



CAMA WOODLANDS

Long Term Care Home

Emergency Preparedness Manual

Created June 2022

159 PANIN ROAD
BURLINGTON, ONTARIO
L7P 5A6

WWW.CAMAWOODLANDS.CA

Table of Contents

Introduction

Emergency Preparedness Team

Emergency Contact Information and fan out procedure

Communication Procedures

Building Floor Plans

Command Post

Types of Emergencies

Loss of Communication

Loss of power

Interruption of Medication

Loss of other services (internet and phone)

Code Red (fire)

Code Yellow (Missing Resident)

Code Blue (Cardiac Arrest)

A.E.D. (Automated External Defibrillator)

Code White (Violent person)

Code Black (Bomb threat)

Code Brown (In facility chemical spill)

Oxygen in use

Evacuation Procedure

Outbreak

Pandemic Plan

Food Service Emergency Plan

Shelter Agreements with local Homes

Introduction

CAMA Woodlands is committed to protecting the health & well-being of all occupants of the Home and has put in place a comprehensive emergency preparedness plan for disasters. This including fire, bomb threats, missing resident, or the need for a full evacuation.

This Emergency Preparedness Manual meets the legislative requirements set out under the Fixing Long-Term Care Act, 2021 (FLTCA), Ontario Regulation 246/22 (O.reg.246/22) and other applicable legislation, regulations, and directives.

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 01
Emergency Preparedness Manual	SUBJECT INTRODUCTION	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

POLICY

A DISASTER manual shall be maintained for the information of all staff and others who would be involved if a disaster involved Cama Woodlands Nursing Home or others in the community.

The purpose of this manual is to state actions to be taken in an emergency in order to:

1. Minimize inconvenience to residents and staff
2. Protect health and safety of residents and staff.
3. Minimize damage to facility and contents.
4. Ensure continued operation as a nursing home.
5. Recognize responsibility to the community we serve.

RESPONSIBLE PERSONNEL

- Administrator
- Director of Care

DEFINITION

A disaster is an event which affects the normal operation of the facility. Example are:

1. Fire
2. Explosion
3. Chemical Spills
4. Floods
5. Loss of Heat
6. Loss of Light
7. Loss of Power
8. Bomb Threats

DISRUPTION

The degree of disruption caused by these events may be minimal as in the case of loss of water for a brief period of time, or major as in the case of a fire requiring total evacuation. Additionally, the disruption may be created by the reception of individuals from another facility which has undergone a disaster.



Emergency Preparedness Team

Pat Cervoni, RN, Administrator

Aida Jazavac, RN, BScN, Director of Care

Jennifer Burgess, NP, RN (EC), Medical Services Manager

Emily Booth, NP, RN (EC), Medical Services Manager

Terri Pinder, Environmental Manager

Victoria Robins, Food Service Manager



Vanessa Arnold, Therapeutic Recreation Manager

Darlene Birball, RPN, Clinical Manager

Melissa McCormick, HR Manager

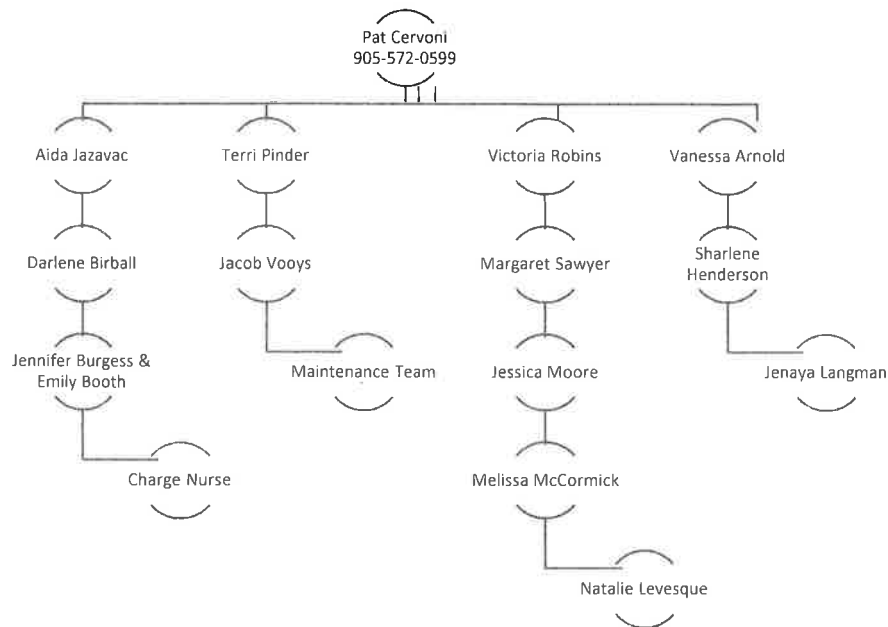
Jacob Vooy, Maintenance Team Lead

Emergency Contact Information and fan out procedure

In the event of an emergency, please call 911

After emergency services call has been made, please call the Administrator or Designate immediately.

If the emergency requires extra respondents, the Administrator or Designate will initiate the fan out call system.



- Each person listed above will contact the person/people below their name.

Emergency Services Numbers

Burlington Fire Department	911
Burlington Police Department	911
Burlington Hydro	1-877-310-4937
Union Gas	1-866-763-5427

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 02
Emergency Preparedness Manual	SUBJECT EMERGENCY PHONE NUMBERS - PROBLEM CONTACTS	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

POLICY

To provide quick access as to whom to contact and phone numbers in case of a disaster.

RESPONSIBLE PERSONNEL – interdisciplinary

PROCEDURE

1. Analyze exact problem
2. Remove Resident and Staff in immediate danger.
3. Determine proper authorities to contact.
4. Contact authorities quickly.

EMERGENCY PHONE NUMBERS for PROBLEM, CONTACTS

Loss of Communication	Bell Telephone Repair Service	611
Loss of Power	Burlington Hydro	905-332-1851
Loss of Water	Burlington Water Supply Region of Halton	905-825-6000
Toxic Spill/ Radiation/ Community Disaster	Police & Fire Department	911
MOLTC, Hamilton Service Area Office		905-546-8294

Communication Procedures

In the event of an emergency, effective and timely communication are key.

The Charge Nurse will call 911 then use the overhead paging system to alert all staff members currently in the home.

The Charge Nurse will then call the Administrator (or designate)

The Administrator (or Designate) will initiate the call tree and communicate key information to the Department Managers, the President of CAMA and the Medical Director.

The Department Managers will communicate to their staff on duty in the home.

If extra staff are required they will be notified via Mass Messaging on Staff Schedule Care (text or phone)

The HR Manager (or designate) will immediately post a notice on the Website.

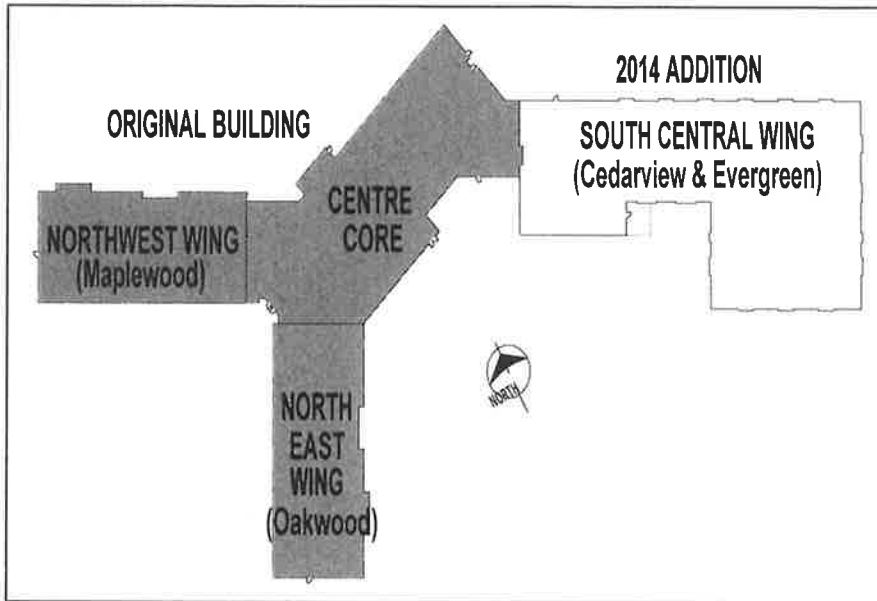
The Receptionist and/or reception staff will remain at the front desk (if safe to do so) to ensure calls are answered and redirected efficiently.

Building Floor Plans

The following pages contain a copy of the home's current floor plans.

Floor plans are also located in the Fire Manual located at the main entrance.

These plans may be given to an emergency service provider upon their request. Copies can be made if needed.



Emergency Command Post

In the event of an emergency, a command post will be set up in the **Family Dining Room***.

The Family Dining room is central to the home, located on the main level and easily accessible.

There is a phone line and internet access available.

*In the event it is unsafe to use the Family Dining Room, The Administrator will designate a secondary room to be used.

Types of Emergencies:

Common types of emergency situations we could expect are:

- **Code Red** – Fire
- **Code Yellow** - A missing Resident
- **Code Blue** - Medical emergency
- **Code White** – violent outburst (resident, staff or visitor)
- **Code Black** – Bomb threat
- **Code Brown** - in-facility hazardous spill
- Gas Leak
- Flood
- Loss of one or more essential services* (eg. electricity, water, food preparation, heating and cooling, elevators...)
- Boil water advisory
- Outbreak of a communicable disease
- Natural Disaster or extreme weather event (eg. ice storm, tornado)
- Community disasters (eg. Train derailment, chemical spill)
- Evacuation

*Loss of internet or phone is urgent although not an emergency. Please see next page regarding what to do should you lose one of these services.

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 05
Emergency Preparedness Manual	SUBJECT LOSS OF COMMUNICATION	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

POLICY

To ensure we have adequate communication at all times.

RESPONSIBLE PERSONNEL

- Interdisciplinary

PROCEDURE

Loss of Regular Phone Service:

1. Call Bell Telephone Repair Service at 611
2. Notify of disruption of service.
3. Request immediate emergency repair.
4. Notify Administrator.
5. Administrator will notify HR Manager to post an urgent message on the website and send a mass message through staff schedule care to all staff.
6. Use personal cellphones for an emergency.

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 05
Emergency Preparedness Manual	SUBJECT LOSS OF COMMUNICATION	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

POLICY

To ensure we have adequate communication at all times.

RESPONSIBLE PERSONNEL

- Interdisciplinary

PROCEDURE

Loss of Regular Phone Service:

1. Call Bell Telephone Repair Service at 611
2. Notify of disruption of service.
3. Request immediate emergency repair.
4. Notify Administrator.
5. Administrator will notify HR Manager to post an urgent message on the website and send a mass message through staff schedule care to all staff.
6. Use personal cellphones for an emergency.

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 06
Emergency Preparedness Manual	SUBJECT LOSS OF POWER	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

POLICY

To minimize the impact of loss of power on residents, family and staff and the operations of the home.

RESPONSIBLE PERSONNEL

- Multidisciplinary

PROCEDURE

1. Contact Burlington Hydro at 905-332-1851, to determine anticipated duration of power loss.
2. Ensure the backup generator is operating.
3. If power is to be restored quickly, no further action is necessary.
4. If prolonged outage (greater than 4 hours), notify the Administrator, maintenance and the Ministry of Long Term Care

No Door Alarms, Mag Locks, or Fire Alarms

- All staff in all departments will assist in monitoring all exit doors. Charge Nurse to assign staff to monitor all door.
- Ensure residents are not trapped between fire doors
- Assign staff to perform fire watch (see fire manual)

No Heat in cold weather:

- Ensure all windows and exterior doors are closed.
- close curtains and shades.
- Layer clothing
- Offer extra blankets to residents.
- Adjust activities appropriately.

No Air Conditioning in hot weather

- Ensure all windows and exterior doors are closed.
- close curtains and shades.

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 06
Emergency Preparedness Manual	SUBJECT LOSS OF POWER	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

DIETARY CONCERNS

NO hot water or dishwasher

- Fill all sinks with water upon hydro outage.
- Use disposable dishes and cutlery
- Use paper towels for wiping.
- Soak all cloths in antibacterial solution.
- Use waterless hand soap for washing hands.

NO HYDRO – PERISHABLES

- Notify Public Health of power outage for extended periods of time and follow their guidelines.
- Place call to GFS for use of freezer truck.

NO RUNNING WATER

- Use bottled water for cooking and drinking
- Use water in sinks as needed.

MENU CHANGES

- To be decided by FSS and Dietician
- Single size serving beverages – puddings, fruits, cheeses and sandwiches etc.

LAUNDRY, HOUSEKEEPING & MAINTENANCE

- Supervisor or delegate will distribute extra linen supply.
- Dirty linen will be stored in bags in the electrical room.

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 07
Emergency Preparedness Manual	SUBJECT INTERRUPTION IN MEDICATION SERVICE	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

POLICY

To ensure residents continue to receive medications in the event of a disaster at the facility or in the Pharmacy.

RESPONSIBLE PERSONNEL

- Pharmacy

PROCEDURE

1. Disaster in the Facility.
 - a. All Medication records are backed up and stored electronically. They can be accessed remotely
 - b. The medication can be packaged and delivered to the appropriate destination as indicated by the facility staff.

2. Disaster in the Pharmacy.
 - a. All Medication records are stored electronically and easily accessible
 - b. Regular pharmacy services would resume very quickly from another pharmacy location.

3. Silver Fox Pharmacy Contract supplies 24 hours Emergency Service.
*See Pharmacy Manual

Loss of other services:

Loss of internet:

Our internet service provider is Cogeco.

If there is a confirmed loss of internet, please contact Cogeco at

If there is an extended loss of the internet, the medication records are backed up on the Cedarview desktop. Please print the Medication Administration Records (MAR's) for each resident. Please use the paper copy for administration of medications and treatments.

All other documentation can be done manually in the residents chart.

Loss of telephone service:

Our telephone service provider is Bell.

If there is a confirmed loss of phone service please use your cellphone to contact Bell at

Notify HR. They will post a loss of communication on the website.

Most staff have a cell phone, making the loss of landline phone service less crucial.

CODE RED



Code Red (Fire)

In the event of a fire in the home, **REACT**

R – Remove the occupants

E – Enclose the area (close the door)

A – Activate the alarm

C – Call 911

T – Try to fight the fire (if can with extinguisher)

Detailed information is located in the fire manual located at the main entrance and on each desktop.

- When you hear the alarm, anyone can page. The sooner the page, the sooner help arrives
- Page '**Code Red, area, room number**' (if applicable) – **page slowly 3 times**
- Never silence the alarms or reset the panel. Wait for the fire department to do this
- The fire Department should arrive on site within 5-7 minutes
- When fire department says it is clear, page '**code red all clear**' – **page slowly 3 times**
- RN (Fire Warden) remember to reset the elevator and the mag locks once all clear has been paged

The important items to be familiar with are taught during orientation and reviewed annually.

- The location and use of telephones and paging system
- Method of sounding the alarm (activating a manual pull station)
- Recognizing the 1st STAGE - ALERT (Slow Pulse Tone) and 2nd STAGE - ALARM (Rapid Pulse Tone) signals.
- Activating the 2nd STAGE - ALARM signal by use of the 2nd Stage Key. *The Charge Nurse/Fire Warden has the key
- Recognizing the various fire alarm zones and Trouble or Supervisory signals on the fire alarm system annunciator panels.

Continued...

- Location and operation of Fire Alarm Control Panel, Annunciator Panels and Fire Alarm Pull Stations.
- Detailed training for designated staff who may be required to work with the Fire Alarm System.
- Contacting Emergency Services (dial 9 for outside line and then dial 9-1-1)
- Evacuation procedures, including the required monthly fire drills.
- Providing assistance to persons unable to evacuate during a fire emergency.
- Location and safe use of portable fire extinguishers
- Location and use of fixed extinguishing systems protecting commercial cooking equipment and kitchen "back-up" extinguisher, for kitchen staff.
- Identification, reporting and control of potential fire hazards.
- Location and operation of smoke/fire barrier doors
- Procedures to assist the Fire Department to gain access to the building (interior and exterior).

If you hear the fire alarm:

If you hear a slow pulse tone (ALERT)

- Stand by for broadcast instructions or instructions from staff and prepare to evacuate the area

If you hear a rapid pulse tone (second stage ALARM)

- Follow directions from staff, to evacuate the building using the closest exit.
- In no case should elevators be used.
- Before opening interior doors, test the door and door handle for heat.
- If the door is cool to the touch, open it slightly and check the corridor for smoke. If the corridor is filled with smoke, remain where you are. If the corridor is clear, proceed to the closest exit.
- If you encounter smoke, use an alternate exit.
- If the door is hot, remain where you are. Call 9-1-1 and ask for the Burlington Fire Department. Give them your name and room number and inform them that you are trapped and unable to evacuate.
- If the smoke enters the room, proceed to the window and signal the Fire Department of your location.
- Follow announced evacuation procedures over the Telephone Paging System, or evacuate residents to the outside, by the closest exit, in an orderly fashion
- ***Once in stage 2 all doors will unlock – be alert to this and ensure resident safety**

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 11
Emergency Preparedness Manual	SUBJECT Fire – Code Red	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

Purpose:

To ensure the safety of all residents, staff and visitors

Policy:

R.E.A.C.T.

R Remove the occupants

E Enclose the area (close the door)

A Activate the alarm (nearest pull station)

C Call 911

T Try to fight the fire if safe to do so

*See Specific Code Red Fire Manual located at the main entrance and each resident home area

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 11a
Emergency Preparedness Manual	SUBJECT Maintenance Program FIRE PROTECTION EQUIPMENT	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

POLICY

To inspect, test and maintain equipment.

To ensure fire protection equipment in proper working order in the event of a fire.

RESPONSIBLE PERSONNEL

Maintenance Department
Various Agencies

FORMS

1. Appropriate forms provided by Fire Marshall's Office
2. Ensures an accurate written report of all inspections and tests.
3. Records must be kept for a period of 5 (five) years and shall remain on the premises at all times.

DEFINITIONS

For clarity of terminology:

1. **Check** – means visual observation to ensure the device or system is in place and is not obviously damaged or obstructed.
2. **Inspect** – means physical examination to determine that the device or system will apparently perform in accordance with its intended operation or function.
3. **Test** – means operation of device or system to ensure that it will perform in accordance with its intended operation or function.

The following indicate the areas in our building to which the maintenance program has been applied.

PORTABLE FIRE EXTINGUISHERS

Reference should be made to OFCO Reg 388/97 as amended... NFPA 10... 'Portable Fire Extinguisher'

	Inspection Frequency
Inspect all portable extinguishers	Monthly
Subject to Maintenance	Annually
Hydrostatically test dry chemical & vaporizing liquid type extinguishers	Annually

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 11a
Emergency Preparedness Manual	SUBJECT Maintenance Program FIRE PROTECTION EQUIPMENT	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

Inspect all fire hydrant water flow	Annually TYCO
-------------------------------------	---------------

FIRE DEPARTMENT ACCESS

Reference should be made to OFC O Reg 388/97 as amended section 2.5.

	Inspection Frequency
Ensure streets, yards and private roadways provided for fire department access are kept clear	Daily and as required

MEANS OF EGRESS

Reference should be made to OFC Reg 388/97 as amended section 2.7 'Safety to Life'.

	Inspection Frequency
Inspect all doors in fire separations	Three times monthly
Check all doors in the fire separations to ensure they are closed	Three times monthly
Maintain exit signs to ensure they are clear and legible	Daily and as required
Maintain exit lights to ensure they are illuminated and in good repair	Daily and as required
Maintain corridor free of obstruction	Daily and as required

SERVICE EQUIPMENT, DUCTING, CHIMNEYS

	Inspection Frequency
Check hoods, filters and ducts subject to accumulation of combustible deposits and clean as necessary	Monthly and as required
Inspect chimneys, flues and flue pipes and clean as necessary	As required
Inspect disconnect switch for mechanical air conditioning and ventilation	Moore – four times yearly
Inspect controls for air-handling systems used for venting.	Moore – four times yearly
Clean lint traps in laundry equipment	Daily and as required

DAILY, MONTHLY AND ANNUAL MAINTENANCE FORMS ATTACHED

Code Yellow: Missing Resident

- Residents are encouraged to **move freely** about the facility **except** in areas which are **considered hazardous**.
- It is recognized, however, that certain residents must be confined to the area where they reside for their own safety, unless accompanied by a responsible person.
- Occasionally, and in spite of close supervision, a resident may wander away and disappear in a very short time.

*See Code Yellow Policy next page

SUMMARY

Residents are encouraged to move freely about the facility except in areas which are considered hazardous. It is recognized, however, that certain residents must be confined to the area where they reside for their own safety, unless accompanied by a responsible person.

Occasionally, and in spite of close supervision, a resident may wander away and disappear in a very short time. As soon as a resident is discovered missing, it is essential that a systematic search commence immediately.

MISSING RESIDENT CODE

The code should be established and recognized by all staff as the indication that a resident is missing. The code number in this facility is "CODE YELLOW".

RESIDENT INCIDENT REPORT

A Resident Incident Report must be completed for all resident whose whereabouts are not known to staff and who are not located following an immediate quick search of the facility and/or grounds. An unusual Occurrence Report must be completed if resident has left the building and/or if outside resources are contacted i.e. police.

KEY ACTIONS

Maintain a calm systematic approach at all times

PROCEDURE

STAFF/FAMILY

1. Notify the Nurse in Charge of the resident's unit.

REGISTERED STAFF

2. Check the Leave of Absence Book to determine if the resident has left the facility with a responsible person.
3. Announce (or arrange to have announced) over the facility P.A. system, the missing resident code followed by the name of the resident. Repeat the announcement three times, for example: "Code Yellow – Mrs. Brown, A WING".
4. Obtain a description of the resident together with the resident's identification photo.
5. Ask other Residents / family members if they have seen the resident and how long ago.

THE RESIDENT SEARCH

ALL DEPARTMENTS

6. Conduct an organized search of the department. Search the entire premises including resident rooms, bathrooms, offices. Report findings to charge nurse. Remain at desk for further assignment.

CARE STAFF

7. Systematically search assigned rooms by checking beds, under beds, clothes closets and bathrooms. Report findings to charge nurse. Immediately remove name tag from the door to indicate it has been searched.

REGISTERED NURSE/DESIGNATE

8. Assign staff to check all unlocked rooms, staff washrooms, locker rooms, storage rooms, electrical and garbage rooms. Ensure exit alarm is on. Assign staff to check tub room, linen room, utility rooms. Place post it on door to indicate room is closed and lock door. Ensure exit alarm is on. Assign staff to check Dining room, Lounge, unlocked offices, med room. Use floor map and check off each room search completed.

IF NOT LOCATED

9. Designate staff for further search ensuring unit remains supervised.

DESIGNATED STAFF

10. Check the facility's exterior grounds. including parking lot, pond area, gazebo, ravine.
11. Check the immediate neighbourhood (by car) within a 4 block radius. Check houses on Panin Road, 403 access using area map.

Note: The car search will be conducted only during the day or early evening and only if there are more than 2 people on duty in the facility and unit is covered by a registered staff member.

12. If only 2 people are on duty, one person searches the grounds and proceeds immediately to step #13.

Note: If it is reported that the resident was seen going out an exit door, begin the search immediately in the exterior grounds and neighbourhood. Flashlights are available at the nursing station for night time.

SUBSEQUENT SEARCHES

If the first search fails to locate the missing resident.

ALL STAFF

13. Have different staff recheck all areas previously identified. (Residents with dementia will often return to a room and close door).
Note: the number of searches will be determined by the nurse-in-charge.
14. Use the attached search grid (form in the search Manual at the Nurses Desk) to assign staff/volunteers. Have each person report back to the Charge Nurse as soon as they have searched the area assigned. Depending on the number of volunteers available, assign areas for searching in a widening circle away from the building.
15. Copies of the resident's picture should be made for use by all those searching who are unfamiliar with the resident (the picture can be scanned using the photocopier).

REGISTERED STAFF

16. If the resident cannot be found in a search of the building and immediate area notify then maintain contact with:
 - Resident's family or responsible person (may be asked to help with search if appropriate), explain what has been and is being done to find the resident.
 - Local police 911.
 - When police arrive give them picture and written description of the resident or any other info that could assist in determining resident whereabouts. The authorities will assume command and direction of the search from this point.
 - The Administrator, Director of Care, or Designate.

ADMINISTRATOR OR DESIGNATE

17. Notifies:
 - Board of Directors, if applicable
 - The Ministry of Health, if applicable
 - Inform charge nurse to initiate fan out procedure if additional staff needed.
18. Administrator / Designate will be the only one to speak to the Media.

WHEN RESIDENT IS FOUND

REGISTERED STAFF

19. Cancel the alert by announcing on the P.A. system "Code Yellow – all clear". Repeat 3 times.
20. Assess the resident's condition taking the necessary steps to ensure safety and comfort and notify the physician if necessary. Examine the resident for injuries.
21. Notify:
 - The resident's family.
 - The Administrator, Director of Care, or Designate.
 - The local police (if found by someone other than the police).

ADMINISTRATOR OR DESIGNATE

22. Notify:
- The Board of Directors, if applicable
 - The Ministry of Health, if applicable

DOCUMENTATION

REGISTERED STAFF

23. Maintain an accurate record of the search by completing the Resident Incident Report. The report should be forwarded to the DOC within 24 hours following the incident.
24. Document incident on the Resident Progress Notes.

NOTE: All documents must be concise and reflect the actual facts as they relate to the incident including:

- time
 - persons contacted
 - condition of the resident upon return to the facility.
 - Physician notification
 - Physician orders
 - Treatment indicated
 - Any other pertinent info.
25. The maintenance personnel are responsible for seeing that alarms are operational and checked on a routine basis.
26. In the event of an alarm malfunction, maintenance shall be notified immediately. In the event of the inability to locate maintenance personnel, contact the alarm company.

CAMA WOODLANDS NURSING HOME

DOCUMENT NUMBER

08 - 07 - 03

RESIDENT CARE MANUAL	SECTION RESIDENT SAFETY / EMERGENCY PROCEDURES
	SUBJECT MISSING RESIDENT - CODE YELLOW
Approved by: Administrator	Revised Date: February 2014/June 2022

SUMMARY

Residents are encouraged to move freely about the facility except in areas which are considered hazardous. It is recognized, however, that certain residents must be confined to the area where they reside for their own safety, unless accompanied by a responsible person.

Occasionally, and in spite of close supervision, a resident may wander away and disappear in a very short time. As soon as a resident is discovered missing, it is essential that a systematic search commence immediately.

MISSING RESIDENT CODE

The code should be established and recognized by all staff as the indication that a resident is missing. The code number in this facility is "CODE YELLOW".

RESIDENT INCIDENT REPORT

A Resident Incident Report must be completed for all resident whose whereabouts are not known to staff and who are not located following an immediate quick search of the facility and/or grounds. An unusual Occurrence Report must be completed if resident has left the building and/or if outside resources are contacted i.e. police.

KEY ACTIONS

Maintain a calm systematic approach at all times

PROCEDURE

STAFF/FAMILY

1. Notify the Nurse in Charge of the resident's unit.

REGISTERED STAFF

2. Check the Leave of Absence Book to determine if the resident has left the facility with a responsible person.
3. Announce (or arrange to have announced) over the facility P.A. system, the missing resident code followed by the name of the resident. Repeat the announcement three times, for example: "Code Yellow - Mrs. Brown, A WING".
4. Obtain a description of the resident together with the resident's identification photo.
5. Ask other Residents / family members if they have seen the resident and how long ago.

CAMA WOODLANDS NURSING HOME

DOCUMENT NUMBER

08 - 07 - 03

RESIDENT CARE MANUAL	SECTION RESIDENT SAFETY / EMERGENCY PROCEDURES
	SUBJECT MISSING RESIDENT - CODE YELLOW
Approved by: Administrator	Revised Date: February 2014/June 2022

REGISTERED STAFF

16. If the resident cannot be found in a search of the building and immediate area notify then maintain contact with:
- Resident's family or responsible person (may be asked to help with search if appropriate), explain what has been and is being done to find the resident.
 - Local police 911.
 - When police arrive give them picture and written description of the resident or any other info that could assist in determining resident whereabouts. The authorities will assume command and direction of the search from this point.
 - The Administrator, Director of Care, or Designate.

ADMINISTRATOR OR DESIGNATE

17. Notifies:
- Board of Directors, if applicable
 - The Ministry of Health, if applicable
 - Inform charge nurse to initiate fan out procedure if additional staff needed.
18. Administrator / Designate will be the only one to speak to the Media.

WHEN RESIDENT IS FOUND

REGISTERED STAFF

19. Cancel the alert by announcing on the P.A. system "Code Yellow - all clear". Repeat 3 times.
20. Assess the resident's condition taking the necessary steps to ensure safety and comfort and notify the physician if necessary. Examine the resident for injuries.
21. Notify:
- The resident's family.
 - The Administrator, Director of Care, or Designate.
 - The local police (if found by someone other than the police).

ADMINISTRATOR OR DESIGNATE

22. Notify:
- The Board of Directors, if applicable
 - The Ministry of Health, if applicable

DOCUMENTATION

REGISTERED STAFF

23. Maintain an accurate record of the search by completing the Resident Incident Report. The report should be forwarded to the DOC within 24 hours following the incident.
24. Document incident on the Resident Progress Notes.

MISSING PERSON INFORMATION SHEET

CAMA WOODLANDS NURSING HOME
159 PANIN ROAD, BURLINGTON, ONTARIO L7V 1A1

NAME: _____ ROOM # _____
D.O.B.: _____ AGE: _____

LIKES TO BE CALLED: _____

DESCRIPTION OF PERSON: *Attach Photo*

Gender: _____
Height: _____ Weight: _____
Eye Colour: _____ Hair Colour: _____
Glasses: _____ Hearing Aid: _____
Distinguishing Features: _____

DESCRIPTION OF CLOTHING: _____

TIME AND PLACE LAST SEEN: _____

ALLERGIES: _____

OTHER PERTINENT INFORMATION: _____

PERSON FILING REPORT: _____

DATE: _____ TIME: _____

CODE YELLOW CHECKLIST

Zone 1: North Cedarview	
Room	Cleared
Elevator 1	
Elevator 2	
Stairwell A	
Activity Room	
Med Rom	
Team Office	
Lounge	
Terrace	
Dining Room	
Servery (& Janitor Closet)	
Resident Washroom	
Staff Washroom	
101	
102	
103	
104	
105	
106	
Stairwell B	
Electrical Closet	
126	
127	
128	
129	

CODE YELLOW CHECKLIST

Zone 2: South Cedarview	
Room	Cleared
RAI Office	
Janitor Room	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
Soiled Utility	
Resident Supplies	
Washroom	
117	
118	
119	
120	
121	
122	
123	
124	
125	
Shower Room	
Bathroom	
Tub Room	
Storage Room (activity)	
Storage Room (linen and lifts)	

CODE YELLOW CHECKLIST

Zone 3: North Evergreen	
Room	Cleared
Elevator 1	
Elevator 2	
Stairwell A	
Nurses Station	
Med Rom	
Activity Room	
Lounge	
Terrace	
Dining Room	
Servery (& Janitor Closet)	
Resident Washroom	
Staff Washroom	
201	
202	
203	
204	
205	
206	
Stairwell B	
Electrical Closet	
226	
227	
228	
229	

CODE YELLOW CHECKLIST

Zone 4: South Evergreen	
Room	Cleared
CN Office	
Janitor Room	
207	
208	
209	
210	
211	
212	
213	
214	
215	
216	
Soiled Utility	
Resident Supplies	
Washroom	
217	
218	
219	
220	
221	
222	
223	
224	
225	
Shower Room	
Bathroom	
Tub Room	
Storage Room (Activity)	
Storage Room (linen and lifts)	

CODE YELLOW CHECKLIST

Zone 5: The Link	
Room	Cleared
Hair Salon	
Family Dining Room	
Visitor Washroom	
Staff Washroom	
Resident Washroom	
Spiritual Care Office	
Photocopier Room	
NP Office	
Sprinkler Room' (PPE)	
Mechanical/Electrical	
Scheduler Office	
DOC Office	
NP Office	
Therapeutic Rec. Manager	
Chapel	
Chaplain	
Tuck Shop	
Maplewood Served + Janitor Closet	
Maplewood Dining Room	
Maplewood Lounge	
Maplewood Resident Washroom	
Oakwood Lounge	
Oakwood Resident Washroom	
Oakwood Dining Room	
Oakwood Served + Janitor Closet	
Reception	
Front Entrance	
Therapeutic Recreation Office	
Front Garden	

CODE YELLOW CHECKLIST

Zone 6: Oakwood	
Room	Cleared
Visitor Washroom	
Team Office	
Med Room	
Activity Space	
Resident Supply	
130	
131	
132	
133	
Utility	
Tub Room	
Shower Room	
Linen Closet	
Janitor Closet	
134	
135	
136	
Electrical Room	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	
151	

CODE YELLOW CHECKLIST

Zone 7: Maplewood	
Room	Cleared
Visitor Washroom	
Team Office	
Activity Space	
Resident Supply	
152	
153	
154	
155	
156	
157	
158	
159	
160	
161	
162	
163	
164	
165	
Electrical Room	
166	
167	
168	
169	
Utility	
Tub Room	
Shower Room	
Linen Closet	
170	
171	
172	
173	
174	
Backyard	

CODE YELLOW CHECKLIST

Zone 8: North Basement	
Room	Cleared
Stairwell A	
RCCC/Restorative	
Physiotherapy	
Large Storage Room	
Receiving Area	
Dry Storage (2)	
Janitor Room	
Dishwashing Station	
Prep Station	
Cooking Station	
Linen Storage	
Environmental Manager	
Dietary Manager	
Staff Washrooms (2)	

CODE YELLOW CHECKLIST

Zone 9: South Basement	
Room	Cleared
Electrical	
Mechanical	
Chemical Storage	
Garbage Room	
Temp Storage	
Freezer	
Fridges (2)	
Maintenace Office	
Laundry	
Sewing Room	
Storage Room	
Soiled Laundry	
Staff Room	
Men's Locker Room	
Men's Bathroom	
Women's Locker Room	
Women's Bathroom	
Maintenace Sorage Room	
Education Room	
Stairwell B	
District Office #1	
District Office #2	
District Office #3	
District Office #4	
District Office #5	
District Office #6 (Ian)	
District Office #7 (Pat)	
District Office #8 (Tiff)	
District Office #9 (Darlene)	
District Office #10 (Steph)	
District Office #11 (Natalie)	
File Room	
District Office #12 (Melissa)	
Storage Room	
Boardroom	
Kitchen	
Fileroom	
IT room	
Photocopier room	
Reception	

Womens washroom	
Mens washroom	

CODE YELLOW CHECKLIST

Zone 7: Maplewood	
Room	Cleared
Visitor Washroom	
Team Office	
Activity Space	
Resident Supply	
152	
153	
154	
155	
156	
157	
158	
159	
160	
161	
162	
163	
164	
165	
Electrical Room	
166	
167	
168	
169	
Utility	
Tub Room	
Shower Room	
Linen Closet	
170	
171	

172	
173	
174	
Backyard	

CODE YELLOW CHECKLIST

Zone 8: North Basement	
Room	Cleared
Stairwell A	
RCCC/Restorative	
Physiotherapy	
Large Storage Room	
Receiving Area	
Dry Storage (2)	
Janitor Room	
Dishwashing Station	
Prep Station	
Cooking Station	
Linen Storage	
Environmental Manager	
Dietary Manager	
Staff Washrooms (2)	

CODE YELLOW CHECKLIST

Zone 9: South Basement	
Room	Cleared
Electrical	
Mechanical	
Chemical Storage	
Garbage Room	
Temp Storage	
Freezer	
Fridges (2)	
Maintenace Office	
Laundry	
Sewing Room	
Storage Room	
Soiled Laundry	
Staff Room	
Men's Locker Room	
Men's Bathroom	
Women's Locker Room	
Women's Bathroom	
Maintenace Sorage Room	
Education Room	
Stairwell B	
District Office #1	
District Office #2	
District Office #3	
District Office #4	
District Office #5	
District Office #6 (Ian)	
District Office #7 (Pat)	
District Office #8 (Tiff)	
District Office #9 (Darlene)	
District Office #10 (Steph)	
District Office #11 (Natalie)	
File Room	
District Office #12 (Melissa)	

Storage Room	
Boardroom	
Kitchen	
Fileroom	
IT room	
Photocopier room	
Reception	
Womens washroom	
Mens washroom	

Code Blue Cardiac arrest (CPR)

Our goal is to provide high quality of care for residents/visitors/staff in the timeliest manner, while ensuring appropriate protection of the staff.

The Code Blue procedure below reflects the most recent recommendations from Heart & Stroke Foundation. It is important to note that a Do Not Resuscitate (DNR) order is applicable in a cardiac arrest, but does not preempt the application of CPR in reversible conditions such as choking. Choking is a reversible condition and Heimlich procedure and CPR should be initiated until paramedics arrive. In the event that a Code Blue occurs in the home involving a resident, the following actions are to take place: If a resident has a WITNESSED cardiac arrest, the registered staff on the affected location are to be contacted immediately. 1. The first registered staff member arriving on the scene becomes the lead. 2. The lead will assess the resident for a pulse and respirations 3. A surgical/procedure mask should be placed over the resident/staff's face immediately to prevent any fluid spread while assessing for a pulse and breathing. 4. The 2nd responder will review the Advanced Directive on file for the resident. 5. If the Advanced Directive requires resuscitation, the registered staff member with the resident will commence chest compressions. 6. The 2nd responder will retrieve the AED and Code Blue Response kit located in the resident dining room on each unit and deliver it to the room and then call 911. 7. When the AED arrives, the lead nurse will apply it and follow the prompts. Remove the surgical mask from the resident and provide BVM ventilations as per the BLS Health Care Provider CPR training. If a third responder is available, they will assist the first responder with CPR and ventilation. 8. The lead nurse will continue resuscitation efforts until the paramedics arrive. 9. On arrival of paramedics, control of the code will be handed off to them. 10. The lead nurse will remain to provide a report. If paramedics terminate resuscitation and death is expected, they will ask to contact the primary care provider to pronounce death. If death is not expected, police will be contacted and the coroner notified. 11. The next of kin/POA will be notified and funeral home contacted. (See Delegated Acts Policy – Nurse Pronouncement of Death procedure). 12. Following a Code Blue, the nurse completes the Code Blue Report Form, and gives a completed copy to the ADRC/DRC and a copy to the Administrator. If the victim is a staff member or essential visitor 19 Lead nurse will cover the victims face with a surgical/procedure mask, perform hands only CPR (chest compressions) The 2nd responder will retrieve the AED and the responder kit and call 911

- Code Blue means cardiac arrest
- Page: "Code Blue and Unit that it is on and room number if applicable" i.e. code blue Cedarview lounge, code blue Cedarview lounge, code blue Cedarview lounge
- All nurses to respond and run to the unit that was called
- RN to direct tasks to the staff that are responding to the code: (these steps are being carried out simultaneously)
 - Call 911
 - Start Chest Compressions
 - Start manual ventilation (ventilation bag and mask in red bin on each unit in nurses station)

- Dedicate someone to wait at the front door for the ambulance
- Get O2 concentrator to connect to ventilation bag
- Continue CPR until EMS arrives
- Document incident in progress note
- If a resident chokes and becomes unresponsive, code blue should be activated regardless of the advanced care directive

AED Automated External Defibrillator

Purpose:

The purpose of this policy is to provide information regarding the use and maintenance of the AED (Zoll AED Plus).

Location

The AED is located in the front lobby, on the wall beside the front door keypad.

Use of the AED:

The AED is to be applied to a victim who is not responding, not breathing or not breathing normally and has no signs of circulation, such as normal breathing, coughing or movement.

Maintaining Readiness:

The AED will be checked for readiness after each use and at least once every 90 days and complete readiness log (kept in AED box).

Checks will include the following:

- Assure that the is operational, charged battery, and turns on (AED specific e.g. OK is visible in the readiness display)
- Check the expiration date on the electrode packet (AED specific e.g. visible in the upper right hand corner of the clear plastic lid of the AED). If the expiration date has passed, the electrode packet must be replaced.
- Taking the AED out of commission after use, until it is checked and pads are replaced.
- Ensure batteries are changed q12 months and extra batteries are in the AED storage box (along with a screwdriver to allow access to the battery component).
- If AED is used, advise DOC and/or NP.

AED Training:

All employees are to be offered in-service training and encouraged to take a CPR training or certification class.

- A quick reference booklet is displayed inside the AED storage box indicating how to use the AED.
- A demonstration of how the AED is used is offered to employees and/or building tenants annually.
- Heart and Stroke Canada video on how to use an AED:
<https://www.youtube.com/watch?v=fNrYleMreUU>

How to Use:

1. Turn power on; call 911
2. Attach Pads to bare chest (place as pads are shown on the picture on the AED).
3. Follow the verbal instructions from the AED (it will only allow a shock if it detects a shockable rhythm).
4. Continue to follow verbal instructions from AED until Paramedics arrive.

AED Monthly Checklist:

DATE:

Criteria	Status
Is AED visible and unobstructed?	
Verify batter is in good condition (turns on and off)	
Inspect exterior components and sockets for cracks	
Extra batteries and Philips head screw driver are in the case (battery type??)	
2 sets of unexpired pads are in the case	
Pocket mask with one-way valve in the case	

AED Monthly Checklist:

DATE:

Criteria	Status
Is AED visible and unobstructed?	
Verify batter is in good condition (turns on and off)	
Inspect exterior components and sockets for cracks	
Extra batteries and Philips head screw driver are in the case (battery type??)	
2 sets of unexpired pads are in the case	
Pocket mask with oneOway valve in the case	

AED Monthly Checklist:

DATE:

Criteria	Status
Is AED visible and unobstructed?	
Verify batter is in good condition (turns on and off)	
Inspect exterior components and sockets for cracks	
Extra batteries and Philips head screw driver are in the case (battery type??)	
2 sets of unexpired pads are in the case	
Pocket mask with oneOway valve in the case	

AED Monthly Checklist:

DATE:

Criteria	Status
Is AED visible and unobstructed?	
Verify batter is in good condition (turns on and off)	
Inspect exterior components and sockets for cracks	
Extra batteries and Philips head screw driver are in the case (battery type??)	
2 sets of unexpired pads are in the case	
Pocket mask with oneOway valve in the case	

Battery Changes:

Date	New batteries inserted?

CODE WHITE (VIOLENT PERSON)

Purpose:

To ensure the safety of all residents, staff and visitors

Policy:

Code White means aggressive resident/staff/visitor at immediate danger to self and or others

When to call a code white:

- When a person is verbally and /or physically threatening towards themselves or others and not responding to verbal de-escalation.
- There is a real or perceived threat
- The staff determine that the situation is beyond their abilities
- A weapon or hostage is involved
- The aggressor is not a resident and threatens staff and resident safety.

Procedure:

How to activate: Page "Code White, location", clearly state the page three times

Example: Code white front entrance, code white front entrance, code white front entrance

Who should respond to the 'page': The RN, all available registered staff and 1 PSW from each Unit are to respond. The Registered staff to assign which PSW from their unit will respond

Responding staff should take direction from the staff person working directly with the resident.

Responding staff should be given clear direction on what to do.

- One person to call 911
- Determine most appropriate staff member in the situation to try to verbally de-escalate the situation
- One person to make sure any dangerous objects are out of reach of the person that is subject to the code white
- One person to start evacuating other residents from the area of potential danger to a safe area
- One person to wait at the front entrance for police

Always stay in a location where you have clear access to an exit. Always ensure your own safety.

Ensure everyone's safety until the authorities arrive.

Charge Nurse to notify the Administrator.

Administrator to complete critical incident to the MOLTC

Tips for promoting safety:

Focus your attention on the other person to let them know you are interested in what they have to say

Remain calm and try to calm the other person. Do not allow the other person's anger to become your own

Remain conscious of how you are delivering your words

Speak slowly, quietly and confidently

Avoid sounding condescending or impatient

Listen carefully. Do not interrupt or offer unsolicited advice or criticism

Acknowledge the person's feelings. Indicate that you can see he or she is upset Use calm body language and relaxed posture

Arrange yourself so that your exit is

not blocked Give the person enough

physical space

Do not make sudden movements that can be seen as threatening

If a resident resists and becomes hostile during a procedure, stop what you are doing and approach when resident is calmer

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 10
Emergency Preparedness Manual	SUBJECT Code White - Violent Person	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

Purpose:

To ensure the safety of all residents, staff and visitors

Policy:

Code White means aggressive resident/staff/visitor at immediate danger to self and or others

When to call a code white:

- When a person is verbally and /or physically threatening towards themselves or others and not responding to verbal de-escalation.
- There is a real or perceived threat
- The staff determine that the situation is beyond their abilities
- A weapon or hostage is involved
- The aggressor is not a resident and threatens staff and resident safety.

Procedure:

How to activate: Page "Code White, location", clearly state the page three times

Example: Code white front entrance, code white front entrance, code white front entrance

Who should respond to the 'page': The RN, all available registered staff and 1 PSW from each Unit are to respond. The Registered staff to assign which PSW from their unit will respond

Responding staff should take direction from the staff person working directly with the resident.

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 10
Emergency Preparedness Manual	SUBJECT Code White - Violent Person	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

Responding staff should be given clear direction on what to do.

- One person to call 911
- Determine most appropriate staff member in the situation to try to verbally de-escalate the situation
- One person to make sure any dangerous objects are out of reach of the person that is subject to the code white
- One person to start evacuating other residents from the area of potential danger to a safe area
- One person to wait at the front entrance for police

Always stay in a location where you have clear access to an exit. Always ensure your own safety.

Ensure everyone's safety until the authorities arrive.

Charge Nurse to notify the Administrator.

Administrator to complete critical incident to the MOLTC

Tips for promoting safety:

Focus your attention on the other person to let them know you are interested in what they have to say

Remain calm and try to calm the other person. Do not allow the other person's anger to become your own

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 10
Emergency Preparedness Manual	SUBJECT Code White - Violent Person	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

Remain conscious of how you are delivering your words

Speak slowly, quietly and confidently

Avoid sounding condescending or impatient

Listen carefully. Do not interrupt or offer unsolicited advice or criticism

Acknowledge the person's feelings. Indicate that you can see he or she is upset

Use calm body language and relaxed posture

Arrange yourself so that your exit is not blocked

Give the person enough physical space

Do not make sudden movements that can be seen as threatening

If a resident resists and becomes hostile during a procedure, stop what you are doing and approach when resident is calmer

CODE Black (Bomb Threat)

POLICY

To ensure safety of Residents, family and staff in the event of a bomb threat.

RESPONSIBLE PERSONNEL

- multidisciplinary

PROCEDURE

Person Receiving the threat:

1. Try Remain Calm – Try not to panic
2. Prolong the conversation.
3. Extract as much information as possible from the caller. Complete bomb threat checklist, this will help the police.

Information to collect includes...

- a. Location of bomb.
 - b. Time placed and time to detonation
 - c. Reason for threat
 - d. Characteristics of caller:
 - i. Voice
 - ii. Accent
 - iii. Sex
 - iv. Age
 - v. Any Impediment? ie stutter or lisp?
 - e. Listen for location hints.
 - i. Background noises
 - ii. Traffic
 - iii. Music
 - iv. Train
4. Record all data immediately
 5. After call is complete, Immediately notify
 - a. Administrator
 - b. Charge Nurse

6. The charge Nurse will:

- a. Contact the Police..... dial **911**
- b. Announce **CODE BLACK** ...over intercom. “ **Code Black (area if known) would all visitors and staff turn off your cell phones and other electronics please**” state this three times, slowly and clearly
- c. Initiate search.
 - i. Utilize staff in each area who are most familiar with that part of the building.
 - ii. Search area in systematic fashion, moving progressively room by room until each area is complete.
 - iii. Be aware of strange objects especially anything that appears out of place.
- d. If object found **DO NOT TOUCH.**
- e. Ensure safety of residents by relocating them to another part of the building.
- f. Meet Police and guide to affected area.

7. DECISION TO EVACUATE

- a. Made by Police or Fire Department in consultation with the Administrator or senior staff member.
- b. After decision to evacuate.... Announce on PA system

8. Document all Data

- a. Administrator will complete a report of the incident and inform the MOLTC
- b. Debrief with local police department.

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 08
Emergency Preparedness Manual	SUBJECT Code Black - BOMB THREAT	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

POLICY

To ensure safety of Residents, family and staff in the event of a bomb threat.

RESPONSIBLE PERSONNEL

- multidisciplinary

PROCEDURE

Person receiving the threat:

1. Try Remain Calm – Try not to panic
2. Prolong the conversation.
3. Extract as much information as possible from the caller. Complete bomb threat checklist, this will help the police.

Information to collect includes...

- a. Location of bomb.
 - b. Time placed and time to detonation
 - c. Reason for threat
 - d. Characteristics of caller:
 - i. Voice
 - ii. Accent
 - iii. Sex
 - iv. Age
 - v. Any Impediment? ie stutter or lisp?
 - e. Listen for location hints.
 - i. Background noises
 - ii. Traffic
 - iii. Music
 - iv. Train
4. Record all data immediately
 5. After call is complete, Immediately notify
 - a. Administrator

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 08
Emergency Preparedness Manual	SUBJECT Code Black - BOMB THREAT	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

b. Charge Nurse

6. **The charge Nurse will:**

- a. Contact the Police..... dial **911**
- b. Announce **CODE BLACK** ...over intercom.
- c. Initiate search.
 - i. Utilize staff in each area who are most familiar with that part of the building.
 - ii. Search area in systematic fashion, moving progressively room by room until each area is complete.
 - iii. Be aware of strange objects especially anything that appears out of place.
- d. If object found **DO NOT TOUCH.**
- e. Ensure safety of residents by relocating them to another part of the building.
- f. Meet Police and guide to affected area.

7. DECISION TO EVACUATE

- a. Made by Police or Fire Department in consultation with the Administrator or senior staff member.
- b. After decision to evacuate.... Announce on PA system

8. Document all Data

- a. Administrator will complete a report of the incident and inform the MOLTC
- b. Debrief with local police department.

CODE BLACK CHECKLIST

Zone 1: North Cedarview	
Room	Cleared
Elevator 1	
Elevator 2	
Stairwell A	
Activity Room	
Med Rom	
Team Office	
Lounge	
Terrace	
Dining Room	
Servery (& Janitor Closet)	
Resident Washroom	
Staff Washroom	
101	
102	
103	
104	
105	
106	
Stairwell B	
Electrical Closet	
126	
127	
128	
129	

CODE BLACK CHECKLIST

Zone 2: South Cedarview	
Room	Cleared
RAI Office	
Janitor Room	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
Soiled Utility	
Resident Supplies	
Washroom	
117	
118	
119	
120	
121	
122	
123	
124	
125	
Shower Room	
Bathroom	
Tub Room	
Storage Room (activity)	
Storage Room (linen and lifts)	

CODE BLACK CHECKLIST

Zone 3: North Evergreen	
Room	Cleared
Elevator 1	
Elevator 2	
Stairwell A	
Nurses Station	
Med Rom	
Activity Room	
Lounge	
Terrace	
Dining Room	
Servery (& Janitor Closet)	
Resident Washroom	
Staff Washroom	
201	
202	
203	
204	
205	
206	
Stairwell B	
Electrical Closet	
226	
227	

CODE BLACK CHECKLIST

Zone 4: South Evergreen	
Room	Cleared
CN Office	
Janitor Room	
207	
208	
209	
210	
211	
212	
213	
214	
215	
216	
Soiled Utility	
Resident Supplies	
Washroom	
217	
218	
219	
220	
221	
222	
223	
224	
225	
Shower Room	
Bathroom	
Tub Room	
Storage Room (Activity)	
Storage Room (linen and lifts)	

CODE BLACK CHECKLIST

Zone 5: The Link	
Room	Cleared
Hair Salon	
Family Dining Room	
Visitor Washroom	
Staff Washroom	
Resident Washroom	
Spiritual Care Office	
Photocopier Room	
NP Office	
Sprinkler Room' (PPE)	
Mechanical/Electrical	
Scheduler Office	
DOC Office	
NP Office	
Therapeutic Rec. Manager	
Chapel	
Chaplain	
Tuck Shop	
Maplewood Servery +Janitor Closet	
Maplewood Dining Room	
Maplewood Lounge	
Maplewood Resident Washroom	
Oakwood Lounge	
Oakwood Resident Washroom	
Oakwood Dining Room	
Oakwood Servery + Janitor Closet	
Reception	
Front Entrance	
Therapeutic Recreation Office	
Front Garden	

CODE BLACK CHECKLIST

Zone 6: Oakwood	
Room	Cleared
Visitor Washroom	
Team Office	
Med Room	
Activity Space	
Resident Supply	
130	
131	
132	
133	
Utility	
Tub Room	
Shower Room	
Linen Closet	
Janitor Closet	
134	
135	
136	
Electrical Room	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	

148	
149	
150	
151	

Code Brown: In facility hazardous spill

Procedure:

Should there be a hazardous chemical spill (ie Bleach, Glues, Solvents and acids)

- Page Code Brown and location, clearly over the PA system. Repeat three times
- Notify the Charge Nurse. Charge Nurse to notify Maintenance
- Remove residents from the immediate area
- Wait for further instruction

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 03
Emergency Preparedness Manual	SUBJECT OXYGEN IN USE	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

POLICY

To have readily available list of Residents, their room numbers and areas where oxygen is in use.

RESPONSIBLE PERSONNEL

Registered Staff

FORMS

1. A resident list including room numbers can be printed from the Point Click Care Program as needed.
2. The list is updated as required by the Receptionist/Billing Coordinator
3. List of Residents using Oxygen is posted at the Nurse's station. The central hub for Oxygen tank filling is located on Cedarview at the Nurse's station.
4. A resident list can be given to the police/fire as required

CAMA WOODLANDS NURSING HOME		DOCUMENT NUMBER 04
Emergency Preparedness Manual	SUBJECT EVACUATION PROCEDURE	
Approved by: Administrator	Revised Date: April 2014, Sept. 2017, June 2022	

POLICY

It is the policy of the Home to ensure the safety of the Residents by using proper evacuation techniques in emergencies.

PURPOSE

- To ensure safety of Residents and staff.
- To notify appropriate response personnel including fire, ambulance, police.
- To evacuate in an orderly systematic and safe manner including proper identification (i.e. ID Bracelets, charts, medication).
- To ensure good record keeping is maintained throughout the evacuation, staging area and relocation.
- To reduce stress/panic in emergency situation.

EVACUATION DECISION

- Emergencies such as Fire, Flood, Explosion, Loss of Power/Water for extended period, community disaster.
- Immediate evacuation made by person discovering the emergency (i.e. staff finding, fire in resident room would move resident out and shut door).
- Partial/Horizontal evacuation would include residents in immediate area being moved (i.e. see fire manual).
- Total evacuation decision when all residents need to be moved to outside, will be made by the person in-charge at the time (Administrator, Director of Care, Charge Nurse) in consultation with the most senior emergency official. The Fire Marshall would set the alarm to evacuate mode.

PROCEDURE

- Priority residents moved first (immediate danger, ambulatory, wheelchair, others to safe area (see fire manual).
- Prepare for total evacuation:
 - o Remove door names as residents are removed from room for ID purposes.
 - o Ensure residents charts and medications are moved to safe area.
- Notify the people in-charge of staging area of relocation plans.

Outbreak of Communicable Disease

***Refer to infection control manual**

NOTIFICATION- SUSPECTED OUTBREAK

Prompt notification of appropriate persons is important to ensure that outbreak management measures are quickly initiated.

In the event of a suspected outbreak, people should be notified as follows:

- Nurse-in-Charge Notifies Director of Care
- Director of Care Notifies Administrator
 Outbreak Management Team
 Public Health
 Medical Advisor
 All Dept. Supervisors
- Designated Staff Notifies Families of ill residents

SUSPECTED OUTBREAK BY NURSE-IN-CHARGE

Nurse-in-Charge → Director of Care → Outbreak Management Team → Administrator

- Medical Advisor
- Department Supervisors

→ Staff to notify families

NOTIFICATION - CONFIRMED OUTBREAK

An Outbreak Management Team Meeting will be held as soon as possible to confirm the outbreak and determine appropriate action.

Upon confirmation of the outbreak by the Outbreak Management Team the following should be notified (as appropriate):

- Board of Directors
- All staff
- Residents
- Families of all residents
- Physicians of all residents
- Designated Laboratory
- Department of Health
- Ministry of Long Term Care
- Pharmacy
- Union representatives
- Community Care Services
- Suppliers
- Staffing Agencies
- Volunteers
- Coroner (as appropriate).

The Outbreak Management Team will designate responsibility for the above notification.

EMERGENCY COMMUNICATION LISTS

To ensure prompt notification, the Outbreak Management Team will develop a current list of individuals with whom they will want to communicate in an emergency.

The list will be reviewed on a regular basis, and updated as necessary.

Pandemic Plan

Pandemic refers to the occurrence, three to four times per century, of a novel virus infection that circulates around the globe. For a pandemic to occur, the novel virus must have the capacity to spread efficiently from person to person and to cause widespread illness and death. The exact nature of the next pandemic virus, such as its virulence, genetic make-up, transmissibility, and epidemiologic features (e.g. age groups affected) will not be known until it emerges.

Three pandemics occurred in the last century, the 1918-19 Spanish flu (H1N1), the 1957 Asian flu (H2N2), and the 1968 Hong Kong flu (H3N2). The Spanish flu killed over 40 million people worldwide, and predominantly attacked young, healthy adults between the ages of 15 and 35 years. Although not as deadly, the 1957 Asian flu resulted in an estimated two million deaths worldwide, most of whom were elderly and those with underlying medical conditions. The 1968 Hong Kong flu resulted in an estimated one million deaths, mostly among the elderly. In addition, there have been several pandemic alerts that involved the identification of a novel influenza A virus to which the population was largely susceptible, but which lacked the ability to spread easily from person to person. H5N1 was an example of a novel virus that was being monitored closely for its pandemic potential.

It is now believed that the 1957 and 1968 pandemics arose from genetic re-assortment between human and avian influenza strains. The origin of the Spanish flu virus is less clear, although it is thought to have progressively mutated from an unknown avian strain of influenza.

Experts suggest that strains of pandemic influenza will likely originate in Asia where wild and domestic birds, pigs, and people live in close proximity. These living conditions create a favourable environment for the mixing of avian and human strains of influenza.

The World Health Organization (WHO) has provided a template for tracking the unfolding of a pandemic outbreak that has been adopted by the Canadian and Ontario governments to guide their respective pandemic planning.

World Health Organization – Pandemic Template

Period	Phase	Description
---------------	--------------	--------------------

Inter-pandemic Period	Phase 1	No new virus subtypes have been detected in humans. A virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low
	Phase 2	No new virus subtypes have been detected in humans. However, a circulating animal virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Increased and sustained transmission in general population.
Post-pandemic Period	Phase 7	Return to inter-pandemic period

Source: World Health Organization, 2005

The CAMA Woodlands (CAMA) Pandemic Plan and related policies will reference this WHO Template.

Implications – Health Care System Overload

Most people have little or no immunity to a pandemic virus. As the pandemic spreads, infection and illness rates will soar. A substantial percentage of the general population will require some form of medical care. Communities are unlikely to have the staff, facilities, equipment and hospital beds needed to cope with large numbers of people who suddenly fall ill. Death rates are expected to be high, as largely determined by four factors:

1. Number of people who become infected,
2. Virulence of the virus,

3. Underlying characteristics and vulnerability of affected populations, and
4. Effectiveness of preventive measures.

CAMA, as with other components of the overall health care system, will be subject to the effect of system overload, and will have to be prepared to respond to the impact of a pandemic outbreak. It will have to plan for how to ensure continued operation of essential services for residents and to support staff in coping with the challenges stemming from a pandemic.

Medical Supplies and Clinical Resource Shortage

- A pandemic can create a shortage of hospital beds, ventilators and other supplies.
- Surge capacity in the form of non-traditional sites/areas may have to be created within CAMA to supplement regular capacity to provide care (i.e. where to house cohorts of infected residents, isolated from other vulnerable residents).

Difficult decisions will need to be made regarding who gets antiviral drugs and vaccines (if available).

Other Material Supplies and Services Shortage

- Regular supply chain of material and services might break down because of the pandemic affecting those organizations and personnel servicing them.

Human Resources Shortage

In accordance with epidemiological modeling that predicts an attack rate of between 10 to 50% of CAMA, staff, as with the general population in the community, will be subject to direct and indirect impact of infection. Availability of staff to work will be affected by:

- Those contracting the virus;
- Those needing/choosing to stay home to care for family members with the virus; or,
- The fear of infection irrespective of the actual risk; in addition to
- Other factors that might affect absenteeism rate (e.g. disruption to public transportation due to absenteeism among transportation workers).

It is anticipated that there will likely be insufficient staff available to continue operating all service programs in the normal manner.

Duty to Provide Care

The Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses states, "During a natural or human-made disaster, including a communicable disease outbreak, nurses have a duty to provide care using appropriate safety precautions". The code further explains, "A duty to provide care refers to a nurses' professional obligation to provide persons receiving care with safe, competent, compassionate and ethical care".

During a pandemic, CAMA staff may feel pulled between their obligation to their family and their obligation to the residents. CAMA staff have a moral and ethical responsibility not only to the residents but also to their families and to themselves to become knowledgeable about CAMA's Pandemic Plan, attend educational in-services related to pandemic planning and assist their families to prepare for a pandemic.

Appropriate pandemic planning can reduce the number of people infected, the amount of illness and the number of deaths. By pre-planning early, CAMA can better anticipate where services will be interrupted. Planning is a key component of emergency management, regardless as to the nature, size, or duration of the emergency. The possibility of a pandemic, a natural event that occurs three to four times per century, is recognized as a significant threat that warrants dedicated and ongoing planning to minimize its impact on society. Pandemic planning is an ongoing process.

The CAMA Pandemic plan is a document that will be reviewed and revised regularly. In some instances, the plan presents options for consideration, as final decisions cannot be made until a pandemic virus emerges and its characteristics are known.

POLICY

CAMA Woodlands has planned for continuance of care in the event of a Pandemic. CAMA's Management team and Infection Control Committee work in collaboration to best anticipate continued operations of CAMA in the event of a pandemic. This policy will become effective when the local Medical Officer of Health issues a Pandemic alert.

CAMA, in its commitment to resident and staff safety, will strive to:

- (i) Create and maintain a culture of safety within the organization;
- (ii) Reduce the spread of serious illness and overall deaths associated with a pandemic outbreak through appropriate management of CAMA service delivery system so as to minimize service disruption to residents of CAMA stemming from an pandemic,
- (iii) Create a work life and physical environment that affords staff the best protection possible while supporting the safe delivery of care/service;
- (iv) Improve the effectiveness and coordination of communication among all CAMA care/service providers, other suppliers of material resources and services, government agencies, and the community at large;
- (v) Maintain communication with significant others of residents in the care of CAMA to reassure and keep informed about the well-being of CAMA residents;
- (vi) Have contingency measures to address assurance of continued supply of essential material required for ongoing business operations and minimize disruption to essential services in CAMA as a result of a pandemic;
- (vii) Behave as a responsible corporate citizen where community health issues are concerned by coordinating with the implementation of national, provincial and local health systems pandemic plans; contributing to an integrated health response in the Region of Halton and greater GTA.

PROCEDURE

The "**Pandemic Management Team**" (PMT) will be responsible to regularly review and amend policies that will govern the action of CAMA in the event of a pandemic.

- In planning and formulating of policies and procedures, due attention will be given to ethical considerations that are consistent with CAMA values, and congruent with current community standards.
- Existing infection control and reporting policies and procedures practiced across CAMA will be referenced as the basis upon which to establish risk management and containment procedures pertaining to a Pandemic.
- Input from both management and frontline staff will be considered in formulating all aspects of pandemic policies and procedures.
- The team is accountable to the Administrator for the performance of such planning and review functions.

A. Key Planning Principles:

A pandemic is deemed to be in effect when the WHO so declares and the Ministry of Health and Long-Term Care (MOHLTC) and/or local public health units, as designated government agencies, advise health services agencies, including CAMA to activate response measures.

In response to a declared pandemic the Administrator or designate will authorize for the following specific policies and procedures to be activated:

- Surveillance, Reporting, and Communication
- Containment and Risk Reduction
- Business Continuation
- Human Resource and Staff Deployment

The "**Pandemic Management Team**" (PMT) will assume centralized oversight authority in regards to both internal and external matters pertaining to the continued operation of all CAMA programs and services during a pandemic.

Essential services as defined in Policy will maintain operations where human and material resources allow during the Active Pandemic Period.

Priority will be given to **allocating human and material resources to operate essential services**, even if such has to be diverted from services/programs deemed ancillary.

Ancillary services/programs will be suspended to allow the necessary human and other resources to be diverted to sustain essential services.

Decisions regarding **suspension of ancillary services/programs and operational resumption** will be made by the PMT, and regularly reviewed in accordance with provisions of Policy.

A declared **pandemic period is deemed to be in effect** until WHO declares the pandemic is over, and the MOHLTC and local public health units issue an official government pronouncement to the contrary. If there were not clear consensus among government agencies, CAMA shall abide by the instructions of the MOHLTC.

Until government pronouncement signifies that the pandemic period is past, and the **post-pandemic period** is in effect, the Pandemic Policies will continue to be adhered to throughout CAMA.

Upon entering the post-pandemic period, the PMT will continue to provide direction for CAMA, as an organization, towards **resuming baseline operation, re-connecting with the broader resident community, and addressing any after effects** on staff, residents, and the organization as a whole stemming from the pandemic experience. The regular management structure will resume its command and direction role as soon as is feasible thereafter.

For purpose of organizational learning, a **comprehensive post pandemic review** is to be conducted as soon as possible in the post-pandemic period in order to improve the readiness of CAMA in managing future challenges. Due care, however, is to be given to allow for sufficient time-lapse and separation from the immediate event before putting both individuals and the organization through the rigor of such a continuous quality improvement initiative. The Administrator, in consultation with the Management Team, will determine the timing and means through which this review is to be undertaken.

The Administrator, with the Pandemic Management Team, will conduct with such other staff as might be necessary, a **tabletop exercise to simulate responding to a pandemic** to:

- Ensure awareness and familiarity with the policies and procedures.
- Test specific aspects of the plan.
- Review and distribute results to all key individuals

Communications:

- All communications (media, community, staff and residents) will be directed through the office of the Administrator or designate.
- On receiving an alert from the Medical Officer of Health, the Administrator will immediately call a Management Team meeting. The members of the Management Team will become the Emergency Preparedness Committee.
- This initial meeting will be for the dissemination of known information on the pandemic at that point in time and for the initiation of the pandemic policy and plan. On activation, alerts will be made by the communications strategies identified in the pre-pandemic planning to the residents, staff and families.
- Access to all entrances will be disengaged, forcing all entry and exits from/to the LTC to be through the main entrance. Information stations will be set up at the entrance. Directions and updates for staff, family, visitors and residents will be posted on the doors and be maintained by Administration staff as directed by the Administrator.
- Email will be the primary mode of communications to staff
- Halton Public Health Department and MOH will be the key contacts for CAMA for information, service co-ordination, updates, direction, immunization availability as well as antiviral if available.

B. Lobby Deputy:

Given the attack rate and that absenteeism will be anticipated to be higher due to caregiver obligations (ill family members to care for, lack of child care resources), regular staffing patterns and therefore the provision of care will be seriously affected. In order to safely and effectively provide care to residents, regular duties, areas of assignment and staff deployment will not follow pre-existing patterns. These positions will need to be manned 24 hours daily.

On arrival to CAMA Woodlands, all employees, volunteers and "trained" visitors are to report to the Lobby Deputy's stationed at the main entrance. These Lobby Deputy's will be supported by the Administrator or designate.

Job priority/ deployment of staff will be to designated essential positions identified within CAMA and outward from there depending on availability of staffing resources. All essential and non-essential staff should report to the facility for proper deployment to other areas of work even if their position has been designated non-essential, for deployment to other areas, unless their job has been designated (pre-pandemic) as a "work from home" position i.e. Staffing plan/ HR plan for essential services.

C. Essential Staffing Plan: In order to safely manage the care of remaining residents and the operation of the facility, key positions must be secured. Due to the high attack rate and absence related to care giver burden, some of these positions will have identified persons for the role with 3-5 levels of replacement should they become unavailable. Key positions have been identified as the following:

- *Lobby Deputy: 1-2 people
- *Communications Officer - Administrator
- Infection Control Nurse and Infection Control Nurse Support Person
- Director of Care
- Nursing staff
- Housekeeping/Laundry staff
- Dietary staff including Dietician
- Volunteers
- Activation staff
- Maintenance staff
- HR staff

Those positions indicated with a * indicate a special job description for Pandemic has been created.

ABSOLUTE MINIMUM STAFFING PLANS

Position	Day/ Evening number required	Nights number required	Task priority
RN or RPN	2	2	Dispense all meds, administer controlled or injectable medications, provide treatments and assess the ill
"Trained" PSW	One for each floor	One for each floor	Administer non controlled medications prepared by the registered staff
PSW (where not available, trained staff/ visitors/ volunteers may be substituted)	Two for each RHA	One for each RHA	Direct care of residents
Food Service Workers	One for each floor	One for each floor	Provision of food and hydration to residents, ensure food items available on each RHA, assist with giving nourishments
Housekeeping Aides	One for each RHA Possible additional where interruption of laundry services off site occurs	One for each floor	Focus is on horizontal surfaces and washrooms. Regular cleaning of rooms may be designated to "trained" non-essential staff or visitors

1.

Housing Employees: During a pandemic, staffing shortages, interruption of regular community services such as snowploughs, buses and taxicabs is anticipated. Transportation, housing and meal coverage must all be considered to support staff members or “trained visitors” that are available for prolonged periods or for those unable to return to their homes due to transportation issues. In order to accommodate these individuals, the district offices *will be designated as a staff area*. When pandemic activity is reported by the WHO (world health organization) with human-to-human transmission of the virus beyond localized activity, it is anticipated that spread to the Province of Ontario will occur within a few months. When this has been announced, Environmental Services, Dietary and Nursing will be required to secure whatever available supplies such as beds, linens, toiletry items etc. that is already within the facility and additional items such as cots where available from outside resources in preparation for a regional outbreak

The washers and dryers in the Laundry Rooms will be available to staff also for personal laundry where required for this reason.

Nutritional Plan:

In order to secure available food and hydration resources, the Dietary Departments must establish a secured food resource locally in addition to the usual supplier. Priority positions will need to be identified and non-essential staff trained to fill these positions should the need arise. Delegation of acts includes but is not limited to food preparation, portering of food items to the resident home areas, serving meals/ nourishments and feeding residents. The following table identifies essential positions and the requirements for each.

Immunization and Anti-virals:

As taken from the “Guide to Pandemic Influenza Management in Long Term Care Facilities” can be found at:

<http://www.pdhu.on.ca/documents/GuidetoInfluenzaPanPreparResponseinLTC.pdf>

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

During a pandemic, CAMA must have the capacity to safely store antivirals and monitor distribution. (Note: Halton Public Health will manage vaccine distribution. Vaccine supplies are unlikely to be stored or distributed by long-term care homes.(if available)

2.

Human Resources Plan:

- **Education Plan Pre-Pandemic:** In order to provide continuity of care in the face of a staffing crisis, CAMA “cross-trains” staff with different skills than their current position requires. For example, an Activation Therapy Assistant may be trained to toilet, transfer and feed residents, a Receptionist to provide housekeeping services etc.

Pre-pandemic training will be posted to all staff in six main categories:

- Feeding residents
- Toileting and 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 and CAMA policies.

Recruitment during a pandemic may also be necessary as staffing crisis continue. HR will determine whether it is necessary to recruit student nurses, PSW’s in training, PSW/RN/RPN students or food service students etc.

Can employees take time off?

The Employment Standards Act states various ways in which an employee can take time off from work. Whether this leave is paid or unpaid will depend on the current collective agreement terms. In Ontario, in a declared emergency, employees are entitled to leave (without pay):

- If an emergency has been declared under the Emergency Management and Civil Protection Act,
- If an order to that person has been made under the Health Protection and Promotion Act
- Because he or she is needed to provide care or assistance to a close family member
- Because of such other reasons as made by the act and regulations.

Leaves may also be possible through regular sick leave benefits, or through employment insurance. CAMA has planned for a pandemic situation and will let staff know how absences from work will be managed.

Can employees refuse to work?

Employees have the right to refuse work if they have a specific reason and believe performing the work is dangerous to their or their coworkers, health and safety. This belief must be on

reasonable grounds, and the employer is expected to attempt to resolve the situation. At present, it is unclear how this right will apply during a pandemic. An employee can exercise their right to refuse work. This refusal would trigger a resolution process and prevention measures should be implemented. Exactly how the refusal is resolved, however, will depend on each separate situation.

Personal Protective Equipment and Handwashing

As per the "Guide to Management of Pandemic Influenza in Long Term Care Homes" which can be found at:

<http://www.pdhu.on.ca/documents/GuidetoInfluenzaPanPreparResponseinLTC.pdf>

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

Hand washing:

Hand hygiene is the most important measure in preventing the spread of influenza. Staff, volunteers and residents should be instructed in proper hand hygiene as posted on main entrances and information boards.

Staff and Volunteers

Staff and volunteers perform hand hygiene:

- Before direct contact with a resident; after any direct contact with a resident and before touching the face; and after removing and disposing of personal protective equipment
- Before performing invasive procedures
- Between certain procedures on the same resident where soiling of hands is likely, to avoid cross-contamination of body sites
- After contact with blood, body fluids, secretions and excretions
- After contact with items known or likely to be contaminated with blood, body fluids, secretions and excretions, including respiratory secretions (e.g., oxygen tubing, masks used tissues and other items handled by the resident)
- Before preparing, handling, serving or eating food and before feeding a resident.

Waterless (more than 70%) alcohol-based hand sanitizer is as effective as hand washing if

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

Sinks that residents use may be contaminated and should not be used by staff and volunteers for hand hygiene unless no other alternative is available. If a resident's washroom is used, staff and volunteers should take care to avoid contamination, use an alcohol-based hand sanitizer after handwashing.

Residents

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

Masks

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

Staff (core) is mask-fit tested every 2 years – records are maintained by the EVS.

Staff and volunteers wear masks covering the nose and mouth when providing direct care within one meter of a resident with symptoms.

For the care of a resident with symptoms, staff put a surgical mask on the resident, if tolerated, whenever the resident is not in his/her room (e.g., during transfer to another facility).

Masks are changed if they become wet, or contaminated by secretions.

Staff wearing masks remove their mask before caring for another resident, and when leaving the residents dedicated space/room.

Only the strings/ ties, to prevent self-contamination, should handle masks.

Masks are changed according to the manufacturer's recommendations.

Hands are washed after removing mask.

Recommended Process for Removing Personal Protective Equipment (PPE)

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

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

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

Eye Protection

Eye protection includes the use of safety glasses, goggles, and face shields. It does not include personal eyeglasses.

Eye protection is worn when providing direct care within one meter of a resident with influenza.

Safety glasses, goggles and face shields are removed carefully to prevent self-contamination.

If re-used, eye protection is cleaned in a manner that will not lead to contamination. Safety glasses, goggles, or face shields are cleaned between uses according to the manufacturer's recommendations using a minimum of a low-level disinfectant.

To prevent self-contamination, health care workers do not touch their eyes during care of a resident with symptoms.

Hands are washed after removing eye protection.

Gloves

Staff and volunteers wear gloves when they are likely to have contact with body fluids or to touch contaminated surfaces.

Gloves are an additional protective measure, and are not a substitute for proper hand hygiene.

Gloves are put on before entering and removed prior to leaving the resident's room or dedicated bed space

Gloves should fit the wearer to prevent cross contamination through contact.

Gloves are changed between dirty and cleaner procedures on the same resident.

Hands are washed immediately after removing gloves.

When a gown is worn, the cuff of the gloves must cover the cuffs of the gown.

Single-use gloves are not reused or washed.

Gowning

Long-sleeved gowns are worn during procedures and patient care where clothing might be contaminated.

Gowns are removed before leaving the residents' room or dedicated space.

Supplies and Supply Access

As part of preparedness planning, the type and quantity of supplies each department requires is identified and the Department Manager purchases and maintains a one-month stockpile. During a pandemic, traditional supply chains may be disrupted. For example, a supplier in another jurisdiction may have to give priority to local companies. During the preparedness phase, each department talked to their suppliers about their ability to deliver during a pandemic, and have established relationships with alternative sources. This includes: equipment suppliers, food suppliers, medical suppliers, pharmacies, oxygen suppliers, attending physicians and any other health care providers who provide contracted services to the home (e.g., physiotherapists, occupational therapists). As part of the pandemic plan, each department submits an inventory plan to the Emergency Preparedness Committee.

A four week inventory of essential infection control supplies should be maintained. A seven (7) day inventory for current census of food and water and other medical supplies, such as incontinent care products.

Disaster Response – Loss of Essential Services

In the event of an internal emergency occurring simultaneously with a pandemic, such as loss of hydro, water or food, the established disaster plan of the Emergency Preparedness Committee any of the Emergency Disaster Codes could be initiated.

Security

During a pandemic access to CAMA will be restricted to the front main reception entrance 24 hours per day/7 days per week.

Morgue Capacity

Due to the potential loss of life due to the extent of illness, local funeral homes and morgues will need to be part of the plan in order to safely care for the deceased. In the event that local

morgues/ funeral homes are unable to receive the deceased, the alternate is to utilize the barn on site, and send the bodies to this area to be used as a morgue area (no windows and no ventilation to the rest of the building).

Management of Ill Residents Remaining in CAMA

CAMA will care for ill residents. Transfers to hospital will be limited.

Transfer to hospital will be required if:

1. A resident requires care involving equipment or skill sets not available in the home and cannot be brought to the home.
2. A resident requires care involving supplies not available at the home and cannot be brought to the home.
3. Surgery is likely to be required to address care needs.
4. A bone fracture is suspected.
5. A resident is not palliative but has experienced a life threatening event.
6. The NP and/or Medical Director determines transfer to hospital is necessary.

CAMA may be able to safely discharge some residents to the community to increase surge capacity. CAMA may also be required to admit non-acute patients from hospital to free up acute care beds.

Possible Actions Prior to Need for Hospital Surge Capacity

1. Resident and/or family members voluntarily choose to discharge the resident.
2. Clearance given by MD to discharge the resident to community and/or family member (dependent on family member's ability and willingness to provide care).

Possible Actions at Time of Need for Hospital Surge Capacity

1. CAMA to stop admissions of LTC residents
2. CAMA to accept hospital patients as LTC beds become available.

CAMA's ability to address Hospital Surge Capacity Needs are dependent on:

1. Changes to protocols and MOHLTC regulations.
2. Minimum staffing levels being adequate to safely provide care for hospital patients and LTC residents.
3. Support provided to meet the needs of patients with mental health issues.
4. Medical Director and NP's ability to safely address the care needs of hospital patients and LTC residents.
5. Provincial and Halton Public Health support for public education.

In the event of a pandemic, CAMA sets up an infirmary in the chapel.

This area would then be equipped with Personal Protective Equipment. Physicians would have a standing order for O2 portable for symptomatic residents with O2 sats <90% on room air.

CAMA anticipates significant impact for assessment and treatment of seriously ill residents and has stock piled a one-month supply of essential additional treatment supplies such as dressings and portable oxygen in an attempt to best manage critically ill residents that may not qualify for transfer to acute care.

CAMA has confirmed the availability of portable CXR and they will come in during the pandemic. Silver Fox Pharmacy will supply antibiotics and narcotics and other medications as required (i.e. bronchodilators/ puffers/ Ventolin treatments via mask).

Families, Visitors and Volunteers

- Families, volunteers and visitors will play a greater role in providing personal care and support for residents.
- Visitors may be limited.
- CAMA will disseminate information provided by Halton Public Health to its stakeholders.
- Education will be provided to families, volunteers and visitors on the pandemic, self-care and caring for others.
- Education to include: hand hygiene, cough etiquette, infection prevention and control, donning and removing PPE, pandemic facts, feeding programs, etc.
- Education will be presented at Residents Council Meetings.

Staff Education and Training – Keeping CAMA Operational – Our Residents depend on our care and services:

It is no doubt that CAMA's care and services will be affected by staff absenteeism as well as shortages of supplies and increased resident illness. During a pandemic, many issues may come up about what is the best way to keep CAMA operational without compromising resident care and services, and at the same time, knowing how to protect employees from the effects of a major outbreak.

The Emergency Preparedness Committee ensures the following:

- All Staff are trained and knowledgeable regarding principles and procedures for infection control.
- Training needs are assessed.
- Appropriate training and retraining is provided.
- Impact of training is monitored and reviewed.

FINAL NOTE: We are ready ahead of time! While no one can say when a pandemic will arrive, it is estimated that there will only be about 3 or 4 weeks between when human-to-human transmission of a new virus is confirmed, and its arrival in Canada.

CAMA is ready!

Food Service Emergency Plan

POLICY

Clinical nutrition services will be offered to all residents in an organized manner according to resident identified needs and consistent with plans of care.

OBJECTIVES

To meet the nutrition needs of residents according to their medical condition.

To provide nutrition intervention that is consistent with individual residents needs, according to accepted dietetic practice standards, and provided by a Registered Dietitian.

PROCEDURE

Menu Changes:

- Continue with current menu as much as feasible
- Cut down to one choice entrée, vegetable and dessert when there is an identified labor shortage
- Discontinue hot cereal and substitute cold cereal except for puree texture
- Soup or Juice can be offered at Lunch
- Use pre-thickened beverages
- Use purchased pureed products
- Eliminate garnishes
- Consider changing to continental breakfast
- Suggest weekly specials to add variety
- Adding breakfast items to AM snack (prepackaged oatmeal, cereal, granola, yogurt, etc.)
- Prepackaged items at all snacks (cookies, chips, ice cream, Jell-O, popsicles, applesauce cups, portioned fruit, etc.)
- Nutrient dense items (smoothies, Boost pudding, Greek yogurt)
- Ensure Purchase Orders are up to date with changes
- Review perishable items (best before dates) and use up stock on hand
- Ensure that there is an assigned backup person for placing food orders in the event that the Nutrition Manager is unavailable
- Ensure adequate foil and plastic wrap is available and stocked up
- Order Styrofoam take out containers with lids and Styrofoam cereal, soup and dessert bowls with lids
- Order disposable trays for isolation if possible
- Order Styrofoam cereal, soup and dessert bowls with lids
- Order plastic cups with lids for cold and hot beverages
- Order serviettes
- RD to simplify diet orders and interventions as much as possible
- In consultation with RD, hold nutrition interventions and labeled snacks that are not

essential for weight or wound status

Suggestions can be implemented immediately if labor shortage is an issue

Heat and Serve items – Minimal labor required

Cold Breakfast • Hot Lunch and Supper

Discontinue Soup and substitute Juice

Assorted Minced Sandwiches available at all times

Use Sandwiches as backup; do not offer to every Resident as second choice

Prepare and freeze items in advance such as sandwiches

One Fruit Choice offered per day

Use individual condiments

Follow emergency menu- Provided by GFS

Have on hand the following,

7-day supply of Perishable foods (examples: bread, gluten free bread, milk, dairy products, fresh fruits, fresh vegetables, and fresh eggs)

7-14-day supply of frozen foods (examples: frozen vegetables, frozen fruits, frozen meat/fish/poultry, vegetarian/gluten free entrees, Ready to Bake entrees) Supply of canned foods (vegetables, fruits, tuna, salmon, soups)

7-14-day supply of commercial nutritional supplements, protein powder, thickened water, thickened dairy beverage, thickened juices

7-day supply thickening powder

Adequate supply of coffee and tea in quantities that hot beverages can be available for both residents and staff

Adequate supply of juice, drink crystals, ginger ale, Gatorade etc.

Additional shelf stable and/or ready to serve items that can be used if there is a significant staff shortage in the dietary department (e.g. dry cereal, canned foods, dried mixes, individual spices, condiments, puddings, applesauce, puree cups, etc.)

**Burlington Long Term Care Facilities
Collaborative Emergency Shelter Plan Agreement**

Expiration: December 31, 2023

To provide a summary of resources available and contact information for Burlington LTC homes in the event that any LTC home is in need of emergency shelter for its residents.

It is expected that the facility asking for shelter will provide the appropriate ratio of staff to accompany their residents to the emergency shelter.

Facility Name:	Billings Court Manor
Address:	3700 Billings Court
Telephone Number:	905 333 4006
Fax Number:	905 333 4416
Person Completing Form:	Heather Whitehall
E-mail:	hwhitehall@conmedhealth.com

Number of square feet of shelter available:	1200
How many residents could you accommodate?	6
Can you provide food for those you're sheltering?	Yes
Can you provide beds?	No
Can you provide bathrooms?	Yes

Emergency Contact Name:	Heather Whitehall
Position:	Admin
Telephone Number:	905 333 4006 x 204
Alternate Telephone Number:	289 689 4824

Secondary Contact name:	Mirela Piralic
Position:	DOC
Telephone Number	905 333 4006 x223
Alternate Telephone Number	905 220 2676

Notes:	-
--------	---

Date Received: May 5, 2023

**Burlington Long Term Care Facilities
Collaborative Emergency Shelter Plan Agreement**

Expiration: December 31, 2023

To provide a summary of resources available and contact information for Burlington LTC homes in the event that any LTC home is in need of emergency shelter for its residents.

It is expected that the facility asking for shelter will provide the appropriate ratio of staff to accompany their residents to the emergency shelter.

Facility Name:	Burloak Long Term Care Centre
Address:	5959 New Street, Burlington
Telephone Number:	905-696-6389
Fax Number:	905-639-7259
Person Completing Form:	Sharon Bailey, Executive Director
E-mail:	sharon.bailey@reveraliving.com

Number of square feet of shelter available:	1,200 Sq ft
How many residents could you accommodate?	12
Can you provide food for those you're sheltering?	Yes
Can you provide beds?	Yes
Can you provide bathrooms?	Yes

Emergency Contact Name:	Sharon Bailey
Position:	Executive Director
Telephone Number:	905-283-5901
Alternate Telephone Number:	416-505-2331

Secondary Contact name:	Andrea Marie Gordon
Position:	DOC
Telephone Number	289-962-8368
Alternate Telephone Number	905-749-1388

Notes:
- Non-smoking facility

Date Received: August 23, 2022

**Burlington Long Term Care Facilities
Collaborative Emergency Shelter Plan Agreement**

Expiration: December 31, 2023

To provide a summary of resources available and contact information for Burlington LTC homes in the event that any LTC home is in need of emergency shelter for its residents.

It is expected that the facility asking for shelter will provide the appropriate ratio of staff to accompany their residents to the emergency shelter.

Facility Name:	CAMA Woodlands
Address:	159 Panin Road, Burlington
Telephone Number:	905-681-6441
Fax Number:	905-681-2678
Person Completing Form:	Pat Cervoni, Administrator
E-mail:	p.cervoni@camawoodlands.ca

Number of square feet of shelter available:	1,200 Sq ft
How many residents could you accommodate?	10
Can you provide food for those you're sheltering?	Yes
Can you provide beds?	Yes
Can you provide bathrooms?	Yes

Emergency Contact Name:	Pat Cervoni
Position:	Administrator
Telephone Number:	905-681-6441 x100
Alternate Telephone Number:	905-572-0599 (cell)

Secondary Contact name:	Aida Jazavac
Position:	DOC
Telephone Number	905-681-6441 x118
Alternate Telephone Number	905-865-9299

Notes: n/a

Date Received: August 22, 2022

**Burlington Long Term Care Facilities
Collaborative Emergency Shelter Plan Agreement**

Expiration: December 31, 2023

To provide a summary of resources available and contact information for Burlington LTC homes in the event that any LTC home is in need of emergency shelter for its residents.

It is expected that the facility asking for shelter will provide the appropriate ratio of staff to accompany their residents to the emergency shelter.

Facility Name:	Creekway Village
Address:	5200 Corporate Drive, Burlington
Telephone Number:	905-825-6000
Fax Number:	905-336-8670
Person Completing Form:	Lorianne Ledwez, Administrator
E-mail:	lorianne.ledwez@halton.ca

Number of square feet of shelter available:	Community Room
How many residents could you accommodate?	25
Can you provide food for those you're sheltering?	Yes
Can you provide beds?	No
Can you provide bathrooms?	Yes

Emergency Contact Name:	Lorianne Ledews
Position:	Administrator
Telephone Number:	905-401-2459
Alternate Telephone Number:	

Secondary Contact name:	
Position:	Nurse in Charge
Telephone Number	905-825-6000 Ext. 8666
Alternate Telephone Number	

Notes:
- Alternate contact: Lunda Mbesha – Senior Nurse Manager 905-407-8508

Date Received: August 19, 2022

**Burlington Long Term Care Facilities
Collaborative Emergency Shelter Plan Agreement**

Expiration: December 31, 2023

To provide a summary of resources available and contact information for Burlington LTC homes in the event that any LTC home is in need of emergency shelter for its residents.

It is expected that the facility asking for shelter will provide the appropriate ratio of staff to accompany their residents to the emergency shelter.

Facility Name:	Hampton Terrace Care Centre
Address:	75 Plains Rd. West, Burlington
Telephone Number:	905-631-0700
Fax Number:	905-631-1824
Person Completing Form:	Emily Gagnon, Staff Educator
E-mail:	egagnon@hamptonterrace.ca

Number of square feet of shelter available:	1200 sq ft
How many residents could you accommodate?	10
Can you provide food for those you're sheltering?	Yes
Can you provide beds?	No
Can you provide bathrooms?	Yes

Emergency Contact Name:	Karen Verhaeghe
Position:	Administrator
Telephone Number:	905-407-9826
Alternate Telephone Number:	

Secondary Contact name:	Brooke Farraway
Position:	Director of Nursing
Telephone Number	905-932-7767
Alternate Telephone Number	

Notes: n/a

Date Received: December 9, 2022

**Burlington Long Term Care Facilities
Collaborative Emergency Shelter Plan Agreement**

Expiration: December 31, 2023

To provide a summary of resources available and contact information for Burlington LTC homes in the event that any LTC home is in need of emergency shelter for its residents.

It is expected that the facility asking for shelter will provide the appropriate ratio of staff to accompany their residents to the emergency shelter.

Facility Name:	Maple Villa
Address:	441 Maple Ave, Burlington
Telephone Number:	905-639-2264
Fax Number:	
Person Completing Form:	Russell Borden
E-mail:	rborden@maplevilla.ca

Number of square feet of shelter available:	
How many residents could you accommodate?	10
Can you provide food for those you're sheltering?	Yes
Can you provide beds?	Yes
Can you provide bathrooms?	Yes

Emergency Contact Name:	Russell Borden
Position:	Administrator
Telephone Number:	905-639-3034-work
Alternate Telephone Number:	613-282-2872-my cell

Secondary Contact name:	Jocelyn Page
Position:	Director of Care
Telephone Number	905-639-2264-work
Alternate Telephone Number	905-607-9306/ 416-846-8405

Notes:
-

Date Received: August 18, 2023

**Burlington Long Term Care Facilities
Collaborative Emergency Shelter Plan Agreement**

Expiration: December 31, 2023

To provide a summary of resources available and contact information for Burlington LTC homes in the event that any LTC home is in need of emergency shelter for its residents.

It is expected that the facility asking for shelter will provide the appropriate ratio of staff to accompany their residents to the emergency shelter.

Facility Name:	Mount Nemo Christian Nursing Home
Address:	2480 No 2 Side Road
Telephone Number:	905-335-3636
Fax Number:	905-335-3699
Person Completing Form:	Karen Edge, Administrator
E-mail:	admin@mountnemochristiannh.on.ca

Number of square feet of shelter available:	1,100 Sq ft
How many residents could you accommodate?	10
Can you provide food for those you're sheltering?	Yes
Can you provide beds?	No
Can you provide bathrooms?	Yes – though not on level on which residents would be housed

Emergency Contact Name:	Rob Hogeveen
Position:	Maintenance Coordinator
Telephone Number:	905-335-3636 ext. 303
Alternate Telephone Number:	289-337-1807 (home) 905-691-7218 (cell)

Secondary Contact name:	Karen Edge
Position:	Administrator
Telephone Number	905-335-3636 ext. 203
Alternate Telephone Number	905-865-9299

Notes:

- Our Home has limited cell phone reception, though does have wireless internet
- 10 residents that could be accommodated would be in the Rose Room (large activity room) in the basement. There are no accessible washrooms for residents in the basement. Residents could use the elevator to access the resident washroom on the main level.
- Our facility is on a septic and well water system, therefore, we can only accommodate a small number of additional residents.

Date Received: August 19, 2022

**Burlington Long Term Care Facilities
Collaborative Emergency Shelter Plan Agreement**

Expiration: December 31, 2023

To provide a summary of resources available and contact information for Burlington LTC homes in the event that any LTC home is in need of emergency shelter for its residents.

It is expected that the facility asking for shelter will provide the appropriate ratio of staff to accompany their residents to the emergency shelter.

Facility Name:	The Village of Tansley Woods
Address:	4100 Upper Middle Road, Burlington
Telephone Number:	905-336-9904
Fax Number:	289-636-1401
Person Completing Form:	Pennie Pryce-Jones, Village Office Coord.
E-mail:	pennie.pryce-jones@schlegelvillages.com

Number of square feet of shelter available:	1,000 Sq ft
How many residents could you accommodate?	15
Can you provide food for those you're sheltering?	Yes
Can you provide beds?	Mattress – yes; beds – no
Can you provide bathrooms?	Yes

Emergency Contact Name:	
Position:	LTC Manager On-Call
Telephone Number:	289-230-2058
Alternate Telephone Number:	

Secondary Contact name:	
Position:	RH Manager On-Call
Telephone Number	905-336-1714
Alternate Telephone Number	

Notes: n/a

Date Received: August 23, 2022

**Burlington Long Term Care Facilities
Collaborative Emergency Shelter Plan Agreement**

Expiration: December 31, 2023

To provide a summary of resources available and contact information for Burlington LTC homes in the event that any LTC home is in need of emergency shelter for its residents.

It is expected that the facility asking for shelter will provide the appropriate ratio of staff to accompany their residents to the emergency shelter.

Facility Name:	Wellington Park Care Centre
Address:	802 Hager Ave Burlington ON,L7S 1X2
Telephone Number:	905-637-3481
Fax Number:	905-637-7514
Person Completing Form:	Maria Clarke, Executive Director
E-mail:	maria.clarke@wellingtonparkcarecentre.ca

Number of square feet of shelter available:	1,200
How many residents could you accommodate?	25
Can you provide food for those you're sheltering?	Yes
Can you provide beds?	No
Can you provide bathrooms?	Yes

Emergency Contact Name:	Maria Clark
Position:	Executive Director
Telephone Number:	Reg. Business Hours: 905-637-3481 After Hours: 289-237-6635
Alternate Telephone Number:	

Secondary Contact name:	Charge Nurse on Duty
Position:	
Telephone Number	289-962-5029
Alternate Telephone Number	

Notes: n/a

Date Received: September 16, 2022