position of comfort if there is respiratory distress; elevate the lower extremities. Place the resident on their side if vomiting or unconscious.
3. **Inject epinephrine intramuscularly in the mid-anterolateral aspect of the thigh:** 0.01 mg/kg body weight of 1:1000 (1 mg/mL) solution

Section: Specific Emergency Responses	Policy Number: EP02-016
Page: 6 of 6	Category: Medical Emergencies

ADULT: standard dose of 0.3mg (0.3mL) up to a maximum 0.5 mg (0.5mL)

Record the time of the dose.

Repeat every 5 to 15 minutes as needed, for a maximum of three doses. (Note: If on beta-blockers may be more resistant to epinephrine)

4. **Stabilize resident;** perform cardiopulmonary resuscitation if necessary, give oxygen and establish intravenous access if available and give adjunctive treatment (i.e. diphenhydramine hydrochloride or Benadryl®) if indicated.
5. **Monitor** resident's blood pressure, cardiac rate and function, and respiratory status.
6. **Transfer to hospital for observation.**
7. **Document** all observations, medications used and resident's response to medication on the resident's record.

References

Canadian Immunization Guide- Vaccine Safety (June 2013)
<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html#p2c3a4f1>

Section: Specific Emergency Responses	Policy Number: EP02-017
Page: 1 of 1	Category: Power Outages

Policy:

Power failures are typically a short term disruption of dependent services to the facility but it is important to maintain normal operations. The emergency generator will ensure power to essential services is maintained but power outages will affect other services. The longer the facility is on emergency power, it becomes very important for the staff to think ahead to ensure the safety and needs of our residents are being met.

POWER OUTAGES:

Typically power outages are caused by the loss of transmission of power from the grid. This will affect the facility as a whole and our 3 emergency generators will feed emergency power to the facility.

The Power Outage Form will help guide staff through the emergency and ensure all operation areas are checked to prevent secondary emergencies.

1. The Charge Nurse will take charge of their areas and communicate to staff to ensure the safety of the residents. Utilizing the Power Outage Form will help to ensure all services are being addressed, but the staff may need to address other issues that come up.
 2. The Charge nurse will inform the staff of the importance of keeping them informed of any issues during the outage.
 3. It is very important to have a maintenance staff respond to all power outages to ensure the needs of the building, residents and staff can be met. During a power outage, all of the generators, building equipment and portable equipment require supervision to ensure these systems continue to function during the duration of the outage.
 4. The Director of Care must be informed of the power outage as they will be the link to communicate to the Senior Leadership Team.
 5. The Director of Care will activate the Emergency Control Group if the outage may be prolonged.
 6. It is important to think about all building safety features and how a power outage may affect them (i.e. building temperatures) as well as how staff can still deliver service to our residents (i.e. meal service).
 7. The Charge Nurse can approve all purchases of fuel for the emergency generators if required.
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Section: Specific Emergency Responses	Policy Number: EP02-018
Page: 1 of 10	Category: Heating & Cooling Emergencies

Policy:

During heating or cooling emergencies, it is imperative that all information in regards to the emergency is gathered and plans put in place to ensure the welfare of residents and staff. All staff must act appropriately to the circumstances during the emergency.

Heating system emergencies:

In the event of a heating system failure, the Charge Nurse must ensure the following are addressed in a timely manner by staff:

1. If the failure of the heating system is due to a power failure, refer to the power failure policy and checklist- EP02-018.
2. If the failure is only related to the heating system, the Charge Nurse will contact the On-call Maintenance staff person, who will contact the contracted service provider for the heating system to come to the facility to investigate and restore the heating system in a timely manner.
3. The Charge nurse will inform the staff of the importance of keeping her/him informed of any issues during the emergency.
4. Ensure all windows and exterior doors are closed.
5. Make available additional blankets to keep residents warm and are monitored.
6. Ensure all vacant room doors are kept closed.
7. Ensure Dietary Services supply hot foods and beverages to help residents keep warm.
8. The Director of Care must be informed of the emergency as they will be the link to communicate to the Senior Leadership Team.
9. The Charge Nurse can approve all purchases of equipment and labour for the emergency if required.

In the event the temperature in the facility drops below an acceptable level and/or the heating system will not be restored for an extended period of time, The Emergency Control Group (Senior Leadership Team) may initiate an evacuation- EP03-001 to 008.

Section: Specific Emergency Responses	Policy Number: EP02-018
Page: 2 of 10	Category: Heating & Cooling Emergencies

Cooling system emergencies:

In the event of a cooling system failure, the Charge Nurse must ensure the following are addressed in a timely manner by staff:

1. If the failure of the cooling system is due to a power failure, refer to the power failure policy and checklist- EP02-018.
2. If the failure is only related to the cooling system, the Charge Nurse will contact the On-call Maintenance staff person, who will contact the contracted service provider for the heating system to come to the facility to investigate and restore the cooling system in a timely manner.
3. The Charge nurse will inform the staff of the importance of keeping her/him informed of any issues during the emergency.
4. Ensure all windows and exterior doors are closed.
5. Ensure residents are dressed in light clothing and are monitored for heat stress.
6. Ensure all vacant room doors are kept closed.
7. Ensure Dietary Services supply cold foods and beverages to help residents keep cool.
8. The Director of Care must be informed of the emergency as they will be the link to communicate to the Senior Leadership Team.
9. The Charge Nurse can approve all purchases of equipment and labour for the emergency if required.

In the event the temperature in the facility climbs above 27C and/or the cooling system will not be restored for an extended period of time, The Emergency Control Group may initiate an evacuation- EP03-001 to 008

Section: Specific Emergency Responses	Policy Number: EP02-018
Page: 3 of 10	Category: Heating & Cooling Emergencies

Extreme Cold Weather

PURPOSE

To ensure that nursing staff are familiar with the recognition and treatment of cold-weather related illnesses. Policy will take affect when a cold weather advisory is received from Environment Canada and wind chill reaches -25 degrees.

PREVENTATIVE MEASURES

Do not make any unnecessary trips outside. If you must go out make sure you are properly dressed and fully covered. Wear loose-fitting clothing, a hat and scarf to cover one's face and mouth, mittens, and water-resistant coat and shoes.

Avoid overexertion by doing only what is necessary. Cold weather strains the heart.

Have extra blankets available and keep residents as warm as possible. (Emergency blankets kept in the storage room under the stairs at The Ellington)

Make sure emergency power supply is operable.

Make sure emergency supply of water is available.

Make sure all emergency food supplies and equipment are on hand, please See Emergency Supply List located in the Red Emergency Binder.

Encourage residents to eat a well-balanced diet, avoid alcoholic beverages and drink warm beverages.

Keep posted to weather bulletins.

Post sign on door to avoid going out into extremely cold weather.

Avoid any outings or recreational activities in the extreme cold weather.

Avoid ice covered sidewalks to prevent slips and falls, have maintenance sand/salt the walkways more frequently.

Staff are responsible to keep entryways, exits, walkways and parking lots free of ice and snow.

Watch for signs and symptoms of frost bite and hypothermia.

See following attachments for signs/symptoms and treatment of Hypothermia, Frost Bite and Wind Chill Hazards Fact Sheet

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HYPOTHERMIA, sometimes called exposure, occurs when the body can no longer produce more heat than it is losing. The body's internal temperature then drops below 35 C or 95 °F.

It's important for Canadians to know what leads to hypothermia. Wind, wet and cold are the key factors. Wind can chill the body as air moves over it. Water rapidly absorbs body heat; wet clothing is a common cause of hypothermia, and casualties in lakes and rivers are often due to hypothermia, not drowning. Cold air cools down the body - but it does not have to be frigid; hypothermia can happen at under 10 C, so it's a threat even with above-average winter temperatures.

Precautions anyone can take

The Canada Safety Council recommends preparing yourself against hypothermia if you are working outside or taking part in outdoor recreational activities:

- Wear a warm hat. Most body heat is lost through the head.
- Wear layered clothing. Proper layers will allow warm air to stay trapped but do not trap perspiration next to the skin.
- Protect your feet and hands. Wear loose waterproof boots. If the boots have felt liners, carry an extra pair to replace damp ones. Mittens warm the hands more effectively than gloves. Carry an extra pair of these too.
- Prevent dehydration and exhaustion, which can lead to hypothermia. Drink plenty of non-alcoholic fluids. Pace yourself when doing vigorous activity.
- Stay fit through good physical conditioning and good nutrition. People who are fit are less susceptible to hypothermia. And don't let yourself become weakened through fatigue.
- Try to stay in a heated environment, but not so hot as to cause excessive sweating. You risk hypothermia when you seek to cool down by leaving a hot environment for a cool one.
- Eat high energy food, such as nuts and raisins.
- Avoid alcohol, coffee, tea and tobacco. They can cause heat loss.
- If you are traveling (on the road or in the wilderness) carry emergency supplies.

Sudden heart attacks increase during a cold snap. Cold air can cause blood pressure to go up, especially when skin is exposed. Shivering is a serious warning sign to seek a warmer, sheltered place.

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Beware of the Symptoms

Initial Signs (Mild Hypothermia)

- Bouts of shivering
- Grogginess and muddled thinking
- Breathing and pulse are normal

Danger Signs of Worsening Hypothermia (Moderate Hypothermia)

- Violent shivering or shivering stops
- Inability to think and pay attention
- Slow, shallow breathing
- Slow, weak pulse

Signs of Severe Hypothermia

- Shivering has stopped
- Unconsciousness
- Little or no breathing
- Weak, irregular or non-existent pulse

What to do if you Suspect Hypothermia

If you suspect hypothermia, take measures to prevent further heat loss and get medical help as quickly as possible. Continue the warming efforts even if there is little or no pulse or heartbeat. Severe hypothermia can be mistaken for death.

Move the casualty to a dry, warm location if possible, or provide protection from the wind. Keep the person in a horizontal position. If you can't replace wet clothes with dry ones, cover the wet clothes with warm dry clothing or blankets, and place something warm and dry under the casualty. If the person is conscious, supply a warm drink, but avoid alcohol and caffeine.

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FROSTBITE is damage to the skin and underlying tissues caused by extreme cold. Frostbite is distinguishable by the hard, pale, and cold quality of skin that has been exposed to the cold for too long. The area is likely to lack sensitivity to touch, although there may be an aching pain. As the area thaws, the flesh becomes red and very painful.

Any part of the body may be affected by frostbite, but hands, feet, nose, and ears are the most vulnerable. If only the skin and underlying tissues are damaged, recovery may be complete. However, if blood vessels are affected, the damage is permanent and gangrene can follow. This may require removal (amputation) of the affected part.

Upon warming, it is common to experience intense pain and tingling or burning in the affected area.

Causes

Frostbite occurs when the skin and body tissues are exposed to cold temperature for a prolonged period of time. Hands, feet, nose, and ears are most likely to be affected.

Although anyone who is exposed to freezing cold for a prolonged period of time can get frostbite, people who are taking beta-blockers, which decrease the flow of blood to the skin, are particularly susceptible. So are people with peripheral vascular disease (a disorder of the arteries). Other things that may increase the risk of frostbite include: smoking, windy weather (which increases the rate of heat loss from skin), diabetes, peripheral neuropathy.

Symptoms

The first symptoms are a "pins and needles" sensation followed by numbness. There may be an early throbbing or aching, but later on the affected part becomes insensate (feels like a "block of wood").

Frostbitten skin is hard, pale, cold, and has no feeling. When skin has thawed out, it becomes red and painful (early frostbite). With more severe frostbite, the skin may appear white and numb (tissue has started to freeze).

Very severe frostbite may cause blisters, gangrene (blackened, dead tissue), and damage to deep structures such as tendons, muscles, nerves, and bone.

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First Aid

1. Shelter the person from the cold and move him or her to a warmer place. Remove any constricting jewelry and wet clothing. Look for signs of hypothermia (lowered body temperature) and treat accordingly.
2. If immediate medical help is available, it is usually best to wrap the affected areas in sterile dressings (remember to separate affected fingers and toes) and transport the person to an emergency department for further care.
3. If immediate care is not available, rewarming first aid may be given. Soak the affected areas in warm (never hot) water -- or repeatedly apply warm cloths to affected ears, nose, or cheeks -- for 20 to 30 minutes. The recommended water temperature is 104 to 108 degrees Fahrenheit. Keep circulating the water to aid the warming process. Severe burning pain, swelling, and color changes may occur during warming. Warming is complete when the skin is soft and sensation returns.
4. Apply dry, sterile dressings to the frostbitten areas. Put dressings between frostbitten fingers or toes to keep them separated.
5. Move thawed areas as little as possible.
6. Re-freezing of thawed extremities can cause more severe damage. Prevent refreezing by wrapping the thawed areas and keeping the person warm. If protection from refreezing cannot be guaranteed, it may be better to delay the initial rewarming process until a warm, safe location is reached.
7. If the frostbite is extensive, give warm drinks to the person in order to replace lost fluids.

DO NOT

- Do NOT thaw out a frostbitten area if it cannot be kept thawed. Refreezing may make tissue damage even worse.
 - Do NOT use direct dry heat (such as a radiator, campfire, heating pad, or hair dryer) to thaw the frostbitten areas. Direct heat can burn the tissues that are already damaged.
 - Do NOT rub or massage the affected area.
 - Do NOT disturb blisters on frostbitten skin.
 - Do NOT smoke or drink alcoholic beverages during recovery as both can interfere with blood circulation.
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HEAT AND HUMIDITY EXCESS

PURPOSE

To ensure that nursing staff are familiar with the recognition and treatment of hot weather related illnesses. Preventative measures must be taken in the event of a heat wave or poor air quality situation.

PREVENTATIVE MEASURES

These include but are not limited to the following:

- Signs are posted at all exits to indicate residents should stay indoors during extreme weather advisory
- Air is kept circulating
- Shades and curtains are drawn in all rooms that are exposed to direct sunlight
- Residents are removed from an area that is exposed to direct sunlight and relocated to an area that is cooler
- Outside activities are discouraged for residents
- Rest periods are encouraged
- Residents are encouraged to dress with light weight, loose clothing, preferably of a cotton fabric
- Offer and encouragement of non-carbonated fluids are made to residents frequently throughout the day (access to the snack and beverage fridge is available 24hrs per day, 7 days per week)
- Sponge baths or showers are given if needed
- Fans are placed in the hallways to assist with air circulation
- Any changes in the resident's condition such as edema, shortness of breath, skin being hot or dry are to be reported immediately to the nurse
- Residents that have cognitive impairment would have assistance from staff to regulate the temperature in their individual suites.
- The policy is posted annually with the high risk resident list at each nursing station.

Elderly people aged 65 years and older are more prone to heat stress than younger people for several reasons:

- Elderly people do not adjust as well as young people to sudden changes in temperature.
 - They are more likely to have a chronic medical condition that changes normal body responses to heat such as circulatory insufficiency, cardiovascular disease, gastrointestinal disturbances, history of previous heat stroke, medications, conditions altering mental status etc.
 - They are more likely to take prescription medicines that impair the body's ability to regulate its temperature or that inhibit perspiration.
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Heat Stroke

Heat stroke is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the body loses its ability to sweat, and it is unable to cool down. Body temperatures rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Signs and Symptoms of Heat Stroke

Warning signs vary but may include the following:

- An extremely high body temperature (above 103°F)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea

Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids.

Warning signs vary but may include the following:

- Heavy sweating
 - Paleness
 - Muscle Cramps
 - Tiredness
 - Weakness
 - Dizziness
 - Headache
 - Nausea or vomiting
 - Fainting
 - Skin: may be cool and moist
 - Pulse rate: fast and weak
 - Breathing: fast and shallow
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MANAGEMENT OF HEAT EXHAUSTION AND HEAT STROKE

- Place resident in a cool area in a supine position.
 - Remove restrictive clothing with loose and light weight clothing, preferably cotton and non-polyester.
 - Cooling down by sponge-bathing with cool water or placing wet/cool towels over the neck, chest, axilla and groin.
 - Push fluids, monitor intake and output.
 - Promote circulation by massaging extremities and back, and change position frequently.
 - Review a residents medications to determine ones that adversely affect heat regulation such as diuretics, laxatives, and phenothiazines and notify physician to determine next steps i.e. holding
 - Immediately report to physician any changes to mental status.
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Section: Specific Emergency Responses	Policy Number: EP02-019
Page: 1 of 2	Category: Tornado Warnings

Policy:

Clear, specific procedures shall be implemented to protect residents, staff and visitors in the case of a **Tornado Watch** and/or **Tornado Warning**.

Definitions:

A **Tornado Watch** is issued when conditions are favorable, for example, either for a severe thunderstorm or tornadoes.

A **Tornado Warning** means that severe weather is imminent and is based on specific criteria and existing reports. The criteria include hail that totals more than 25mm in diameter and wind speeds of 88km/h.

Tornado Watch and or Warnings:

With the Federal Government's Wireless Emergency Alerts, all cell phones will be alerted of a Tornado watch or warning. In the case where a tornado watch/warning has been issued or verified, information has been received that a tornado has been sighted, Senior Leaderships shall notify Reception (Charge Nurse after hours) @ extension 2221, and Reception will contact:

- LTC Charge Nurse @ extension 2721
- Ellington Retirement Charge Nurse @ extension 2702
- Nottingham Retirement Charge Nurse @ extension 2704
- Retirement Plus Retirement Charge Nurse @ extension 2728

Reception will announced a **Tornado Watch** or **Tornado Warning** has been issued and shall be cancelled based on information from the Emergency Information Advisories. During the emergency the facility's Charge Nurse's shall be in charge of Emergency Response Procedures until relieved by the Senior Leadership Team's **Emergency Control Group**.

When a **Tornado Watch** has been issued every effort must be made to inform all Staff that a potentially serious weather emergency exists. Normal movement of residents can still occur during a **Tornado Watch**. During a watch staff must close curtains in all rooms. All persons involved in direct resident care and/or duties essential to the operation of the facility shall return to their home area or department for assignment.

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Tornado Warnings continued

When a **Tornado Warning** has been issued, normal movement of residents must not occur. Residents who have been transported off their home area shall be sheltered in the safest place close to their current location and not brought back to their home area and staff will inform the home area Charge Nurse of the location of the resident or residents.

When a **Tornado Warning** has been issued, residents are sheltered in place on their units whenever feasible. Ambulatory patients and patients in wheelchairs shall be placed in the bathrooms of their rooms if space is available. Semi-private rooms due to space restraints may require the placement of additional residents in internal hallway corridors. Doors to bathrooms may be left partially open to minimize anxiety.

Bedfast residents will be placed in a supine position, as tolerated. Draw curtains in the resident's rooms. Turn bed so headboard is between the resident and any windows. Protect the resident with blankets and or pillows.

Based on space and resident needs, staff and residents need to seek shelter in bathrooms or interior hallways,

All visitors in the facility and non-resident care personnel shall take shelter on the ground floor away from windows. If time does not permit evacuation of areas with windows, seek shelter under desks or behind file cabinets. Any additional incoming visitors to the facility shall be directed to the ground floor area.

Staff should not leave designated areas until notified of the completion of the warning.

Based on the outcome of the severe weather will dictate what procedures staff must follow.

- Fire Alarm And Evacuation- EP02-005
- Missing Resident- EP02-002, 003 and 004
- Elevator Emergencies- EP02-007
- Water Contamination/ Loss of Water- EP02-008
- Power Failures- EP02-017
- Heating and Cooling Emergencies- EP02-018

Section: Specific Emergency Responses	Policy Number: EP02-020
Page: 1 of 3	Category: Armed Intruder

PURPOSE:

To identify initial actions employees must take to recognize an armed intruder threat, communicate their observations to summon assistance, and implement safety actions to remove themselves and other potential victims from harm's way.

POLICY:

The Elliott Community recognizes that an armed intruder's entry onto the grounds or inside the facility presents the highest level of danger to our residents, visitors, and co-workers. Resolution of the threat ultimately relies on our ability to quickly summon assistance from Guelph Police.

PROCEDURE:

In general, how you respond to these situations will be dictated by the specific circumstances of the encounter. If you find yourself in this situation, remain calm and **CALL 911** as soon as possible. It is critical that people remain calm and think clearly. No one can predict what actions are most appropriate for every situation that might occur. This procedure is merely a framework; you will need to adjust accordingly, depending on the exact circumstances you are facing. **The object is to have the intruder think there is no one in your area and to make it as difficult as possible to gain access. Remember to turn your phone to silent to ensure it does not attract the attention of the intruder.**

Armed Intruder in or near your building

- Try to warn others to take immediate shelter.
 - Go to a room that can be locked or barricaded.
 - Lock and barricade doors, turn off lights, close the blinds.
 - **CALL 911** and provide known information
 - Do not sound the fire alarm. A fire alarm would signal the occupants to evacuate the building and thus place them in potential harm as they attempt to exit the area.
 - If you were able to see the offender(s), give a description of the person's(s) sex, race, clothing, type of weapon(s), location last seen direction of travel, and identity – if known.
 - If you hear shots being fired, do not go out into a hallway or corridor to investigate.
 - If you heard any weapons fire, provide a description and location.
 - Switch cell phones to vibrate, turn off other devices that emit sound.
 - Keep yourself out of sight. Take adequate cover/protection behind objects that will stop a bullet: i.e., concrete walls, thick desks, filing cabinets.
 - If the fire alarm sounds, ignore it unless you can physically detect the signs of fire. An intruder may pull an alarm to flush people out into the open.
 - Depending on circumstances, you may want to consider exiting ground floor windows as safely and quietly as possible.
 - Wait until a uniformed police officer provides an "all clear". This may take some time.
 - Unfamiliar voices may be an Armed Intruder trying to lure you from safety. Do not respond to voice commands until you can verify with certainty that they are being issued by a police officer.
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Armed Intruder in the room you are in:

- Try to hide or escape.
- If unable to escape, assume prone position (play dead) or
- Fight to overpower assailant by throwing items, surprising the intruder by triggering a fire extinguisher in their face, attack with furniture, or swarm as a group.
- If the Armed Intruder(s) leaves the area, barricade the room and call 911

Armed Intruder in an outside area:

- Move away from the Armed Intruder or the sounds of gunshot(s).
- Look for appropriate locations for cover / protection; i.e., brick walls, retaining walls, large trees, parked vehicles, or any other object that may stop bullet penetration.
- If you think you can make it out of the area, do so. If you decide to run, do not run in a straight line. Attempt to keep objects (trees, vehicles, trash cans, etc.) between you and the hostile person. When away from immediate area of danger, summon help and warn others.
- **CALL 911** and provide the information listed in the first guideline.

What to do if taken hostage

- Be patient. Time is on your side. Avoid drastic action.
- If they are demanding narcotics, give it to them and try to have them leave the facility.
- The first 45 minutes are the most dangerous. Be alert and follow instructions.
- Don't speak unless spoken to and then only when necessary.
- Avoid arguments or appearing hostile. Treat the captor with respect. If you can, establish rapport with the captor. It is probable that the captor(s) do not want to hurt anyone. If medications, first aid, or restroom privileges are needed by anyone, say so.
- Try to rest. Avoid speculating. Expect the unexpected.
- Be observant, you may be released or escape. You can help others with your observations.
- Be prepared to speak with law enforcement personnel on the phone.

What to expect from responding police officers

Police officers responding to an Armed Intruder are trained to proceed to immediately to the area in which shots were last heard in order to stop the shooting as quickly as possible. The first responding officers may be in teams. They may be dressed in normal patrol uniforms, or they may be wearing external ballistic vests and Kevlar helmets or other tactical gear. The officers may be armed with rifles, shotguns, or handguns. The first officers to arrive will **NOT** stop to aid injured people. The responding officers will be focusing on stopping the Armed Intruder and creating a safe environment for medical assistance to be brought in to aid the injured. Keep in mind that even once you have escaped to a safer location, the entire area is still a crime scene.

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Police will usually not let anyone leave until the situation is fully under control, and all witnesses have been identified and questioned. Pay close attention to their commands and react immediately as to what they command you to do. They will be on a heightened sense of alert, do not run toward them but wait for their commands. Keep your body language as unthreatening as possible.

Aftermath

- The Charge Nurse must call their Director to ensure the Senior Leadership Team is notified of the incident as per EP01-001 (Plan Implementation).
 - SLT will convene in another location away from the building that was effected as per EP01-003 (Emergency Control Group).
 - The Charge Nurse will implement a census of all staff on duty as well as all residents to ensure everyone is accounted for.
 - The Charge Nurse will complete the Violent Incident Form, EP02-006 and retain it until requested by the Chief of Resident Care Services /CEO or delegate.
 - The Charge Nurse will inform the Emergency Control Group of the outcome of the census as well as injuries.
 - The Emergency Control Group will contact all governing bodies that apply (MOHLTC, RHA, and MOL).
 - The Emergency Control Group will refer to EP03-004 (Media Communication) for the release of information to the public.
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OUTBREAK RESPONSE

POLICY

A rapid response will help minimize the impact of an outbreak and will provide an opportunity to review The Elliott Community infection prevention and control practices in order to prevent recurrence.

PROCEDURE

When there are 2 or more residents in the same geographical area (such as resident home area or unit) displaying 2 or more of the same symptoms of possibly communicable infection, than the possibility of an outbreak will be investigated, and outbreak response initiated. Appropriate laboratory investigations and control measures will be instituted as requested and notification of Director of Care and Infection Control Coordinator.

IMMEDIATE RESPONSE

If a resident is suspected of having a communicable illness, they are to be isolated immediately and additional precautions initiated to reduce risk of transmission. Appropriate measures to ensure safety for both residents and staff may include the use of personal protective equipment including masks, goggles, gowns, and gloves. The resident is to remain in their room with dedicated equipment wherever possible.

*See specific instruction for identified illnesses.

OUTBREAK MANAGEMENT TEAM

Once an outbreak has been declared, the Outbreak Management Team will work within the various departments of The Elliott Community and the Wellington-Dufferin-Guelph Health Unit to investigate and manage the outbreak.

The epidemiologic investigation will rest with the local public health authorities. Information will be shared with the Outbreak Management Team to ensure that all factors can be considered.

Outbreak management team membership may include: Chief of Resident Care Services, Infection Control Coordinator, Director of Care LTC & Retirement, Associate Director of Care Retirement,

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Directory of Dietary Services, Director of Environmental Services, Medical Director, Public Health Representative, Clinical Pharmacist, CEO.

The Committee will ensure that the suspected outbreak is reported to the local medical Officer of Health, as well as the Ministry of Health and Long-Term Care. If appropriate, the Chief of Resident Care Services will communicate with the media. Appropriate signage will be posted in the main entrances. The committee will take appropriate actions as directed by the Health Unit to contain infections, up to and including closure to admissions and transfers, visitor restrictions, staff cohorting and limitations on group activities. All measures initiated must be recorded and follow-up documented. All actions will be communicated to the team of the Chief of Resident Care Services /delegate.

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Pandemic Planning Policy

BACKGROUND:

Pandemic influenza is a worldwide outbreak of influenza. It happens when a new Influenza A virus emerges among people, spreads and causes disease worldwide.

Influenza pandemics happen every few decades. Past influenza pandemics have led to high levels of illness, death, social disruption and economic loss.

Residents in long-term care facilities are at increased risk of complications from influenza because of their age and underlying medical conditions. The virus can be introduced by staff and visitors and can spread rapidly.

Influenza is primarily transmitted directly from person to person when people infected with influenza cough or sneeze, and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and possibly eyes of another person (i.e., droplet spread). The virus can survive for 24-48 hours on hard non-porous surfaces, for 8-12 hrs on cloth, paper and tissue, and for 5 minutes on hands. People can acquire influenza indirectly by touching contaminated hands, surfaces and objects. (i.e., contact spread). People with influenza are infectious and are able to transmit the virus for up to 24 hours before the onset of symptoms and for up to 7 days after.

Health care workers have an ethical duty to provide care and respond to suffering. The spread of the influenza virus in health care settings can be prevented and controlled through the consistent use of best practices in surveillance and infection prevention and control for respiratory infections. If these practices are used consistently, health care workers will be protected while caring for patients with influenza.

DEFINITIONS:

Antiviral: medication used to treat and prevent influenza.

Community: geographic location of the LTCH within the boundaries of our health units and other homes that falls into our geographical area.

Fever –related illness: Fever greater than 38.0 degrees Celsius (Ministry of Health and Long-Term Care).

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Hand hygiene: Process of removing soil or microorganisms from hands involving the use of soap and water or alcohol hand based rubs that contain 60-90% of alcohol.

High risk groups: Adults and children with chronic cardiac or pulmonary disorders. Residents of nursing homes or other chronic care facilities. People 65 years of age or older. Adults and children with chronic medical conditions such as diabetes mellitus and other metabolic diseases, cancer, immunodeficiency (including HIV infection), immunosuppression (including that of transplant recipients), renal disease, anemia and hemoglobinopathy

Influenza: contagious respiratory illness in humans that occurs every year. An annual vaccine is available.

Influenza like illness: Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia (joint pain), myalgia (muscle aches and pains) or prostration (extreme weakness). In patients over 65, fever may not be prominent.

Investigation number: formerly known as outbreak number, assigned by the local public health unit.

Nasopharyngeal swab: used to diagnose influenza like illnesses through viral culture and antigen testing.

Outbreak: 2 cases of acute respiratory tract illness within 48 hours on one unit. (Ministry of health and long-term care).

Pandemic activity (as defined by WHO): is a global outbreak that occurs when a new Influenza A virus emerges, to which the population has little immunity, that has the capacity to spread easily from person to person and cause serious human illness.

Personal Protective Equipment (PPE): Gowns, gloves, masks and protective eyewear.

Resident: Anyone residing in the home. For the purpose of this policy, includes those residing in retirement suites and apartments.

Routine Practices: Interventions implemented to reduce the risk of transmission of microorganisms from patient to patient, patient to health care worker, and health care worker to patient. Includes hand hygiene, use of personal protective equipment and cleaning and disinfecting.

Staff: Anyone conducting activities within a health care setting that will bring him/her close to a resident including all health care providers (physicians, nurses allied health professionals, students), support services (housekeeping) and volunteers.

Surveillance: The systemic ongoing collection, collation, and analysis of data and the timely dissemination of information for those who need to know so that action can be taken.

WHO: World Health Organization

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PURPOSE:

To minimize the number of people infected with the virus, the severity of illness, the number of deaths, and the amount of socio-economic disruption to ensure resident care and services are managed. To ensure resident care and services are managed.

POLICY:

In the event of an influenza outbreak the Home will adhere to all the guidelines outlined in the policy. The Infection Control Nurse or designate will ensure that the policy is communicated to all staff.

PROCEDURE:

The WHO has 6 stages for defining pandemic activity:

Phase 1.

No new influenza virus subtypes detected in humans. If animals are infected, risk to humans is low.

Phase 2.

No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Phase 3.

Isolated human infections, no human-to-human spread except rare close contacts.

Phase 4.

Small, highly localized cluster(s), limited human-to-human transmission.

Phase 5.

Larger localized cluster(s) limited human-to-human spread. Substantial pandemic risk.

Phase 6.

Pandemic phase: Sustained transmission among humans occurs.

The home's level of response will depend on the phases of the influenza pandemic worldwide as well as the level of threat in the community. The Ontario Health Plan on Pandemic Planning has provided a response by pandemic activity once phase 6 of the WHO has been activated. There are 3 stages which include:

Stage 1 includes no pandemic activity in the country, province or community;

Stage 2 includes pandemic activity in the community; and

Stage 3 includes pandemic activity in the home.

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Stage 1

No Pandemic Activity in the Country, Province or Community

If an influenza pandemic has been declared elsewhere in the world, but there is no pandemic activity in the country, province or community, staff can use a more passive approach which includes:

- Allowing family members and visitors to self-screen.
- Looking for influenza-like illness in residents while providing routine daily care or activities.
- Staff should report influenza-like illness to their supervisor and the Infection Control Nurse.
- Residents with influenza-like illness should be line listed and the form should be forwarded to the Infection Control Nurse daily. Any suspected outbreak should be reported to the Infection Control Nurse immediately.

Pandemic Activity in the Country or Province, but No Pandemic Activity in the Community

Surveillance will include:

- Passive screening as identified above.
- Nursing staff will actively seek out signs or symptoms in residents by:
 - Conducting unit rounds
 - Reviewing unit reports, which will provide information on any elevated temperatures
 - Reviewing staff communication books
 - Reviewing medical and/or nursing progress notes on the resident's charts, reviewing pharmacy antibiotic utilization records
 - Reviewing laboratory reports and asking staff for verbal reports based on their clinical observations.
- The Infection Control Nurse or designate will review the results of surveillance data for any signs of the pandemic strain.

The Infection Control Nurse will continue to use the normal reporting procedures to report to the local public health unit

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Stage 2

Pandemic Activity in the Community

The local public health unit will notify the home if the pandemic has spread into the area. The home will:

- Activate the pandemic plan, see stage 3 guidelines
- Activate the emergency plan, see stage 3 guidelines
- Maintain active surveillance, using outbreak-reporting forms provided by local public health units.

Stage 3

Pandemic Activity in the Home

When the outbreak of the pandemic strain is suspected or confirmed, the home will take the following steps:

1. Notify the local Medical Officer of Health or designate by phone and follow steps outlined below.
 - Submit the outbreak reporting forms to the Medical Officer of Health or designate by fax or by electronic reporting systems in place.
 - Provide the Medical Officer or designate the name of the Infection Control Nurse and back-ups at the home responsible for the outbreak investigation along with their contact information
 - Report the initial control measures that have been instituted.
 - Request an Investigation Number and record it on all laboratory submission forms.
 2. Residents that are recently ill will be swabbed first (less than 48 hours from onset of symptoms). Once the pandemic strain has been confirmed in the community, nasopharyngeal swabs may no longer be required. If nasopharyngeal swabs are required, the local public health unit will be responsible for supplying the home with swabs. Staffs are to ensure that the specimens and requisitions are properly labeled with all pertinent information (i.e. residents name, home's name, and the Investigation Number).
 3. Implement infection prevention and control measures (refer to next section of policy).
 4. Notify the appropriate individuals. (See notification of appropriate individuals section).
 5. Hold an initial meeting of the pandemic outbreak management team.
 6. Monitor the outbreak/continue ongoing surveillance.
 7. Implement control measures for residents, staff, volunteers and visitors.
 8. Distribute antivirals if available.
 9. Distribute vaccine if available.
 10. Investigate the outbreak.
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11. Review the outbreak.

Infection Prevention and Control Measures

Droplet and Contact Precautions

The following precautions are necessary to prevent and control the spread of droplet-spread illnesses:

1. Hand hygiene is the most important measure in preventing the spread of infections (i.e. the use of alcohol-based hand sanitizers or washing hands before seeing a resident, after seeing a resident and before touching the face and after removing and disposing the PPE). If hands are visibly soiled, they must be washed with soap and running water. Sinks that residents use may be contaminated and should not be used by staff and volunteers for hand hygiene unless no other alternative is available.
2. N-95 masks are required to cover the worker's nose and mouth when providing care within two meters of the resident. If a resident is transferred to another facility or leaves their room, the resident should wear a mask if exhibiting influenza-like symptoms. Masks should be changed if they become wet or if contaminated by secretions. Staff wearing masks must remove their mask before caring for another resident, and when leaving the resident's room.
3. Protective eyewear is required when providing direct care within two meters of the resident. If reusable protective eyewear is worn, it can be washed with soap and hot water, or cleaned with disposable disinfectant wipes and then rinsed. This does not include personal eyeglasses.
4. Follow examination procedures that minimize contact with droplets (i.e. sitting next to rather than in front of a coughing resident when taking a history or conducting an examination).
5. Gloves are required when a worker is likely to have contact with body fluids or to touch contaminated surfaces. Gloves are not to be substituted for proper hand hygiene. Gloves should be put on before entering and removed prior to leaving the resident's room. Gloves should fit the wearer to prevent cross contamination. Hand hygiene must be performed immediately after removing gloves. Single-use gloves should not be reused or washed. Gloves should be changed when a tear or leak is suspected.
6. Gowns should be worn during direct resident care where there is a chance for contamination or spillage. When a gown is worn, the cuff of the gloves must cover the cuffs of the gown. Gowns should be removed before leaving the resident's room.
7. Disinfect any communal or shared equipment after use (i.e. B/P cuff, thermometer) using home approved disinfectant.
8. Personal protective equipment supplies will be kept in the emergency supply cupboard and will be distributed by the Infection Control Nurse or designate.

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Environmental Cleaning

1. The home will use the same routine infection control and cleaning procedures during an influenza pandemic as they do for seasonal influenza. Furniture, bed rails, overhead tables, telephones and non-critical resident care items should be included in the cleaning procedures (i.e. call bell) and should be cleaned daily.
2. Routine practices should be followed when handling soiled linen. See policy on isolation procedures as a cross-reference.
3. Routine practices should be applied to handling clinical waste (i.e., bandages, blood, stool, urine). Double bagging of waste is not required.
4. Disposable cutlery is not required unless there is a shortage of water. See section under essential services.

Notification of Appropriate Individuals

Once the pandemic influenza has been confirmed the Infection Control Nurse or designate will notify the following individuals:

- CEO (whom will then notify the Board of Directors and the City of Guelph)
- Medical Director (whom will then notify other physicians).
- Chief of Resident Care Services LTC
- Directors of Care LTC and RET
- Associate Directors of Care LTC and RET
- Executive Assistant to CEO

The individuals listed above are responsible for notifying other individuals according to the notification of appropriate individual chart, see Appendix A.

Initial Outbreak Management Team Meeting

The initial outbreak management team consisting of all department managers, the Infection Control Nurse (lead planner), CEO, Medical Director, and a representative from the Department of Public Health.

After hours, contact the Charge Nurse on duty who will then inform the other department managers. The media spokesperson will be the CEO or designate.

The outbreak management team will meet to:

- Confirm an outbreak exists and to ensure all members of the team have a common understanding of the situation.
 - Establish a working outbreak case definition or criteria that will be used to identify residents or staff with influenza caused by the pandemic strain.
 - Review control measures to prevent the spread of the virus.
 - Identify appropriate signage to be posted in the home and the appropriate locations (i.e. all entrances, elevators and loading dock).
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- Institute the staffing contingency plan.
- Enforce the use of personal protective equipment.
- Report the outbreak to appropriate people outside the home such as any of the resident's outside physicians, other health care providers (podiatrist, audiologist, dermatologist, psychogeriatric specialist, and ophthalmologist), and families of ill residents within or outside the home, ministry of health and long term care, staffing agencies, coroner's office and funeral directors.
- Implement the communication plan. Distribute internal communication for resident, family and staff.
- Discuss education sessions that are required for staff.
- Confirm how and when daily communications will take place between the home and the local public health unit.
- Discuss how often the outbreak management team will meet and set the next meeting date.

Monitoring of Outbreak

The Infection Control Nurse or designate will:

- Monitor the outbreak, which includes ongoing surveillance to identify new cases and update the status of ill residents and staff. The local public health unit will use the information to track the spread and impact of the pandemic, monitor ongoing transmission and effectiveness of infection prevention and control measures and recommend changes in the home's infection prevention and control practices if required. Measures may be added or lifted and additional testing may be required (i.e. testing for antiviral resistance). These directives will come from The Public Health Unit. Once the pandemic strain is suspected/identified. Staff will treat all subsequent cases of influenza-like symptoms unless the diagnosis is ruled out.
- Report any influenza-like illnesses and deaths to the local public health unit and coroner's office.
- Update the pandemic outbreak reporting forms and submit them weekly to the local public health unit by fax.
- Work in conjunction with the health and safety committee to ensure the appropriate precautions are being taken in the workplace to protect workers and patients.
- The Infection control nurse or designate will report employees who develop respiratory symptoms to their manager whom will then report to HR. HR will report to the Ministry of Labour (for investigation) and to the Workplace Safety and Insurance Board within 72 hours.
- Use the line-listing form to monitor surveillance for residents and staff. See Appendix B for sample line-listing form.

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Assess Residents' care needs

- Residents will be assessed according to:
 - Those who could be discharged to family members in the event of an outbreak
 - Those who's needs could be met by home care
 - Those that remain at the home
 - Those in acute care. The home will use all available means of transport for transporting residents requiring acute care services if ambulance service is not available.
- A decision will be made at a later time regarding reallocating residents if needed.
- All non-urgent outside appointments should be cancelled under the direction of Public Health. The home may choose to postpone appointments based on their own pandemic influenza planning or directives.
- The role of the Physiotherapist will be used to develop physiotherapy services or allocated to other areas of the home.

Control Measures for residents:

- Any resident that develops symptoms will be placed on precautionary measures in their room and the family/substitute decision maker should be informed. Floors will be closed with restrictions based on directives from Toronto Public Health.
 - Symptomatic residents should remain on precautionary measures in their room as long as it does not cause the resident undue stress or agitation.
 - Residents should be placed in a single room or co-horted on one unit. There should be a two-meter separation between residents. Resident's co-horted on one unit should avoid contact with residents in the remainder of the home.
 - Signage should be placed on the resident's door and with the resident's flow sheets advising precautionary measures that are required. The nursing staff will advise visitors about any restrictions and instruct them in the proper use of personal protective equipment if required.
 - Once resident has passed away, keep valuables in room and lock the door to ensure safekeeping of valuables.
 - The Elliott Glycol room in the basement Elliott/Ellington link will be used as a holding area in the event that the morgues/funeral homes are unable to receive the deceased. An air conditioning unit will be placed to maintain cooling of the bodies.
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Essential Services

The following services MUST be maintained to provide care and protect residents:

- Heating/cooling/hydro: In the event of service disruption, The Elliott Community has a backup generator to provide emergency power for 4-5 days. A field company is contracted to re-fill the tank as needed.
 - Staff can use battery-powered devices for entertainment and communication purposes. The use of battery powered lighting can provide sufficient lighting in areas where staff are working and preparing food or washing utensils and pots. Managers or person in charge will have access to these supplies.
 - Make use of lighting during the daytime hours via opening curtains and internal doors.
 - Layer clothing on residents for maximum warmth and encourage them to wear coats, caps and gloves. Serve warm beverages frequently.
 - Limit the areas that need to be lit as much as possible by congregating asymptomatic residents and staff in central areas on the units.
 - Menus can be curtailed to include barbecue dishes to conserve hydro. Thermos containers can be used to keep fluids hot after they have been heated.
 - Drain pipes to prevent freezing.
- Food service: The home maintains a 2-week supply of shelf-stable food items. Supplier has designed a template for a 2-3 day emergency menu.
- Running water: Refer to contingency plan on how to deal with water shortage. The home has a stock pile of wipes for environment cleaning and wipes that can be used for providing care to residents in the event of a water shortage.
- Prescription medications: Medisystem pharmacy will implement their business continuity plan to minimize the impact of disruption on clients.
- Lab services: The lab will work with The Elliott Community under direction of the Ministry of Health and Long-Term Care. Registered Staff will work closely with in-house physicians to determine essential lab work required.
- Oxygen concentrators: Pro-Resp will work with The Elliott Community under direction of national, provincial or municipal pandemic planning committees. There are many residents using oxygen concentrators at present. The use of liquid oxygen will be suspended unless required for transporting a resident in an emergency via a home driven vehicle.
- Cleaning supplies: The home maintains a month's supply of cleaning products. Extra cleaning supplies can be obtained from Franks Maintenance. Monitoring and distribution of the supplies will be by the housekeeping supervisor or designate.
- PPE supplies, Alcohol based hand rub, disinfecting wipes are stockpiled for a months' worth of supplies. Monitoring and distribution of the supplies will be by the Chief of Resident Care Services, Infection Control Coordinator and/or designate.
- Medical supplies: Nursing has a months' supply on hand. Monitoring and distribution of the supplies will be by the DOC or designate.

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- Garbage disposal: In the event of service disruption, Waste Management will provide on-call service. See Appendix D for contact information.
- Elevator service: In the event of service disruption one elevator in the East wing will be designated for passengers and one in the West for freight. In the event that all elevators are down, staff will use stairs to deliver items to floors. Staffs are encouraged to stock pile items on floors such as non-perishable items if a total elevator shut down occurs.

Admissions, Re-admissions, Discharges and Transfers

The home will collaborate with acute care hospitals, WDG public health and the WWLHIN to make decisions about admissions and re-admissions during a pandemic. Decisions will be affected by resident needs, staffing levels at health care facilities in the community, as well as by the course of the pandemic (if the home does not have enough staff, we will not be able to take new admissions).

If there is pandemic activity in the community but not in the home, the home will want to take extra precautions not to admit someone with Influenza like Illness into the home. All new admissions should be screened prior to admission. If the home does not have enough staff to provide adequate care, they may not be able to take new admissions.

If the home has active cases of influenza, admissions and re-admissions are generally not permitted. This protocol may change depending on community needs.

Factors to guide decisions about admissions include:

- The status of the pandemic
- The resident's health needs and the advice of the resident's attending physician
- Staffing levels in the home
 - Access to antivirals
- The home's ability to provide appropriate accommodation and care services that require particular expertise (i.e., tube feeding)
- The resident or their substitute decision-maker has given informed consent.

If there is local pandemic activity, the home may consider discharging residents to family members if they can be cared for appropriately in a family member's home.

Non-urgent appointments should be rescheduled.

Transfers are likely to be restricted. The following procedures can be used unless informed otherwise:

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- When any resident is to be transferred to the hospital from a home with pandemic activity, the home will advise the receiving hospital and the Provincial Transfer Authorization Center (PTAC).
- The hospital Infection Control Practitioner must be provided with the details of the case to ensure control measures are in place when the resident arrives at the hospital.

All transfers from one healthcare facility to another must follow a transfer authorization process at all times. Staff should contact the Provincial Transfer Authorization Center (PTAC) for a transfer request via the web-based application if available. If approved, an authorization number will be issued immediately and faxed or issued on-line to the home.

Resident transfers (from anywhere in the home) to another home are not normally recommended during an influenza outbreak. However, during a pandemic, this policy may change in order to ensure residents receive appropriate care. The Medical Officer of health or designate should be consulted regarding transfers to homes. The PTAC process should be used for all transfers.

Tenants: Community client assessments will be conducted by telephone to reduce opportunity for exposure. Assessments will focus on identifying essential needs and corresponding CCAC services. Home visiting by contracted service providers will continue to be the primary method of delivering client services during an influenza pandemic.

Support Measures for Staff and Volunteers

- The Physiotherapy room will be used to accommodate staff
 - Shower facilities are available in the room in the basement.
 - The administration area will be the designated command area
 - Washers and dryers will be available on the [insert location]
 - The Employee Assistance Program line will be available to staff 24 hours/day, 7 days/week
 - Food and hydration will be available
 - Additional support measures to be implemented as required. Staff should contact their managers or the Human Resources department if experiencing difficulties
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Control Measures for Volunteer, staff and family members:

- Wash hands on arrival, before leaving the resident's room and before leaving the home. Alcohol hand sanitizers are available at the main entrance and on each nursing unit.
- Use personal protective equipment as instructed by staff.
- If staff are unwell, they are to contact their supervisor for further instructions.
- Staff that has a close family member (living in the same home) that has the pandemic virus may continue to work as long as they are not experiencing any symptoms. Staffs with ill family members should be monitored on a daily basis and if they develop symptoms they should leave work immediately.
- If a visitor is visiting an ill resident, he/she should not be visiting any other resident in the home that is asymptomatic.
- Visitors are asked to visit only one resident and exit the home immediately after the visit.
- Ill visitors, family members and volunteers are asked not to enter the home until they have fully recovered.
- Contact the Infection Control Nurse or designate if there are any special circumstances not covered in the policy.

General Control Measures

All entrances/exits will be through the screening entrance. Screening staff will be located at this entrance as per specified hours.

Deliveries

- All pharmacy deliveries will be at the front entrance with appropriate screening procedures followed.
 - All other deliveries will be at the [insert] with appropriate screening procedures followed.
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Staff Shortages

1. The Ontario Health Plan for an Influenza Pandemic supports a skills-based approach. The direct care staff could be trained to take on more responsibilities within their scope of practice.
2. Contracted staff from external agencies, extending working hours, calling retired staff back to work is a strategy that could be used to increase staff capacity.
3. Encourage carpooling of staff from certain checkpoints if public transportation is not available. Staff should speak to their managers if experiencing transportation difficulties.
4. Staff may bring a sleeping bag/comforter to work along with a change of clothes in the event they are unable to leave.
5. All vacation requests will be cancelled.
6. Clerical and housekeeping staff could be trained to assist with care (i.e. feeding).
7. Family members could be trained to help with care and daily living activities (i.e. providing a bed bath and assisting with feeding and toileting).
8. Use of volunteers.
9. Pregnant women should be deployed to non-affected areas or work from home. Relenza is the drug of choice for this group of individuals as it comes in a topical form and is safer for breast feeding mothers.

It will be essential to “cross-train” staff with different skills other than their current position.

The 6 main categories include:

- Feeding residents
- Toileting, transferring, including mechanical lifts
- Obtaining vital signs
- Basic housekeeping skills
- Basic food preparation and inventory control
- Medication administration

Although individuals may be trained, they will not work in these capacities, replace staff or assist staff during non-pandemic times, as that would be a violation of current collective agreements therefore “in time” training will be provided when the pandemic occurs.

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10. If there is no effective vaccine at the beginning of the pandemic, non-immunized staff will **NOT** be excluded from providing care, provided they wear appropriate personal protective equipment and perform frequent hand hygiene. Staff that develops influenza may be allowed to work, but they will be restricted to non-resident care or to the care of residents with influenza-like illness. If there is a vaccine available, any staff that has not been vaccinated with the pandemic strain will not be able to come to work and will not be paid. This is similar to the home’s employee vaccination influenza policy. Unvaccinated staff will be asked to take the H1N1 vaccine and to take tamiflu for 14 days (the time that it would take for the vaccine to take effect). Home staffs are required to provide proof of vaccination if the vaccine is administered outside of the home.
11. If there is **no pandemic activity in the home**, the home **will** restrict staff, students and volunteers who have worked at sites where there is pandemic activity unless they have proof of taking effective antivirals.

Minimum staffing module during a pandemic

Position	Day/Evening	Nights	Task priority
RN/RPN	One for each unit on days; 1 for the east on evenings and one per 2 floors on the west.	1 for the supervision of care in the facility	Dispense all meds, administer controlled or injectable medications, provided treatments and assessment of the ill.
PSW/HCA	One for each unit	One for each unit to partner with the RN/RPN	Administer non controlled medications pre-poured by the Registered Staff
If HCA/PSW not a/v – trained staff/visitors/volunteers may be substituted	4 for each unit	2 for each unit	Direct care of residents ie, feeding, dressing
Dietary aides	1 for each dining area		Provision of food and hydration to residents, ensure food items a/v on each resident area, assist with giving nourishments.
Housekeeper and laundry	1 for the east and 2 for the west	1 for the building	Focus is on horizontal surfaces and washrooms. Regular cleaning of rooms may be designated to “trained” non-essential staff or visitors.

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Dietary plan, minimum requirements:

Position Title	Days/evenings	Night shift	Priority task
Food service supervisor	1		Ensure supplies are adequate, direct staffing requirements to the dietary supervisor, ongoing staff/visitor training
Dietician	1		Could assist food service supervisor and other areas as needed.
Cook	1		
Non-essential services (activation, administration, and physiotherapy).			Provision of food and hydration to residents, ensure food items available on each resident home area, assisting with giving nourishments

Communication Plan

Information will be communicated in the following manner:

- An automated message on the main telephone system
- A designated phone line (ext. 2221) to update residents, tenants, staff, volunteers and family members
- Staff Residents and Families will also receive updates via e-mail
- The Home website – www.elliottcommunity.org
- Message board at main entrance with updated information
- Focus newsletter for residents
- Announcements over the Public Address system and at mealtimes.

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Responsibility of the Local Public Health Unit

- The local public health unit will be responsible for coordinating the distribution of antivirals and vaccines among health care organizations at the local level. The Infection Control Nurse or designate will be responsible for receiving, storing and tracking the use of antivirals. Antivirals will be stored on 2 east and will be distributed and signed off by the Infection Control Nurse or designate. In case of a power failure the vaccines can be moved to the emergency power source at the 2 east nursing station until the source is corrected.
- The local public health unit will provide advice on surveillance programs. They receive reports about Fever-Related Illness, including Influenza-Like Illness in the home, and provide information to the home on Fever-Related Illness activity, including Influenza-Like Illness, or on pandemic activity in the community. The Medical Officer of Health or designate is responsible for declaring an influenza outbreak and for disseminating information about pandemic activity in the community.

Distribution of Antivirals and Vaccines

- Staff on the individual nursing units will be responsible for obtaining consent from residents or their decision makers for treatment with antivirals and/or immunization during a pandemic (if this information was not already provided on admission).
- Staff to report if they are not able to take the antiviral or vaccine and to monitor antivirals by residents and report to the Infection Control Nurse. See Appendix F for priority groups for antiviral and vaccine administration.
- Antivirals will be administered based on medical directives.

Declaring the Outbreak Over

The length of time from the onset of symptoms of the last case until the outbreak is declared over will be one incubation period plus one period of communicability for the pandemic strain. This may be longer than the 8-day period used for seasonal influenza. The local public health unit will be responsible for declaring the outbreak over and for notifying the Ministry of Health and Long-Term Care and other organizations in the community.

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Investigate the Outbreak

When the outbreak is declared over, an outbreak investigation file should be established, containing:

- Copies of laboratories and other results
- Copies of all meeting minutes and other communications
- Any other documentation specific to the investigation and management of the outbreak

The Infection Control Nurse in conjunction with Public Health will complete the Ministry Pandemic Outbreak form and submit the completed report to the Ministry. This form is usually due within 3 weeks from the time the outbreak is declared over however time lines will be adjusted during a pandemic. The Infection Control Nurse at the home will keep copies of all forms on file.

Review the Pandemic Outbreak

When the pandemic wave is over, meet with local public health unit staff and other community partners to review the course and management of the outbreak of the pandemic strain in the home and in the community, and identify what was handled well and what could be improved. Submit report to the infection prevention and control committee, with a copy to the CEO.

REFERENCES:

A guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes
Emergency Management Unit, Ministry of Health and Long-Term Care. December 2005.

Ontario Health Plan for an Influenza Pandemic. September 2006. Chapter 19 – Long-Term Care Homes.

Pandemic Planning: A guide for HR professionals. Why your organization's HR team should assume the lead role in pandemic planning. 2006.

SARS Ministry of Health and Long-Term Care document. December 2003.
http://www.health.gov.on.ca/english/providers/program/pu/Insert_Corporate_Acronym/health/sars/docs/docs2/dir_ccac_outbreak_120703.pdf

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ENTERIC OUTBREAK

POLICY

Outbreak should be considered if there are 2 resident cases of enteric illness (vomiting and/or diarrhea) in a specific unit within 48 hours.

PROCEDURE

When to set up isolation precautions for a resident	2 or more episodes of diarrhea AND/OR vomiting in 24 hrs that is not attributed to laxative use or new medication
What type of isolation to use	Contact Precautions (Fuchsia pink sign). If room is shared, label isolation sign with the resident's name. Isolate residents in their room whenever possible. Place isolation cart with gloves and gowns outside resident's room. Roommates should not be isolated unless symptomatic.
When to call the Health Unit	2 or more residents in the same unit within 48 hours OR more than 1 unit on the same floor with an acute case within the last 48 hours. . Notify Wellington Dufferin Guelph Public Health at 1-800-265-7293 ext. 4752 and after hours at 1-877-884-8653. Email Director of Care and Infection Control Coordinator to notify them of outbreak
When to start line listing (<i>Suspect Outbreak</i>)	Each affected area must complete a separate line listing for all residents with symptoms. Ensure information on the line listing is complete and up to date. While assessments will be done throughout the day, only record once daily on the line listing for each resident, following the morning assessment. As directed, when in suspect and/or confirmed outbreaks, fax line listings with cover sheet daily, before noon, to the Health Unit. Ensure line listings are stamped and dated once faxed. Complete a separate line listing for symptomatic staff. Ensure the line listings remain on a clipboard in the nursing office at all times throughout the outbreak.

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Communication	Email Director of Care and Infection Control Coordinator for all outbreaks and activity. Communicate with other Registered Staff so they are on the lookout for other potential cases. Communicate with other managers so they are on the lookout for any staff cases. Communicate with housekeeping staff so they are aware of the need to increase cleaning of “high touch” surfaces. Email all staff to inform them.
When to collect specimens	As directed by the Health Unit. Obtain “Enteric Starter Kits” (only viral and bacterial containers are to be submitted). Check expiry date. Tightly secure cap to prevent leakage. Place the requisition in the plastic bag with specimen. Place specimens in paper bag, mark “for Public Health pick-up” and refrigerate. Arrange for specimen pick up with the Health Unit
When resident can come out of isolation	48 hours after last symptom and as directed by ICP or an RN.
Staff should not come to work	If experiencing vomiting or diarrhea (that is not attributed to another reason). ** Please report these symptoms when calling in**
Staff can return to work at the Elliott	48 hours after last symptoms if outbreak declared. 24 Hours after last symptom if no outbreak.
Staff working at another facility if one of the facilities is in outbreak	There needs to be 48 hrs. After a shift worked on an outbreak unit at another facility, and staff must continue to be symptom free.
When the outbreak activity is declared over	Forward all original line listings to Infection Control Coordinator.

STOOL CONSISTENCY

For Infection Control purposes please think of the following descriptions when referring to stool consistencies:

1. Formed
2. Soft
3. Loose
4. Watery

NOTE

Diarrhea is considered to be any consistency that would take on the form of the container if you were to collect a specimen (i.e. both loose and watery).

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RESPIRATORY OUTBREAK

Policy

Outbreak should be considered when 2 or more residents present with acute respiratory illness within 48 hours, or there is more than 1 area with an acute case within the last 48 hours. Note that 1 laboratory confirmed case of influenza constitutes an outbreak.

Procedures

When to set up isolation precautions for a resident	2 or more symptom (fever and headache, general aches, cough, sore throat, chest congestion, nasal congestion). Note –Fever may not present in elderly residents.
What type of isolation to use	Droplet Contact Precautions (green sign). If room is shared, label the isolation sign with resident’s name. Isolate residents in their room whenever possible. Place isolation cart with gloves, gowns, masks and face shields outside resident’s room. Roommates should not be isolated unless symptomatic.
When to call the Health Unit	2 or more residents in the same unit within 48 hours, OR more than 1 area with an acute case within the last 48 hours OR any confirmed case of Influenza. Notify Wellington Dufferin Guelph Health Unit at 1 800 265 7293 ext. 4752 and after hours at 1 877 884 8653. Email Director of Care and Infection Control Coordinator to notify them of possible outbreak.
When to start line listing (Suspect Outbreak)	Each affected area must complete a separate line listing for all residents with symptoms. Ensure information on the line listing is complete and up to date. While assessments will be done throughout the day, only record once daily on the line listing for each resident, following the morning assessment. As directed, when in suspect and/or confirmed outbreak, fax line listings with cover sheet daily, before noon, to the Health Unit. Ensure line listings are stamped and dated once faxed. Complete a separate line listing for symptomatic staff. Ensure the line listings remain on a clipboard in the nursing office at all times throughout the outbreak.

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	<p>Before noon, to the Health Unit. Ensure line listings are stamped and dated once faxed.</p> <p>Complete a separate line listing for symptomatic staff.</p> <p>Ensure the line listings remain on a clipboard in the nursing office at all times throughout the outbreak</p>
Communication	<p>Email Director of Care and Infection Control Coordinator for all outbreaks and activity. Communicate with other Registered Staff so they are on the lookout for other potential cases. Communicate with other managers so they are on the lookout for any staff cases. Communicate with housekeeping staff so they are aware of the need to increase cleaning of “high touch” surfaces. Email all staff to inform them.</p>
When to collect specimens	<p>As directed by Public Health. Review the technique for obtaining a nasopharyngeal swab (NP swab) as per policy IC – 2 – 020 “specimen collection”. Check expiry date on the swab. Wear gloves, gown, mask and goggles to obtain the swab. Place specimen in a plastic bag and complete the requisition. Refrigerate swab in the Public Health container and label “for Public Health pick up”. Arrange for specimen pick-up with Public Health. Inform the pharmacy that swabs have been obtained; they may start to arrange Tamiflu in case it is needed.</p>
Tamiflu	Tamiflu is initiated for confirmed Influenza
When resident can come out of isolation	5 days after onset of symptoms (if feeling well) OR 24 hrs symptom free and as directed by ICP or RN.
Staff should not come to work	<p>If ill with any 2 respiratory symptoms (elevated temp, cough, and sore throat, and chest congestion, nasal congestion, muscle aches, chills).</p> <p>**please report these symptoms when calling in**</p>

Section: Specific Emergency Responses	Policy Number: EP02-021
Page: 25 of 29	Category: Outbreaks, Epidemics and Pandemics

Staff can return to work at the Elliott	5 days after the onset of symptoms, unless still feeling unwell, OR symptom free for 24 hours.
Staff working at another facility if one of the facilities is in outbreak	Able to work both places during a confirmed Influenza outbreak if they've had their annual flu shot. Non immunized staff will not work at The Elliott during an influenza outbreak here; and wait 5 days after working at another facility if they have an influenza outbreak.

Section: Specific Emergency Responses	Policy Number: EP02-021
Page: 26 of 29	Category: Outbreaks, Epidemics and Pandemics

MANAGEMENT OF COVID-19

Policy

An outbreak is considered upon receiving COVID-19 positive results for a resident or staff member. When this occurs, an outbreak assessment should be completed immediately and the steps outlined below should be followed.

Procedures during COVID-19 Pandemic:

1. Detection of cases of COVID-19 –

Active screening of staff and essential visitors:

Please refer to [..\..\Covid-19\Policy Documents\COVID 19 Mar 2022 screening tool.pdf](#) and [..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf](#) If the staff or essential visitor screen positive, they will be assessed by the Charge Nurse. The Charge Nurse will provide instructions as to what steps they should take. If the Charge Nurse has questions or concerns related to the staff member or essential visitor, they are to call their director for further guidance.

Active screening of residents:

Please refer to [..\..\Covid-19\Policy Documents\Management of COVID Cases in Long Term Care April 2022.pdf](#) and [..\..\Covid-19\Policy Documents\COVID-19 Reference Document for Symptoms Version 8 Aug 2021.pdf](#)

2. Typical and Atypical symptoms of COVID-19:

Please refer [..\..\Covid-19\Policy Documents\COVID 19 Mar 2022 screening tool.pdf](#), [..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf](#) and [..\..\Covid-19\Policy Documents\Management of COVID Cases in Long Term Care April 2022.pdf](#) .Ensure appropriate Personal Protective Equipment:

Section: Specific Emergency Responses	Policy Number: EP02-021
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Please refer to [..\..\Covid-19\Policy Documents\Management of COVID Cases in Long Term Care April 2022.pdf](#) and [..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf](#)

- The use of N95's for suspect cases was reviewed on December 21, 2021 due the recent recommendations made from Public Health and the Ministry of Health on December 15, 2021. Staff are to continue to use Level 3 procedure masks and face shields for suspect cases of COVID-19. For more information, please see [..\..\Covid-19\Covid Policy Documents\Interim IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID Dec 15 2021.pdf](#)

Donning and doffing procedures should be followed closely. Please refer to [PHO – Putting on Personal Protective Equipment \(PPE\) and PHO – Taking off Personal Protective Equipment \(PPE\)](#)

If a resident has an aerosol generating medical procedure, **please refer to** [..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf](#) If possible endeavour to put **this procedure on** hold or discontinue if possible. If this is not possible, N95 Respirators should be used when entering the residents room. Depending on the area of the home, the timeframe as to when N95 Respirator use is to be used, will be determined on a case by case scenario using Public Health guidelines.

3. New Admissions and re-admissions:

Please refer to [..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf](#)

Physical Distancing:

Please refer to [..\..\Covid-19\Policy Documents\Management of COVID Cases in Long Term Care April 2022.pdf](#) and [..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf](#)

If needed, alternative accommodations should be planned to cohort ill residents. This could include using the activity rooms on the home areas.

Section: Specific Emergency Responses	Policy Number: EP02-021
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COVID-19 OUTBREAK MANAGEMENT CHART

When to set up isolation precautions for a resident	1 or more symptoms that are listed on the ..\..\Covid-19\Policy Documents\COVID 19 Mar 2022 screening tool.pdf and ..\..\Covid-19\Policy Documents\Management of COVID Cases in Long Term Care April 2022.pdf
What type of isolation to use	Droplet Contact Precautions (green sign). Please refer to ..\..\Covid-19\Policy Documents\Management of COVID Cases in Long Term Care April 2022.pdf and ..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf
When to test resident for COVID-19	Please refer to ..\..\Covid-19\Policy Documents\Management of COVID Cases in Long Term Care April 2022.pdf , ..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf and ..\..\Covid-19\Policy Documents\COVID 19 Mar 2022 screening tool.pdf . Staff are to also refer to Policy IC – 2 – 020 “specimen collection”. Ensure the swab has been labelled fully. Place the swab into the bag and then into the specimen fridge. When completing the requisition, the attached COVID requisition is to be used. Ensure that all of the required information on the requisition is completed fully. Arrange for specimen pick-up with Public Health.
When to call the Health Unit	When a resident has 1 or more of the symptoms that are listed on the ..\..\Covid-19\Policy Documents\COVID 19 Mar 2022 screening tool.pdf . Public Health is to be notified. Notify Wellington Dufferin Guelph Health Unit at 1 800 265 7293 ext. 4752 and after hours at 1 877 884 8653. Email Director of Care and Infection Control Coordinator to notify them of possible outbreak.
When to start line listing (Suspect Outbreak)	Each affected area must complete a separate line listing for all residents with symptoms. Ensure information on the line listing is complete and up to date. While assessments will be done throughout the day, only record once daily on the line listing for each resident, following the morning assessment. As directed, when in suspect and/or confirmed outbreak, fax line listings with cover sheet daily, before noon, to the Health Unit. Ensure line listings are stamped and dated once faxed. Complete a separate line listing for symptomatic staff. Ensure the line listings remain on a clipboard in the nursing office at all times throughout the outbreak.

Section: Specific Emergency Responses	Policy Number: EP02-021
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Communication	Refer to ..\..\Covid-19\Policy Documents\Management of COVID Cases in Long Term Care April 2022.pdf and ..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf
When resident can come out of isolation	Refer to ..\..\Covid-19\Policy Documents\Management of COVID Cases in Long Term Care April 2022.pdf and ..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf
Staff should not come to work	Please see Decision Tree..\..\Covid-19\Decison Trees\COVID-19 Decision Tree Pre & Post Covid V12.xlsx for directions.
Staff can return to work at the Elliott	Please see Decision TreeL:\- COVID-19\Decison Trees\COVID-19 Decision Tree Pre & Post Covid V12.xlsx for directions.
Staff working at another facility if one of the facilities is in outbreak	Refer to ..\..\Covid-19\Policy Documents\Management of COVID Cases in Long Term Care April 2022.pdf and ..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf
Admissions and Re-Admissions	Refer to ..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf
Deceased Resident	Refer to ..\..\Covid-19\Policy Documents\2022 LTC homes retirement homes for PHUs guidance.pdf
When the activity/outbreak is declared over	All line listings will be saved on the L-Drive under the COVID-19 Outbreak tab.

Section: Specific Emergency Responses	Policy Number: EP02-022
Page: 1 of 2	Category: Natural Gas Leaks

Policy

The emergency procedures for natural gas emergencies are similar to that for fire and evacuation emergencies.

NATURAL GAS LEAK/SMELL INSIDE YOUR BUILDING

GENERAL GUIDELINES

- If you smell natural gas:
- Do not turn electrical switches on or off.
- Do not use a phone or a cellular phone inside the building.
- Do not use any potential ignition sources or open flames.
- Do not return to the area unless advised to do so by the Fire Department.
- If it is possible, open the doors and windows, to ventilate the building. However, do not spend additional time opening doors or windows if there is an imminent danger of explosion or fire that would jeopardize your safety.
- Always leave the area quickly by the fastest possible route.
- If you are trapped during a gas release/emergency, close all doors between you and the gas leak. Stuff the cracks around the doors. Open windows or other exterior openings for fresh air and ventilation. Wait at a safe window and signal/call for help. If there is a phone in the room, call 9-1-1 and tell them exactly where you are.
- Follow the emergency procedures listed below.

IF YOU DETECT OR SUSPECT A NATURAL GAS LEAK INSIDE YOUR BUILDING

- Leave the area.
 - Sound the fire alarm. (NOTE: Because of its low odor threshold, natural gas is sensed far in advance of high concentrations and pulling the fire alarm will not add to the fire risk already present by static electricity and electrical and mechanical equipment in the building.)
 - Immediately evacuate the building via the shortest and safest exit route. Evacuation points will be the Community Centre as there are not natural gas lines in the building.
 - Do not use elevators; always use stairs.
 - Go to pre-assigned evacuation assembly area and start evacuating all building residents.
 - Call 9-1-1 from the nearest phone in safe area.
 - Alert the Emergency Control Group by through you department Director of designate.
 - Have a staff member await for the Fire Department outside of the main building entrance.
 - Please use the Natural Gas Leak Checklist.
-

Section: Specific Emergency Responses	Policy Number: EP02-022
Page: 2 of 2	Category: Natural Gas Leaks

NATURAL GAS LEAK/SMELL OUTSIDE YOUR BUILDING

If gas odor is strictly limited to areas outside your building, call 9-1-1 and Alert the Emergency Control Group through you department Director of designate.

GENERAL GUIDELINES

- If you detect strong natural gas odors in an outdoor location, immediately evacuate residents to the nearest non-affected building and call 911.
 - Alert any passers-by to stay clear of the affected area.
 - All HVAC systems must be shut down to limit risk of gas laden air entering the facility. See Policy EP02-009 Air quality contamination.
 - Evacuating the residents as far away from the leak will be the main priority (i.e. if the leak is on Metcalfe St., evacuating the residents to the Community Centre will be the first stage of the evacuation).
 - The Fire department will assess the situation and may ask the Elliott start a full evacuation of the facility to our receiving homes. See policies EP-03- Evacuation Management.
 - Please use the Natural Gas Leak Checklist.
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Evacuation Management

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Evacuation - Policy Section EP03

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Section: Evacuation	Policy Number: EP03-001
Page: 1 of 2	Category: Evacuation Policy

POLICY

The Nurse in Charge is responsible for determining when a partial or complete evacuation should occur. The fire department will inform charge staff if a total evacuation is warranted. At times, the fire alarm may go off and it may take a while to determine **if or where** a fire is actually occurring. Until an actual fire is confirmed, staff may commence evacuating of the suspected fire zone. All safety precautions are required (e.g. to follow all safe lifting procedures). If an actual fire is confirmed, then staff should expediently complete an evacuation, which may involve emergency lifts and transfer techniques as described in the policy titled – EMERGENCY LIFTS AND TRANSFERS.

In the event of an emergency that requires evacuation from a unit or floor, the Emergency Control Group must be notified. The Charge Nurse must make contact with at least one of the following numbers to inform them of the emergency.

Evacuation – Room of Fire

1. All rooms in the Long Term Care resident care areas and the Nottingham and Edinburgh retirement suites are equipped with sprinklers that will keep a fire suppressed. This will provide staff with a better opportunity to move residents to safety.
2. When you approach a fire area, if a door is closed, feel the door for heat with the back of your hand. **If hot, do not enter the room**, as the added oxygen will only feed a fire and makes it worse. If you open the door, the fire may become so large that you may not be able to close the door again and this will put the entire wing at even greater risk.
3. If you are able to enter the room of fire, stay low to avoid smoke and heat. Evacuate residents from the room, checking under furniture, in closets and in the bathroom. Start with the most ambulatory. If the room is a ward or semi-private, evacuate the first resident to the hallway then evacuate the second resident beyond the fire doors before returning to evacuate the first resident beyond the fire doors. If a resident is resistive, you may have to leave them and proceed to evacuate others. Always close the door upon leaving the room. **Ensure the door tab is raised and secured against the doorframe. If you leave a resident in a room, put up the red tag that reads “Fire Dept. required”. If the room is completely vacant, put up the green tag against the doorframe that reads “Checked Vacant”.**
4. **Blanket Method:** To evacuate a non-ambulatory resident from a bed in the Long Term Care area, remove the blanket from the bed and place it on the floor beside the bed. Place the resident’s pillow on the blanket. Swing the resident’s legs off the side of the bed. Sit the resident up and sit on the bed supporting the resident from behind. Drag the resident off of the bed onto the transfer sheet, keeping their torso close to yours. Lower their head last to rest onto the pillow. Wrap them

tightly using the Velcro tabs. Using the handles at the head of the transfer sheet, drag the resident out of the room. Stay low to avoid smoke and heat.

Section: Evacuation	Policy Number: EP03-001
Page: 2 of 2	Category: Evacuation Policy

5. Other methods are listed in the Lifts and Transfers Section.
6. **Immediately take evacuated residents beyond the fire area and beyond a fire barrier door.** Do not leave a resident for any length of time in a hallway of the fire area. They can easily be overtaken by smoke inhalation.

Evacuation – Rooms adjacent to Room of Fire

1. Start with the rooms closest to the Room of Fire and then fan out from there. If necessary, stay low to avoid smoke and heat. Remember to check closed doors with the back of your hand to ensure they are safe to enter. The Charge Nurse may determine that rooms above and below the fire area must also be evacuated.
2. Evacuate all residents, starting with the most ambulatory, checking carefully for residents (under furniture, in closets, bathroom etc.). If a non-ambulatory resident is in bed, you can use the blanket transfer method to evacuate them (See above). **Immediately evacuate residents beyond the fire area and beyond a fire barrier door.** Do not leave a resident for any length of time in a hallway of the fire area. They can easily be overtaken by smoke inhalation.
3. If a resident is resistive, leave them and proceed to evacuate others.
4. Always close the door upon leaving the room. **Ensure the door tab is raised and secured against the doorframe. If you leave a resident in a room, put up the red tag that reads “Fire Dept. required”. If the room is completely vacant, put up the green tag against the doorframe that reads “Checked Vacant”.**
5. Continue to evacuate the next nearest room or as determined by the Nurse in Charge.
6. If a resident is reliant on oxygen, you can transport the portable strollers with them if time and circumstances allow. They will not explode. Leave the concentrators in the resident’s room.
7. Do not evacuate residents off of a floor unless directed to by emergency personnel. The furthest you should take evacuated residents is to a stairwell, or the elevator area, whichever is safer. The water sprinklers will be effective in keeping the fire suppressed.

Section: Evacuation	Policy Number: EP03-002
Page: 1 of 1	Category: Resident Discharge/Transfers

POLICY

- 1 Transportation may be arranged through the Elliott's transportation agreement with Elliott Bus Lines, Guelph Emergency Services or it may escalate to the EOCG depending on severity.
 - 2 All injured residents will be transferred to the Guelph General Hospital via Ambulance.
 - 3 All other residents will require an immediate transfer to the Community Centre for holding. This decision will be made by the most senior Nursing staff member available and on-site.
 - 4 Once the magnitude of the emergency has been assessed by the Emergency Control Group, the decision will be made to evacuate from the Facility to St. Joseph's Hospital, Eden House Care Facility and/or LaPointe Fisher. Resident family members will also be included on the decision in case they would prefer to be the receiving point for their loved ones
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Section: Evacuation	Policy Number: EP03-002.1
Page: 1 of 3	Category: MOHLTC Administrative Evacuation Process

Purpose

The purpose of this Policy is to formalize the administrative elements of the emergency evacuation process including materials to utilize in evacuation situations between the Elliott in an emergency, the Recipient Home or Unit, the Home and Community Care Support Services, and the Ministry.

The content of this Policy is provided to support The Elliott in the event that our emergency plan has been initiated and is subject to applicable law. This policy is adopted from the '**Guide on the Policy, Process, and Procedures during an Emergency Evacuations**' issued by the MOHLTC.

This policy has a contact email list for the MOH, Evacuation Placement form (EPF) as well as a flow chart for evacuation placement process attached.

Objective

The policy will

- Identify the process of transmitting information to the ministry;
 - Provide materials to complete during the evacuation process;
 - Provide information regarding licences, specifically temporary emergency licences; and
 - Outline the terms and conditions under which the ministry will license eligible beds and reimburse LTC Homes for eligible expenses related to the admission and accommodation of residents during emergency evacuations from existing LTC Homes or the community.
 - the issuance of Temporary Emergency Licence(s), with applicable licence conditions, and typically includes a condition that the Director may revoke the licence effective on the day that the affected resident(s) are all discharged from the Recipient Home(s);
 - information on the provision of applicable funding; and
 - the necessary permission under s. 104(3) of the LTCHA (BIA approval) in respect of the temporarily closed beds, and to the associated BIA Agreement to be created, effective until the day when the Source Home/Beds re-opens and the Temporary Emergency Licence is revoked or surrendered.
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In an emergency, the Elliott commences and follows its emergency plans and, where necessary, starts evacuating residents to the Recipient Home(s)

Section: Evacuation	Policy Number: EP03-002.1
Page: 2 of 3	Category: MOHLTC Administrative Evacuation Process

- The Elliott ECG must immediately report the emergency, including any related evacuation to the Director, LTC Inspections as per s. 107(1) of the Regulation under the LTCHA
- The Elliott ECG initiates the emergency licensing process by notifying the **Placement Coordinator** and **Service Area Office (SAO)** of the Home's need for evacuation (internally, the Elliott will initiate an **Emergency Management Communication Tool* ticket**). The Elliott ECG will provide the necessary information to the **Placement Coordinator** to complete the **Evacuation Placement form (EPF)**.
- The Elliott ECG will maintain ongoing communication with the **Placement Coordinator** and the **Service Area Office (SAO)** throughout the duration of the evacuation and provide updated documentation as necessary.
- Once the emergency is over, the Elliott ECG notifies the recipient home and ministry branches that it is safe for the resident(s) to return to the source home. If required, it will submit clearance documentation to the **Service Area Office (SAO)**.
- If documents are destroyed due to the emergency, the Elliott ECG should still complete the **Evacuation Placement form (EPF)** to the best of their ability.

The **Emergency Management Communication Tool** is used to manage system wide emergencies, such as fires, floods, natural disasters. It is a communication tool used to help coordinate system wide responses. <https://emct.disasterlan.ca/>

Please refer to the attached Guide for complete instructions if the Elliott is being utilized as a recipient home including temporary bed licensing and financial co-payments for the extra beds. You can find the guide in the emergency evacuation box at reception.

Section: Evacuation	Policy Number: EP03-002.1
Page: 3 of 3	Category: MOHLTC Administrative Evacuation Process

Appendix A: Contacts Page

SAO Managers		
Central East	Valerie Johnston	Valerie.johnston@ontario.ca
Central West	Dorothy Ginther	Dorothy.Ginther@ontario.ca
Hamilton	Barbara Parisotto	Barbara.Parisotto@ontario.ca
London	Lorene Ross	Lorene.Ross@ontario.ca
Ottawa	Carole Comeau	Carole.comeau@ontario.ca
Sudbury	Monika Gray	Monika.Gray@ontario.ca
Toronto	Theresa Berdoe-Young	Theresa.Berdoe-Young@ontario.ca

Licensing Unit		
Manager	Margaret Allore	Margaret.allore@ontario.ca

Financial Management Branch		
Senior Manager	Chandike Tennakoon	chandike.tennakoon@ontario.ca

Health System Emergency Management Branch		
Manager, Response and Recovery	Sarah Levitt	Sarah.levitt@ontario.ca

Section: Evacuation	Policy Number: EP03-003
Page: 1 of 2	Category: Transportation

POLICY

1. Transportation of Residents can be supported by Emergency Services or the City's Emergency Operations Centre. If the decision is coming from the Emergency Services at the site, they will likely support. If the evacuation is a result of a City wide evacuation or area evacuation from the EOCG, then the EOCG will support. The ECG will also utilize the Elliott Bus lines as the secondary service as required. The Elliott Bus Line's 24 hour emergency phone number is **519-822-5225**.
 2. For Residents that are mobile and can safely travel on City of Guelph Transit vehicles, the appropriate number of City Buses will be dispatched to the Emergency Site.
 3. For Residents that require special mobility assistance and/or have been injured in the Emergency, Ambulance and Emergency Vehicles will be dispatched to the Emergency Site.
 4. To coordinate the assembly of trained Staff to assist with the transportation of Residents, in cooperation with the City of Guelph's Emergency Plan; Elliott Group Staff may be called in to assist with Resident transfers (Emergency Call-in tree).
 5. A complete list of all staff members is retained by all Department Heads at their office and home locations. If phones are out of order, communication may be via automobile or mass transit service through the Guelph Transit System at the direction of the City of Guelph's Emergency Operations Control Group.
 6. Identification Bracelets are prepared for all Residents of The Long-Term Care Residence and are kept at reception. For The Retirement Suites, photographs are retained in each Resident's Chart. For The Life Lease Suites, Resident Emergency Response Summaries are retained by The Long-Term Care Residence in the case of both individual and facility emergencies. The details of these listings and photographs of Residents are routinely checked and updated.
 7. In case of a total emergency, all records concerning Resident Care in all three locations should be removed. The charts are important since they contain all pertinent data for the continuance of care.
 8. The Charge Nurse in the affected area (s), whether in The Elliott, The Retirement Suites, or both, will be responsible for the removal and administration of the medication carts, MARS, Resident Charts, Nominal Resident Role, and the Staffing Schedules.
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Section: Evacuation	Policy Number: EP03-003
Page: 2 of 2	Category: Transportation

- 9 All records will remain confidential and the distribution of medical records will be strictly maintained under the control of the Director of Resident Care. All records will remain the property of The Elliott Community.
1. If discharged to the family, friends or volunteers, the records are to be kept with employees of The Elliott Community.
 2. If discharged to active Hospital, a copy of pertinent information and transfer sheet is to accompany the Resident.
 3. If transferred to alternate evacuation site, i.e. St. Joseph's Hospital, the chart is to accompany the Resident.
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Section: Evacuation	Policy Number: EP03-004
Page: 1 of 1	Category: Media Communication

POLICY

- 1 The CEO and/or his delegate will remain as the single point of contact for media inquiries.
- 2 Once at the relocation site, the CEO and/or his delegate will contact local radio and TV stations to announce the location of the site and the telephone number that families may phone to receive a report. The CEO and/or his delegate will also make arrangements to contact the families directly.

Section: Evacuation	Policy Number: EP03-005
Page: 1 of 2	Category: Emergency Supplies

POLICY

- 1 To provide the Residents with a safe and nutritionally adequate menu for two days, in case of an emergency evacuation of The Elliott Community or one of its individual buildings.
- 2 The menu for two days will be made nutritionally adequate by adhering to the Canada Food Guide for adults. Menus will be adjusted for special diets if necessary.
- 3 For emergency situations, the adjusted menus and inventory details are listed in EP03-005 of this Emergency Response Manual.
- 4 The Elliott Community maintains a food inventory to cover at least two weeks supply of food, with the exception of perishables. In addition, there is always at least a three-week supply of frozen meats and vegetables.
- 5 The supplies will be available from the supplies generally stored at The Elliott Community. However, the supplies needed are generally available and can be purchased from any wholesale or retail store in the community.
- 6 An inventoried emergency supply list that is kept in the facility will be maintained and inventoried annually and the list will include inventory locations.
- 7 The Elliott Community has a pharmacy contract with Classic Care Pharmacy that has a sufficient supply of medication and medical supplies available. Resident Drug profiles are maintained on file and can be produced and delivered to an Emergency site with no delay or hindrances.

Classic Care Pharmacy- 866-773-1354
855-518-4406 (after Hours)

Section: Evacuation	Policy Number: EP03-005
Page: 2 of 2	Category: Emergency Supply List

Emergency Supply List

- Lanterns-stored in maintenance area for all staff-Disposable batteries stored with them and turned over on a monthly basis to keep batteries current.
 - 160 Emergency Blankets stored in the Ellington Nursing storage and the Nottingham Nursing storage
 - Red Emergency Resident List Binder-located in The Ellington Office outside DOC office on second shelf
 - Extra blankets stored in the Ellington basement storage room and in the Nottingham storage room for each resident
 - Extra linens/towels stored in housekeeping closets from floors 2-5 in the Ellington and in the Nottingham storage rooms
 - First aid kits kept in all 3 nursing offices – extra wound supplies in Ellington basement storage
 - Disposable dishes/glasses etc. kept in the basement storage of 170 Metcalfe
 - Portable heaters and fans kept in the basement storage of the Ellington or in the “Christmas Tree Room”
 - Emergency phones located on each wall of the nursing stations (red)
 - Bottled water/non-perishable food supply kept in the kitchen
 - Stock medication in med carts, emergency medications in toolbox at The Ellington
 - Emergency information for staff located in all nursing offices
 - Senior Leadership Team activates emergency through mobile phones and communicates through mobile devices
 - Extra walkers/wheelchairs located in the “Christmas Tree Room”
 - Incontinence products are located in the storage areas on each unit and mainly in The Ellington basement storage room.
 - Extra liquid O2 tanks on Wellington-LTC
 - Gloves/masks/gowns/goggles/wound supplies located in the Ellington basement storage room
 - Office supplies located in the main Elliott reception closet
 - Housekeeping supplies located in the main Elliott maintenance area
 - Extra batteries located in the DOC office/Maintenance
 - Toiletry items located in the main LTC storage
 - Hand sanitizer located in the Ellington basement storage
 - Kardex paperwork for all resident diets located in the serveries on each unit
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Section: Evacuation	Policy Number: EP03-006
Page: 1 of 1	Category: Emergency Menu

Pandemic Menu- Regular Texture

	Day 1	Day 2	Day 3
Breakfast	Choice of Juices 611165, 611195 Choice or Cold Cereal or Hot Cereal with Milk 405898 409703 Toast 172137, 173430 Margarine & Jelly 249998 639252	Choice of Juices 611165, 611195 Choice or Cold Cereal or Hot Cereal with Milk 405898 409703 Toast 172137,173430 Margarine & Jelly 249998 639252	Choice of Juices 611165, 611195 Choice or Cold Cereal or Hot Cereal with Milk 405898 409703 Toast 172137, 173430 Margarine & Jelly 249998 639252
A.M. Snack	Scrambled Eggs (Commercially) 247819 Choice of Juices	Omelet (Commercially) 157008 Choice of Juices	Scrambled Eggs (Commercially) 249819 Choice of Juices
Lunch	Cream of Tomato Soup & Crackers (Canned) 457899 426362 Ham Salad Sandwich (Commercially Minced) 154886 Sliced Pickled Beets (Pre-Made) 571027 Diced Peaches (Canned) 226837 Apple Sauce (Canned) 508896	Cream of Chicken Soup & Crackers (Canned) 446090 426362 Beef Salad Sandwich (Commercially Minced) 165175 Mixed Vegetables (Canned) 524395 Diced Pears (Canned) 514503 Apple Sauce (Canned) 508896	Creamy Broccoli Soup & Crackers (Canned) 444772 Chicken Salad Sandwich (Commercially Minced) 165185 Bean Medley Salad (Pre-Made) 552269 Apricots (Canned) 509357 Apple Sauce (Canned) 508896
P.M. Snack			
Dinner	Shepherd's Pie (Commercially) 166773 Beef Gravy (Instant Gravy Mix) 483230 Cream Corn (Canned) 525544 Dinner roll and Margarine 218000 249998 Lemon Cake 177624 Yogurt	Chicken A La King (Commercially) 151540 Mashed Potatoes (Commercially) 530293 Carrots (Canned) 524395 Dinner Rolls & Margarine 218000 249998 Strawberry Short Cake 220538 Yogurt	Lasagna (Commercially) 155252 Mashed Potatoes (Commercially) 530293 Peas (Canned) Dinner Rolls & Margarine 218000 249998 Chocolate Brownie 173427 Yogurt
H.S. Snack			

- Offer coffee, tea, milk, juice and water at all meals and snacks
- Assumptions include: limited staffing however, electricity and water are available
- Your Grocery Distributor cannot guarantee that inventory will be available on all items listed for this menu

Section: Evacuation	Policy Number: EP03-007
Page: 1 of 1	Category: Emergency Fuel Management

Policy

1. The Elliott Community is heated by electricity and natural gas. The Elliott Community is situated between two switching stations on the grid system. The safe management of gas, electricity would be left to the providers. The City would support the safe management and restoration.
 2. In the event of a power fluctuation or failure, all Residents requiring Oxygen shall be closely monitored and must either use a portable concentrator or have their oxygen connected to power outlets that are serviced by the Emergency Generator.
 3. Diesel Fuel for the 170 Metcalfe Street generator will be ordered through UPI Energy @ (800) 265-7292.
-
-

Section: Evacuation	Policy Number: EP03-008
Page: 1 of 1	Category: Volunteer List

Volunteer List

In the event of an emergency, there are a number of volunteers that have expressed their interest in assisting us. These names and contact information are accompanied with the volunteer coordination process. The Community Engagement Manager or designate would supply the appropriate up to date list as necessary.

Section: Evacuation	Policy Number: EP03-009
Page: 1 of 1	Category: CEO / Chief of Resident Care Services Responsibilities

COMMAND POST

- The Chief of Resident Care Services /Charge Person will:
 1. Call 911 if there is no local emergency response authority already on site
- The Chief of Resident Care Services /Charge Person will go to the Reception Desk or alternate location and establish the Command Post.
-

To Establish the Command Post:

- Open the Emergency Checklist package for procedures, checklists.
- Complete tasks on check lists.
- Have the Chief of HR & Community Services initiate the recall of employees through the Administration staff using the payroll system once it has been decided staffing needs for the next 24 hours. This individual will report back to the CEO/Charge Person.
- Have the Chief of Finance & Operations initiate contact with emergency transportation services, the pre-arranged receiving facilities, local hospitals etc. (see command post check list).
- As able, designate one person to answer phones and keep phone lines clear. Use call list to record phone calls.
- Communicate with Emergency Personnel who are reporting to the command post (Fire, Ambulance, and Police).
- The Chief of Resident Care Services and the Director of Environmental Services will stay with the Emergency crews to ensure the re-occupancy of the facility is done in a timely manner once it is safe to do so.

Two way Radios and cell phones cannot be used during a Bomb Threat emergency

RETURNING TO THE FACILITY

- The facility must be inspected and approved for resident re-occupancy by the Chief of Resident Care Services, the Director of Nursing and the Director of Environmental Services as well as the relevant local authorities.
- The management team will meet to prepare for the return of the residents.

Section: Evacuation	Policy Number: EP03-010
Page: 1 of 1	Category: Director/Environmental Services Responsibilities

COMMAND POST

- Reports to Command Post.
- Works with Emergency Services Personnel to ensure access and communication during the evacuation.
- Designates an environmental staff people to go to the receiving facility to help with setting up the facility to receive residents.
- Once all residents are transported, designate an environmental staff member to ensure linen & incontinent supplies are brought to the receiving area, and the Director of Environmental Services will arrange transportation of the supplies to the receiving facility.
- Arrange for cots to be delivered to the receiving facility through the Red Cross Society.
- The Director of Environmental Services will stay with the emergency crews to ensure the re-occupancy of the facility is done in a timely manner once it is safe to do so.
- Confirm with the Chief of HR & Community Services to initiate the recall of employees through the Administration staff using the ADP system once it has been decided staffing needs for the next 24 hours. This individual will report back to the department's Director to update them.

Two way Radios and cell phones cannot be used during a Bomb Threat emergency

RETURNING TO THE FACILITY

- The facility must be inspected and approved for resident re-occupancy by the Chief of Resident Care Services, the Director of Nursing and the Director of Environmental Services as well as the relevant local authorities.
- The management team will meet to prepare for the return of the residents.

Section: Evacuation	Policy Number: EP03-011
Page: 1 of 1	Category: Director of Care Responsibilities

COMMAND POST

- Report to the Command Post.
- As staff & volunteers arrive and register at the Command Post, inform them of the type of evacuation and the location of the holding areas and staff assignments.
- Staff assignments will include:
 1. Assist in transporting residents from exit doors to holding area
 2. Assist with evacuation in house
 3. Assist in the holding area
 4. Assist at the receiving facility
 5. Assist at the Command Post
- When assigning staff responsibilities/tasks, ensure they report back to the Command Post when the task is completed.
- Receives from a registered staff on each unit, a list of the residents evacuated from each unit.
- Directs a registered staff to the holding area and another to transport MARS & Charts to receiving facility.
- After the evacuation is complete and residents have been transported, reconcile resident lists received from units with resident lists in holding areas and receiving facility and reports any missing residents to the Chief of Resident Care Services.
- Report to the receiving facility.
- Confirm with the Chief of HR & Community Services to initiate the recall of employees through the Administration staff using the ADP system once it has been decided staffing needs for the next 24 hours. This individual will report back to the department's Director to update them.

Two way Radios and cell phones cannot be used during a Bomb Threat emergency

Section: Evacuation	Policy Number: EP03-012
Page: 1 of 1	Category: Community Engagement Manager Responsibilities

HOLDING AREA

- Report to the Command Post and retrieve the HOLDING AREA checklists.
- Report to the holding area.
- Complete tasks on check lists.

- *Assign tasks to staff & volunteers as they arrive from the command post to ensure residents are kept calm and safe.*
- *Record the resident names on the resident registrar.*
- *Organize residents by units if possible.*
- *Work to keep residents calm and safe, constantly assess their condition.*
- Load residents and equipment onto the buses – note on resident list which receiving facility the residents are being delivered to.
- Walkers/wheelchairs should accompany residents to the Receiving Facility.
- One staff member must accompany every 10 residents as they are being transported to the receiving facility.
- Confirm with the Chief of Human Resources & Community Services to initiate the recall of employees through the Administration staff using the ADP system once it has been decided staffing needs for the next 24 hours. This individual will report back to the department's Director to update them.

Do not allow any resident to leave the area with family members – all residents MUST be delivered to the receiving facility, or one of the hospitals.

When all residents are transported, the remaining staff and volunteers must go to the receiving facility. The Director of Recreation and Volunteer Services or designate will report to the Command Post with the Resident Lists and then report to the receiving facility.

Two way Radios and cell phones cannot be used during a Bomb Threat emergency

Section: Evacuation	Policy Number: EP03-013
Page: 1 of 1	Category: Director of Dietary Services and Director of Nursing Responsibilities

RECEIVING FACILITY

- Report to the Command Post and retrieve the checklists.
- Determine with the Chief of Resident Care Services or designate the receiving facility or determine an alternative receiving facility.
- Travel by car to the receiving facility.
- To do before residents arrive:
 - a. Set up chairs to receive residents.
 - b. Establish a secure room for wandering residents.
 - c. Establish a room for Resident requiring emergency care.
 - d. Establish a room for a nursing station area.
- The Director of Dietary Services is to arrange for designated paper supplies and beverages to be delivered to the receiving facility and will be responsible for the operation of the kitchen while residents are arriving. It will be assumed that initially sufficient supplies will be required to serve residents for a two-hour stay.
- The Director of Care (when they arrive) will establish the Command Post at the receiving facility and remain there to assign tasks to staff and volunteers as they arrive and communicate with the Command Post at the Elliott.
 - a. Place phone lists and client profiles at the receiving facility Command Post.
 - b. A final registry of resident names & locations to be maintained here.
 - c. A Registry for staff and volunteers is to be maintained here.
 - d. A shift schedule will be produced if the evacuation will be prolonged, and staff made aware of the schedule.
- As Staff arrive and register assign them to:
 - a. One person to register all residents as they arrive.
 - b. Two RN/RPNs to triage residents for care needs and determine area in which care will be provided.
 - c. Charge RN/RPN for nursing station at the receiving facility.
 - d. Staff/volunteers to transport residents to assigned rooms or areas.
 - e. Staff/volunteers to stay with residents in each area to keep them safe and calm.
 - f. One person to phone community service providers.
 - g. One person to phone families.
- Confirm with the Chief of HR & Community Services to initiate the recall of employees through the Administration staff using the ADP system once it has been decided staffing needs for the next 24 hours. This individual will report back to the department's Director to update them.

Two way Radios and cell phones cannot be used during a Bomb Threat emergency

Section: Evacuation	Policy Number: EP03-014
Page: 1 of 1	Category: Chief of Finance & Operational Services Responsibilities

COMMAND POST

- Report to the Command Post and retrieve Orders from the CEO or Designate.
- Initiate contact with emergency transportation services, the pre-arranged receiving facilities, local hospitals etc. (see command post check list). The Chief will report back to the CEO/ Chief of Resident Care Services.
- The following calls need to be initiated to ensure key partners are informed of the possibility their services may be required:
 1. **Elliott Bus lines:** 519-822-5225 (24-7)
 2. **Receiving facilities:**
 - a. St. Josephs 519-824-6000 x4205/ 519-824-6000 afterhours
 - b. LaPoint Fisher 519-821-9030 x230/ 226-220-3242 afterhours
 - c. Eden House 519-856-4622
 3. **Ministry of Health LTC:**
905-897-4623 866-223-9128
 4. **Medical Director:** Dr. Ruddock
Office: 519-822-1990
Cell: 519-993-6284
- In the event the evacuation may be longer than 24 hours, the Chief may be required to ensure our suppliers are kept informed of the emergency if their services are required.
- Ensure communication to suppliers is continued during re-occupancy of the facility when the emergency is over.
- Confirm with the Chief of Human Resources & Community Services to initiate the recall of employees through the Administration staff using the ADP system once it has been decided staffing needs for the next 24 hours. This individual will report back to the department's Director to update them.

Two way Radios and cell phones cannot be used during a Bomb Threat emergency

Section: Evacuation	Policy Number: EP03-015
Page: 1 of 1	Category: Chief of Human Resources and Communication Services Responsibilities

COMMAND POST

- Report to the Command Post and retrieve Orders from the CEO or Designate.
- Chief of HR & Communication Services initiates the recall of employees through the Administration staff using the ADP system once it has been decided staffing needs for the next 24 hours. The Director will report back to the CEO/Charge Person.
- Ensure a log is maintained to ensure a time record is kept for payroll purposes.
- Continue to keep in touch with the department managers to ensure all staffing needs are met.

- In the event the evacuation may be longer than 24 hours, the Chief of HR & Communication Services may be required to ensure our payroll system is maintained and there are no delays for payroll.

- Ensure staffing needs are monitored during re-occupancy of the facility when the emergency is over.

- Work with the Directors to initiate the recall of employees utilizing the Administration staff using the ADP system once it has been decided staffing needs for the next 24 hours.

Two way Radios and cell phones cannot be used during a Bomb Threat emergency

Emergency Forms

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Specific Emergency Forms

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Section: Specific Emergency Responses	Policy Number: EP02-009
Page: 1 of 4	Category: AIR CONTAMINATION- 170

Upon determining that the external air may present a hazard to the health and safety of the buildings occupants, it is necessary to exclude external air from the facilities, the following steps shall be initiated:

ERAMOSA	Complete	Initial
Maintenance Informed- 2725 or 226-218-0113 after hours		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Resident Room windows closed		
TV Lounges windows closed		
Nursing Office windows closed		
Activity rooms windows closed		
Dining Room windows closed		
Ensure Residents and staff remain inside		

PAISLEY	Complete	Initial
Resident Room windows closed		
TV Lounges windows closed		
Nursing Office		
Activity rooms		
Dining Room		
Ensure Residents and staff remain inside		

PENTHOUSE- Maintenance	Complete	Initial
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel.		
AIR HANDLING UNIT #1 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #2 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #3 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #4 (Turn switch from Auto to Off)		
BASEMENT MCC ROOM (behind file storage)- Maintenance		
AIR HANDLING UNIT #5 (Turn switch from Auto to Off)		
Emergency over and systems returned to AUTO		

Date and Time completed: _____

Signature(s) of staff: _____

Section: Specific Emergency Responses	Policy Number: EP02-009
Page: 2 of 4	Category: AIR CONTAMINATION- 170

Upon determining that the external air may present a hazard to the health and safety of the buildings occupants, it is necessary to exclude external air from the facilities, the following steps shall be initiated:

WELLINGTON	Complete	Initial
Maintenance Informed- 2725 or 226-218-0113 after hours		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Resident Room windows closed		
TV Lounges windows closed		
Nursing Office windows closed		
Activity rooms windows closed		
Dining Room windows closed		
Ensure Residents and staff remain inside		

FOUNTAIN	Complete	Initial
Resident Room windows closed		
TV Lounges windows closed		
Nursing Office		
Activity rooms		
Dining Room		
Ensure Residents and staff remain inside		

PENTHOUSE- Maintenance	Complete	Initial
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel.		
AIR HANDLING UNIT #1 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #2 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #3 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #4 (Turn switch from Auto to Off)		
BASEMENT MCC ROOM (behind file storage)- Maintenance		
AIR HANDLING UNIT #5 (Turn switch from Auto to Off)		
Emergency over and systems returned to AUTO		

Date and Time completed: _____
 Signature(s) of staff: _____

Section: Specific Emergency Responses	Policy Number: EP02-009
Page: 3 of 4	Category: AIR CONTAMINATION-170

Upon determining that the external air may present a hazard to the health and safety of the buildings occupants, it is necessary to exclude external air from the facilities, the following steps shall be initiated:

NOTTINGHAM RESIDENCE	Complete	Initial
Maintenance Informed- 2725 or 226-218-0113 after hours		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Resident Room windows closed		
TV Lounges windows closed		
Activity room windows closed		
Dining Room windows closed		
Ensure Residents and staff remain inside		

EDINBURGH RESIDENCE	Complete	Initial
Resident Room windows closed		
TV Lounges windows closed		
Activity room windows closed		
Ensure Residents and staff remain inside		

PENTHOUSE- Maintenance	Complete	Initial
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel		
AIR HANDLING UNIT #1 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #2 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #3 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #4 (Turn switch from Auto to Off)		
BASEMENT MCC ROOM (behind file storage)- Maintenance		
AIR HANDLING UNIT #5 (Turn switch from Auto to Off)		
Emergency over and systems returned to AUTO		

Date and Time completed: _____

Signature(s) of staff: _____

Section: Specific Emergency Responses	Policy Number: EP02-009
Page: 4 of 4	Category: AIR CONTAMINATION- 170

Upon determining that the external air may present a hazard to the health and safety of the buildings occupants, it is necessary to exclude external air from the facilities, the following steps shall be initiated:

MAIN FLOOR	Complete	Initial
Maintenance Informed- 2725 or 226-218-0113 after hours		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
All office windows closed		
All lounge area windows closed		
All board room windows closed		
All main laundry windows closed		
All main kitchen windows closed		
All staff room windows closed		
All Geranium Way windows closed		
All HR office windows closed		
All Salon and glass room windows closed		
Ensure Residents and staff remain inside		

PENTHOUSE- Maintenance	Complete	Initial
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel		
AIR HANDLING UNIT #1 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #2 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #3 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #4 (Turn switch from Auto to Off)		
BASEMENT MCC ROOM (behind file storage)- Maintenance		
AIR HANDLING UNIT #5 (Turn switch from Auto to Off)		
Emergency over and systems returned to AUTO		

Date and Time completed: _____

Signature(s) of staff: _____

Section: Specific Emergency Responses	Policy Number: EP02-009
Page: 1 of 2	Category: AIR CONTAMINATION- 168

Upon determining that the external air may present a hazard to the health and safety of the buildings occupants, it is necessary to exclude external air from the facilities, the following steps shall be initiated:

MAIN FLOOR	Complete	Initial
Maintenance Informed- 2725 or 226-218-0113 after hours		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Library windows closed		
Private Dining Room windows closed		
Tea Room windows closed		
Dining Room windows closed		
Office windows closed		
Ensure Residents and staff remain inside		

2nd FLOOR	Complete	Initial
Resident Room windows closed		
Laundry Room Windows closed		
Ensure Residents and staff remain inside		

3rd FLOOR	Complete	Initial
Resident Room windows closed		
Laundry Room Windows closed		
Ensure Residents and staff remain inside		

4th FLOOR	Complete	Initial
Resident Room windows closed		
Laundry Room Windows closed		
Ensure Residents and staff remain inside		

Date and Time completed: _____

Signature(s) of staff: _____

Section: Specific Emergency Responses	Policy Number: EP02-009
Page: 2 of 2	Category: AIR CONTAMINATION- 168

5th FLOOR	Complete	Initial
Resident Room windows closed		
Laundry Room Windows closed		
Ensure Residents and staff remain inside		

6th FLOOR	Complete	Initial
Resident Room windows closed		
Laundry Room Windows closed		
Ensure Residents and staff remain inside		

PENTHOUSE- Maintenance	Complete	Initial
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel		
ROOFTOP AIR HANDLING UNIT #1 (Turn breaker # 31-35 Off)		
ROOFTOP AIR HANDLING UNIT #2 (Turn breaker # 36-41 Off)		
Emergency over and systems returned to ON		

Date and Time completed: _____

Signature(s) of staff: _____

Section: Specific Emergency Responses	Policy Number: EP02-009
Page: 1 of 1	Category: AIR CONTAMINATION- 172

Upon determining that the external air may present a hazard to the health and safety of the buildings occupants, it is necessary to exclude external air from the facilities, the following steps shall be initiated:

PENTHOUSE- Maintenance	Complete	Initial
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel		
ROOFTOP AIR HANDLING UNIT #1 (Turn Wall Switch Off)		
ROOFTOP AIR HANDLING UNIT #2 (Turn Wall Switch Off)		
Emergency over and systems returned to On		

Date and Time completed:

Signature(s) of staff:

Section: Specific Emergency Responses	Policy Number: EP02-010
Page: 1 of 1	Category: BOMB THREAT

Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does. Listen carefully. Be polite and show interest. Do not hang up the phone even if the caller does.

Questions to Ask Caller:	Date and Time of Call:
1. Where is the bomb located?	
2. When will it explode?	
3. What does it look like?	
4. What kind of bomb is it?	
5. What will make it explode?	
4. Did you place the bomb?	
5. Why?	
6. What is your name?	

Call your manager and 911 immediately after the call.

Background Noise/Sounds (check all that apply)		Caller's Voice (check all that apply)		
<input type="checkbox"/> Office Machines	<input type="checkbox"/> Children	<input type="checkbox"/> Male	<input type="checkbox"/> Excited	<input type="checkbox"/> Deep
<input type="checkbox"/> Street Noises	<input type="checkbox"/> Machines	<input type="checkbox"/> Female	<input type="checkbox"/> Angry	<input type="checkbox"/> High
<input type="checkbox"/> Voices	<input type="checkbox"/> Animals	<input type="checkbox"/> Normal	<input type="checkbox"/> Slurred	<input type="checkbox"/> Cracking
<input type="checkbox"/> Dishes	<input type="checkbox"/> Static	<input type="checkbox"/> Soft	<input type="checkbox"/> Nasal	<input type="checkbox"/> Stutter
<input type="checkbox"/> Music	<input type="checkbox"/> No Noise	<input type="checkbox"/> Loud	<input type="checkbox"/> Lisp	<input type="checkbox"/> Laughing
<input type="checkbox"/> Radio	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Fast	<input type="checkbox"/> Raspy	<input type="checkbox"/> Crying
<input type="checkbox"/> Airport	<input type="checkbox"/> Crowd	<input type="checkbox"/> Slow	<input type="checkbox"/> Familiar?	<input type="checkbox"/> Altered
<input type="checkbox"/> Other:		<input type="checkbox"/> Calm	<input type="checkbox"/> Accent (type) _____	

Exact Wording of the Threat:

Notes:

Section: Specific Emergency Responses	Policy Number: EP02-0013
Page: 1 of 1	Category: Chemical Spill

The internal

- Ellington Penthouse
- Ellridge Penthouse
- Elliott Penthouse
- Elliott Generator room
- Elliott
- Elliott Main Kitchen and Serveries
- Elliott Main Laundry

PENTHOUSE- Maintenance	Complete	Initial
Try to close the source of the spill if possible		
Open Windows in the area		
Evacuate the area closing the doors on exit		
Evacuate all residents and staff to a safe area if the home areas may be affected		
Have maintenance assess the spill and report back		
Call after hour emergency maintenance phone- 226-218-0113		
Call 911if necessary		
Alert the Emergency Control Group (ECG@elliottcommunity.org)		
Spill cleanup supplies are located in the Elliott Electrical Room. Maintenance will clean spill once it is deemed safe		

Date and Time completed: _____

Signature(s) of staff completing search: _____

For External Chemical Spill see Air Contamination Checklist EP02-009

Section: Specific Emergency Responses	Policy Number: EP02-007
Page: 1 of 1	Category: Elevator Emergencies

Elevator Emergencies	Complete	Initial
Check to see if someone is trapped inside. If someone is inside, try to keep them calm.		
Ensure you know which car is down and what building it is in		
Call maintenance @ 2725		
Call after hour emergency maintenance phone- 226-218-0113		
After contacting the Maintenance Department, please provide a visual barrier to anyone wanting to gain access to that particular Elevator car.		
If maintenance is unable to restore service, ensure that either maintenance or the Charge Nurse contacts ThyssenKrupp at 1-(800) 343-5103		
Recommend to the occupant(s) to sit in the middle of the Elevator car, loosen tight clothing and remain calm. The Elevator car will not drop the built in safety features		
Advise any occupant(s) in the elevator to use the Emergency telephone; maintain contact via the telephone and reassure them that help is on the way		
Call 911 if necessary		
Alert the Emergency Control Group (ECG@elliottcommunity.org)		
Elevator failure results in death, injury requiring medical attention or adversely affect the safe operation of an elevating device must be reported immediately to the TSSA's customer contact Centre at 1 (877) 682-8772		

Date and Time completed: _____

Signature(s) of staff: _____

Section: Specific Emergency Responses	Policy Number: EP02-012
Page: 1 of 1	Category: Employee Mass Absence

See Policy EP02-012 for more information	Complete	Initial
Notify the Chief of Resident Services (519-546-2638)		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Emergency Control Group (ECG) will determine the future areas of roles and responsibilities at that time		
Determine number of qualified staff still available to work		
Schedule licensed staff for medication administration		
Schedule trained staff for toileting, transferring, including mechanical lifts		
Schedule trained staff for obtaining vital signs		
Schedule staff for basic food preparation		
Train remaining staff to help in resident care duties		
Schedule remaining staff for feeding residents		
Schedule remaining staff for housekeeping		
Decide if Contracted staffing, Volunteers or Family may be required		
MOHLTC (Unusual Occurrence) 1-800-595-9394		
RHRA (Unusual Occurrence) 1-855-275-7472		
Discharge and transfer of residents as a last resort		
Create list of discharge options		
Ensure appropriate transportation is booked		
Ensure required resident records are transported to the discharge facility as per Policy		
Ensure required personal belongings are transported to the discharge facility as per Policy		
Arrange transportation to repatriate discharged resident once emergency is over		
Arrange transportation resident records are transported to the discharge facility as per Policy		
Arrange transportation personal belongings are transported to the discharge facility as per Policy		
MOHLTC (Unusual Occurrence) 1-800-595-9394		
RHRA (Unusual Occurrence) 1-855-275-7472		

Date and Time completed: _____
 Signature(s) of staff: _____

Section: Evacuation Policies	Policy Number: EP03-002
Evacuation Date:	Category: Evacuation Forms

Resident Registry

LTC Unit/Retirement Floor # _____

	Resident Name	Evacuated to		Notes
		Community Centre Chapel	Ellington Lobby	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
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23				
24				
25				
26				
27				
28				

Section: Evacuation Policies	Policy Number: EP03-011
Evacuation Date:	Category: Evacuation Forms

Command Post Task List/Documentation Notes:

Task	Designated Person	Time Initiated	Notes
Location of command post			
Person in Charge of Command Post			
911 call			
Code Green announcement			
Fan out call in procedure initiated			
Phone call to each unit: - Nature of situation - Type of evacuation			
Evacuation Phone Calls Elliott Bus lines: 519-822-5225 (24-7) Receiving facilities: St. Josephs 519-824-2620 LaPoint Fisher 226-220-3242 Eden House Care Facility- 519-856-4622 Medical Director: Dr. Will Ruddock Office: 519-822-1871 Cell: 519-993-6284			
Person to Answer phones/keep phones clear			
Designated person to document events			
Clipboard for Registration of Staff & volunteers			
Fire Lead Person on Site			
Ambulance Lead Person on Site			
Police Lead Person on Site			
Nursing and Dietary leaders to receiving facility			
Resident list received – Eramosa			
Resident list received – Paisley			
Resident list received – Wellington			
Resident list received - Fountain			
LTC Resident list received - Receiving facility			
Resident list received – Ellington			
RET. Resident list received - Receiving facility			
All resident's accounted for?			
Command Post closed and moved to Receiving facility			
Emergency declared over			
MOHLTC (Unusual Occurrence) 1-800-595-9394			
RHRA (Unusual Occurrence) 1-855-275-7472			

Section: Specific Emergency Responses	Policy Number: EP02-016
Page: 1 of 1	Category: MEDICAL EMERGENCY CHECKLIST

For more information see Policies EP02-016, R-005, F-06b, F-09, F-10a, 05-004 & 05-010
 This form is a control document that will detail the pertinent information concerning the situation at hand. It must be completed and retained by the Charge Nurse until the Administrator/Director or delegate directs the action to be taken arising from the circumstances, if necessary.

Date & Time of Incident: _____

Person Who Identified Medical Emergency: _____

Person Who Experienced the Medical Emergency: _____

Responding Charge Nurse: _____

Describe Medical Emergency Incident:

Actions Taken in Response to Medical Emergency:

Was EMS called? Yes No

Sign & Date When Informed of Incident: _____

Family Physician (if a resident): _____

Power of Attorney (if a resident): _____

Emergency Contact (if a staff): _____

Director: _____

Form Completed By: _____



Section: Evacuation Policies	Policy Number: EP03-014
Evacuation Date:	Category: Evacuation Forms

Holding Area Task List/Documentation Notes:

Task	Designated Person(s)	Time	Notes
Location of Holding Area			
Persons in Charge of Holding Area			
Time First Resident arrives at holding area			
Time first transport arrives at holding area			
Names & Destinations of Residents recorded. 1 staff member for every 10 residents must be transported with residents and staff member's name recorded with resident's register			
Time last Resident /transported			
Time Charge Person reported to Command Post with Resident lists			
When all Residents transported, front line staff to report to receiving facility.			

Section: Evacuation Policies	Policy Number: EP03-014
Evacuation Date:	Category: Evacuation Forms

Holding Area Resident Registry

Holding Area:

Date:

	Resident Name	Receiving Facility	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Section: Evacuation Policies	Policy Number: EP03-015
Evacuation Date:	Category: Evacuation Forms

Receiving Facility Task List/Documentation Notes:

Task	Designated Person	Time Initiated	Notes
Location of Receiving Facility			
Persons in Charge of Receiving Facility			
Time of arrival at receiving facility			
Foyer – chairs ready to receive			
Room for wanders designated			
Room for Emergency Care designated			
Person to register Residents as residents arrive			
Persons to do triage as residents arrive			
Time First Resident arrives at receiving area			
Registering Staff & Volunteer Registrar			
Nursing: <ul style="list-style-type: none"> ➤ MARS received from units ➤ TARS received from units ➤ Charts received from units 			
DOC– all Residents accounted and results reported to CEO			
Phone calls to families			

Section: Evacuation Policies	Policy Number: EP03-015
Evacuation Date:	Category: Evacuation Forms

Receiving Facility Task List/Documentation Notes Continued:

Task	Designated Person	Time Initiated	Notes
Person in charge of kitchen & auditorium			
Arrange for delivery Food Supplies			
Arrange for delivery Nursing Supplies			
Calls to be placed- MOHLTC (unusual occurrence): 1-800-595-9394 Public Health: 519-846-2715 Oxygen: 519-886-0202 Pharmacy (medications): 800-677-4053 Nurse supplies: 877-878-7778 Food: 519-476-4252 Milk: 800-268-7777 Bread: 519-654-6640 Water: 519-744-2248			
Clean towels, blankets, face cloths, pillows & linen bags delivered to receiving facility			
CEO informed of task list completion			

Section: Evacuation Policies	Policy Number: EP03-015
Evacuation Date:	Category: Evacuation Forms

Receiving Facility Resident Registry

Facility:

	Resident Name	Receiving Holding Area	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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22			
23			
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25			
26			
27			
28			
29			
30			

Section: Evacuation Policies	Policy Number: EP03-015
Evacuation Date:	Category: Evacuation Forms

Staff/Volunteer Registration

Location:

Date:

	Name	Assigned Location	Arrival Time	Depart Time
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
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27				
28				
29				
30				
31				
32				

Section: Specific Emergency Responses	Policy Number: EP02-014
Page: 1 of 1	Category: Floods- Natural Disasters

See Policy EP02-014 for more information	Complete	Initial
Notify the Chief of Resident Services (519-546-2638)		
Notify Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Notify Maintenance at 2725 or After Hours Emergency Maintenance phone (226-218-0113)		
Emergency Control Group (ECG) will determine the implications of the flooding to ensure resident and staff safety		
Emergency Control Group (ECG) if flooding will interrupt the Elliott's power distribution and take appropriate actions.		
Emergency Control Group (ECG) if flooding will interrupt the Elliott's supply line and take appropriate actions.		
If power is interrupted, refer to Power outage checklist refer to Power Outage checklist EP02-017		
If staff shortage will impede on resident care, refer to Mass Employee Absence Checklist EP02-012		
MOHLTC (Unusual Occurrence) 1-800-595-9394		
RHRA (Unusual Occurrence) 1-855-275-7472		
If the City Emergency Control Group calls to evacuate See Evacuation Checklist EP03- 002 through 015		
MOHLTC (Unusual Occurrence) 1-800-595-9394		
RHRA (Unusual Occurrence) 1-855-275-7472		

Date and Time completed: _____

Signature(s) of staff: _____

Section: Specific Emergency Responses	Policy Number: EP02-018
Page: 1 of 1	Category: HEATING & COOLING EMERGENCIES

See Policy EP02-016 for more information		
Date of Heating/Cooling System Failure		
Time of Heating/Cooling System Failure		
Temperature in resident room		
Temperature in Hallway		
	Time	Initial
Notify Maintenance at 2725 or After Hours Emergency Maintenance phone (226-218-0113)		
Notify the Chief of Resident Services (519-546-2638)		
Maintenance person on site		
HVAC Contractor onsite		
Residents move from their rooms to common area if above 26C or below 22C		
All windows closed		
All resident doors closed		
Control resident`s temperature (Blankets/ lighter clothing/Fans etc.)		
Dietary menu change (Hot/cold food and beverages)		
Residents checked (heat/cold symptoms)		
Estimated time system will be back online		
Chief of Resident Services informed of estimated time system will be back online		
Staff checked building temperature each Quarter hour of the outage		
Comments on back of form		
Date System Back Online		
Time System Back Online		
MOHLTC (Unusual Occurrence) 1-800-595-9394		
RHRA (Unusual Occurrence) 1-855-275-7472		

Director of Resident Care, LTC Cellular- 226-971-1431

Director of Resident Care, Retirement Cellular- 519-546-2652

Director of Environmental Services Cellular- 548-328-0841

Maintenance Supervisor Cellular- 519-400-6704

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 1 of 7	Category: Missing Resident- 168 Metcalfe

PERSONAL DATA

Resident Name: _____

Height _____ Weight _____

Hair Colour _____ Picture Available? _____

Distinguishing Features _____

Attire _____

Diagnosis _____

Cognition _____

Essential Medications _____

Circumstances of Departure (if any) _____

Time Resident Last Seen _____ by whom _____

Phase 1

Check sign out book Check with Screener Building Search utilizing forms

Notifications

DOC- Cell- 519-546-2652 and/or ADOC cell 519-803-2523

Emergency Control Group (ECG@elliottcommunity.org)

Emergency Control Group assigns someone to review video surveillance

Phase

Contact LTC (519-362-3951) and Nottingham (2704) Charge Nurses to initiate area searches and have them report back once completed Initiate exterior property search

Call 911 Have resident photo and video of resident leaving the facility for Police

Outside agency notifications- General Hospital (519-822-5350)

Canadian Cab (519-824-3110) Red Top Taxi (519-821-1700)

Additional notifications, if necessary will be made through the Emergency Control Group.

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 2 of 7	Category: Missing Resident- 168 Metcalfe

LOCATED

Date and Time Located _____
 Located by _____
 Locality where found _____
 Condition when found _____
 Examination by Physician (if necessary) Dr. _____

SEARCH CO-ORDINATOR DOCUMENTATION

Form Completed by _____

168 METCALFE- MISSING RESIDENT REPORT

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 3 of 7	Category: Missing Resident- 168 Metcalfe

Date and Time: _____

Resident Name: _____

Room #: _____

Date and time noticed missing: _____

Individual reporting resident missing: _____

Check lists to be distributed:

- a) Basement
- b) Main Floor
- c) 2nd Floor
- d) 3rd Floor
- e) 4th Floor
- f) 5th Floor
- g) 6th Floor

The Search Co-ordinator will distribute a checklist to staff (individual or team) ensuring that all areas will be thoroughly searched. If additional staff is required, the Chief of Resident Care Services /CEO and the Director of Resident Care will be contacted.

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 4 of 7	Category: Missing Resident- 168 Metcalfe

Basement

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Nursing storage room		
Sprinkler pump room		
Storage Locker #1		
Storage Locker #2		
Large Multi-Purpose Meeting Room (old storage locker)		
Small Multi-Purpose Room (old storage locker)		
Washroom #1		
Washroom #2		
Stairwells		
Activity Area #1		
Activity Area #2		
Storage Room		
Electrical Room		
Kitchenette		
Breezeway to Elliott		
Parking Garage		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 5 of 7	Category: Missing Resident- 168 Metcalfe

Main Floor

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Stairwell		
Activity Room		
Library		
Nursing Office		
Tea Room		
Garbage Room		
Metcalfe Street Entrance		
Dining Room		
Breezeway to Community Centre		
Parking Lot Entrance		
Royal Garden		
Parking Lot		
Nursing Office		
TV Lounge		
Garbage Room		
Equipment Storage Room		
Housekeeping Closet		
Storage Room		
Exit Stairwells		
Exit To Edinburgh		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 6 of 7	Category: Missing Resident- 168 Metcalfe

2nd Floor

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Stairwells		
All Suites (including vacant suites)		
Laundry Room		
Garbage Chute Room		

3rd Floor

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Stairwells		
All Suites (including vacant suites)		
Laundry Room		
Garbage Chute Room		

4th Floor

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Stairwells		
All Suites (including vacant suites)		
Laundry Room		
Garbage Chute Room		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 7 of 7	Category: Missing Resident- 168 Metcalfe

5th Floor

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Stairwells		
All Suites (including vacant suites)		
Laundry Room		
Garbage Chute Room		

6th Floor

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Stairwells		
All Suites (including vacant suites)		
Laundry Room		
Garbage Chute Room		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 1 of 8	Category: Missing Resident- 170 Metcalfe LTC

PERSONAL DATA

Resident Name: _____

Height _____ Weight _____

Hair Colour _____ Picture Available? _____

Distinguishing Features _____

Attire _____

Diagnosis _____

Cognition _____

Essential Medications _____

Circumstances of Departure (if any) _____

Time Resident Last Seen _____ by whom _____

Phase 1

Check sign out book Check with Screener Building Search utilizing forms

Notifications

DOC- Cell- 226-971-1431 and/or Chief of Resident Care- cell 519-546-2638

Emergency Control Group (ECG@elliottcommunity.org)

Emergency Control Group assigns someone to review video surveillance

Phase

Contact Ellington (2702) and Nottingham (2704) Charge Nurses to initiate area searches and have them report back once completed Initiate exterior property search

Call 911 Have resident photo and video of resident leaving the facility for Police

Outside agency notifications- General Hospital (519-822-5350)

Canadian Cab (519-824-3110) Red Top Taxi (519-821-1700)

Additional notifications, if necessary will be made through the Emergency Control Group.

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 2 of 8	Category: Missing Resident- 170 Metcalfe LTC

LOCATED

Date and Time Located _____
 Located by _____
 Locality where found _____
 Condition when found _____
 Examination by Physician (if necessary) Dr. _____

SEARCH CO-ORDINATOR DOCUMENTATION

Form Completed by _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 3 of 8	Category: Missing Resident- 170 Metcalfe LTC

170 METCALFE- MISSING RESIDENT REPORT

Date and Time: _____

Resident Name: _____

Room #: _____

Date and time noticed missing: _____

Individual reporting resident missing: _____

Check lists to be distributed:

- a) RESIDENTIAL ERAMOSOSA/PAISLEY AND CORE AREA
 - b) RESIDENTIAL WELLINGTON/FOUNTAIN
 - c) RESIDENTIAL EDINBURGH/NOTTINGHAM
 - d) SERVICE AREA, KITCHEN, HALLWAY TO ELLINGTON, COMMUNITY CENTRE AND ELLRIDGE
 - e) OFFICE ENTRANCE AREA AND IMMEDIATE AREA SURROUNDING FACILITY
 - f) BASEMENT

The Search Co-ordinator will distribute a checklist to staff (individual or team) ensuring that all areas will be thoroughly searched. If additional staff is required, the Chief of Resident Care Services /CEO and the Director of Resident Care will be contacted.

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 4 of 8	Category: Missing Resident- 170 Metcalfe LTC

RESIDENTIAL ERAMOSA/PAISLEY AND CORE AREA CHECKLIST

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Resident Rooms including closets, under beds, bathrooms		
Lounges, Ding rooms and Activity rooms		
Clean and Dirty Utility Rooms, Equipment Storage and Treatment Rooms		
Housekeeping Closets		
Nursing Office		
Tub/shower Room		
Visitor Washroom		
Main Foyer		
Stairwells		
Main Lobby		
Board Room		
Office Bathroom		
Chief of Resident Care Services Office		
Office Area		
Lounge Areas		
Public Washrooms		
Beauty Parlor		
Elevators		
Kitchen		
Service Corridors		
Staff Lounge		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 5 of 8	Category: 170 Missing Resident

RESIDENTIAL WELLINGTON/FOUNTAIN CHECKLIST

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Resident Rooms including closets, under beds, bathrooms- 3 rd Floor		
Activity Areas		
Dining Room		
Nursing Office		
TV Lounge		
Garbage Room		
Equipment Storage Room		
Housekeeping Closet		
Resident Rooms including closets, under beds, bathrooms- 4 th Floor		
Activity Areas		
Dining Room		
Nursing Office		
TV Lounge		
Garbage Room		
Equipment Storage Room		
Housekeeping Closet		
Storage Room		
Exit Stairwells		
Exit To Edinburgh		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 6 of 8	Category: Missing Resident- 170 Metcalfe LTC

SERVICE AREA KITCHEN, HALLWAY TO ELLINGTON, COMMUNITY CENTRE AND ELLRIDGE CHECKLIST

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
All Service Area rooms including Laundry, Receiving area, shop lunch room, garbage chutes		
All kitchen areas including dish wash room, walk in fridges/freezers and storage rooms		
Clean and Dirty Utility Rooms		
Hallway to community Centre including Staff Lounge		
All garbage and laundry chute rooms		
All offices into community Centre		
All stairwells		
Pharmacy		
All Auditoriums, chapel and meeting rooms and fancy dining and kitchen, washrooms		
Entrances from community Centre to Ellington		
Entrances from community Centre to Ellridge		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 7 of 8	Category: Missing Resident- 170 Metcalfe LTC

OFFICE ENTRANCE AND IMMEDIATE AREA SURROUNDING FACILITY CHECKLIST

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed; Grounds should be searched by two people walking about 15 feet apart in open areas)	Check (✓)	Initial Complete
Front Entrance, including the office		
Parking Lot		
Area of grounds towards Metcalfe St		
Area surrounding the Retirement Suites		
Entrances into the Retirement Suites		
Delivery service area		
Immediate Front Area (Metcalfe St)		
Area of grounds towards Eramosa		
Back of Elliott (grounds)		
Area surrounding the Life Lease Suites		
Entrances into the Life Lease Suites		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 8 of 8	Category: Missing Resident- 170 Metcalfe LTC

BASEMENT CHECKLIST

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
All Hallways and resident storage areas to underground parking		
Elevator rooms		
Phone Room		
Electrical Room		
HVAC #4 Electrical room and Storage area		
Garage sump room		
Underground parking- behind and under cars		
Christmas tree room		
Ramp heat room and back storage room		
Link to Ellington basement		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 1 of 8	Category: Missing Resident- 170 Metcalfe Retirement

PERSONAL DATA

Resident Name: _____

Height _____ Weight _____

Hair Colour _____ Picture Available? _____

Distinguishing Features _____

Attire _____

Diagnosis _____

Cognition _____

Essential Medications _____

Circumstances of Departure (if any) _____

Time Resident Last Seen _____ by whom _____

Phase 1

Check sign out book Check with Screener Building Search utilizing forms

Notifications

DOC- Cell- 226-971-1431 and/or Chief of Resident Care- cell 519-546-2638

Emergency Control Group (ECG@elliottcommunity.org)

Emergency Control Group assigns someone to review video surveillance

Phase

Contact Ellington (2702) and LTC (519-362-3951) Charge Nurses to initiate area searches and have them report back once completed Initiate exterior property search

Call 911 Have resident photo and video of resident leaving the facility for Police

Outside agency notifications- General Hospital (519-822-5350)

Canadian Cab (519-824-3110) Red Top Taxi (519-821-1700)

Additional notifications, if necessary will be made through the Emergency Control Group.

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 2 of 8	Category: Missing Resident- 170 Metcalfe Retirement

LOCATED

Date and Time Located _____

Located by _____

Locality where found _____

Condition when found _____

Examination by Physician (if necessary) Dr. _____

SEARCH CO-ORDINATOR DOCUMENTATION

Form Completed by _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 3 of 8	Category: Missing Resident- 170 Metcalfe Retirement

170 METCALFE- MISSING RESIDENT REPORT

Date and Time: _____

Resident Name: _____

Room #: _____

Date and time noticed missing: _____

Individual reporting resident missing: _____

Check lists to be distributed:

h) RESIDENTIAL ERAMOSOSA/PAISLEY AND CORE AREA

i) RESIDENTIAL WELLINGTON/FOUNTAIN

j) RESIDENTIAL EDINBURGH/NOTTINGHAM

k) SERVICE AREA, KITCHEN, HALLWAY TO ELLINGTON, COMMUNITY CENTRE AND ELLRIDGE

l) OFFICE ENTRANCE AREA AND IMMEDIATE AREA SURROUNDING FACILITY

m) BASEMENT

The Search Co-ordinator will distribute a checklist to staff (individual or team) ensuring that all areas will be thoroughly searched. If additional staff is required, the Chief of Resident Care Services /CEO and the Director of Resident Care will be contacted.

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 4 of 8	Category: Missing Resident- 170 Metcalfe Retirement

RESIDENTIAL NOTTINGHAM CHECKLIST

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Resident Rooms including closets, under beds, bathrooms		
Activity Room		
Dining Room		
Nursing Office		
TV Lounge		
Garbage Chute Rooms		
Equipment Storage Room		
All Offices		
Housekeeping Room		
Laundry Room		
Exit Stairwells		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 5 of 8	Category: Missing Resident- 170 Metcalfe Retirement

RESIDENTIAL EDINBURGH CHECKLIST

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
Resident Rooms including closets, under beds, bathrooms		
Activity Room		
Office		
TV Lounge		
Laundry Room		
Garbage Room		
Patio		
Exit Stairwells		
Exit To Foutain		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 6 of 8	Category: Missing Resident- 170 Metcalfe LTC

SERVICE AREA KITCHEN, HALLWAY TO ELLINGTON, COMMUNITY CENTRE AND ELLRIDGE CHECKLIST

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
All Service Area rooms including Laundry, Receiving area, shop lunch room, garbage chutes		
All kitchen areas including dish wash room, walk in fridges/freezers and storage rooms		
Clean and Dirty Utility Rooms		
Hallway to community Centre including Staff Lounge		
All garbage and laundry chute rooms		
All offices into community Centre		
All stairwells		
Pharmacy		
All Auditoriums, chapel and meeting rooms and fancy dining and kitchen, washrooms		
Entrances from community Centre to Ellington		
Entrances from community Centre to Ellridge		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 7 of 8	Category: Missing Resident- 170 Metcalfe LTC

OFFICE ENTRANCE AND IMMEDIATE AREA SURROUNDING FACILITY CHECKLIST

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed; Grounds should be searched by two people walking about 15 feet apart in open areas)	Check (✓)	Initial Complete
Front Entrance, including the office		
Parking Lot		
Area of grounds towards Metcalfe St		
Area surrounding the Retirement Suites		
Entrances into the Retirement Suites		
Delivery service area		
Immediate Front Area (Metcalfe St)		
Area of grounds towards Eramosa		
Back of Elliott (grounds)		
Area surrounding the Life Lease Suites		
Entrances into the Life Lease Suites		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-002
Page: 8 of 8	Category: Missing Resident- 170 Metcalfe LTC

BASEMENT CHECKLIST

Search Area (all rooms locked and unlocked must be checked; staff conducting the search must initial each area as it is completed)	Check (✓)	Initial Complete
All Hallways and resident storage areas to underground parking		
Elevator rooms		
Phone Room		
Electrical Room		
HVAC #4 Electrical room and Storage area		
Garage sump room		
Underground parking- behind and under cars		
Christmas tree room		
Ramp heat room and back storage room		
Link to Ellington basement		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-022
Page: 1 of 4	Category: Natural Gas Leak- External 170

Upon determining the external air may be hazardous to the safety of the buildings occupants, it is necessary to exclude external air from the facilities. The Emergency Services may have you evacuate to the Community Centre or evacuate the facility (see evacuation Checklist)

ERAMOSA	Complete	Initial
CALL 911		
Maintenance Informed- 2725 or 226-218-0113 after hours		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Resident Room windows closed		
TV Lounges windows closed		
Nursing Office windows closed		
Activity rooms windows closed		
Dining Room windows closed		
Ensure Residents and staff remain inside		
PAISLEY	Complete	Initial
Resident Room windows closed		
TV Lounges windows closed		
Nursing Office		
Activity rooms		
Dining Room		
Resident Room windows closed		
PENTHOUSE- Maintenance	Complete	Initial
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel.		
AIR HANDLING UNIT #1 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #2 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #3 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #4 (Turn switch from Auto to Off)		
BASEMENT MCC ROOM (behind file storage)- Maintenance		
AIR HANDLING UNIT #5 (Turn switch from Auto to Off)		
Emergency over and systems returned to AUTO		

Date and Time completed: _____
 Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-022
Page: 2 of 4	Category: Natural Gas Leak- External 170

Upon determining the external air may be hazardous to the safety of the buildings occupants, it is necessary to exclude external air from the facilities. The Emergency Services may have you evacuate to the Community Centre or evacuate the facility (see evacuation Checklist)

WELLINGTON	Complete	Initial
CALL 911		
Maintenance Informed- 2725 or 226-218-0113 after hours		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Resident Room windows closed		
TV Lounges windows closed		
Nursing Office windows closed		
Activity rooms windows closed		
Dining Room windows closed		
Ensure Residents and staff remain inside		
FOUNTAIN		
Resident Room windows closed		
TV Lounges windows closed		
Nursing Office		
Activity rooms		
Dining Room		
PENTHOUSE- Maintenance		
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel.		
AIR HANDLING UNIT #1 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #2 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #3 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #4 (Turn switch from Auto to Off)		
BASEMENT MCC ROOM (behind file storage)- Maintenance		
AIR HANDLING UNIT #5 (Turn switch from Auto to Off)		
Emergency over and systems returned to AUTO		

Date and Time completed: _____
 Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-022
Page: 3 of 4	Category: Natural Gas Leak- External 170

Upon determining the external air may be hazardous to the safety of the buildings occupants, it is necessary to exclude external air from the facilities. The Emergency Services may have you evacuate to the Community Centre or evacuate the facility (see evacuation Checklist)

NOTTINGHAM	Complete	Initial
CALL 911		
Maintenance Informed- 2725 or 226-218-0113 after hours		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Resident Room windows closed		
TV Lounges windows closed		
Activity room windows closed		
Dining Room windows closed		
Ensure Residents and staff remain inside		
EDINBURGH RESIDENCE		
Resident Room windows closed		
TV Lounges windows closed		
Activity room windows closed		
Ensure Residents and staff remain inside		
PENTHOUSE- Maintenance		
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel		
AIR HANDLING UNIT #1 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #2 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #3 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #4 (Turn switch from Auto to Off)		
BASEMENT MCC ROOM (behind file storage)- Maintenance		
AIR HANDLING UNIT #5 (Turn switch from Auto to Off)		
Emergency over and systems returned to AUTO		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-22
Page: 4 of 4	Category: Natural Gas Leak- External 170

Upon determining the external air may be hazardous to the safety of the buildings occupants, it is necessary to exclude external air from the facilities. The Emergency Services may have you evacuate to the Community Centre or evacuate the facility (see evacuation Checklist)

MAIN FLOOR	Complete	Initial
CALL 911		
Maintenance Informed- 2725 or 226-218-0113 after hours		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
All office windows closed		
All lounge area windows closed		
All board room windows closed		
All main laundry windows closed		
All main kitchen windows closed		
All staff room windows closed		
All Geranium Way windows closed		
All HR office windows closed		
All Salon and glass room windows closed		
Ensure Residents and staff remain inside		

PENTHOUSE- Maintenance	Complete	Initial
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel		
AIR HANDLING UNIT #1 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #2 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #3 (Turn switch from Auto to Off)		
AIR HANDLING UNIT #4 (Turn switch from Auto to Off)		
BASEMENT MCC ROOM (behind file storage)- Maintenance		
AIR HANDLING UNIT #5 (Turn switch from Auto to Off)		
Emergency over and systems returned to AUTO		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-022
Page: 1 of 2	Category: Natural Gas Leak- External 168

Upon determining the external air may be hazardous to the safety of the buildings occupants, it is necessary to exclude external air from the facilities. The Emergency Services may have you evacuate to the Community Centre or evacuate the facility (see evacuation Checklist)

MAIN FLOOR	Complete	Initial
CALL 911		
Maintenance Informed- 2725 or 226-218-0113 after hours		
Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Library windows closed		
Private Dining Room windows closed		
Tea Room windows closed		
Dining Room windows closed		
Office windows closed		
Ensure Residents and staff remain inside		

2nd FLOOR	Complete	Initial
Resident Room windows closed		
Laundry Room Windows closed		
Ensure Residents and staff remain inside		

3rd FLOOR	Complete	Initial
Resident Room windows closed		
Laundry Room Windows closed		
Ensure Residents and staff remain inside		

4th FLOOR	Complete	Initial
Resident Room windows closed		
Laundry Room Windows closed		
Ensure Residents and staff remain inside		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-022
Page: 2 of 2	Category: Natural Gas Leak- External 168

Upon determining the external air may be hazardous to the safety of the buildings occupants, it is necessary to exclude external air from the facilities. The Emergency Services may have you evacuate to the Community Centre or evacuate the facility (see evacuation Checklist)

5th FLOOR	Complete	Initial
Resident Room windows closed		
Laundry Room Windows closed		
Ensure Residents and staff remain inside		

6th FLOOR	Complete	Initial
Resident Room windows closed		
Laundry Room Windows closed		
Ensure Residents and staff remain inside		

PENTHOUSE- Maintenance	Complete	Initial
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel		
ROOFTOP AIR HANDLING UNIT #1 (Turn breaker # 31-35 Off)		
ROOFTOP AIR HANDLING UNIT #2 (Turn breaker # 36-41 Off)		
Emergency over and systems returned to ON		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-022
Page: 1 of 1	Category: Natural Gas Leak - External 172

Upon determining the external air may be hazardous to the safety of the buildings occupants, it is necessary to exclude external air from the facilities. The Emergency Services may have you evacuate to the Community Centre or evacuate the facility (see evacuation Checklist)

PENTHOUSE- Maintenance	Complete	Initial
Follow Yellow arrows to control panel once you go into the penthouse or basement. Switches are identified on panel		
ROOFTOP AIR HANDLING UNIT #1 (Turn Wall Switch Off)		
ROOFTOP AIR HANDLING UNIT #2 (Turn Wall Switch Off)		
Call emergency maintenance phone- 226-218-0113		
Emergency over and systems returned to On		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-022
Page: 1 of 1	Category: Natural Gas Leak- Internal

The internal building gas lines

- Ellington Penthouse
- Ellridge Penthouse
- Elliott Penthouse
- Elliott Main Kitchen (system automatically closes valve when it detects a leak)
- Elliott Main Laundry

PENTHOUSE- Maintenance	Complete	Initial
CALL 911		
Ellington- Follow signage in Penthouse and close valve		
Elliott- Follow signage in Penthouse and close valve		
Ellridge- Follow signage in Penthouse and close valve		
Main Kitchen- Did valve close automatically		
Main Kitchen windows opened		
Main Laundry- vale exiting washer side laundry closed		
Main Laundry windows opened		
Call emergency maintenance phone- 226-218-0113		
Call your manager		

Date and Time completed: _____

Signature(s) of staff completing search: _____

Section: Specific Emergency Responses	Policy Number: EP02-021
Page: 1 of 3	Category: Outbreak Checklist- Enteric

When a unit has been declared in outbreak, please use the following checklist as a guide:

Resident Care

- Ensure all ill residents have an isolation cart set up outside their room
- Ensure all ill residents have a fuchsia pink “contact” precautions sign posted
- Draw privacy curtain in a shared room, but do not isolate roommates who are asymptomatic
- Contact the POA of all residents on the unit to inform them of the outbreak and visitor restrictions (delegate to reception, if available)
- Document the initial symptoms under the ‘Infection Suspected’ focus
- Assess the resident every shift and chart in PCC
- Residents should not leave the unit as long as it is declared ‘in outbreak’
- Visitation by outside groups are not permitted on the affected unit
- Group activities are discouraged
- Any death on the unit will be a Coroner’s case
- Non-urgent resident appointments should be rescheduled
- Dedicated equipment for symptomatic residents
- Update and fax a line listing (for residents and staff) with cover sheet to the Health Unit daily, before noon
- Healthy residents should be discouraged from visiting affected areas

Health Unit

- Determine a “case definition” with the Health Unit. Include this definition on the line listing
- Take stool specimens as directed by the Health Unit. The Health Unit will pick them up for delivery.
- Food samples may be required
- Consult daily with the Health Unit. Call Public Health if there is a sudden increase of residents with respiratory symptoms, any line listed residents are hospitalized or there are any deaths.

Affected Unit

- Unit doors should be closed
- Post a sign indicating the unit is in outbreak and the visitor restrictions that are in place
- Place the portable hand sanitizer stand outside the unit
- New admissions or hospital re-admissions are not normally allowed during a confirmed outbreak

Section: Specific Emergency Responses	Policy Number: EP02-021
Page: 2 of 3	Category: Outbreak Checklist- Enteric

Visitors

- Visitors should not visit if they are ill
- Visitors should visit in the rooms, and avoid communal areas
- Visitors may only visit 1 resident if they are visiting on the affected unit. They may visit the resident and then leave the building directly (i.e. cannot visit other residents, go to the cafe, join an activity, etc...)
- Visitors should wear appropriate PPE when visiting a resident in isolation
- Visitors need to sanitize their hands before entering and after leaving the unit

Staff

- Staff are cohorted to the unit, as much as possible
- Other staff should not be on the unit. There should be no visiting between units
- Staff may leave the unit for breaks but not visit other areas of the home
- Reinforce hand hygiene and PPE with staff, visitors and volunteers
- Diligent hand sanitizing at the 4 moments; and before entering and after leaving the unit
- Change out of uniform to go home
- Staff calling in sick need to report any enteric symptoms

Managers

- Screen all sick calls for enteric symptoms and alert registered staff to put them on a staff line listing if they have 2 or more enteric episodes/symptoms
- Ensure staff, students and volunteers with any enteric symptoms are off for 48 hours from their last symptom
- Report outbreak to the Ministry of health

Notification

- Send a general email to all staff to inform them of the outbreak
 - Update the board at main elevators in LTC and ensure a large 'stop' sign is posted at other entrances.
 - Notification to the Chief of Resident Care Services, DOC, ICP, Advisory Physician and Pharmacist
-
-

Reception

- Email all families on the affected units (except isolated residents) when the outbreak is declared. Website is updated by the Executive Assistant.
- Notify outside service providers of outbreak
- Screen visitors on entry. Question them to verify they are not sick. Review the visitor restrictions with them if they are visiting an area of outbreak. Review the required use of PPE while visiting. Instruct them to sanitize hands before entry and on leaving
- Email all families of residents on the affected units when the outbreak is declared over. Website is updated by the Executive Assistant.

Housekeeping

- Frequent cleaning with an accelerated hydrogen peroxide cleaner
- Focus on washrooms and high-touch surfaces and objects (handrails, tables, door knobs, call bells, elevator buttons, dining room chairs, etc.)
- Use disposable toilet brushes and dedicate 1 brush per toilet and discard during terminal cleaning
- Take care to avoid creating splashes or aerosols during clean up
- Immediately cover spills with dry disposable paper towels; clean the area using disposable paper towels to remove all vomit and feces. Discard used paper towels into plastic lined garbage
- Remove all organic material before disinfecting the area. Disinfect using accelerated hydrogen peroxide.

Dietary

- Do not use disposables for residents in isolation

Resolution

- The outbreak is declared over by the Medical Officer of Health when we have had no new cases for 5 days from the onset of symptoms of the last resident case
 - Terminal cleaning of each symptomatic resident room is required
 - Notify the MOH and the MOL when outbreak is over.
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-

Section: Specific Emergency Responses	Policy Number: EP02-021
Page: 1 of 3	Category: Outbreak Checklist-Respiratory

When a unit has been declared in outbreak, please use the following checklist as a guide:

Resident Care

- Ensure all ill residents have an isolation cart set up outside their room
- Ensure all ill residents have a green 'droplet' precautions sign posted
- Draw privacy curtain in a shared room, but do not isolate roommates who are asymptomatic
- Contact the POA of all residents on the unit to inform them of the outbreak and visitor restrictions (delegate to reception if available)
- Document the initial symptoms under the 'Infection Suspected' focus
- Assess the resident every shift and chart in PCC
- Residents should not leave the unit as long as it is declared 'in outbreak'
- Visitation by outside groups are not permitted on the affected unit
- Group activities are discouraged
- Any death on the unit will be a Coroner's case
- Non-urgent resident appointments should be rescheduled
- Dedicated equipment for symptomatic residents
- Update and fax a line listing (for residents and staff) with cover sheet to the Health Unity daily, before noon
- Healthy residents should be discouraged from visiting affected areas

Health Unit

- Determine a "case definition" with the Health Unit. Include this definition on the line listing
 - Take nasopharyngeal swabs as directed by the Health Unit. The Health Unit will pick them up for delivery
 - Consult daily with the Health Unit. Call Public Health if there is a sudden increase of residents with respiratory symptoms, any line listed residents are hospitalized or there are any deaths
-
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Section: Specific Emergency Responses	Policy Number: EP02-021
Page: 2 of 3	Category: Outbreak Checklist-Respiratory

Affected Unit

- Unit doors should be closed
- Post a sign indicating the unit is in outbreak and outlining the visitor restrictions that are in place
- Place the portable hand sanitizer stand outside the unit
- New admissions or hospital re-admissions are not normally allowed during a confirmed outbreak.

Visitors

- Visitors should not visit if they are ill
- Visitors should visit in the rooms, and avoid communal areas
- Visitors may only visit 1 resident if they are visiting on the affected unit. They may visit the resident and then leave the building directly (i.e. cannot visit other residents, go to the café, join an activity, etc.).
- Visitors should wear appropriate PPE when visiting a resident in isolation
- Visitors need to sanitize their hands before entering and after leaving the unit

Staff

- During a confirmed influenza outbreak, only immunized staff should be working
 - Staff who have had flu vaccination for less than 2 weeks will be offered Tamiflu
 - Staff who refuse their flu vaccination should be excluded from working; they can use vacation time if requested, depending on their allotment. Allowances will be made for staff unable to receive vaccination due to documented medical reasons.
 - Staff are cohorted to the unit, as much as possible
 - Other staff should not be on the unit. There should be no visiting between units
 - Staff may leave the unit for breaks but not visit other areas of the home
 - Reinforce hand hygiene and PPE with staff, visitors and volunteers
 - Diligent hand sanitizing at the 4 moments; and before entering and after leaving the unit
 - Change out of uniform to go home
 - Staff calling in sick need to report any respiratory symptoms
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Section: Specific Emergency Responses	Policy Number: EP02-021
Page: 3 of 3	Category: Outbreak Checklist-Respiratory

Managers

- Screen all sick calls for respiratory symptoms and alert registered staff to put them on a staff line listing if they have 2 or more respiratory symptoms
- Ensure staff, students and volunteers with any respiratory symptoms are off for 5 days from onset of symptoms; or 24 hours symptom free
- Report outbreak to the Ministry of Health and Ministry of Labour

Notification

- Send a general email to all staff to inform them of the outbreak
- Update the board at main elevators in LTC and ensure a large 'stop' sign is posted at other entrances.
- Notification to the Chief of Resident Care Services, DOC, ICP, Advisory Physician and Pharmacist

Reception

- Email all families of residents on the affected units (except isolated residents) when the outbreak is declared – website is updated by the Executive Assistant.
- Notify outside service providers of outbreak
- Screen visitors on entry. Question them to verify they are not sick. Review the visitor restrictions with them if they are visiting an area of outbreak. Ask if they have had the flu vaccination and provide information to those who have not. Review the required use of PPE while visiting. Instruct them to sanitize hands before entry and on leaving
- Email all families of residents on the affected units when the outbreak is declared over. Website is updated by the Executive Assistant.

Housekeeping

- Frequent cleaning with an accelerated hydrogen peroxide cleaner
- Focus on high-touch surfaces and objects (handrails, tables, door knobs, call bells, elevator buttons, dining room chairs, washrooms, etc.)

Resolution

- The outbreak is declared over by the Medical Officer of Health when we have had no new cases for 8 days from the onset of symptoms of the last resident case
 - Notify the MOH and the MOL when outbreak is over.
-
-

Section: Specific Emergency Responses	Policy Number: EP02-021
Page: 1 of 3	Category: Outbreak Checklist- COVID 19

Refer to the COVID Outbreak Checklist created the Public Health Ontario at <..\..\Covid-19\Policy Documents\COVID 19 Outbreak Chesklist PHO.pdf>

When a unit has been declared in outbreak, please use the following checklist as a guide:

Resident Care

- Ensure all ill residents have an isolation cart set up outside their room
- Ensure all ill residents have a green 'droplet' precautions sign posted
- Draw privacy curtain in a shared room, isolate roommate
- Contact the POA of all residents on the unit to inform them of the outbreak and visitor restrictions (delegate to reception if available)
- Document the initial symptoms under the 'Infection Suspected' focus
- Assess the resident every shift and chart in PCC
- Residents should not leave the unit as long as it is declared 'in outbreak'
- Visitation by outside groups are not permitted on the affected unit
- Group activities are discouraged
- Any death on the unit will be a Coroner's case
- Non-urgent resident appointments should be rescheduled
- Dedicated equipment for symptomatic residents
- Update and fax a line listing (for residents and staff) with cover sheet to Public Health daily, before noon
- Healthy residents should be discouraged from visiting affected areas

Public Health

- Determine a "case definition" with Public Health. Include this definition on the line listing
- Take nasopharyngeal swabs as directed by Public Health. Public Health will pick them up for delivery
- Consult daily with Public Health.

Section: Specific Emergency Responses	Policy Number: EP02-021
Page: 2 of 3	Category: Outbreak Checklist- COVID 19

Affected Unit

- Unit doors should be closed
- Post a sign indicating the unit is in outbreak and outlining the visitor restrictions that are in place
- Place the portable hand sanitizer stand outside the unit
- New admissions or hospital re-admissions are not normally allowed during a confirmed outbreak.

Essential Visitors

- Essential visitors will be screened prior to being permitted to visit with the resident. If they screen positive, they will not be permitted to enter the home.
- Essential Visitors should not visit if they are ill
- Essential Visitors should visit in the rooms, and avoid communal areas
- Essential Visitors may only visit 1 resident if they are visiting on the affected unit. They may visit the resident and then leave the building directly (ie. cannot visit other residents, go to the café, join an activity, etc.).
- Essential Visitors are to wear appropriate PPE when entering the home

Staff

- Staff are cohorted to the unit, as much as possible
- Other staff should not be on the unit. There should be no visiting between units
- Staff may leave the unit for breaks but not visit other areas of the home
- Reinforce hand hygiene and PPE with staff, visitors and volunteers
- Diligent hand sanitizing at the 4 moments; and before entering and after leaving the unit
- Change out of uniform to go home
- Staff calling in sick need to report any COVID-19 symptoms

Managers

- Screen all sick calls for COVID-19 symptoms and alert registered staff to put them on a staff line listing
 - Refer to Decision Tree to determine appropriate time frame for staff returning to work after testing positive for COVID-19
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- Report outbreak to the Ministry of Health and Ministry of Labour

Section: Specific Emergency Responses	Policy Number: EP02-021
Page: 3 of 3	Category: Outbreak Checklist- COVID 19

Notification

- Send a general email to all staff to inform them of the outbreak
- Update the board at main elevators in LTC and ensure a large 'stop' sign is posted at other entrances.
- Notification to the Chief of Resident Care Services, DOC, ICP, Advisory Physician and Pharmacist

Reception

- Email all families of residents on the affected units (except isolated residents) when the outbreak is declared – website is updated by the Executive Assistant.
- Notify outside service providers of outbreak
- Email all families of residents on the affected units when the outbreak is declared over. Website is updated by the Executive Assistant.

Housekeeping

- Frequent cleaning with an accelerated hydrogen peroxide cleaner
- Focus on high-touch surfaces and objects (handrails, tables, door knobs, call bells, elevator buttons, dining room chairs, washrooms, etc.)
- Review Policy [H-013 Housekeeping Policies – Best Practice Cleaning](#)

Resolution

- After collaborating with Public Health, the outbreak will be declared over after there are no new cases in residents or staff after 14 days from the latest of a.) Date of isolation of the last resident case; OR b.) date of illness onset of the last resident case; OR c.) date of last shift at work for last staff case
 - Notify the MOH and the MOL when outbreak is over.
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-

Section: Specific Emergency Responses	Policy Number: EP02-017
Page: 1 of 1	Category: POWER OUTAGES

This form is a control document that will detail the pertinent information concerning the situation at hand. It must be completed and returned to the Director of Care.

Date of power outage		
Time of power outage		
	Check (✓)	Initial Complete
Emergency Generator engaged providing emergency power		
Fire panel functioning		
Elevators checked for trapped residents		
Magnetic locks reset		
Magnetic doors checked and are secure		
Call bell system functioning		
Phone system functioning		
Informed on-call maintenance person of power outage		
Emergency flashlights picked up		
Residents checked and are informed of the power outage		
Director of Care informed if power outage is longer than 1 hour		
Discussed meal service with Dietary Dept.		
Discussed generator and building functions with Maintenance Dept.		
Staff checked building temperature each half hour of the outage		
Comments on back of form		
Date of power returning to the facility		
Time of power returning to the facility		

NOTIFICATION

- Maintenance Cellular- 226-218-0113
- Director of Resident Care, LTC Cellular- 226-971-1431
- Director of Resident Care, Retirement Cellular- 519-546-2652
- Director of Environmental Services Cellular- 548-328-0841
- Maintenance Supervisor Cellular- 519-400-6704

Section: Specific Emergency Responses	Policy Number: EP02-019
Page: 1 of 1	Category: Tornadoes- Natural Disasters

If the facility receives a Tornado Warning quickly follow the checklist

See Policy EP02-019 for more information	Complete	Initial
Quickly move all of the residents to the hallway and shut the room doors		
If time permits, close room curtains and blinds		
Notify the Chief of Resident Services (519-546-2638)		
Notify Emergency Control Group (ECG) email ECG@elliottcommunity.org		
Notify Maintenance at 2725 or After Hours Emergency Maintenance phone (226-218-0113)		
Emergency Control Group (ECG) will determine the implications of the wind damage to ensure resident and staff safety		
Emergency Control Group (ECG) if wind speeds interrupt the Elliott's power distribution take appropriate actions.		
Emergency Control Group (ECG) if damage interrupt the Elliott's supply line and take appropriate actions.		
If power is interrupted, refer to Power outage checklist refer to Power Outage checklist EP02-017		
If staff shortage will impede on resident care, refer to Mass Employee Absence Checklist EP02-012		
MOHLTC (Unusual Occurrence) 1-800-595-9394		
RHRA (Unusual Occurrence) 1-855-275-7472		
If the City Emergency Control Group calls to evacuate See Evacuation Checklist EP03- 002 through 015		
MOHLTC (Unusual Occurrence) 1-800-595-9394		
RHRA (Unusual Occurrence) 1-855-275-7472		

Date and Time completed:

Signature(s) of staff:

Section: Specific Emergency Responses	Appendix Number: EP02-006
Page: 1 of 1	Category: VIOLENT INCIDENT

For more information see Policies EP02-006, EP02-011, and EP02-020

This form is a control document that will detail the pertinent information concerning the situation at hand. It must be completed and retained by the Charge Nurse until the Chief of Resident Care Services /CEO or delegate directs the action to be taken arising from the circumstances.

Record an accurate description of the person(s):

Time Individual Observed _____ by whom _____

APPEARANCE

Height _____ Weight _____

Hair Colour/ description _____ Facial Markings _____

Distinguishing Features _____

Specific Clothing _____

Is the person known to anyone? _____

ACTIONS

What was the Individual doing? _____

What location of the facility? _____

What communication occurred? _____

ARRIVAL AND DEPARTURE

How did the Individual arrive? _____

How did the Individual leave? _____

Did he/she leave in a vehicle? _____

If so, make/model/license plate: _____

Time Individual Last Seen _____ by whom _____

EMERGENCY SERVICE ATTENDANCE

Time Guelph Police Services Notified (911) _____

Time Guelph Police Services Responded _____

Officer's Name _____

Officer's Name _____

Form Completed by _____

Section: Specific Emergency Responses	Policy Number: EP02-008
Page: 1 of 1	Category: Water Advisory / Loss of Water

This form is a control document that will detail the pertinent information concerning the situation at hand. It must be completed and returned to the Director of Care.

Date of Water System Failure		
Time of Water System Failure		
	Check (✓)	Time Complete
Maintenance person informed of system failure		
Director of Care informed of system failure		
Director of Dietary Services informed of system failure		
Guelph Water Services (866-630-9242)		
Public Health informed of system failure (519-846-2715)		
Residents informed not to use water system		
Maintenance person on site		
Water system bled and taps left in closed position		
Bottled water delivered to facility		
Dietary to Boil water at full rolling boil for 1 minute if consuming / cooking		
Sponge bath protocol put in place		
Dietary menu change (Hot/cold food and beverages)		
Disposable plates and cups utilized		
Estimated time system will be back online		
Director of Care informed of estimated time system will be back online		
Public Health/Water works approved start-up of system (if applicable)		
Comments on back of form		
Date System Back Online		
Time System Back Online		

NOTIFICATION

- Maintenance Cellular- 226-218-0113
- Director of Resident Care, LTC Cellular- 226-971-1431
- Director of Resident Care, Retirement Cellular- 519-546-2652
- Director of Environmental Services Cellular- 548-328-0841
- Maintenance Supervisor Cellular- 519-400-6704
- Public Health- 519-846-2715
- Guelph Water Services- 866-630-9242