Friendly Manor

EMERGENCY CODES

- ☐ **Code Blue** (Cardiac or Respiratory Arrest)
- ☐ **Code White** (Aggressive Situation)
- ☐ **Code Red** (Fire)
- ☐ **Code Black** (Bomb Threat)
- ☐ **Code Yellow** (Missing Person)
- ☐ **Code Brown** (Internal or External Incident involving Hazardous Materials)
- ☐ **Code Grey** (Loss of Utilities)
- ☐ **Code Green** (Evacuate)
- ☐ Code **Orange** (Mass Casualty)
- ☐ Code **Purple** (Hostage Situation)
- ☐ Code **Silver** (Person with a Weapon)

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EMERGENCY CODE BLUE
CARDIAC ARREST

PURPOSE

1. To alert individuals within the Home of a Cardiac Arrest or Respiratory Arrest in a particular room or area of the building.

2. To provide a streamlined system of responding to the needs of a resident during acute illness.

POLICY

Have an organized system in dealing with acute situations within the Home, ie. choking victims, cardiac arrest, acute illness. This is achieved by following the outlined procedure.

KEY POINT

Nurse in Charge will immediately go to area of Code Blue to assist. Anyone may bring or be asked to bring the Suction Machine to the area from the dining room or tub room.

PROCEDURE

1. **When discovering a resident with a change in health status**:
    - Pull nearest bell.
    - Stay with resident;
    - If no response to call bell, call out for help; if no response go to Nursing Station;
    - **page "Code Blue" (announce Code Blue @ room) three (3) times;**
    - Upon arrival, supervisory personnel will take charge of situation and delegate to other staff members any functions to be carried out, ie:
    - Emergency ambulance to be called (auto dial, give name, address of Manor & answer questions from dispatch.)
    - Attempt to have information ready for ambulance personnel including:
    - Completion of Transfer From;
    - Notification of Attending Physician and family;
    - Other duties as need to be assigned by Nurse In Charge

EMERGENCY CODE WHITE
AGGRESSIVE SITUATION

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PURPOSE

1. To initiate an appropriate effective response to the presence of an aggressive person.

2. To minimize the risk of harm coming to a resident and/or staff through effective access control and proper identification of all personnel.

POLICY

All staff are responsible for initiation a Code White upon discovering a aggressive person or situation in the Home.

PROCEDURE

1. Anyone found in the nursing home not appearing to have legitimate purpose for being there, will be approached by staff in a non-confrontational and professional manner.

2. Ascertain whom they are visiting and whether they require any assistance.

3. Once the nature of the visit has been determined, accompany them to the appropriate resident's room.

4. If they have no legitimate purpose for being in the home, escort them to the main exit. Notify the Nurse in Charge.

5. If a non-authorized individual:
   - is not recognized **and**;
   - refuses to follow your direction **or**;
   - becomes argumentative **or**;
   - has no purpose for being in the nursing home **or**;
   - looks suspicious;

INITIATE THE CODE WHITE YOURSELF

INTRUDER CODE

1. Go to the nearest telephone set and call 911. Advise police there is an unauthorized person on the premises and provide the description if asked.

2. Announce in a clear, calm tone of voice "CODE WHITE" (for example: "Code White area"). Repeat this page 3 (three) times and again 30 seconds after to ensure all staff are alerted.

3. Immediately notify the Nurse in Charge and additional Registered Staff and/or Management Staff to report to the affected area.

4. Nurse in Charge or designate to delegate someone to meet the police upon their arrival and provide assistance as required.

5. Upon the arrival of police or when safe to do so Nurse in Charge or designate will notify Administrator or Director of Nursing if not on premises.

6. Depending on police instruction fan out procedure may be initiated.

CODE- RED

R.E.A.C.T. UPON DISCOVERY OF FIRE OR SMOKE

IF YOU DISCOVER SMOKE OR FIRE IN A ROOM / AREA:

R.E.A.C.T.

1. **R**emove residents in immediate danger, if possible.

2. **E**nsure the door(s) is closed to confine the fire and smoke.

3. **A**ctivate the fire alarm system using the nearest pull station (if not already activated).

Communication Person will check annunciator panel then,
SLOWLY AND CLEARLYUSING THE TELEPHONE PAGING SYSTEM ANNOUNCE "Code red, location_" three (3) times.

1. Repeat 30 seconds later to ensure all staff have been alerted.

2. **C**all 911**.**

3. **T**ry to extinguish the fire or concentrate on further evacuation.

4. Initiate horizontal evacuation away from the fire to another fire separation zone.

NOTE: In all cases of evacuation (horizontal, vertical or total) in order to clearly identify that resident rooms have been thoroughly searched and evacuated, the staff person removing the last resident from the room, will place an orange evacuation tag on the rooms doorknob (orange evacuation tags will be kept at the Nursing station under the desk. Rooms with shared bathrooms need to be considered as one room and require evacuation after the room across the hall.

5. Fight fire only if the fire is small and after residents are removed from the fire zone.

6. If there is smoke from under a room door, do not open door and place wet towel/sheet along bottom edge of door.

The sequence of these steps will vary depending upon the circumstances of the fire.

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EMERGENCY CODE BLACK - BOMB THREAT

PURPOSE

1. To ensure little or no injury to residents and staff.

2. To ensure accurate documentation of details of threat.

POLICY

All staff to be aware of their responsibilities for dealing with a bomb threat.

PROCEDURE

1. Immediately following the threat of a bomb, the staff member will call 911 and inform dispatch giving as much detail as they can.

2. Then the staff member will **immediately** advise the Administrator, the Director of Nursing, and/or the Nurse in Charge.

3. The **ADMINISTRATOR**, Director of Nursing or Nurse in Charge will announce 'Code Black' and begin evacuation immediately.

4. When the police or emergency personnel arrive, they will take over.

5. The Ministry of Health and Long-Term Care must be notified by the Administrator or designate by calling the CIATT line and via Critical Incident System.

EMERGENCY CODE YELLOW - MISSING PERSON

PURPOSE

To locate a resident who is unaccounted for using an efficient, thorough process.

POLICY

An immediate and thorough search of the Home and the immediate environment shall be conducted upon the suspicion/notification that a resident is missing in accordance with the following procedure

PROCEDURE

1. After a thorough check on the Unit, Staff will notify the Nurse In Charge immediately of a suspected missing resident.

2. The Nurse In Charge will announce **"Code Yellow, name of missing resident, room number"**; e.g. **"Code Yellow, Mrs Smith, Room 213"**.

3. The Nurse In Charge will delegate two (2) Personal Support Workers (PSW's) to

check outside the Home and approximately one hundred (100) yards north of the Manor vicinity. One (1) searches the front and rear of the north side of the building. The other person searches the front and rear of the south side of the building and approximately one hundred (100) yards south of Manor. Include search of public buildings, i.e. sheds.

4. **All Nursing Staff on each resident care unit search their Unit in an organized fashion**:
    - In each room, on/under beds;
    - In each bathroom;
    - Utility Rooms, including Janitor Closets;
    - Linen Closet, closets;
    - Stairwells, Library;
    - Individual rooms.

5. **Staff on all floors will call Nurse in Charge promptly to indicate**:
    - Search completed;
    - Resident found/not found.

6. If resident not found, the Nurse in Charge will notify the Director of Nursing, who in turn will notify Police, Family and Physician.

7. Director of Nursing completes an Incident Form and documents all actions taken on Multi-disciplinary Plan (MDPN). The Ministry of Health will be notified by telephone immediately followed by the Critical Incident System.

When resident is found, the Director of Nursing/Nurse in Charge shall notify:

- Police, Family, Administrator, and Physician.

- The Director of Nursing or delegate will notify the Ministry of Health and Long-Term Care by calling the CIATT Line and via Critical Incident System.

- The Director of Nursing/Nurse in Charge shall document in Multi-disciplinary Notes the details of return and action taken to prevent reoccurrence.

- Where the resident is not found within twenty-four (24) hours, the Administrator shall determine the appropriate course of action to be taken, e.g. arrange for press conference with press and Police Department.

EMERGENCY CODE BROWN - INTERNAL OR EXTERNAL INCIDENT INVOLVING HAZARDOUS MATERIALS

Friendly Manor

INTERNAL

All chemicals in the Home have an MSDS sheet. Under spills/disposal the MSDS sheet provides a specific clean-up procedure for staff to follow.

EXTERNAL

- Friendly Manor Nursing Home is located in the Town of Greater Napanee.
- The Mayor of Greater Napanee would implement the emergency plan.
- Friendly Manor will follow our own procedures for any chemical spill and/or community disaster. Regular communication with the police would be maintained prior to any decision of Home evacuation.

EMERGENCY CODE GREY - LOSS OF UTILITIES

HYDRO

PURPOSE

To have a system in place in case Nursing Home experiences a loss of power.

POLICY

The Home shall maintain all essential services during a loss of power.

PROCEDURE

1. Telephone communication will only be available through the power-fail set located under the nursing station until the generator starts.
2. In the event of total loss of power, contact Hydro One at 1-877-447-4412 and determine the anticipated duration of the power loss.
3. Ensure a staff member makes frequent checks at each door to the outside to prevent residents from wandering out until the generator starts or power is returned.
4. For the purpose of communication of emergency codes (code blue, code red) and for critical messages, such information will be passed on to the receptionist (or nurse in charge) by a designated runner. When no office persons are on duty, an assigned PSW will be posted at the nursing station to access the power-fail telephone set.
5. All 6-volt lanterns are kept in the chart room.

6. Obtain emergency blankets from storage and use as necessary to keep residents warm.

7. Effective September 2012 Friendly Manor Nursing Home has a 150 KW Natural Gas Generator with a 600-amp transfer switch. This generator is capable of supplying 100% power required for all equipment/systems in the Home.

8. When utility power supply is cut off to the Home, the automatic transfer switch detects a no power situation for more than 30 seconds, it will send a signal to the generator to start. The generator is now running, and all power is restored to the Home.

9. With the 30 second temporary power outage, the mag locks will release, and the fire panel will detect no power and the alarm will sound.

10. The Environmental Supervisor or Nurse in Charge will need to go to the fire panel and press **ACKNOWLEDGE**, then **SIGNAL SILENCE**, and then **SYSTEM RESET**. The mag locks will also need to be reset.

11. When utility power is restored, the automatic transfer switch will send a signal to the generator to shut down. There may be a glitch in the power and the lights may flicker.

NATURAL GAS

PURPOSE

To ensure the well-being of the residents and staff in case of a loss of natural gas.

POLICY

The Home shall be prepared to deal with an incident of loss of natural gas in a way that minimizes disruption to the residents and staff.

PROCEDURE

An interruption in natural gas supply will affect the kitchen stove, the hot water boilers, laundry dryers, all furnaces, and the generator.

1. In the event of loss of natural gas supply, contact Union Gas Company at 1-877-969-0999 in order to determine expected duration of shutdown.

2. In the event that the supply of gas will be restored quickly, no further action need be taken.

3. **In the event that loss of natural gas has occurred during the warm weather and is to be restored in a reasonable period of time**:
    - Suspend operation of laundry and dishwashing services in order to

conserve hot water for residents' use;
- For emergency feeding of residents, see **"Interruption of Dietary Services"**.

4. In the event that gas supplies are not to be restored for an extended period of time, make arrangements for the laundering of linen outside the Home. The Administrator will determine whether a total evacuation is necessary and contact the Napanee O.P.P.

5. The Ministry of Health and Long-Term Care must be notified by the Administrator or designate by calling the CIATT Line and via Critical Incident System.

6. Anytime staff detect the smell of gas, phone **Union Gas** and tell them you smell gas and they will come out and investigate.

WATER

PURPOSE

To have procedures in place to deal with a loss of water situation which would allow for minimal disruption to the Nursing Home.

POLICY

To have access to an adequate supply of water in the case of an emergency.

PROCEDURE

1. In the event of a complete loss of water, contact Town of Deseronto Public Utilities at 613-396-2440 in order to determine expected duration of shutdown.

2. In the event that water services will be returned to normal quickly, within one (1) to two (2) hours, no further action need be taken. Unnecessary operations requiring water will be suspended.

3. **In the event that water supplies will not be available for several hours, the following procedure is to be followed**:
   - Milk and fruit juices are to be used to supply the needs of residents.
   - Laundry and dishwashing operations and regular resident bathing shall be discontinued for the duration of the shortage. Arrangements to have linen laundered off premises shall be made by the ESS or designate, if situation warrants.
   - Disposable hand wipes will be obtained from Nursing Supply Cupboard for perineal care.

4. **Minimize the use of toilets during the period of shortage. Remember, toilet can be flushed once after supply to building is cut off**.

5. Advise Environmental Supervisor to turn off all equipment which may burn out due to lack of water (i.e. kitchen steamer, refrigeration units, and coffee machines).

6. Nutrition Care Manager will ensure food refrigeration temperatures remain at proper levels and recorded half hourly. Situation may warrant arrangements to refrigerate food off site.

7. **In the event that water supplies will not be returned to normal for an extended period of time, initiate contact with pre-planned emergency water sources**:
   - **M & L Distributors @ 613-396-2138**.

8. Disposable plates and utensils shall be used during meal service.

9. In the event that water supplies will not be returned to normal indefinitely, initiate **Total Evacuation** (see Evacuation).

10. The Ministry of Health and Long-Term Care must be informed by the Administrator or designate by calling the CIATT line and via Critical Incident System.

EMERGENCY CODE GREEN
FACILITY EVACUATION

PURPOSE

To provide a means of communicating the need for evacuation during a disaster or potential disaster situation.

POLICY

The Nurse in Charge will initiate the Code Green when type and extent of evacuation required is determined.

PROCEDURE

1. During a disaster or potential disaster situation, the Nurse in Charge will collaborate with the Administrator, Director of Nursing, other applicable department supervisors, professional services personnel ie\Fire Chief, Police Chief etc. to determine if evacuation is required and type and extent required. **In some situations the Nurse in Charge will be responsible to initiate evacuation immediately without collaboration ie.\immediate or horizontal evacuation, situation circumstances.**

2. The Nurse in Charge will call Code Green or designate a staff member to call Code Green using designated manner:

ie. \ Code Green Horizontal Evacuation of Hall A

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OR

ie. \ Code Green Total Facility Evacuation
Repeat Code 3 times. Speak slowly and clearly.
Repeat Code Green in 30 seconds.

3. Orange Evacuation tags will be placed on the door knob of resident rooms indicating the room has been searched and evacuated. Orange tags for each room are kept at the nursing station under the desk in the fire box.

CODE GREEN RESIDENT/STAFF CHECKLIST

PURPOSE

To ensure all Residents and staff are accounted for after the Home has been declared a Code Green (total evacuation).

POLICY

A Resident/Staff checklist will be completed once residents and staff have been evacuated from the Home.

PROCEDURE

1. The Office Manager will ensure an updated copy of the Resident/Staff checklist is kept in the Disaster kit.

2. The Nurse in Charge will designate at least 2 staff members to the area of evacuation.

3. The 2 staff members designated will complete this checklist for all residents and staff listed on the duty board.

4. Any resident not accounted for must be immediately located via the missing person policy EM CODE 9 – Yellow – Missing Person.

EMERGENCY CODE ORANGE
EXTERNAL DISASTER CAUSING MASS CASUALTY RECEPTION

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PURPOSE

To have a comprehensive plan in place for accepting residents/patients from another facility or community should it be required.

POLICY

1. The Nursing Home shall accommodate other facilities or community in time of need or disaster.

2. The decision to accept people from an outside facility or community may be made only by the Administrator or Designate.

PROCEDURE

1. The exact number of people to be received is dependent on the level of care required by the individuals.

2. Upon agreeing to accept disaster victims, the Administrator is to immediately call a meeting of the Department Supervisors in order to assign extra duties and to ensure that Department Supervisors schedule staff to accommodate emergency situation.

3. The Administrator is responsible for notifying the Ministry of Health and Long-Term care to apprise them of the situation.

4. Arrangements may be made with affiliated Nursing Homes to acquire extra mattresses, blankets, linens and medical supplies as the situation dictates.

5. Upon arrival, all incoming residents/patients are to be directed to the Dining Room and North Lounge.

6. **The Office Manager and available staff will obtain the following information from each individual (where possible this is to be done before the individual enters the Dining Room**:
    - Name;
    - Address;
    - Age;
    - Sex;
    - Next of Kin;
    - Diagnosis;
    - Allergies.

7. The Office Manager (or delegate) will then prepare an identification bracelet for all evacuees (where possible this is to be done at the time the initial information is received).

8. The staff from the evacuated facility will be expected to care for the evacuees under

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the direction of their designated Supervisor.

9. The Advisory Physician and Attending Physicians (as deemed necessary) shall be available to attend to emergencies.

10. The Director of Nursing (or delegate) will be responsible for responding to inquiries from relatives.

11. Unless authorized by the Administrator, families/friends of evacuees are not permitted to visit so as to reduce confusion and congestion.

12. Temporary residency will be set up in common areas of the Nursing Home (Recreation Rooms, Dining Room).

13. The Dietary Department will require tray service for those residents displaced from having meals in the Dining Room and for evacuees during the term of the emergency.

EMERGENCY CODE PURPLE
HOSTAGE SITUATION

PURPOSE

1. To initiate an appropriate effective response there is an incident involving a hostage situation in the Home.

2. To minimize the risk of harm to residents and staff through effective access control and proper identification of all personnel.

POLICY

All staff are responsible for initiation a Code Purple upon discovering a hostage situation in the Home.

PROCEDURE

1. If you come across a hostage situation in the Home do not attempt to approach the intruder.

2. In the event that the person manages to take a staff member, visitor or resident hostage you must stay calm and try and make others aware of the situation.

3. Once you have made others aware of the situation immediately initiate Code Purple and contact the Nurse in Charge.

4. **INITIATE THE CODE PURPLE YOURSELF AS SOON AS POSSIBLE**

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EMERGENCY CODE SILVER
PERSON WITH A WEAPON

PURPOSE

1. To initiate an appropriate effective response in the presence of a person with a weapon.

2. To minimize the risk of harm coming to a resident and/or staff through effective access control and proper identification of all personnel.

POLICY

All staff are responsible for initiation a Code Silver upon discovering a person with a weapon in the Home.

PROCEDURE

1. **Immediately** initiate Code Silver and **call 911.**

2. **DO NOT** under any circumstance become confrontational with the person. Try to remain calm.

3. Attempt to remove all residents and staff from immediate harm if able to do so safely.

INITIATE THE CODE SILVER YOURSELF

FIRE PROCEDURES - INTRODUCTION

In the event of a fire, all staff members of the Nursing Home must be prepared to act in a safe and efficient manner. For this reason, a procedure has been set up to ensure the safety of residents, visitors, and staff alike.

The contents of the procedure must be read thoroughly and practiced on every shift not less than once a month. Comments that will improve the procedures and ensure a safer environment are always welcomed by the management of the Nursing Home.

R.E.A.C.T.

PURPOSE

Friendly Manor

To provide staff with readily accessible and condensed guide for initial procedures to perform in the event of a fire emergency.

POLICY

1. The acronym R.E.A.C.T. will be used to guide fire and emergency procedures.

2. A R.E.A.C.T. card shall be located at each fire alarm pull station.

3. The R.E.A.C.T. fire emergency protocol shall reflect the proper emergency steps to be taken in the event of a fire emergency.

4. Fight fire only if the fire is small and after residents are removed from fire zone.

REACT
UPON DISCOVERY OF FIRE OR SMOKE

Remove persons in immediate danger if possible

Ensure the door(s) is closed to confine the fire and smoke

Activate the fire alarm system using the nearest pull station

Call 911 fire

Try to extinguish the fire or concentrate on further evacuation

FIRE PRECAUTIONS

All staff must constantly be on the alert to report all conditions which constitute fire hazards to

the Administrator, Director of Nursing, Maintenance Person or Charge Person in his/her absence, such as:

1. Accumulation of waste material;

2. Defective electrical equipment, i.e. bare wires, electrical equipment which is malfunctioning;

3. Exit lights/doors which are not well lit or obstructed;

4. Contravention of the smoking policy of the Home;

5. Broken plugs, frayed electrical cords or extension cords in use in the Home;

6. Residents' lights which are covered with materials (towels, cards, etc.).

FIRE PREVENTION

1. Do not allow rubbish to accumulate.

2. Check problem smokers on a regular basis.

3. Insist that the smoking policy is obeyed.

4. Report all fire or safety hazards.

5. Report and do not use worn or damaged electrical cords or equipment (Tag - **"DO NOT USE"**).

6. Discard used smoking materials in proper containers.

7. Set up a safety committee.

8. Review the fire manual regularly.

9. Attend in-service sessions on "Fire Safety."

10. Participate in the fire drills.

11. Make sure all exits are free from obstruction at all times.

SOME DO'S AND DON'TS

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DO:

- Know and understand the fire procedure.
- Attend the "Fire Safety" in-service sessions.
- Participate in monthly fire drills.
- Review the fire manual regularly.
- Know the location of the fire exits.

7. Know the location of the "Fire Pull Stations." (Activates the Fire Alarm System)
    - Know the location of the extinguishers.
    - Enforce and obey the smoking policy.
    - Keep fire doors closed when not in use.
    - Study methods of lifting and carrying residents.

DON'T

- Do not block or obstruct an exit.
- In the event of a fire, do not allow someone to undo what has been done.
- Do not allow hazards to go unreported.

REMEMBER

- The safety of the resident always comes first.
- Extinguishment of a fire is secondary.
- A closed door will help confine a fire and slow the spread of smoke and toxic gases. Do not hold door open.
- If you smell smoke, sound the alarm and call the fire department at once, then investigate the source.
- If fire alarm sounds, consider it to be a fire and act accordingly.
- Do not hesitate to sound the alarm or call the fire department, both are there to help you.

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- **Smoke "KILLS"** - Do not let it spread.
- Stay calm, walk, do not run during a fire.
- Do not let anyone undo what you have already done.

INSTRUCTIONS FOR ALL STAFF

UPON DISCOVERY OF FIRE OR SMOKE

1. Call 911.
2. Sound the fire alarm.
3. Remove all residents from the room involved (if safe to do so).
4. Close the door to delay the spread of fire and toxic gases.
5. Stay on the scene to provide a report for responding personnel.
6. The charge person will immediately respond to the fire scene and assume control.
7. The charge person will designate a person to report the location of the fire to the communication person at the nursing station.
8. The communication person is responsible for calling the fire department.
9. Begin further evacuation. This evacuation is to be the rooms on either side of the room of origin and the room across from the room across the hall. (T zone rule). Continue further evacuation as the situation dictates.(eg. If smoke continues to migrate)
10. Attempt extinguishment if possible only after residents are removed from the fire area and only if, in your judgement, the fire can be extinguished.
11. Do not hold any doors open this will help with preventing the spread of smoke and fire.

IF FIRE LOCATED IN CLOSED AREA

If the door to the room where the fire is located is shut, do the following:

- Feel the door for heat;
- If **hot** upon touch, **DO NOT OPEN**;
- If the door is not hot, open slowly to check the extent of the fire;
- If it is safe to enter, do so, but only for rescue purposes.

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IF YOU SMELL SMOKE

If you smell smoke, do not wait to locate the source before sounding the fire alarm.

REMINDER: Good communication between all staff is the key in controlling the fire.

RESPONSIBILITIES OF CHARGE PERSON AND NURSING STAFF

WHEN FIRE ALARM SOUNDS

1. All staff are to return to the main nursing station immediately.

2. Check the annunciator panel at the nursing station for the location of the fire.

3. The charge person will go to the fire scene with a fire extinguisher and attempt to extinguish if possible. The charge person will give instructions on searching, locating and evacuating residents from the danger area.

4. The communication person will call the Napanee Fire Department by dialing 911, give the name and address of the Nursing Home and also the location of the fire as indicated on the annunciator panel (or specific location if known).

5. **THE COMMUNICATION PERSON MUST REMAIN AT THE NURSING STATION** to direct the fire department when they arrive. Also name someone as a ***runner***, this person will keep communication open between the Charge Person and the Communication Person. The Communication person will **stay at the Nursing Station** to provide further direction to emergency response persons, answer phone and stop visitors or families from entering.

6. The communication person will notify the Office Manager regardless of the time of day or night to begin fan out list.

7. The communication person will direct any staff members to report to the charge person in the fire zone.

8. The charge person will supervise staff in the removal and relocation of residents within the facility according to the established procedures.

9. The charge person will be expected to give an up-to-date report on the conditions in the fire zone to the fire department upon arrival.

10. The fire department will take charge of the fire fighting upon arrival at the fire scene.

11. Any decisions regarding further evacuation will be made in conjunction with the charge person, the Incident Commander/alternate and the Administrator or

Director of Nursing, if available. If a decision for total evacuation must be made prior to any emergency assistance arriving at the facility, the charge person has the authority to make this decision and should follow the Evacuation Plan as outlined (see Evacuation Plan - Section A\Sub 12 Fire Zone Separations).

12. If evacuation is necessary after the arrival of the fire department, the charge person or designate will remove the medication cart, charts and MAR/TAR binders from the building and place them in a locked area (i.e. trunk of car, etc.); and notify receiving facilities regarding our evacuation plan if total evacuation.

13. Make sure that a designate has picked up the disaster kit from the whirlpool tub room.

COMMUNICATION PERSONS ROLE

1. Call Napanee Fire Department at 911;

2. Give name and address of facility; **9756 County Road 2, Town of Greater Napanee**

3. Give location of fire as on the annunciator panel (specific if known).

4. Page the location of the fire via the paging system - **Announce "Code Red**.

5. Call the Director of Nursing. If you are unable to reach the Director of Nursing then ***YOU*** are responsible for calling staff on the Fan-Out List;

6. **REMAIN AT NURSING STATION** to direct staff to fire zone and direct them to report to charge person, ask staff from various departments if the windows have been closed and equipment has been shut off. If not direct them to do so;

7. Direct fire department on arrival;

8. Name someone by name (if the charge person has not already done this) to come back and report where the problem is and extent. This person is your runner and will keep communication open with the Charge Person. **REMAIN AT NURSING STATION** re: stopping visitors, answering phone.

9. If phone is out, use dial phone under nursing desk. There is an emergency line under the clock.

IF EVACUATION IS CALLED FURTHER DUTIES

10. A registered staff will designate a triage area. The area will depend on location of the fire. Garden View Lounge or Activity Room, Dining Room. They are to

collect the Disaster Box from under the nursing station.

11. Communication Person to keep a name count of new staff who come in to help (for head count later) and their job task.

RESPONSIBILITIES OF MAINTENANCE STAFF

WHEN FIRE ALARM SOUNDS

1. Check your area for fire or smoke;
2. Close all doors to your area;
3. Report to the main nursing station;
4. Bring an extinguisher with you;
5. Do not fight the fire until all residents are out of the fire zone, or the Charge Person or designate gives this order and **only** if it is safe to do so;
6. Follow the instructions of the fire department.

NOTE: If the fire is in your area follow the established procedure EM A - 3.

It is important that all residents are taken out of the fire zone before any attempt is made to extinguish the fire. The closed doors will provide protection not only from the fire but will slow the spread of smoke. Leave the doors closed and help with the evacuation of residents.

RESPONSIBILITIES OF OFFICE STAFF

WHEN FIRE ALARM SOUNDS

1. Return to your area immediately;
2. Check your area for fire or smoke;
3. Close all doors to your area;
4. Report to the main nursing station for instructions;
5. Initiate call-in procedure if evacuation ordered.

NOTE: If the fire is in your area remove residents from area and sound the alarm. If you feel it is safe to fight the fire, do so, but only after the alarm has been

sounded.

IN EVENT OF EVACUATION

If evacuation is necessary, the residents' ledgers and files are to be removed and placed in a locked area (i.e. the trunk of a car).

The Office Manager, if present, will:

- Phone call-in list;
- Handle in-coming calls;
- Answer questions as volunteers, staff arrive as per orders of Fire Chief/Administrator;
- Reassure Families, etc.;
- Advise people to listen to their local radio station until such time as families can be individually contacted.

If sufficient staff are on duty, the person in charge should consider assigning an additional staff member to assist the office manager with her duties. This could involve acting as a runner, accepting phone calls, keeping track of times, etc.

RESPONSIBILITIES OF KITCHEN STAFF

WHEN FIRE ALARM SOUNDS

1. Return to your area immediately;

2. Turn off the cooking equipment and fans by their controls;

3. Close all fire doors to your area;

4. Report to the scene of the fire for direction by the person in charge or communication person. Note location of the fire on the annunciator panel in corridor or at the nursing station.

NOTE: If the fire is in your area follow the established procedure EM A - 3.
If you feel it is safe to fight the fire, do so, but only after the alarm has been sounded.

Examples:

- If you have a fire in a pot/pan place a lid on it.
- If you have a grease fire you can manually turn the range hood system on to release the chemical over the stove/oven. Only do this if safe to do so.

IN THE EVENT OF EVACUATION

Emergency food supplies will be accessed from Sysco Food Services at 1-800-291-6431 during weekdays. The Food Services Supervisor or delegate will make arrangements as

pre-planned by contacting Gary Polito. The dietary sheet will be removed from the server and kept by the Nutritional Care Manager when available or by the cook or other designate.

RESPONSIBILITIES OF HOUSEKEEPING/LAUNDRY STAFF

WHEN FIRE ALARM SOUNDS

1. Return to your area immediately;
2. Remove housekeeping carts from the corridors;
3. Turn off all equipment and fans;
4. Search your area for signs of fire;
5. Close all doors to your area;
6. Report to the nursing station or outside dining room and check location of fire from the annunciator panel.

NOTE: If a fire is in your area follow the established procedure EM A - 3.
If you feel it is safe to fight the fire, do so, but only after the alarm has been sounded.

IN THE EVENT OF EVACUATION

Only after evacuation and if the disaster is not a fire can other supplies, i.e. clothing, linen, mattresses, etc., be removed. This will be the decision of the Administrator and the Fire Chief or Incident Commander. In the case of a fire which has been extinguished, the removal of these articles will be the decision of the Fire Chief or Incident Commander.

Housekeeping/Laundry staff should be prepared to carry out an organized collection of extra linen, blankets, etc., and transport this out of the building if required.

NB: Laundry door can be open when staff are present in the room. If for any reason staff leave the room (zone) the door to the laundry room must be closed tightly. The purpose of this is to help reduce smoke migration and confine a fire if one should occur. Also, it helps the smoke alarms to be more effective.

RESPONSIBILITIES OF ACTIVATION STAFF

WHEN FIRE ALARM SOUNDS

1. Return to your area immediately;

2. Check your area for smoke or fire;

3. Close all doors and windows in your area;

4. If the area is occupied, remain with the residents and prepare them for evacuation if necessary;

5. Reassure residents.

NOTE: If the fire is in your area, follow the established procedure to remove residents from danger zone. Remember the T Zone Rule.

SAFETY FACTORS WHEN USING EXTINGUISHERS

ALWAYS EVACUATE RESIDENTS IN IMMEDIATE DANGER.

1. Never turn your back on a fire - the fire may flare again and you will be the victim.
2. Always approach the fire away from wind or drafts.

3. Never block your exit out - keep the door at your back.

4. Always approach the fire with your extinguisher operating.

5. When using any extinguisher, remember the word **"PASS"**

   P - Pull the pin (extinguisher is ready);
   A - Aim at base of the fire;
   S - Squeeze the trigger;
   S - Sweeping motion to be used.

   Do not point the extinguisher nozzle into the center of the fire.

INSTRUCTIONS FOR RESIDENTS
"IN CASE OF FIRE ALARM" & "IN CASE OF FIRE"

IF FIRE ALARM SOUNDS

1. Close your bedroom door and await instructions from staff. Stay in your room.

2. Ask your visitors to remain with you.

3. Put on your shoes and get a blanket in case you have to be moved outside.

4. Do not hide. Remain calm.

IN CASE OF FIRE

1. If you discover fire, leave the room immediately. Do not conceal or attempt to extinguish the fire.
2. Close the door behind you to contain the fire.
3. Pull the fire alarm at the closest pull station.
4. Tell the staff what the problem is.
5. Proceed to a safe area as directed by the staff.
6. Do not re-enter the room where the fire is located.

INSTRUCTIONS FOR VISITORS/DOCTORS/OTHER PARAMEDICAL PERSONS/ SERVICES PERSONS/VOLUNTEERS

IF FIRE ALARM SOUNDS

1. Remain with the resident and close the bedroom door.
2. Reassure the resident.
3. Prepare for the possibility of leaving the room/ Home by putting the resident's shoes and coat on him/her.
4. Wait and follow instructions from the staff.
5. **If you have not yet entered the building when the alarm sounds, remain outside.**

IF YOU DISCOVER FIRE OR SMOKE

1. Remove the resident from the room.
2. Do not attempt to extinguish the fire.
3. Close the door to contain the fire.
4. Activate the closest fire alarm pull station (located at every exit and at all corridor fire doors).
5. Tell the staff what the problem is and proceed to a safe area as directed by the

Friendly Manor

staff.

AUDIT OF BUILDING RESOURCES

FIRE ALARM SYSTEM

MAKE: Mircom
TYPE: Two Stage, Multi Zone

PRIMARY POWER: 120/208 V, 60 HZ 15 AMP

SECONDARY POWER: Emergency natural gas backup generator will run when power goes down. All operations of essential service will operate. Generator will turn on automatically after a power outage of more than two (2) minutes. All operations of essential services will continue when it comes on. Turn to the Fire Panel behind nursing station and reset the panel by pressing reset button. Reset the mag-lock doors by turning the two (2) keys to reset. Ensure green light is on.

CONTROL PANEL LOCATION: Nurses Station located at the west side of the building
ANNUNCIATOR PANEL: East Corridor across from the dining room

TYPE OF SOUNDING DEVICES: Bells
PULL STATIONS: Throughout the facility and at all exit doors

TYPES OF DETECTION AND LOCATIONS:

1. **HEAT** - Kitchen and the smoke room
2. **SMOKE** - Other areas of the home
3. **SPRINKLERS** - Entire building

ANCILLARY DEVICES:

1) **ROOF TOP AIR EXCHANGE UNITS** - Total of four units located on the flat roof, two units on the west corridor, one unit on the link corridor and one unit above the service wing
2) **CLOSING OF FIRE DOORS** - Automatic, controlled by fire alarm actuation
3) **GAS SHUT-OFF** - Kitchen, beside the garland stove and laundry, beside gas dryer and the main gas shut-off is outside at south east of building (back of the laundry room)
4) **CONNECTED TO OUTSIDE AGENCY** - Loyalist Fire Protection Services
5) **VOICE COMMUNICATION** - Internally via telephone paging system

DESIGNATED FIRE ROUTE: Yes

NEAREST MUNICIPAL: Deseronto then Napanee

Friendly Manor

PRIVATE HYDRANT: Yes, located at the east front of the building
STANDPIPE SYSTEM

HOSE SIZE: 1 ½ inch
SIZE OF HOSE OUTLETS: 1 1/2inch
TYPE OF NOZZLE: Regulation spray nozzle 1575
LENGTH OF HOSE: 100 feet
TYPE OF HOSE STATIONS & CABINET: ULC Cabinet (metal)
FIRE DEPARTMENT CONNECTION LOCATION: Outside of kitchen at east front of building

SPRINKLER SYSTEM

TYPE: Wet System, Friendly Manor is protected by a Hydraulically Designed Automatic Sprinkler System

VALVES: J-1 Viking Alarm Valve

BASIS OF DESIGN:

1) Density - 0.1 USGM/Sq. Ft.
2) Designed Area of Discharge - 1500 Sq. Ft.

SYSTEM DEMAND:

1. GPM Discharge - 433.04 GPM
2. Residual Pressure at the Base of the Riser - 56.49 PSI

FIRE DEPARTMENT CONNECTION LOCATION: East front side of the building

FIRE PUMP LOCATION: Basement

CONNECTED TO FIRE ALARM SYSTEM: Yes

CONNECTED TO OUTSIDE AGENCY: Reliance Security Services

AUDIT OF HUMAN RESOURCES

BUSINESS NAME: ManorCare Partners II O/A Friendly Manor Nursing Home

ADDRESS: 9756 County Rd. 2, Box 305 Deseronto, Ontario, K0K 1X0

BUSINESS PHONE NUMBER: 613-396-3438

BUSINESS OWNER: Manil (Manny) Simon
ADDRESS: c/o Buckingham Manor

Friendly Manor

6257 Main Street
Stouffville, Ontario
L4A 4J3
Phone Number: 1-905-640-6660 ext. 402
Fax Number: 1-905-640-4772

ADMINISTRATOR: Debbie Long

ASSISTANT DIRECTOR OF NURSING: Rebecca VanSteenbergen

OFFICE MANAGER: Alison Sutcliffe

ACTIVATION SUPERVISOR: Shirley Newnham

NUTRITIONAL CARE MANAGER/ENVIRONMENTAL SERVICE SUPERVISOR: Ana Ferreira

MAINTENANCE PERSON: Rob White

FIRE SAFETY FEATURES

1. The fire alarm system may be activated by one of the following methods:
2. Heat - automatic (includes heat detectors, smoke detectors, sprinkler heads, Range Hood System over the stove in the kitchen);
3. Pull station - manual.

4. The fire alarm system has two sources of power:
    - Main power (A/C);
    - Emergency back-up power (battery).

5. **The fire alarm is a two-stage alarm:**
    - **A fire alarm signal that is a slow repetitive ring;**
    - **An evacuation alarm signal that is a very rapid repetitive ring.**

6. The fire alarm will sound throughout the Home when a fire is detected by any of the above or when a pull station is activated.

7. The annunciator panel located at the Nursing Station will indicate the fire zone in which the fire alarm system has been activated; there is also a light panel indicating the zone in the Corridor by the Dining Room.

8. A trouble signal will sound at the annunciator panel when a condition which is not normal occurs (e.g. power failure, short circuit, blown fuse, broken wires, etc.)

Friendly Manor

NOTE: THIS SITUATION MUST BE REPORTED IMMEDIATELY TO THE APPROPRIATE PERSONNEL (ADMINISTRATOR, MAINTENANCE PERSON).

9. The fire alarm is monitored by Reliance Protectron and will be picked up automatically by them. As a precaution, communication person must always phone the fire department as well to report the alarm.

10. Operation of the fire alarm system will also cause fire doors that are held open by approved hold-open devices, such as electro-magnetic hold-open devices, to close automatically, separating the facility into compartments designed to contain the fire and prevent it from spreading throughout the building. These closed doors will also prevent the spread of smoke from one zone to another.

NOTE: The Home is also protected by a sprinkler system throughout all areas.

FIRE EQUIPMENT- TYPE AND LOCATION LIST

Fire extinguishers are located throughout the Home (refer to list below) including:

- dry chemical extinguishers;
- fire hoses;
- pressurized water.

FIRE EXTINGUISHERS

LOCATION	SIZE AND CLASSIFICATION
Kitchen	- dry chemical 15 BC
Kitchen	- dry chemical 20 BC
Upstairs	- 2.5 lb pressurized water
Basement - Kitchen	- wet chemical 1.59 lbs
Basement, Staff Room Zones Stand Pipe	- ABC 2.5 lbs
Zone 2 - Corridor	- pressurized water 2.5 lbs
Zone 3 - 232	- pressurized water 2.5 lbs
South Lounge	- 2A-2.5 (pressurized water)
Zone 4	- 2.5 pressurized water
Nursing Station	- 10 lbs ABC
Loading Ramp Door	- 10 lbs ABC

FIRE HOSES

LOCATION	SIZE AND CLASSIFICATION

Zone 6 SP - in corridor beside room 239	- Stand Pipe outside Activation area
Zone 3 SP - across from nursing station and beside rooms 201 & 202	- water hose stand pipe and hose
Zone 4 - in corridor between rooms 212 & 214	- stand pipe and hose - stand pipe and hose
Zone 5 - One Staff Lounge and Maintenance Area	- stand pipe and hose
Zone 8 - Under kitchen	

FIRE ZONE SEPARATIONS

The home is separated into eight fire zones:

Zone 1: G.A. - General Alarm

Zone 2: Resident Areas - Rooms 229 - 244

Zone 3: Front Offices
North Lounge
Nursing Station
Resident Area - Rooms 201 - 205
Rooms 221 & 222

Zone 4: Resident Area - Rooms 206-220
South Lounge

Zone 5: Staff Room / Basement / Maintenance

Zone 6: Kitchen / Dining room / Laundry / Servery

Zone 7: Duct Smoke Detector

Zone 8: Basement Sprinkler Flow

Zone 9: First Floor Sprinkler Flow

Zone 10: Second Floor Sprinkler Flow

Zone 11: Main Sprinkler Valve Tamper

Zone 12: Main Sprinkler Low Pressure

Zone separation areas are constructed in such a manner to provide a fire barrier between that area

and the remainder of the Home.

The general stages of evacuation are the movement of residents to a temporary safe area of refuge, horizontally. Follow the colour areas on diagrams posted throughout the facility to identify safe areas of refuge.

All doors within the fire zone are rated accordingly:

Kitchen	1 1/2 hours
Laundry	1 1/2 hours
Electrical Room	1 1/2 hours
Bedrooms	20 minutes
Storage Areas	3/4 hours
Door Separating Corridors	3/4 hours
'A' Corridor	239 - 244 3/4 Hours

FIRE EXITS

The Home has four main fire exits, as follows:

1. Main entrance - near nursing station, Zone 3;
2. South end of corridor in Zone 4;
3. Loading Ramp Door Zone 6;
4. Dining room Zone 6.

There are two other areas of egress and they are:

1. Basement Staff Lounge;
2. Emergency Exit Door in the kitchen.

These fires exits must be kept free and clear of obstruction at all times. Exterior passageways must also be kept free of snow and ice. Remember, in the event of a fire, these exits will be your means of escape and the route that you will be required to use to transport the residents to safety.

EMERGENCY LIGHTING

The Home is provided with a secondary source of lighting which will activate automatically if the primary power fails. (See Emergency Backup Generator) below.

NOTE: ALL STAFF ARE RESPONSIBLE FOR KNOWING THE LOCATION OF FIRE EXITS, FIRE DOORS, THE EXTINGUISHERS AND TYPES, AND THE LOCATION OF PULL STATIONS BEFORE A FIRE OCCURS.

FIRE EXTINGUISHING SYSTEM - KITCHEN

An automatic system is installed over the cooking area. The system will activate when it reaches

a certain temperature should a fire occur and the contents of the extinguishing system will be released onto the cooking surface. You must pull the nearest pull station. Whatever is the safest (a) kitchen exit door or (b) outside the kitchen.

This system can also be operated manually. This is done by pulling the key from the container and pushing the leaver clockwise down.

The kitchen is also equipped with a fire blanket for use in an emergency to smother flames, and 2 ABC fire extinguishers.

EMERGENCY BACKUP GENERATOR

The Home has an emergency generator that kicks in automatically during a power failure. This generator is run by natural gas and runs all essential services/equipment per legislation of the LTC Homes Act. There are two (2) steps to follow in order to operate the panel and the mag locks.

Step 1 - Turn on the fire panel by touching the reset button on the panel located behind the nursing station.

Step 2 - Turn both keys to reset until green light appears to reset mag locks on all doors. Also located behind nursing station**.**

STAFF RESPONSIBILITIES

FIRE PREVENTION

Good housekeeping is the best guarantee against fire. Do all you can to maintain order and cleanliness. **All staff should watch for and report any "fire hazards." If possible, eliminate the hazard immediately. Fire prevention is everyone's responsibility.**

BE ALERT FOR SIGNS OF FIRE

If you see or smell smoke, follow the established fire procedure. Complete fire rounds and be particularly alert at night.

FIRE EXTINGUISHERS

Staff must be aware of the location of each fire extinguisher, and they must be prepared to select the proper type of extinguisher for the class of fire they are dealing with. They must also be knowledgeable of how to operate the extinguisher in a safe and effective manner.

LEARN THE EMERGENCY PROCEDURES

Know exactly what your duties are. These duties include the basic fire and evacuation procedures, and the specific duties related to your own work area. Each staff member should have a good general understanding of the entire Fire Safety Plan. This will assist staff to work as a "TEAM" in the event they are confronted with an emergency.

OUTSIDE

Friendly Manor

In order for the fire department to access the building, remember that the fire route must be kept clear at all times. Do not park in the fire route and report any vehicles that are found there.

AVOID PANIC

The greatest danger in most fires is panic. Do not alarm the residents. Never shout "FIRE." Residents look to you for protection. Remain calm and give directions and assistance with assurance.

REMEMBER TO SEARCH RESIDENTS' ROOMS/WASHROOMS THOROUGHLY TO ENSURE THAT A RESIDENT HAS NOT HIDDEN IN FEAR (e.g.: UNDER BEDS, IN CLOSETS.)

PREVENTION OF FIRE IN DRYERS

PROBLEM

Fire incidents involving dryers in laundry room.

BACKGROUND

A number of fires have occurred in other Long-Term Care Facilities associated with this equipment in the past. As a result the following procedures are recommended.

PROCEDURES

1. Dryer lint traps are to be cleaned at the end of shift and replaced if damaged. When drying certain items, eg. flannel sheets, lint trap may need to be checked more often.

2. An inspection and maintenance program is to be implemented to inspect all laundry room equipment in accordance with the manufacturer's instructions at least every two weeks and cleaning and repairs be completed as required. A record log should be maintained of such inspections.

3. When the dryer(s) are in operation at least one laundry staff member is to be in attendance.

NOTE: Materials containing plastic linings must be removed immediately after drying and cooling cycle and spread out to allow heat to dissipate before being transferred to linen hampers or carts.

Any material that has been subjected to grease or other such substances must be washed and pre-soaked before being put in dryers.

PROCEDURE POST FIRE

1. Make sure all residents are accounted for.

2. Have anyone who was exposed to a large amount of smoke or who shows signs of smoke inhalation, examined by a medical doctor.

3. Seal off the fire area until the fire department and Ministry of Health Fire Inspectors have completed their investigations.

4. Do not discard burned materials.

5. Have all staff who discovered the fire or who were in the area before or during the incident make independent statements of what they observed and did.

6. Complete and forward the Ministry of Health Incident Report (Mandatory Critical Incident Report). Phone the Ministry of Health immediately to report.

7. Emergency Number -1-800-667-1062 ext. 7232(Mon.-Fri. 8:30 a.m. to 5:00 p.m.). After Hours Number - 1-800-268-6060.

8. Make notes of anything out of the ordinary.

9. Have all equipment used (e.g. extinguishers, hose, etc.) serviced and replaced in its proper location.

10. Make a list of all staff involved at the scene.

NOTE: The following questionnaire may be useful in taking statements from the staff. Have staff sign the statement. Include time and date the statement was made. Ask them not to discuss their statement with others.

LIFTS AND CARRIES

SWING CARRY

Two rescuers: (B) grasps ankles of resident and swings legs over edge of bed; (A) brings resident to a sitting position. Both rescuers sit on bed beside resident and lock one arm each behind resident. Resident's arms go behind and grasp the rescuers' arms at the biceps. The rescuers' other hands go under resident's knees and lock together. Co-ordinate: when ready, pick resident up and carry to safety.
NOTE: The Swing Carry may be used in ordinary daily activities.

CHAIR LIFT

One or two rescuers: Get resident in a sitting position. Assume a bear hug hold from the front and ease resident onto a straight back, sturdy chair. If

resident needs restraint, use a blanket or sheet to tie her/him to chair.

One rescuer: Tilt chair back to you and drag to safety.

Two rescuers: One grasps upper back of chair and tilts back. The other grasps the front legs of chair and picks it up.

SIDE ASSIST

Stand beside resident. Draw resident's left arm around your back and secure with your left arm. Snug resident to your body. Put your right arm behind resident and grasp her/his right forearm. Assist in walking.

BEAR HUG

Stand behind resident. With your arm through hers/his, grasp resident's wrists and cross over her/his chest. Use your knees to prod resident on. Keep your head to one side to avoid being butted.

NOTE: The previous two holds are for ambulatory residents. If you feel that an "ambulatory resident" is going to be too slow or difficult to handle, use one of the other carries.

CRADLE DROP

Blanket on floor. Rescuer kneels on floor about one foot from bed. Place one arm under resident's neck and grasp opposite shoulder. Place your other arm between the knees and buttocks. Ease resident to edge of bed. Roll back and allow resident to slide down your body to blanket. Always protect the resident's head. For this lift, the resident should be of equal size or smaller than the rescuer.

DOUBLE CRADLE

Two rescuers: (A) puts left arm under resident's neck and grasps opposite shoulder. Right hand is placed under small of back. (B) has left arm under buttocks and right arm under knees. Co-ordinate lift. Roll back and let resident slide down your body to the blanket.

NOTE: The three previous lifts are excellent methods for one or two rescuers to perform an evacuation. The resident is always being lowered to the floor.

STOP, DROP AND ROLL

If your clothes catch on fire, **STOP, DROP** and **ROLL**.

STAFF QUESTIONNAIRE (RE: POST FIRE REPORT)

Friendly Manor

- Where were you when you first discovered or learned of the fire? _____
- What time was it? _____
- What did you see or smell first? _____
- Was the room occupied or vacant? _____
- Did you notice anyone in the area before the fire? _____
- What was burning when you first arrived at the scene? _____
- Describe the smoke (e.g. thick, choking, hazy, colour) _____
- Was the door to the room closed or open? _____
- Was there more than one area of flame? _____
- Describe the procedure you and others followed. Step by Step. _____

  _____
  _____
  _____
- Did you notice anything out of the ordinary. If yes, describe. _____
- Were there any injuries? _____
- When did the fire department arrive? _____
- When did the fire alarm sound? _____

Date:_____ Time:_____
Signature:_____

SMOKING POLICY

Friendly Manor

PURPOSE

- To comply with the Smoke-Free Ontario Act**S.O**. **1994, Chapter 10**

- To ensure the safety of all persons in Friendly Manor through effective monitoring and adherence to smoking protocol and the Smoke-Free Ontario Act.

POLICY

All residents, visitors, staff, volunteers and students shall follow the Smoking Regulations for the Home. The only persons allowed to smoke in the Designated Smoking Room are residents. **You must live here to smoke here.**

PROCEDURE

1. **Unsupervised resident smoking** is permitted in the Controlled Smoking Designated Area and outdoor area only. Note: resident smoking is unsupervised and when the resident is outside they must be at a minimum of 9 meters from any entrance and/or exit of the Home.

2. **Smoking is strictly prohibited in** all other areas of Friendly Manor.

3. **ALL RESIDENTS** will have their smoking supplies **CONTROLLED BY THE NURSING STAFF**.

4. Ashes and/or smoking materials must be discarded into metal refuse containers provided for this purpose.

5. All **staff, volunteers and students** are permitted to smoke ***only*** during coffee breaks and meal breaks and **must be** 9 meters away from any entrance and/or exit to the facility.

6. Any staff who fail to comply with the above regulations will be subject to discipline.

7. Report to Administration anyone who is abusing this protocol.

8. All new admissions will have a smoking assessment completed upon admission and at least annually (see attached) and a smoking agreement will be signed. A smoking assessment may be completed more regularly if required.

9. All residents who wish to smoke must be able to do so independently. Staff are not permitted to assist in any part of the residents act of smoking. This includes holding, lighting or storing a residents cigarettes.

10. According to the Smoke Free Ontario Act; (7) 3. A resident who desires to use the room must be able, in the opinion of the proprietor or employer, to smoke safely and without assistance for an employee. An employee who does not want to enter the room shall not require to do so.

Friendly Manor

11. It is the policy of this facility that residents must be able to complete all aspects of smoking independently and safely, this includes holding, lighting and extinguishing the cigarette. Employees are not permitted to assist with any aspect of a residents smoking.

12. All residents who wish to smoke in the designated smoking room ***must*** wear a safety smoking vest.

Note: The Public Health will be monitoring compliance with the new Smoke-Free Ontario Act and its' regulations. There are severe consequences for violation of the legislation.

FIRE PATROLS
(ALTERNATIVE SAFETY MEASURES)

POLICY

1. In the event that the fire alarm system is not operating due to repairs being carried out or because of malfunction or in the event of a power failure, it will be necessary for a fire patrol to monitor all areas of the Nursing Home in order to ensure optimum fire safety.

2. If a fire patrol is required, the order will come from the Administrator, designate or Nurse in Charge. The fire department (354-3415) and Loyalist Protection (968-5220) will be notified.

PROCEDURE

1. The Nurse in Charge will assign one HCA to each corridor to check every resident's room and washroom, tub and shower rooms, laundry, garbage and linen rooms every fifteen (15) minutes until the fire alarm system is operational.

2. Registered staff will check the Med Room every fifteen (15) minutes.

3. One (1) staff member in the Dietary Department will be assigned to check the kitchen area including all storage rooms, coolers, fridges and dining room every fifteen (15) minutes until the fire alarm system is operational.

NOTE: If no dietary staff are on duty, this responsibility will be assigned by the Nurse in Charge, to any available staff in the building.

4. In the event that either the fire alarm system or the sprinkler system is in-operational, the maintenance/housekeeping staff will be assigned to check the following areas every fifteen (15) minutes until the system is operational:

Friendly Manor

- Basement (both sides);
- Receiving areas;
- All janitor closets;
- Garbage room.

NOTE: If no laundry/housekeeping or maintenance staff are on duty, this responsibility will be assigned by the Nurse in Charge to any available staff in the building.

5. The Ministry of Health Long-Term Care to be notified by the Administrator or designate (1-800-268-6060) immediately and a Critical Incident Report will be completed.

6. If any member of the fire patrol discovers smoke or fire, follow established procedures.

FIRE PATROL MONITORING FORM

(Department/Unit checks are to be done every 15 minutes until the system is operational)

Date	Time	Department/Unit Checked	Signature

EVACUATION PLAN - INTRODUCTION

Friendly Manor

PURPOSE

This disaster plan has been prepared to provide an effective plan for the Home to be used in times of emergency to prevent, minimize and, as far as possible, overcome the effects of emergency circumstances and/or natural disasters to staff and residents and the local community within its capability and resources.

OBJECTIVES

1. Ensure the well-being of all residents and staff.

2. Ensure the smooth transition of residents, materials and records out of the facility into another location, if necessary.

3. Minimize the effects of shock and trauma to residents and staff.

4. Eliminate as much as possible the possibility of surprise and panic in an emergency.

ORGANIZATION

In the event of a disaster, the charge nurse on duty shall be designated in authority and shall be responsible for conducting appropriate responses to the situation until other responding officials arrive to assist.

SITUATION

Friendly Manor Nursing Home is a sixty (60) bed Nursing Home providing service all on one floor.

The Home is located in the Town of Greater Napanee, with the fire department located in Napanee. The police station is located in Napanee, 12 km away, and the hospital is located in Napanee, 10 km away.

Friendly Manor

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Friendly Manor

TYPES OF DISASTER

There are four common types of disasters which may affect the residents and staff of the Home and which would require evacuation to an area of safe refuge.

EMERGENCY CATEGORY	NURSING HOME ACTION
INTERNAL DISASTERS (Fires, explosions, bomb threats)	- Formulation of fire and evacuation plans; - Evacuation of residents and personnel, if necessary, from the danger zone/area.
EXTERNAL DISASTERS (Storms, floods, fires in the community which affect essential services to the Home, i.e. power outage, water outage, gas supply)	- Formulation of contingency plans to deal with each of the essential services; - Evacuation of residents to alternate facilities or to families if they can be sent home.
THREATENED DISASTERS (Impending natural catastrophies threatening the Home, i.e. tornado)	- Formulation of contingency plan; - Precautionary preparation of residents and staff; - Preparation of reserve equipment and supplies.
DISASTERS IN OTHER COMMUNITIES	- Expansion of services (if possible) to act as a temporary shelter.

Friendly Manor

ORGANIZATIONAL CHART

The chart below shows the lines of communication to be observed in a disaster. It is essential that all directions of the charge nurse be followed in order to avoid confusion. Staff will be assigned responsibilities as they arrive at the scene

POLICE | **ADMINISTRATOR/DON (OR DELEGATE)** | **FIRE CHIEF**

MAINTENANCE | **DIRECTOR OF NURSING** | **NCM/ESS**

OFFICE MANAGER | **ACTIVATION SUPERVISOR**

SUPPORT STAFF

Friendly Manor

DISASTER PLAN CALL-IN LIST

INCLUDE

Staff Members See EM B12 Directive for Fan-Out Call-In List

Bus Transportation Martin's Bus Service Ltd. 613-354-7545

Receiving Facilities Deseronto Community Center, Deseronto, ON
Contact - Town Hall 331 Main St. Deputy Treasurer

(Christine Martin)	613-396-2440
Cell	613-849-5908
Kentwood Park	1-613- 476-5671
West Lake Terrace	1-613-393-2055
John M Parrot Centre	613-354-3306
Village Green	1-613-388-2693

Town of Greater Napanee

Fire Department 911

Napanee O.P.P. 911

Advisory Physician 613-396-3420 (Dr. Reynolds)

Ambulance 911 (962-3443)

CHARGE PERSON
(Registered Staff Person)

↕

DIRECTOR OF NURSING
See Current Phone List

↕

ADMINISTRATOR
See Current Phone List

Friendly Manor

COMPLETE EVACUATION - OVERVIEW

A complete evacuation of the Nursing Home will be carried out in case of a severe fire, prolonged power failure, or disruption of services, i.e. flood, heating, etc. Complete evacuation is only to be carried out on the orders of the Fire Chief, or the Administrator or Charge Person in his/her absence.

Once the order for complete evacuation is given by the Fire Chief/Administrator (or Charge Person) follow the procedures outlined under "Responsibilities of Charge Person" (refer to Section EM B -14 Responsibilities of Charge Person).

The Nursing Station will be designated as the main control area (unless the fire is located in this zone) where calls to appropriate persons and services will be carried out and where staff will report for instructions throughout the evacuation.

The "Fan-Out Call-In List" (refer to EM B - 12 Directive for Fan-Out Call-In List) will be in each department's Emergency Manual. These lists will be updated by the Office Manager as necessary.

The emergency contact numbers for all residents will be located at the end of Section B in all Emergency Manuals. These numbers are also located and updated in the Emergency Stock Box. It is the responsibility of the nurse admitting a new resident, and the Office Manager, to ensure that the new name is added to the list.

All residents have photographs taken on admission. These photographs will be up-dated on a regular basis.

DIRECTIVE FOR FAN-OUT CALL-IN LIST

PURPOSE

To be able to contact all staff quickly in an emergency situation.

POLICY

The Home will have a designated group of staff to contact in the event of an emergency.

PROCEDURE

1. The Communication Person at the direction of the Charge Person calls the Director of Nursing.

2. The Director of Nursing will be responsible to call the people who are on the Early Response Team (page 2 of this policy). If you are unable to reach the Director of

Nursing you are responsible to contact the Early Response Team.

3. The Director of Nursing will also contact the Medical Advisor and the Administrator.

4. The Administrator is responsible to contact the MOHLTC and Manny Simon (owner).

5. Updated staff phone lists will be maintained by the office and circulated appropriately to all department supervisors and to all other locations (eg: Emergency Manuals, Emergency Stock Box, etc.).

6. The expectation is that staff listed on the Early Response Team will return to Friendly Manor Nursing Home to assist in an emergency situation.

FAN-OUT CALL-IN LIST - IN THE EVENT OF AN EMERGENCY

Communication Person (upon direction from the Charge Nurse) will call:
Name:_____.....#_____
Or.....alternate #_____
Name_____.....#_____

Communication Person will then call:
THE EARLY RESPONSE TEAM MEMBERS:
Name:_____.....#_____
Name:_____.....#_____
Name:_____.....#_____
Name:_____.....#_____
Name:_____.....#_____
Name:_____.....#_____
Name:_____.....#_____

Assistant Director of Nursing will call:
Medical Examiner Dr. Reynolds
.....613-396-6568
Administrator will call:
MOHLTC and Manny Simon

RECEIVING FACILITIES
Deseronto Community Centre.....613-396-2440
Kentwood Park.....1-613-476-5671
West Lake Terrace.....1-613-393-2055
John M Parrot Centre.....613-354-3306
Village Green.....1-613-388-2693

Friendly Manor

EMPLOYEES ASSISTING WITH EVACUATION

Please record the following information:

STAFF NAME	TIME OF ARRIVAL	ASSIGNED DUTIES

RESPONSIBILITIESOF CHARGE PERSON (ADMINISTRATOR/DIRECTOR of NURSING or CHARGE NURSE)

1. Assess situation and make decision to evacuate unit with Fire Chief (if present). The second stage alarm is activated by inserting the key into the open pull station and turning the key clockwise. The charge nurse wears an 'Orange Vest' in order to demonstrate that she/he is in charge.

2. Put the "Fan-Out Call-In List" into effect and notify receiving facilities of impending evacuation. This task will be delegated to the Office Manager, or communication person in his/her absence. **NOTE: When calling in staff/volunteers, direct them to report to the *'Communication Person'* on their arrival to the facility.**

3. Direct staff to area(s) to be evacuated - order complete evacuation of fire zone first and then direct to other areas.

4. Designate a collection area for residents inside the Home, and delegate a RPN to be in

charge of the Triage Area.

5. Delegate the **RPN** first but if not available the Communication person to take the Disaster Kit to designated Triage Area.

6. Designate exit doors to be used.

7. Assign staff member(s) to complete a head count at all exits that are to be used. Ensure resident lists are given to person(s) conducting the head count(s), this person is called the Control Person.

8. Assign person (Control Person) to remain with residents in collection areas inside and outside the Home to prevent them from returning to the fire zone.

9. **Communication Person must remain at the nursing station** to keep a record of in-coming staff and record their assignments also delegate specific duties to employees of other departments in absence of Department Heads. Report full status to fire department.

10. Once head count has been completed the Charge Person and designated head count person (control person) will confirm evacuation completed and will notify the Fire Chief.

11. All residents should be transported first to the evacuation centre for assessment, head count and identification.

12. Once the building is cleared and all residents are in transit to the evacuation centre, the charge nurse will remove and relocate to a locked car trunk:
    - The MARS Binder, Medication Bins, Insulins;
    - The Residents Charts;
    - The Care Plan Record Book;.

13. Two orange nylon bags are kept in the disaster box for these items.

14. Once the evacuation is made to the evacuation centre, we shall be further advised by the Fire Chief if we are facing a short or long term relocation.

Notify: Debbie Long - ADMINISTRATOR/DON
Home 613-962-9028
Cell 613-661-9028

Ministry of Health
Business hours: 1-800-268-6060
After hours: 1-800-667-1062 ext. 7232

Friendly Manor

NOTE: When you dial this number, you will be asked to enter the area code and telephone number where you can be reached. Someone will call you back. This system should be used on weekends and holidays.

Organize, if possible, removal of mattresses or supplies to accompany residents to receiving center. This will be done only upon approval by the Fire Chief.

EVACUATING THE FACILITY

1. Notify the Ministry of Health Inspection Branch and other Government departments as necessary.
2. ie: The Southeast LHIN.
3. Ensure that one person has overall charge of the plan (Administrator or Delegate).
4. Designate a center area as control.
5. Call in staff as appropriate for evacuation assistance and as necessary to report to receiving center.
6. Delegate to one staff member in each area the responsibility of maintaining a resident head count.
7. Find out where or arrange where evacuees are to go.
8. Establish liaison with administration of receiving facility.
9. Ensure those residents requiring special medical attention (or nursing attention) are designated to go to the appropriate facility.
10. Ensure sufficient medical documentation accompanies residents.
11. Keep residents completely informed of the situation.
12. Ensure that all residents are individually identified, including condition and diet (i.e. Tags or Ident-a-bands).
13. Decide how individual residents are to be transported. If available, use the most appropriate means of transportation (buses, ambulances, volunteer vans, station wagons etc.).
14. Assign necessary personnel to the appropriate means of transportation.
15. Assign personnel as appropriate to inform families of situation, by telephone.

16. Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive the necessary medications and equipment, and are requested to leave a forwarding address.

17. Make a list by department of the necessary equipment to be evacuated.

18. Double check all evacuated areas to ensure they are cleaned.

19. Restrict building to all unauthorized persons.

20. Assign personnel as appropriate to handle telephone inquires from families.

21. Notify advisory physician and attending physicians of the situation.

22. Ensure parking area is clear to allow sufficient room for evacuating and emergency vehicles.

23. Ensure residents being evacuated are properly clothed and covered as appropriate.

24. Make final check of empty building to ensure that all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.

25. Ensure that all evacuated areas are sealed off, appropriately secured and barricaded as necessary.

26. Notify police that building is evacuated or with minimal staff on duty.

27. Post signs on door indicating whereabouts and phone number.

SHORT TERM

- Re-do a head count on arrival;
- Assign staff to areas needed;
- Instruct any volunteers regarding assisting with resident's care;
- If medications were not removed from the building, notify the pharmacy of our drug requirements. GeriatRX Pharmacy can be reached at 1-416-221-7755;
- Advise all staff that any families that arrive must be referred to you. If they wish to take their family member home, have them sign the resident out. (See sign out sheet next page.)

Friendly Manor

LONG TERM

1. Resident assessment will be made by the charge nurse, Director of Nursing and the Advisory Physician regarding further relocation of the resident to:
   - Hospital;
   - Another Nursing Home;
   - Home.

2. Notify receiving facility(ies) of how many residents are being transferred to them.

3. Adequate staff must be deployed to each receiving facility. A designated staff member will be assigned to each receiving facility to complete head counts and act as liaison with the Administrator.

4. Assign person to contact families to inform them of the placement of residents in receiving centres and make arrangements to take residents home if possible.

5. Families and friends of our residents and staff will be telephoning for information regarding the safety of their family member. All staff will direct all inquiries to the Administration or delegate.

6. Notify PGT of placement of PGT residents.

RESIDENT'S BEING SIGNED OUT AND TAKEN HOME BY FAMILY

RESIDENT NAME	NAME OF FAMILY MEMBER TAKING RESIDENT HOME	POA APPROVAL RECEIVED	DATE AND TIME TAKEN HOME	SIGNATURE OF FAMILY MEMBER	SIGNATURE OF STAFF MEMBER	DATE AND TIME RETURNED TO FACILITY	
YES	NO						

Friendly Manor

COMMUNICATION PERSON'S ROLE

1. **Call** Napanee Fire Department at (613-354-2171) **911**; **PASS CODE 4300**

2. Give name and **address** of facility; **9756 County Road 2, Town of Greater Napanee**

3. Give **location of fire** as on the annunciator panel (specific if known).

4. **Page** the location of the fire via the paging system - **Announce "Code Red"**.

5. **Upon instruction from the Charge Person**, call **Director of Nursing.** If you are unable to reach the Director of Nursing YOU are responsible for calling staff on the Fan-Out List (this list is in the "**Fire Supplies Kit" Policy # EM B12**)

6. **REMAIN AT NURSING STATION** to direct staff to fire zone and direct them to report to charge person, ask staff from various departments if the windows have been closed and equipment has been shut off. If not direct them to do so;

7. **Name someone** by name (if the charge person has not already done this) to come back and report where the problem is and extent. **This person is your runner** and will keep communication open with the Charge Person. **REMAIN AT NURSING STATION** re: stopping visitors, answering phone.

8. **IF phone is out**, use emergency phone under nursing desk in **"Fire Supplies Kit"** this is different than the "Emergency Stock Box". There is an emergency line under the clock.

9. **Direct fire department on arrival**;

IF EVACUATION IS CALLED FURTHER DUTIES

1. Direct a registered staff to triage area. Area depends on fire. Garden View Lounge or Activity Room. They are to collect the Disaster Box from under the nursing desk.

2. Communication Person to keep a name count of new staff who come in to help (for head count later) and their job task.

DISASTER KIT

A 'Disaster Kit' is located under the nursing station; it is a plastic container labeled "Disaster Kit".

CONTENTS

1. Five (5) copies of Disaster Plan;

Friendly Manor

2. Five (5) copies of Fan-Out Call-In List;

3. Forms and supplies to document the admission, discharge and transfer of resident's or to begin treatment;

4. Arm bands for residents;

5. Name tags for employees, volunteers and other agencies;

6. Clear plastic bags for resident's belongings;

7. Floor plans showing exits, hydrants, etc.;

8. Note books to record information regarding materials flow;

9. Package of pens;

10. Markers - red and black;

11. Orange bags to carry charts, med books, etc.

ABSOLUTELY NOTHING IS TO BE REMOVED FROM THIS BOX

EMERGENCY TAGGING / EMERGENCY INFORMATION CHART

PURPOSE

To be able to quickly and easily identify residents' placement needs and to obtain pertinent information during an evacuation.

POLICY

The 2 (two) designated staff members are to tag all residents with the appropriate wrist bracelet identification at the designated meeting area.

PROCEDURE

1. A sufficient supply of Emergency Identification Wrist Bracelets will be placed in the Disaster Box located under the desk at the Nursing Station.

2. The Office Manager or delegate is responsible for keeping the Resident/Staff Emergency Checklist current.

3. The Office Manager or delegate is responsible for ensuring emergency information for each resident is present and up-to-date.

4. In the event of evacuation, Nurse-in-Charge or delegate will take the MAR Books to the designated exit.

5. Pictures of all residents are found in the MAR Record Book. Use thes as well as bracelets to identify residents.

6. The 2 (two) designated staff members will be responsible for completing the Resident/Staff Emergency Checklist, tagging residents with wrist identification bracelets and completing the Emergency Information Chart.

7. The Resident/Staff Emergency Checklist will be kept in the Disaster Box located under the desk at the Nursing Station.

EVACUATION PROCEDURE

ORDER OF RESIDENT EVACUATION

- Residents must be evacuated from their rooms and taken to the designated collection area within the Home, if possible. Ambulatory residents will be evacuated first to allow staff to return quickly and concentrate efforts on dependent residents. The fire zone must be evacuated completely before moving to other areas.

ROOM CLEARANCE

- As residents are being evacuated from their rooms, a blanket should be place around each resident for safety and warmth. When checking rooms ensure that washrooms, clothes closets and under beds are searched for residents who may have hidden.

ALL-CLEAR INDICATOR

- Once a room has been completely cleared, the evacuation tag on the door will be flipped up and there will be no red showing on the tag. This will indicate to all staff and firemen that this room has been evacuated. If the door has been opened or not evacuated the tag will show red, the room must be searched again to ensure that no one has re-entered the room.

  The tags are placed on the doors in a fashion that allows the front of the tag to fall revealing a red tag underneath. Any door with a red tag showing will indicate that it has not been evacuated or it has been reentered after it was evacuated and will need to be searched again.

TEMPORARY DESTINATION OF RESIDENTS

- If an external or threatened disaster (refer to Section B\Sub 3 Types of Disaster) and time permits, all residents must be adequately identified prior to leaving the building. The immediate destination of each resident is our temporary shelter, the Deseronto Community Centre in Deseronto or a hospital if injuries have been sustained. Use

volunteers or staff to assist with keeping residents in the outside collection area to prevent wandering or confusion (refer to Section B\Sub 14 Responsibilities of Charge Person). If an internal disaster, all residents must be transported first to the evacuation center for assessment, head count and identification.

- At this point, the actual transportation of the residents will begin.

- Each resident should be transported in order of medical need and transportation available. Adequate staff must be deployed to the temporary shelter (refer to Section B\Sub 8 Disaster Plan Call-In List). After complete evacuation of the building, the list of residents and their placement must be handed over to the Administrator. A designated staff member will be assigned to complete head counts and act as liaison with the Administrator.

COLLECTION AREAS

It has been assumed throughout that a collection area of safe immediate refuge is available within the building allowing time for organization of the above and other assigned tasks.

If this is not the case, arrange a quick and orderly evacuation of the building with priorities being:

- Head counts of staff and residents to ensure all are safely out of the building:
- Triangle outside to determine destination of injured residents;
- Evacuation of medicine carts, medical records and care plan binders and resident photographs to a locked holding area outside the building (i.e. trunk of a car).

SPOKESPERSON

The Administrator assumes complete control as spokesperson and will perform the following responsibilities:

- Communication with the media;
- Communication with resident's family or guardian to provide up-to-date information;
- Co-ordination and control of procurement of linen and blankets, medical supplies and equipment, medications, food and dishes, clothing and toilet articles, emergency staffing for recipient facilities, traffic control, maintenance and security of building, organization of volunteers.

NOTE: All staff must maintain confidentiality and refer enquiries to the Administrator or Charge Person.

RESPONSIBILITIES OF CONTROL PERSON IN COLLECTIVE AREA OUTSIDE THE HOME

1. Observe and contain residents safely in the immediate area;

Friendly Manor

2. Assign a person to assist with keeping the exits clear and direct the residents from the exits;

3. Registered staff person to assist ambulance triage team with identification and personal information as required. He/She must keep a record of those residents/employees who are sent to the hospital;

4. Record and direct resident movement onto transportation vehicles;

5. Observe for confusion and assist by delegating specific responsibilities as required;

6. Ensure relatives do not remove their family member without the approval of the charge person.

DETAILS ABOUT TRANSPORTATION

Arrangements have been made with the following persons to assist with the transportation of residents:
Martin's Bus Service Ltd

Deseronto Transit

If you cannot contact these drivers, need additional buses or wheelchair accessible buses contact:
Martin's Bus Service Ltd. - President- Sean Payne - 613-634-0567 or cell 613-540-3929

DETAILS ABOUT RECEIVING FACILITIES

1. Deseronto Community Centre 613-396-2440

(In the event no one can be reached - a key to the Hall is always available in the med room).

2.Kentwood Park
2 Ontario Street, Picton, ON, K0K 2T0
1-613-476-5671

2. West Lake Terrace

R.R. #1 Picton
1-613-393-2055

4.Village Green
166 Pleasant Drive, Selby, ON, K0K 2Z0
1-613-388-2693

Friendly Manor

5.John M Parrett Centre
309 Bridge St. W.
Napanee, ON. K7R 2G4
613-354-3306

EVACUATION LOG

RESIDENT NAME (Surname First)	TRANSFERRED TO (Facility/Relative - Name)	TIME	TRANSFERRED BY (RELATIVE AMBULANCE # or BUS #)	RECORD SENT (√)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

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18.				
19.				
20.				

EVACUATION LOG (con't)

RESIDENT NAME (Surname First)	TRANSFERRED TO (Facility/Relative - Name)	TIME	TRANSFERRED BY (RELATIVE AMBULANCE # or BUS #)	RECORD SENT (√)
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				

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37.				
38.				
39.				
40.				

EVACUATION LOG (con't)

RESIDENT NAME (Surname First)	TRANSFERRED TO (Facility/Relative - Name)	TIME	TRANSFERRED BY (RELATIVE AMBULANCE # or BUS #)	RECORD SENT (√)
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				

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56.				
57.				
58.				
59.				
60.				

EMERGENCY ARRANGEMENTS - SUPPLIERS

FOOD

Sysco Foods will supply Friendly Manor with emergency food supplies.

WATER

Available from L & M Distributors (613-396-2138), if evacuated (see community disaster plan for in Home).

MEDICAL ATTENTION

Advisory physician or local hospital.

MEDICAL SUPPLIES

Obtain from stock on hand at facility. If shortages advise Advisory Physician and/or local hospital.

PHARMACY SUPPLIES

GeriatRX Pharmacy will make provisions to provide the prompt filling of all necessary medications.

LINEN AND CLOTHING

If mattresses relocated, linen must accompany.
Stock from facility will be transferred.
If possible, extra clothing will be taken from facility.

RETURNING TO THE NURSING HOME

1. Notify families and staff and thank them individually for their assistance.

2. Arrange for transportation of residents back to the Home. Ensure that readmission is graduated so as not to cause undue concern to residents.

Friendly Manor

3. Notify Ministry of Health of arrangements.

4. Ensure that medical records reflect the course of action taken during disaster.

5. Complete an inventory of returning equipment and suppliers.

6. Revise care plans based on knowledge of resident's condition during disaster.

7. Review the findings and recommendations in response to the disaster and evacuation and update disaster plan. Submit changes to the Fire Chief's office for approval.

8. Prepare for interviews with the media.

ACCEPTING OTHER RESIDENTS IN THE CASE OF AN EVACUATION

GOAL

Provide shelter, nourishment, and meet physical needs of evacuation persons for a short period of time.

METHOD

- Utilize the main dining room for evacuated persons.
- Nursing station will be the reception centre.
- Be sure that bathroom facilities are made available.
- Provide supplies as necessary - i.e. blankets and pillows for warmth; tea, juice, etc.

EQUIPMENT AND NECESSITIES TO BE CONSIDERED FOR EVACUATION

1. Medications and MAR Book
2. Resident Care Plans
3. Resident Medical Charts
4. Adequate blankets and bedding
5. Residents medical devices as necessary
6. Residents personal clothing and grooming aides
7. Adequate supplies of food
8. Staff phone numbers lists (updated list is located at the end of Section B)

Friendly Manor

9. Family phone number lists (updated list is located at the end of Section B)

10. Ensure that records and documents left behind are properly secured

RETURNING TO THE EVACUATING FACILITY

1. Facility must be inspected and approved for resident re-occupancy by appropriate individuals or authorities.

2. Notify Ministry of Health Inspection Branch about return and the Southeast Local Health Integration Network.

3. Check all operational equipment and air building out.

4. If possible arrange for a meal or snack for returning residents.

5. Notify families about time and date of return. Schedule re-admission of residents who have been with families last.

6. Contact staff regarding scheduling for admission.

7. Gather up all lists of residents and equipment to be returned.

8. Notify advisory and attending physicians of return date and time.

9. Designate a central control area for returning residents, staff, and equipment.

10. The Administrator or delegate should be made responsible for returning traffic.

11. Double check and identify residents as the disembark from the various means of transportation.

12. Ensure checklists of residents and equipment are continually updated.

13. Ensure that residents and equipment are returned to appropriate areas.

14. Investigate missing items immediately.

15. Establish routine as soon as possible.

RECEIVING THE EVACUEES

1. Phone all available staff and volunteers to report for duty. Plan to staff at higher ratios than normal.

2. Do not solicit more help than required as that may lead to congestion and/or confusion.

3. Set up method to acquire alternate staff or volunteers if necessary (registries, Red Cross, V.O.N., etc.)

4. Organize the facility and equipment in preparation for the evacuees if opportunity available.

5. Set up a central receiving desk to check in all residents and to allocate the appropriate receiving area.

6. Check in equipment received, record and allocate as necessary.

7. Ensure that all residents received are appropriately identified as to name, condition and diet.

8. Delegate supervisory responsibilities to senior staff available.

9. Designate areas and responsibilities to all staff and volunteers.

10. Establish a care level for all residents received.

11. Notify advisory physician about the situation and quantity of temporary admissions.

12. Orient unfamiliar staff and residents to the facility and explain the necessary regulations.

13. Keep residents and staff informed of current status of evacuation.

14. Maintain as normal a routine as is possible.

COMMUNITY DISASTER - SURVIVAL PLAN

The purpose of this plan is to state what action should be taken in the event of a disaster in which the nursing home may be isolated from the community, because of a snowstorm or when there is an interruption of electricity.

The charge nurse on duty shall be responsible for conducting appropriate responses to the situation.

1. The basic essentials for the care of the residents are warmth, nutrition, medications and treatments, and body elimination. Non-essential services may have to be canceled depending on staff available. Services to consider canceling are: routine bed changes, routine bathing, routine laundry, routine cleaning and routine dietary. Staffing and supplies will determine adjustments that will have to be made to dietary services.

2. Evaluate your stock of food supplies and establish the length of time they can last. Determine if you must resort to rationing.

3. Re-assign your staff as you determine necessary, remembering to rotate on and off duty so as to permit rest periods.

4. Have staff make constant rounds and record at nursing station:
    - Time resident seen;
    - By whom;
    - Condition of resident

ELECTRICITY

Emergency lighting is provided in the corridors. In the event of a primary power supply failure, the emergency lighting power is received from battery power and a device automatically transfers the lighting to the emergency power source. The facility is equipped with a generator that will provide service to the entire building.

COMMUNICATIONS

Telephone: Two separate telephone lines service Friendly Manor Nursing Home. In the event of power failure, the phones cannot be used. There is an emergency phone in the nursing station on a small shelf under the nursing desk. Plug unit in at the nursing station jack and use as normal.

Heating: Supplied by electrical baseboard heating and 2 roof-top gas furnaces.

In the event of a power failure, the baseboard heaters will fail. In a situation of isolation with power failure in cold weather, immediately close all draperies to retain all possible heat in the building. A large surplus supply of blankets are available and residents will be warmer in bed with extra blankets.

MEDICATIONS

Your minimum stock will be 3 days; generally you may have from a week to 31 days.

FOOD SUPPLY

General supplies, canned goods, dry products and staples - minimum of one week.
Perishables - i.e. milk, fresh vegetables, fresh fruit - minimum of 1 to 2 days.
Bread - minimum of 2 days.

Meat and frozen supplies - minimum of 10 days (this will depend on availability of power.
Freezers fully loaded should hold for 2 days; partially loaded should hold 1 day).

WATER

Contact staff for water needs.

In the winter months, there is the option of melting snow and boiling on the stove as our stove is gas operated. This would mean strict rationing. At this point you should investigate the use of bedpans, urinals and commodes only for elimination, and prepare plastic lined waste cans for disposal of human waste.

ROLES FOR NON NURSING PERSONNEL

DIETARY STAFF

May be assigned to pack and transfer food and kitchen supplies to re-location centre.

HOUSEKEEPING AND LAUNDRY STAFF

May provide transportation to evacuation or re-location centre.
May be responsible to make up beds at re-location centre.
May be assigned to pack clothing and linen supplies.
May relieve nursing personnel if charge nurse feels necessary.

MISSING RESIDENT SEARCH PROCEDURE

POLICY

The Missing Resident Search Procedure will be automatically implemented when:

1. Resident is thought to be missing but no exit alarm has sounded;

2. An exit alarm sounds and upon staff response and search of the immediate surroundings a resident is thought to be missing.

PROCEDURE

SEARCH CO-ORDINATOR

1. Once a resident is presumed missing, the Search Co-ordinator is to be contacted immediately.

2. The Search Co-ordinator has overall responsibility for the implementation of the Missing Resident Search Procedure.

3. The Administrator, Director of Nursing, or Charge Nurse (in order) will be the Search Co-ordinator.

SEARCH COMMAND POST

1. The Nursing Station will be the Search Command Post.

2. Upon implementation of the Missing Resident Search procedure, the Search Co-ordinator will immediately move to the Search Command Post and:
    - Gather all available information, re: the missing resident (if identified);
    - Take out the Missing Resident Search Procedure with topographical map and Check List Form as a guide. The Check List Form is to be completed as the search proceeds;
    - Designate staff to search for the resident in the building;
    - Specify areas/zones to be searched and instruct all staff to report back within 10 minutes;
3. Search all of the following area:
    - rooms, closets, bathrooms and beneath beds;
    - lounges, common areas;
    - stairwells;
    - storage and service areas;
    - hidden areas;
    - check even locked areas.

NOTE: Make certain that the search is progressively expanding within the building.

4. Notify the police at 911 as soon as possible, the confirmation of a missing resident. Do not discontinue search procedure.

5. Instruct staff to search the outside grounds checking the following areas:
    - all vehicles;
    - bushes;
    - sheds;
    - roads;
    - ask neighbours;
    - the shoreline.

NOTE: If the resident is very agile, start the search a good distance away from the building and search back towards the building to avoid the resident getting far away**. ALWAYS MAKE SURE THAT SEARCHES ARE CARRIED OUT IN PAIRS.** This is especially true if a car is used in the search (one to drive, one to search).

6. Staff when doing a search should:
    - remain silent except for essential conversation;
    - listen for the person;
    - remember that the person may not respond to his/her name being called.

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7. Provide the following information:
    - a description of the resident;
    - a photograph of the resident;
    - a trace of the residents shoes;
    - the time the resident was last seen;
    - the clothing worn by the resident;
    - the resident's general medical problems;
    - the resident's ability for self care;
    - the places the resident is likely to go (Attractive Nuisances).

8. Notify the resident's power of attorney or substitute decision maker.

9. Notify the attending Physician.

10. Notify the Ministry of Health:
    Business Hours: 1-800-667-1062 ext. 7232
    After Hours: 1-800-268-6060

NOTE: For P.G.T. residents, notify the Public Guardian and Trustees Office at 1-800-891-0506 or weekends 1-800-387-2127

11. Document:
    - time resident last seen and by whom;
    - time resident discovered as missing;
    - any unusual behaviour;
    - search procedures and involvement;
    - notification time of pertinent individuals.

NOTE: This should be started as soon as possible at the beginning of the search until the search is completed.

WHEN RESIDENT IS FOUND

When resident has been found the Search Co-ordinator will:

- Make an announcement that the resident has been found and that the search is canceled;
- Notify those shown in the Check List, and;
- Have the resident's condition assessed by the Physician.

MISSING RESIDENT SEARCH PROCEDURE - CHECKLIST

RESIDENT'S NAME: ROOM NUMBER:

NAME OF SEARCH CO-ORDINATOR:

DATE: / /

Friendly Manor

PLACE LAST SEEN: TIME LAST SEEN:

PHYSICAL DESCRIPTION: AGE: HEIGHT: WEIGHT:

HAIR: EYES: GLASSES: ☐YES ☐NO

SPECIAL IDENTIFICATION FEATURES:

WHAT WEARING:

PHOTOGRAPH AVAILABLE: ☐YES ☐NO

WHO NOTICED THE PERSON MISSING:

AREAS TO BE SEARCHED:(MAKE SURE YOU CHECK BEHIND LOCKED DOORS)

SEARCH COMPLETED	**SEARCH COMPLETED**
BEDROOM AREAS	STORAGE/SERVICE
LOUNGE	STAIRWELLS
CLOSETS	HIDDEN AREAS
BATHROOM	VEHICLES
UNDER BED	BUSHES
KITCHEN	SHEDS
LAUNDRY	ROADS
STAFF LOUNGE	GROUNDS
WASHROOMS	(Including shoreline)****MAKE SURE YOU CALL POLICE BEFORE YOU GO TO AN OUTSIDE SEARCH**
LOUNGES	

RESIDENT FOUND AT:

LOCATION TIME

SEARCH COMPLETED - RESIDENT NOT FOUND & CONFIRMED MISSING:

DATE: _____ TIME:_____

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POLICE NOTIFICATION: ☐YES ☐NO
TIME NOTIFIED:_____ NOTIFIED BY:_____

NAME OF OFFICER:_____ BADGE NUMBER: _____

NOTIFICATION:

ADMINISTRATOR
DIRECTOR OF NURSING
FAMILY
PHYSICIAN
MINISTRY OF HEALTH
PGT

TIME:

NOTIFIED BY:

NEXT OF KIN CALLED: ☐YES ☐NO TIME: _____INITIALS:_____
NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: _____

ASSESSMENT OF RESIDENT'S CONDITION WHEN FOUND:

PHYSICIAN'S ORDERS RECEIVED:

NOTIFICATION:
RESIDENT FOUND: _____

Friendly Manor

ADMINISTRATOR
DIRECTOR OF NURSING
POLICE
FAMILY
PHYSICIAN
MINISTRY OF HEALTH
PGT
TIME:

NOTIFIED BY:

SAFETY PRECAUTIONS TO PREVENT RE-OCCURRENCE:

CRITICAL INCIDENT REPORT SENT: ☐YES ☐NO

CHARTING COMPLETED: ☐YES ☐NO

DATE: / /
SEARCH CO-ORDINATOR:

LEAVE OF ABSENCE WITHOUT A RESPONSIBLE PARTY

POLICY

It is the policy of Friendly Manor to ensure the safety of all resident's who leave the home on leave of absence without a responsible party irrespective of the planned duration of the absence.

PROCEDURE

1. On or before the resident's departure, the charge nurse will:
   - Ascertain the resident's destination, the responsible party at the point of destination, the expected time of arrival at the destination, and the expected time of return to the home;

   - Confirm with the responsible party at the point of destination that the resident is expected;

   - Advise said responsible party when to expect the resident's arrival and to alert the home if the resident fails to arrive timely; and

   - Record the particulars accurately in the resident's chart.

2. At the time of the resident's departure the charge nurse will:
   - Inform the escort of the resident's destination;

   - Advise the escort not to leave the resident at an alternate location without first notifying the Home of the change in destination; and

   - Advise the escort not to abandon the resident outside the intended destination, but ensure the resident is actually received inside the destination (by the responsible party).

3. If at the designated time the resident has not returned, the charge nurse will take the following steps:
- Call the responsible party at the point of destination to confirm the resident's time of arrival back to the Home; and
- Attempt to contact the person who was responsible for escorting the resident back to the Home to determine the reason for the delay.

4. If a resident is one hour overdue, the charge nurse will:
- Check with the receptionist (if applicable) to ensure the resident has not returned; and
- Notify the Administrator/ Director of Nursing.

5. The Administrator/Director of Nursing will:
- Notify the family/ responsible persons;
- Attempt to contact the person responsible for escorting the resident back to the Home;
- Notify the police & Ministry of Health.

6. Notify the persons outlined in Section 5 when the resident returns or his whereabouts are known.

7. In the event that the scheduled absence extends beyond the end of the shift on which the resident departed, the charge nurse prior to leaving will:
    - Ensure that a full report containing all relevant and pertinent particulars of the absence are accurately conveyed to the in-coming charge nurse; and
    - Ensure that all pertinent details are recorded on the resident's record.

PHONE

- OPP Police: 911
- Ministry of Health - Business Hours: 1-800-667-1062 ext. 7232 or after hours 1-800-268-6060

NOTE: This procedure does not include:

- Residents who go out with a responsible party who signs them out.
- Residents who are escorted for appointments as arranged by the Home.
- Residents who are allowed by a physician's order to sign themselves out and leave the Home unescorted.

TEMPORARY ABSENCES

In all cases a doctor's order must stipulate duration of leave and accompanying medical care. It must also state whether the resident is allowed to leave the facility for a short time, a vacation, or several hours. This order must be revised every three months when the diet and medication review is done by the attending physician. At all times a signature and date must be obtained on a "RELEASE OF RESPONSIBILITY" form. This signature may be a relative, the responsible party, or the resident, if the resident is self-admitting. The absence of a resident from the Home without written permission from the physician must be reported to the Ministry of Health. The Administrator and/or Director of Nursing is to be notified as soon as the resident is discovered missing also the resident's physician or on call physician. The local police and O.P.P. are to be notified as is the resident's family. The photograph on the medical file will greatly assist in the description of the resident. An incident report is to be completed. On return a check of the resident's condition, vital signs, etc. is to be added to the Nurses' Notes and Incident Report. On return the Ministry of Health will be informed, as well as family. The Director should see the resident on return if the condition warrants or as soon as possible if there are no problems noted.

SENTINEL - ADVERSE - NEAR MISS EVENT

POLICY

It is the policy of Friendly Manor Nursing Home to implement an emergency plan that will be put in effect at the time of a near miss, an adverse or a sentinel event to ensure a safe and secure environment for residents, staff and visitors. Friendly Manor Nursing Home is committed to early identification of risk factors that could result in a near miss,

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an adverse or a sentinel event in the event that prompt and appropriate action is not taken.

DEFINITIONS

Near Miss:

An event or circumstance which has the potential to cause serious physical or psychological injury, unexpected death, or significant property damage but did not actualize due to chance, corrective action and/or timely intervention.

Adverse Event:

Usually a negative or unfavorable reaction or result that is unintended, unexpected or unplanned.

Sentinel Event:

An unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health care services.

PROCEDURE

The Event:

Staff will follow the policies and procedures as outlined in the Home's Fire/Emergency, Infection Control, Human Resources/Office Services, Health/Safety and Departmental Manuals.

Communication will be carried out as directed in the above-mentioned manuals.

The Nurse in Charge or designate will notify the next of kin and other affected parties as appropriate, as soon as possible, document time and date of such.

The Administrator or designate will notify Managing Partner and other community partners as required.

If the event is of a criminal nature, the police are to be contacted. This includes physical assault, sexual assault or other crime related activities.

If the event involves the care of a resident the Home's Medical Advisor will be called. This includes medication errors or delay in treatment.

If the event is environmental in nature, the fire, police and Medical Advisor will be contacted as appropriate. This includes falls, fire, restraints, etc.

The Nurse in Charge or designate will document the occurrence on the appropriate Incident Report(s) Form(s) with a full description of the occurrence, circumstances and witnesses.

The Director of Nursing or designate will document the occurrence to the Ministry of

Health and Long-Term Care via Critical Incident System as per the LTC Homes Act 2007.

THE INVESTIGATION

The Administrator or designate will take statements from witnesses, family members, residents and staff on duty at the time of the occurrence. The statements will be:

- taken independently;
- taken prior to leaving the site of the occurrence;
- taken prior to witnesses discussing the occurrence with one another;
- written, dated, timed and signed.

Pictures or diagrams that support the statements or recount of the occurrence are to be taken.

Additional investigation will be undertaken by the Administrator in consultation with the Managing Partner.

The Administrator will complete a thorough report which will include the names of the individuals involved, the completed incident reports; internal and MOHLTC Critical Incident System, obtained statements of staff, residents and families.

External service providers, police, fire, College of Nurses, Ministry of Health and Long-Term Care may conduct their own investigation or in conjunction with the Home dependent on the nature and severity of the event.

FOLLOW-UP

The Home will review the results of all internal and external risk management activities to identify areas presenting an immediate threat and areas requiring improvement to manage potential threat, ie: falls management, elopement, aggressive behaviors, infection control - outbreak readiness, emergency readiness, WSIB.

Resources will be made available for counseling for staff, residents and families as deemed appropriate.

SENTINEL - ADVERSE - NEAR MISS
EVENT FORM

Event:_____
_____
Date and Time of
Event:_____

Description of

Friendly Manor

Event:_____
_____
_____
_____
_____

Person(s)
Involved:_____
_
_____
_____
_____

Problem(s) That
Occurred:_____
_____
_____
_____

Family Notified if Resident Involved:
Resident:_____ Family:_____ Date/Time:_____
_____
Resident:_____ Family:_____ Date/Time:_____
_____
Resident:_____ Family:_____ Date/Time:_____
_____

Action Plan(what was done, prevention
actions):_____
_____
_____
_____
_____
_____
_____

POWER OUTAGE

Refer to Emergency Manual - EM Emergency Code 13 - Loss of Utilities

RESIDENT LEAVES THE BUILDING AT NIGHT

1. With assistance as required, bring resident into facility.
2. Assess resident's condition, body temperature, cuts etc. and implement care required.
3. Attempt to determine resident's reason for leaving building.

4. Supervise resident until his safety is assured. Involve family if time of day and family relationship allows.

5. Document details carefully:
    - On Care Plan;
    - Progress Notes;
    - Complete Resident Incident Form.

6. Report to Administrator at earliest appropriate time.

7. Notify physician at earliest appropriate time or as required.

INADEQUATE WATER TEMPERATURES

PURPOSE

To ensure that a plan of action is available to supervisors in the event the hot water temperature falls below 40 degrees C or exceeds 49 degrees C.

POLICY

To ensure that hot water temperature is maintained within the range of 40 to 49 degrees C in all resident areas, according to the Ministry of Health Standards.

PROCEDURE

1. When the hot water temperature is confirmed to have fallen below 40 degrees C or exceeds 49 degrees C, the Nurse in Charge/Director of Nursing or Administrator will notify the maintenance person immediately (to call him in if not working).

2. If the problem is not able to be rectified by the maintenance supervisor or if the maintenance person is not available, then Moira Plumbing @ 613-969-8383 is to be contacted immediately.

3. The Nurse in Charge/ Director of Nursing, Administrator or maintenance person who contacts Moira Plumbing @ 613-969-8383 must insist that they visit due to the risk that exceedingly hot water can pose to residents and staff.

4. Monitor hot water temperatures on the floor Q 2 hrs before and after Union Gas visits then until water temperature stabilize to within a required degree range of 40 to 49 degrees C, then Q 4 hrs for the next twenty-four (24) period. Ensure that Moira Plumbing or maintenance person does not leave the building until hot water temperatures reach required range.

5. Place caution signs at all areas where residents and staff have access to hot water.

6. Inform all cognitively aware residents of concerns with hot water temperature.

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7. Ensure all staff are clear about the increase in hot water temperature and also the procedure for reporting and documenting temperatures.

8. If problem continues or reoccurs, notify Moira Plumbing @ 613-969-8383 again and insist that problem be rectified. Notify Director of Nursing or Administrator, if not on duty.

MONITOR WATER TEMPERATURES Q2 IN THREE AREAS OF FACILITY AND WHEN STABLE Q4 IN THREE AREAS OF FACILITY

DATE	ROOM #	TIME TEMP. TAKEN	TEMPERATURE	SIGNATURE

VISITORS INJURED WHILE IN THE FACILITY

1. Assess visitor injury, administer first aid as required and/or call ambulance.

2. Arrange for transportation of visitor to doctor's office or hospital if required.

3. Notify the Administrator immediately.

Friendly Manor

4. Document incident, use Employee Incident Report (amend employee name to visitor's name):
5. By person observing or discovering visitor incident.
6. Report should be detailed, factual and without an expression of opinion.
7. Report should be based on individual observations but may include statements of witness and/or the visitor.
8. Report should describe the individual's condition before and after the incident.
9. Report should be forwarded to the Administrator at earliest possible time.
10. The report should be kept on file for life.

Friendly Man☺r Nursing H☺me

SPECIAL INCIDENT REPORT

☐ **EMPLOYEE** ☐ **VOLUNTEER**

☐ **VISITOR** ☐ **SUPPLIER**

Incident Date: _____ Time: _____ Location:_____

Part of body affected (including left or right):

☐ **Head**	☐ **Middle Back**	☐ **Lower Arm**	☐ **Upper Leg**
☐ **Face**	☐ **Lower Back**	☐ **Wrist**	☐ **Knee**
☐ **Eye(s)**	☐ **Chest**	☐ **Hand**	☐ **Lower Leg**
☐ **Neck**	☐ **Abdomen**	☐ **Finger(s)**	☐ **Ankle**
☐ **Shoulder**	☐ **Upper Arm**	☐ **Hip**	☐ **Foot**
☐ **Upper Back**	☐ **Elbow**	☐ **Thigh**	☐ **Internal Injuries**

Other: _____

Description of Incident: (who, what, where, why, how): _____

Friendly Manor

_____
_____
_____
_____

*****NOTE: USE THIS FORM FOR EMPLOYEES ONLY WHEN NO OTHER FORMS APPLY**

Follow-up: _____
_____
_____
_____
_____
_____
_____
_____

Report Prepared By: _____
Title: _____ **Date:** _____

K:\Data\Manuals\NEW MANUALS 2010-2011\New Emergency Manual - Oct. 2017\Section F - OTHER\POLICY # EM F-14 Visitors Injured While in the Facility.wpd

TORNADO PRECAUTIONS

PURPOSE

1. To minimize the risk to the residents of the Home in the event of a tornado warning or incident.

2. The Administrator or designate will be responsible for the following:
   - Awareness of the weather up-dates/warnings;
   - Knowing the name of your forecast region and your county;
   - Reviewing the action plan;
   - Being prepared with a battery-powered radio and flashlights in the event of power failure;
   - Organizing the precautions outlined below;

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- Notifying families, residents and staff of the precautions to be taken in the event of a tornado.

PRECAUTIONS
INSIDE THE HOME

1. Keep alert for the latest weather watch or warning.

2. Instruct the staff and residents to stay away from windows, exit doors and outside walls.

3. Seek shelter for staff and residents in the basement (if applicable) or under a stairway, sturdy table, or in a closet.

4. Gather residents and staff in the center of the Home on the side away from the storm.

OUTSIDE THE HOME

1. Avoid buildings with large areas of unsupported roof including arenas, barns and supermarkets. If caught in these areas, seek out the lowest floor, an inside hallway or a small interior windowless room.

2. Stay in an interior hallway on the lower floor or basement if in an office building.

3. Seek refuge in a ditch, ravine or other depression and lie flat if caught in the open. Do not remain in your car.

4. Stay away from damaged or weakened structures, fallen debris, downed electrical wires and gas leaks after the storm has passed.

Reference: Atmospheric Environment Service
Fact Sheet
Environment Canada 1988

CHEMICAL SPILL

Friendly Manor Nursing Home is located in the Town of Greater Napanee in the Counties of Lennox and Addington.

In the event of an outside environmental disaster such as a chemical spill, the Mayor of the Town of Greater Napanee would implement the community emergency plan.

Friendly Manor

The Town of Greater Napanee Fire Department has a copy of our Home's Emergency Manual. To date, the Fire Department's direction is for the Home to follow our internal procedures in the event of a community disaster.

The Home will maintain regular communication with the Ontario Provincial Police prior to any decision for evacuation of the Home.

SIGNS & SYMPTOMS OF HEAT STROKE/EXHAUSTION

PURPOSE

1. To define signs and symptoms of heat stroke/heat exhaustion and thereby prevent same in susceptible elderly during heat waves.

2. To describe management of a resident with heat stroke or heat exhaustion.

POLICY

Residents will be protected from heat stroke and/or heat exhaustion.

DEFINITIONS

Heat Stroke

A serious, life threatening condition characterized by a dramatic rise in body temperature, in excess of 40.8°C., indicating a disturbance in heat regulation.

Heat Exhaustion

A condition characterized by disturbance of the vasomotor system, dehydration attributed to insufficient fluid intake and excessive loss of chloride by perspiration.

SIGNS AND SYMPTOMS

	HEAT STROKE	HEAT EXHAUSTION
RECTAL	> 40.8 C	< 40.6 C (may be temperature normal or decreased)
CONSCIOUSNESS	Mental depression, stupor or unconsciousness	Conscious
ORIENTATION	Mental confusion and mild confusion, disorientation	Usually orientated
BLOOD PRESSURE	Widened pulse pressure, low diastolic	Narrowed pulse pressure, marked vertical drop

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PULSE	> 160 beats per minute	< 150 beats per minute
SKIN & SWEATING	Hot and flushed, usually little or no sweating	Pale and cool, pronounced sweating
OTHER SYMPTOMS	Severe headache, convulsions	Fatigue, nausea, irritability, headache, dizziness, muscle cramps

HEAT STROKE & EXHAUSTION PROCEDURE

HEAT STROKE

1. Complete bed rest with head elevated.
2. Sponge bathe with cold water or place wet towels over the neck, chest, axillae and groin.
3. Push fluids.
4. Massage extremities and back, changing position frequently.
5. Administer antipyretics as per Physician's order.
6. Monitor signs and symptoms, temperature, fluid intake.
7. Monitor output for amount, colour and concentration.
8. Chart signs and symptoms, temperatures, intake and output, treatments provided and resident's responses on documentation record and keep Unit Supervisor aware of residents condition. Unit Supervisor or Nurse in Charge keep Physician and Nursing management informed of resident's condition.
9. Transfer resident to hospital if clinically indicated and on receipt of Physician's order.

HEAT EXHAUSTION

1. Place resident in cool area, on back with head lowered.
2. Replace restrictive clothing with loose and light weight clothing (cotton is best).
3. Push fluids.
4. Massage extremities and back, changing position frequently.

5. Administer antipyretics as per Physician's order.

6. Monitor signs and symptoms, temperature, fluid intake.

7. Monitor output for amount, colour and concentration.

8. Chart signs and symptoms, temperatures, intake and output, treatments provided and resident's responses on documentation record and keep Unit Supervisor aware of residents condition. Unit Supervisor or Nurse in Charge keep Physician and Nursing management informed of resident's condition.

9. Transfer resident to hospital if clinically indicated and on receipt of Physician's

PREVENTION OF HEAT STROKE/EXHAUSTION

1. Keep building well ventilated with fans and/or air conditioner.

3. Keep over bed lighting to a minimum. Close drapes during day.

4. Do not allow residents out without head covering and avoid exposure to sun between 10 am and 2 pm.

5. Follow hydration procedure. Offer extra water between meal and nourishment times. Serve cold foods for lunch such as salads, sandwiches.

6. Watch for early signs of heat illness such as stumbling, headache, nausea, dizziness, excessive sweating or lack of sweating and changes in mental status.

7. Have residents wear loose fitting clothing and keep movement to a minimum.

PREDISPOSING RISK FACTORS

1. Cardiovascular disease.

2. Gastrointestinal disturbances.

3. Malnourishment.

4. Drug reactions.

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5. Circulatory problems.

6. Obesity.

7. Hyperthyroidism.

8. Agitated psychiatric conditions.

HOT WEATHER ILLNESS PREVENTION PROTOCOL

PURPOSE

To prevent or decrease the effects of hot humid weather on residents and staff.

PROCEDURE

1. Extra fluids will be encouraged for all residents by various methods such as:
    - Extra jug of juice available at all meals;
    - Cold or ice water available at all times;
    - More high water content foods used when preparing meals;
    - A.M., P.M. and H.S. snack trays to include high fluid content items;
    - Fluids offered at all recreational and activation programs.

3. Encourage appropriate loose fitting clothing.

4. Limit exposure to hot environment and excessive exercise.

5. Re: Maintenance of cool environment

2. Portable fans situated in rooms where air circulation is poor;

3. All blinds and curtains pulled by 10 a.m. if air temperature outside exceeds 76 degrees. (Ensure all fans are in use to circulate air);

4. Ice blocks used in front of portable fans as needed to cool the air.

NOTE: Lounges, Dining Room and all Corridors are air conditioned by means of two air make-up units located on the roof.

HOT WEATHER ILLNESSEMERGENCY ALERT

1. Remove all residents to a cooler room (the lounge), and observe closely for signs and symptoms of Hot Weather-Related Illness i.e. Heat Exhaustion or Heat Stroke.

2. Any resident displaying these signs and symptoms take temperature with thermo scan thermometer; always take temperature on high and moderate risk residents as

Friendly Manor

well.

3. If temperature > 38.5 degrees - implement aggressive cooling measures:
   - Moved resident to cooler room;
   - Place ice in front of fan;
   - Sponge resident with cool water;
   - Take temperature and vital signs q 2h until normal then q 4h x 12 hours.

4. Monitor In & Out.

5. **Push** fluids.

NOTE:

If temperature remains > 38.5 degrees C or other signs and symptoms persist, notify doctor to discuss transfer to hospital.

INTRODUCTION

This contingency plan outlines what will be done if any infectious outbreak is suspected. This plan will be used in addition to any other infection control procedures that are already in place in the Home.

This plan will be:
- Reviewed at Professional Advisory Committee meeting annually;
- Reviewed with all personnel in the Home annually.

CONTINGENCY PLAN, CRITERIA AND IDENTIFICATION OF INFECTIOUS OUTBREAK

All employees must be alerted to the importance of reporting episodes of outbreak type illness so that appropriate preventive measures can be taken.

The Charge Nurse should notify the Infection Control Nurse of any clustering of Respiratory Infections.

Criteria and identification

According to textbooks an outbreak is any number of cases more than one. After three is considered to be an epidemic. An outbreak is to be determined by the Medical Advisor, Medical Officer of Health with the Director of Nursing. They will together determine if and when an outbreak actually exists.

NOTE

A base line can be determined from Daily Surveillance Records kept on the 24-hour

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report and the Monthly Infection Control Report.

CONTINGENCY PLAN FOR AN INFECTIOUS DISEASE OUTBREAK

POLICY

Each facility will develop a contingency plan for an outbreak or epidemic situation.

PURPOSE

1. To control the spread of infection.

2. To prevent re-occurrences of a similar outbreak

PROCEDURE

1. Establish the criteria to be used for determining the presence of an outbreak.

2. Identify the appropriate steps to be taken immediately to prevent the spread of infection.

3. Outline the lines of communication to report a suspected or occurring outbreak and to be maintained throughout the outbreak. Include, as appropriate:
    - Physicians;
    - Medical Officer of Health;
    - Laboratory;
    - Ministry of Health;
    - Families;
    - Residents;
    - Staff;
    - Volunteers;
    - Hospitals;
    - Suppliers;
    - Media;
    - Regional Coroner's Office.

4. Outline the procedures to be taken to verify the diagnosis by clinical and laboratories studies.

5. Indicate the type of surveillance system to be implemented to monitor cases of the infection.

6. List the authorities to be contacted about the outbreak.

7. Outline the responsibilities of each Department, Infection Control Committee Members, and the Administrator.

8. Describe the process for on-going analysis of data collected.

9. Outline the appropriate steps to be taken once the outbreak has been declared to be over.

10. Describe the evaluation process following the completion of the outbreak investigation.

RECOGNITION OF AN OUTBREAK

INTRODUCTION:

To assist staff in recognizing and reporting infections occurring in the residents, a list of some typical signs and symptoms of infection in the elderly is provided. An outbreak should be immediately suspected and immediate action must be taken to control a potential outbreak when a clustering of symptoms in one or more residents within a twenty-four (24) hour period.

SIGNS AND SYMPTOMS :
GASTROENTERITIS:

- Nausea and vomiting in a twenty-four (24) hour period.
- Diarrhea or change in normal bowel habits (eg. appearance, colour consistency).
- Complaints of abdominal cramps or pain.
- Sudden onset (eg. explosive).
- New incontinence.
- Change in dietary habits.

RESPIRATORY:

- Resident perspiring, flushed, warm to touch.
- Increased temperature > 38°C.
- New or recent decrease in hearing.
- Complaints of earache.
- Sore throat, redness, hoarseness.
- New cough.
- Chest pain.
- Increased or new sputum.
- Increase in respiratory rate (> 25).
- New or recent stuffy, runny nose.
- Increased confusion, agitation.

ESSENTIAL FIRST STEPS

1. Recognition (as outlined in Section J\Sub 8 Recognition of an Outbreak).

2. Notification of an outbreak (pandemic or otherwise) must be done by Registered Staff to the Infection Control Co-ordinator, which is the Director of Nursing.

3. The Infection Control Co-ordinator to call the Medical Officer of Health/Public Health

Unit.

4. Residents with a suspected infection will be immediately isolated from common areas (e.g. dining room, lounge) and detailed records kept on their illness (time of onset, severity, frequency of symptoms, progress, etc.) will be kept on a line listing.

5. The following samples may be obtained and immediately sent to the lab designated by Public Health Unit for testing:
    - Stool specimens of residents with a suspected infection; (specify type of stool kits to be used);
    - Water samples (if requested);
    - Food samples;
    - Nasopharyngeal swabs.

6. The Ministry of Health and Long term Care will be notified of outbreak using the Critical Incident System. This will be updated periodically throughout the outbreak.

7. The Ministry of Labor will be notified of outbreak including signs and symptoms and any staff affected.

ORGANIZATIONAL CHART - CONTINGENCY PLAN

REPORTING PROCEDURE CHART

KFL&A PUBLIC HEALTH INFECTION CONTROL ➔➔➔ MEDICAL ADVISOR
(CO-ORDINATOR\DIRECTOR OF NURSING)

Friendly Manor

(CIS)

↕

MINISTRY OF HEALTH ADMINISTRATOR
(CIS)

↕ ↕ ↕ ↕ ↕ ↕

ACTIVATION LAUNDRY NURSING HOUSEKEEPING DIETARY MAINTENANCE

DESIGNATION OF COMMUNICABLE DISEASE

The following diseases are designated communicable diseases for the purposes of the ACT:

- Ameobiasis
- Amoebic dysentery;
- Amoebic abscess

1. Anthrax
2. Arthropod-borne viral infections
3. Botulism
4. Brucellosis
5. Chickenpox (Varicella)
6. Cholera
7. Cytomegalovirus infection, including congenital infection
8. Ebola virus disease
9. Encephalitis, including:
   - Primary, viral;
   - Post-infectious;
   - Vaccine-related;
   - Subacute sclerosing panencephalitis
10. Enteropathogenic Escherichia coli infections, epidemic (in children under two years of age)
11. Food Poisoning, all causes

12. Gastro-enteritis, acute viral

13. Giardiasis

14. Hemorrhagic fevers

15. Hepatitis, viral, including:
    - Infectious (Hepatitis A);
    - Serum (Hepatitis B);
    - Non-A, Non-B Hepatitis;
    - Other viral causes

16. Histophasmosis

17. Influenza, Types A, B and C

18. Lassa Fever

19. Leprosy (Hansen's Disease)

20. Leptospirosis

21. Listeriosis

22. Malaria

23. Marbug virus disease

24. Measles

25. Meningococcal infections, including:
    - Meningitis;
    - Meningococcaemia, including Waterhouse-Friderichsen;
    - Meningoencephalopathy

26. Meningitis, all other causes

27. Mumps

28. Opthalmia Neonatorum

29. Pertussis (Whopping Cough)

30. Plague

31. Poliomyelitis, acute

32. Polyneuritis, acute infective (Guillain-Barre)

33. Psittacosis (ornithosis)

34. Q Fever

35. Relapsing Fever, Louse-borne

36. Reye's Disease

37. Rheumatic Fever, acute

38. Rocky Mountain Spotted Fever

39. Rubella, including Congenital Rubella

40. Salmonella infections, including:
    - Typhoid;
    - Paratyphoid A, B, and C;
    - Salmonellosis

41. Shigellosis

42. Tetanus

43. Toxoplasmosis

44. Trichinosis

45. Tuberculosis

46. Tulerculosis

47. Typhus, louse-borne and other

48. Vaccinia

49. Yellow

50. Yersiniosis

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If has been recommended that E Coli 0157H7 be included as part of this list.

Reference: Ontario Regulation 426/78 under the Public Health Act.

CONTROL PROCEDURES

If an outbreak has occurred, the following control procedures will immediately be implemented to reduce amount of cross-infection and control spread of the infection.

STAFF EDUCATION

1. Inform all staff at the start of each shift of the precautions that have been implemented;

2. Conduct in-services on hand-washing and food-handling practices;

3. Reinforce the importance of staff reporting symptoms in themselves to the Director of Nursing;

4. Inform all staff that stool specimens or nasopharyngeal swabs may be required.

CARE PLANS

1. The Director of Nursing will formulate a master care plan outlining specific nursing actions for all infected residents. The Activation Supervisor will include her/his plans for one-on-one activation.

ISOLATION

1. Single rooms or groupings of rooms will be set aside for all suspected cases. These rooms will be clearly marked with signs so that all staff, visitors and volunteers are aware of restricted areas;

2. All personnel entering this area will wear gowns and masks if indicated as necessary by the Medical Officer of Health;

3. Scrupulous hand-washing techniques will be observed. Hands will be washed or will be sanitized with alcohol based hand rub before and after handling each resident, handling soiled linen, or touching excretions (even if gloves are used);

4. All group activities for affected residents will be curtailed and residents will eat in their room;

5. Specific staff will be assigned to care for infected residents (cohort staff). All other staff will have no contact with infected residents.

NOTE: A physical plan of the Home will be a part of the Contingency Plan to assist the

Outbreak Team assigning isolation areas.

SPECIMEN COLLECTION

1. The Health Unit will be responsible for the organization of specimen collection in the Home. The Director of Nursing or designate will communicate directly with the Health Unit to plan and implement procedures.

2. The Health Unit Outbreak Team Leader will:
    - Establish who will be the contact person at the laboratory;
    - Assign and notify the laboratory of the outbreak number to be used for all reporting;
    - Obtain instructions from the laboratory for the handling and labeling of specimens;
    - Instruct staff on specimen collection technique and completion of requisitions for the laboratory;
    - Ensure that an adequate supply of specimen containers are available at all times;
    - The Director of Nursing or designate will inform the Health Unit of the above expectations as soon as an outbreak is identified to ensure clear designation of responsibilities.

FOOD-HANDLING PROCEDURES

1. The Kitchen Manager will be responsible for the following:

- Preparing for an immediate in-depth inspection of all food-handling areas by Public Health Department;
- Samples of left-over food will be kept and refrigerated. The health unit will be responsible for bagging of food specimens;
- An inspection of food-handling surfaces and equipment, refrigeration, dishwasher, water supplies and equipment, ventilation, floor drains, storage areas, water jugs and cups, as well as an evaluation of procedures for handling and distribution may be carried out by the Health Unit;
- Ensuring that no outside food is brought into the Home by visitors or take-out from restaurants;
- Collecting of water samples as requested by the Public Health Inspectors;
- Isolation Room: (if required/recommended by the Medical Officer of Health);
- Dietary staff will not enter the isolation areas at any time;
- Disposable dishes and cutlery will be used only if indicated by the Medical Officer of Health. Dishes must be transferred from a clean tray to the tray in the isolation room at the entrance to the isolation room;

2. If non-disposable dishes/cutlery are used: -nursing staff will double-bag and label before transferring to outside the isolation area;

3. These items will be washed in a separate dishwashing cycle. Careful hand washing is to be observed by kitchen staff handling dishes/cutlery from the isolation area;

4. Meals for infected residents will be brought on specially-marked carts by the nursing

staff to the isolation room;

5. Food carts and trays will be disinfected with a germicidal solution after each use. Food trays in the isolation room will remain in the room until isolation precautions have been discontinued.

DIETARY STAFF

- All food handlers will be interviewed by the Director of Nursing or designate regarding any recent illnesses and will provide a stool specimen before they finish their shift or before starting their next shift. A second specimen must be provided 24 hours later. Any suspected cases will be excluded from work.

LAUNDRY

1. The Laundry Supervisor will be responsible for the following:
2. All nursing staff will be instructed to avoid overfilling laundry bags thus preventing proper closure;
3. All laundry and nursing staff will wear gowns and gloves when handling infected laundry;
4. All infected linen will be double bagged and labeled by nursing staff before being transported outside the isolation area;
5. All infected laundry will be washed separately in a germicidal solution. Linens will not be shaken more than necessary, to minimize airborne contamination;
6. Laundry staff will ensure that the procedure for the protection of personal clothing to prevent cross-contamination when moving between the designated clean and dirty areas are strictly adhered to;
7. All laundry equipment and work areas (including sorting tables, carts and hampers) will be washed thoroughly with disinfectant twice during each shift;
8. Hands will be washed in germicidal liquid soap after handling contaminated laundry, before going to infected areas to pick up soiled laundry, before handling clean laundry, and before leaving the washroom;
9. An adequate supply of plastic bags, gowns and gloves will be available for handling of infected linen;
10. Floors will be wet-washed with a germicidal solution in the sorting and washing areas at the end of each shift.

HOUSEKEEPING

1. The Housekeeping Supervisor will be responsible for the following:
    - An adequate supply of chemicals and equipment will be made available to ensure that separate cleaning supplies and equipment are used in infected rooms;
    - Housekeeping staff will wear gowns and protective footwear when cleaning in infected areas;
    - In communal washrooms, toilets and sinks will be cleaned with a germicidal cleaner after each use and the floor every shift;
    - Commode chairs be disinfected after every use by nursing or housekeeping staff as

designated;
- Clean mops, rags and solutions will be used to clean each room or area;
- All toilet articles will remain in the isolation area for cleaning. These will be removed only when isolation precautions are discontinued. At that time articles will be washed in germicidal solution and double-bagged for transporting to designated area for cleaning;
- All garbage will be double-bagged and labeled by housekeeping staff before being taken out of the isolation area.

ACTIVATION

- The Activation Supervisor will ensure that isolated residents are provided with an activation program geared to their needs considering the limitations of the isolation room. This will become part of the nursing care plan.

ASYMPTOMATIC CARRIERS

1. Any residents identified as asymptomatic carriers will be made known to all staff.

2. Specific protocol will be developed in consultation with the Medical Advisor for:
   - Handling of stool samples or fecal soiling;
   - Personal hygiene affected residents;
   - Hand washing requirements by residents and staff.

3. These residents will not be kept under isolation precautions.

4. Identify symptoms in the remaining resident population which would indicate that they may be infected by the asymptomatic carriers.

5. In conjunction with the Medical Advisor, develop protocol for the frequency of repeat stool cultures for asymptomatic carriers.

INFECTED RESIDENTS

1. The criteria for discontinuation of precautions will be:
   - Asymptomatic;
   - Three negative stool specimens.

INFLUENZA OUTBREAK INVESTIGATION AND MANAGEMENT

PROCEDURE

1.Notify the public health unit.

2. Obtain nasopharyngeal swabs on all ill residents (or as directed by Public Health Unit).

3. Notify the Compliance Advisor for the Long Term Care Regional Office, Ministry of Health. (Send Critical Incident Report)

4. Notify Community Care Access Centre (CCAC).

5. The Director of Nursing and the registered staff will make the following decisions:
    - Determine the case definitions;
    - Develop and implement control strategies;
    - Determine whether or not to use amantadine/tamiflu;
    - Determine whether admissions/readmissions are appropriate;
    - Determine the length of time interventions should be in effect and;
    - Determine when the outbreak is over.

6. Keep ill residents away from common areas and exclude them from group activities until their acute symptoms have resolved. Keep residents on their floors. Discontinue social activities except one to one activity.

7. Remind staff about the importance of using good hand washing technique after every resident contact.

8. Have the least number of staff as possible care for the ill residents and minimize the amount of staff movement between units. (Institute cohort nursing if possible).

9. Staff members ill with acute respiratory symptoms must stay home. Encourage staff to not work in other health care institutions during the outbreak. Notify the staff that do work in other institutions as soon as possible.

10. Offer influenza vaccine to all previously unvaccinated residents (if not showing flu symptoms) and encourage unvaccinated staff to get vaccinated and contact their physician regarding Tamiflu use. See IC I-93 regarding resident Tamiflu use.

11. 'Respiratory Outbreak' alert signage should be on all entrance doors to the facility indicating a respiratory outbreak and where families and visitors can get information on outbreak requirements. Family may be able to help residents with fluid intake to avoid dehydration.

12. Admission of new residents and the readmission of residents must be considered on an individual. The following criteria may be considered:
    - The resident has had an influenza vaccine;
    - The resident consents to receive amantadine/tamiflu, if being administered and;
    - The resident's attending physician has weighed the severity of the particular outbreak with the susceptibility of his/her patient.

Note: A resident's bed will be kept for up to 30 days while he/she receives treatment in an acute

care hospital or 60 days for a psychiatric leave. In the event that a resident's hospital stay exceeds 21 days due to a closure of a LTCF, the Ministry of Health may make concessions for that resident to extend the period of timethey may remain away from the facility.

13. Ensure that residents are not transferred out of the facility to other LTCF's unless there is an emergency. Non-urgent appointments made before the outbreak should be rescheduled.

14. As a margin of safety, there should not be any transfers out of the LTCF until at least two incubation periods have elapsed (i.e., 6 days).

15. The Public Health Unit will declare when the outbreak is over. In general, an outbreak can be declared over eight days after the last reported case.

16. Notify compliance advisor for the Long Term Care Regional Office, Ministry of Health when outbreak is declared over.

Include:

- Date outbreak declared over;
- Number of residents that were affected;
- Number of residents and staff hospitalized with influenza;
- Number of residents deceased as a result of influenza outbreak.

17. Notify Community Care Access Centre (CCAC) that the outbreak is declared over.

NASOPHARYNGEAL SWABBING

See attached for more information

Other Considerations

- Although the procedure is not painful, it can be irritating causing the individual to move, sneeze and/or cough. A second staff member may be required to assist the resident.
- Specimen(s) need to be submitted to the lab within 3 days of collection.
- Keep specimen(s) refrigerated.
- If the individual has a productive cough or a sore throat, consider collecting separate specimens for culture and sensitivity using kits obtained from your servicing laboratory.

OUTBREAK CONTROL - PANDEMIC

POLICY

The home will have an organized contingency plan during a Pandemic Respiratory Outbreak.

PURPOSE

1. To control the spread of infection to staff and residents.

2. To ensure that our clients are prepared by educating everyone of ways to protect themselves.

ESSENTIAL FIRST STEPS

1. Recognition (as outlined in 'Recognition of an Outbreak' (EM J-8).

2. Notification of an outbreak (pandemic or otherwise) must be done by Registered Staff to the Infection Control Co-ordinator, which is the Director of Nursing.

3. The Infection Control Co-ordinator to call the Medical Officer of Health.

4. Residents with a suspected infection will be immediately isolated from common areas, e.g. dining room, lounge, etc. and detailed records kept on their illness (time of onset, severity, frequency of symptoms, progress, etc.) using line listing.

5. A plan of action as approved by the Team will be initiated.

6. See organization Reporting Procedure Chart (EM J-12).

7. Review Section Outbreak Management Team Guidelines (EM J-14).

ROLES AND RESPONSIBILITIES OF INFECTION CONTROL CO-ORDINATOR

1. To co-ordinate with department heads contingency supplies required during an outbreak.

2. Co-ordinate supplies to ensure enough Personal Protective Equipment (PPE) is available for staff.

3. Make sure fit testing is completed q2 years or as required.

4. Monitor and track annual influenza vaccinations.

ROLES AND RESPONSIBILITIES OF DEPARTMENT SUPERVISORS

- Make a list of key suppliers.

- Make a list of staff who work at other jobs.

- Make a list of staff who may find it difficult getting to work during a pandemic due to kids at home.

- Make a list of functions/services that could be eliminated during a pandemic outbreak.

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PANDEMIC RESPONSE PLAN TRIGGER POINTS

4. POST-PANDEMIC PHASE	1. PRE-PANDEMIC PHASE
3. PANDEMIC PHASE	2. PANDEMIC ALERT

- Pre-pandemic Phase
- there is no evidence that a pandemic influenza is imminent;
- communication is the most important in this phase to increase awareness to all staff, families, residents, volunteers;
- awareness on PPE's, how to avoid getting sick and symptoms of influenza.

- Pandemic Alert
- small and large clusters of human to human spread;
- communicate about what response plans are activated and measures that are in effect. ie: status of outbreak, traveling, best practices to prevent influenza.

- Pandemic Period
- increased and sustained human to human and large geographic distribution.

Communicate:
- updates, any actions or changes made and any local impact;
- information lines;
- communicate regularly with health organizations;
- updates of legislation, laws, etc.

- Post Pandemic Trigger Point
- pandemic has passed and operations are returning to normal. This is declared by competent authorities.

Communicate:
- pandemic impacts/results, what did we learn.

SIGNS AND SYMPTOMS

COMMON FLU	PANDEMIC FLU
Symptoms: - affects people during flu season between November and March - primarily a respiratory illness	**Symptoms:** - can occur at any time of the year. **NOT** limited to a season - may cause more shortness of breath and

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- develops abruptly - high fevers develop quickly - general malaise - headaches - muscle joint aches - cough and sore throat	coughing - severe muscle and joint pains - higher fevers - more severe malaise and lack of energy - can cause confusion - more severe than seasonal flu
Who seems to get it: - certain groups ie: elderly, very young, people with existing medical conditions such as lung disease, heart problems, decreased immune systems	**Who seems to get it:** - young adults (20-30 years of age) are more likely to contract the disease and once contracted are more likely to exhibit more severe symptoms that can lead to death - phenomenon known as 'cykotine storm' which refers to your body's immune system over reacts causing multiple organ failure and hemorrhaging especially in lungs and those with strongest immune systems are those between ages 20-39 years of age
Testing: - can have testing	**Testing:** - no test to determine
Vaccine: - available and effective -antivirals are available and supply is not an issue	**Vaccine:** - not available at time of outbreak - antivirals may be in short supply - Centre of Disease Control recommends that in a time of potential pandemic, everyone should receive a seasonal flu vaccine

PRECAUTIONS AND PREVENTIONS

Precautions and preventions that apply to all types of influenza but most importantly when dealing with a more serious event such as pandemic flu are:

- cough and respiratory hygiene (video);
- hand washing;
- masks;
- staying home from work when ill;
- avoid touching your face especially eyes, nose or mouth.

Hand Washing:

1. Hand washing is the single most important thing to prevent the spread of viral infections which is noted by Centres for Disease Control.

Is there a correct way to wash hands?

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The Centres for Disease Control recommends the following steps for simple hand washing:

1. First wet your hands and apply liquid soap.
2. Next, rub your hands vigorously together and scrub all surfaces.
3. Continue for 10 - 15 seconds - it is the soap combined with the scrubbing action remove germs.
4. Rinse well and dry your hands.
5. ***Remember*** to turn off taps with paper towel.

How often should hands be washed?

- If hands are visibly soiled or contaminated they should be washed immediately. Hands should be washed after using the restroom, changing a brief, petting a dog, cat or other animals, touching plants or soil, and between clients. Hands should also be washed before eating (after also), before touching eyes, nose or mouth, and before preparing food.

Educate Staff:

- Not to come to work with respiratory symptoms during times of a pandemic.
- Get staff thinking about a pandemic and what would they do to prepare personally ie: children' school closures.
- Staff during a pandemic to eliminate unnecessary socializing outside of the work environment. This decreases risk of contacting influenza.
- Get your immunization.

During a Pandemic:

- Office Manager to prepare signs for all entrances to the building regarding signs and symptoms of the pandemic flu, importance of hand hygiene, cough/sneeze etiquette.

- Infection Control Co-ordinator or designate to notify staff on and off duty. Also, notify resident and families.

- **Maintenance person to change the codes at each entrance to the building and increase the amount of outside are produced by the HVAC system.**

- Supervisors to manage shift changes to occur so that one shift leaves as other enter so the number of staff meeting and sharing in the hallway is limited.

- Infection Control Co-ordinator to communicate with any staff who have traveled internationally and instruct them to be off work for 72 hours before returning back to work.

- Any staff ill with symptoms of pandemic flu, to be off at least 5 days or whatever is instructed by Public Health Unit or Medical Officer of Health.

- Communication Person/Infection Control Co-ordinator or designate is to place all memos on Pandemic Communicator Board at the nursing station to communicate changes in procedures.

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- Follow Ministry of Health Guidelines or Recommendations.

- Infection Control Co-ordinator to make recommendations on:
- visitor restrictions or closures to the public;
- antiviral disbursement;
- personal protective equipment requirements;
- follow all infection control procedures.

KEY CONTACTS TO CALL FOR QUESTIONS/ANSWERS:

- Ministry of Health @ 1-800-667-1062 ext. 7232
- WHO (World Health Organization) @ www.who.int/en
- K.F.L.&A. Public Health @ 1-800-267-7875
- Public Health Agency of Canada @ www.phac-aspc.gc.ca

- and US Centres for Disease Control @ www.cdc.gov

REFERENCES:

- apfluwatch.com - Employer Resouces
- http://www.apfluwatch.com/employer-preparedness-FAQ.htm

USE OF TAMIFLU

POLICY

The use of Tamiflu should be considered for residents when there is a suspected or confirmed influenza outbreak. Tamiflu is an adjunct to the influenza vaccine in preventing the spread of respiratory infections cause by type A influenza. Tamiflu may be given as a preventive measure or as a treatment. Tamiflu may be considered in consultation with public health when there is a suspected outbreak with confirmed laboratory evidence.

PROCEDURE

1. Determine if Tamiflu should be used.
2. Tamiflu is to be considered in the following situations:
    - A laboratory confirmed case of influenza A in one or more residents or;
    - An outbreak of influenza A (confirmed) occurs or; there is a lab confirmed influenza A activity in the community, and unidentified flu-like illness in the facility.

3. Determine eligibility for Tamiflu
    - As a general rule, all residents should receive Tamiflu regardless of whether they received the influenza vaccine the previous fall, however, there may be situations where Tamiflu may not be used for all residents, (i.e., only one geographic area is

affected)

- The Medical Advisor and/or the resident's attending physician is to determine whether or not the resident should receive Tamiflu.

4. Obtain or confirm consent
   - Residents will have signed consent to Tamiflu administration on their chart. These will be discussed with the resident or substitute decision maker at the residents annual conference each year along with the Flu vaccine consent.

5. Determine dosage requirements.
   - Every resident is to have a recent creatinine level completed by the lab. Dosage will be determined according to the lab results of the creatinine level. GeriatRX will provide confirmation of dosages according to the creatinine level.

6. Monitor for side effects
   - Side effects most frequently reported include: nausea, vomiting and diarrhea. Other reported side effects (1%-3%) are: bronchitis, abdominal pain, dizziness, headache, cough, insomnia, fatigue. Additional effects in less than 1% were unstable angina, anemia and pneumonia.

7. Length of administration:
   - see attached GeriatRX Pharmacy policy.

DISCONTINUATION OF OUTBREAK PRECAUTIONS

The Director of Nursing and the Public Health Unit will:

a. Determine if criteria for discontinuation of the outbreak have been met;

b. Discontinue isolation and outbreak precautions, i.e. closure of the Home, visiting restrictions upon approval of the Medical Officer of Health. Notify all parties involved;

c. Instruct the Department Heads to inform staff and discontinue outbreak procedures;

d. Analyze the documented findings and implementation of the plan with the Outbreak Management Team;

e. Review the Outbreak Contingency Plan and its applicability during this outbreak;

f. Make recommendations based on findings;

g. Revise the Contingency Plan as required and submit to the Medical Officer of Health;

h. Notify Ministry of Health that the Outbreak is over. Via Critical Incident Report;

i. Notify the CCAC that the Outbreak is over and our Home is now open for new admissions and tours by prospective applicants.

METHODS FOR EPIDEMIOLOGIC INVESTIGATION OF FOOD-BORNE DISEASE OUTBREAKS

PURPOSE

The purposes of conducting an epidemiologic investigation are to:

- Determine the source of disease;
- Control disease spread and development of new cases;
- Identify means of preventing or lessening the likelihood of similar outbreaks in the future, if possible.

BASIC STEPS

The basic steps in undertaking an epidemiologic investigation are the following (although not necessarily presented in the sequence that would be followed):

1. Verification of the diagnosis by clinical and laboratory methods. Criteria for considering persons as "cases" must be established. Classification of cases can be based on symptoms, laboratory results, or both;

2. Verification of the existence of an epidemic. This is done by comparing the current incidence of disease with past levels to determine whether an excessive number of cases are occurring;

3. Identification of a common event, experience, or setting;

4. Identification of the group involved in the common experience or setting. Steps C. and, then, require describing the epidemic with respect to time, place and person;

5. Obtain an epidemiologic history on each member of the group involved, whether ill or not;

6. Conduct laboratory investigations to confirm diagnoses and possible sources of the outbreak. This involves collection of appropriate specimens from affected individuals and a sample of clinically unaffected individuals for laboratory study, analysis of infection from possible human or animal sources of infection and from suspected foods;

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7. Study of environmental conditions possibly leading to identification of the source and resolution of the problem;

8. Search for additional cases and follow-up of potentially exposed individuals not readily available on site at the time of the initial investigation; these may represent unrecognized or unreported cases;

9. Analysis of assembled data and interpretation of findings;

10. Analysis of assembled facts should be consistent with a single hypothesis as to the source and spread of the outbreak;

11. Report the investigation. It is helpful for the report to include evaluation of measures used for disease control and recommendations for prevention of similar outbreaks in the future.

NOTIFICATION OF RESIDENTS

Reassure residents constantly and provide them with factual information.

THE INDIVIDUAL RESIDENT

1. Advise resident that doctor has been notified about symptoms.

2. Explain isolation procedures: explain the need for transfer within the facility.

3. Assign activities staff to do one-on-one visitation of isolated resident.

4. Assign resident if hospitalization is required.

5. Advise resident of the infection disease outbreak and that he/she has been confirmed as having the infectious disease.

6. Keep the resident informed of his/her own condition through nursing staff and on status of the outbreak.

7. As required, advise resident of:
    - Restrictions on visitors, including exclusion of young children;
    - Restrictions on food being brought to them;
    - Closure of the Nursing Home;
    - Restrictions on their leaving the Home.

ALL RESIDENTS

1. Advise residents of the existence of an infectious disease outbreak. Advise them of:

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- Importance of reporting symptoms;
- Importance of hand washing and personal hygiene;
- Necessary of internal transfers to isolate all residents.

NOTIFICATION OF NEXT-OF-KIN

1. Notify family members of change in condition of resident.

2. Notify family members of hospitalization of resident.

3. Notify family members of existence of outbreak:
    - Place sign at entrance directing visitors;
    - Explain enteric or other isolation procedures;
    - Ask that food not be brought to residents (if enteric outbreak).

4. Arrange for attending physician to meet with family members to discuss epidemic if requested.

5. If visitations restricted, notify families by telephone.

NOTIFICATION OF VOLUNTEERS

1. Advise them of the existence of an infectious disease outbreak. Advise them of:
    - Importance of practicing proper infection control measures (ie: hand washing, food handling) both at the Nursing Home and at their home.
    - Importance of reporting symptoms and absenting themselves from their volunteer work, if they have symptoms.

2. Advise them as required regarding:
    - Restrictions on normal volunteer activities;
    - Restrictions on visitation to isolated residents;
    - Restrictions on residents leaving the Nursing Home;
    - Closure of the Nursing Home to the public.

MANNING THE FACILITY DURING A CONFIRMED CASE OF INFLUENZA 'A'

POLICY

Friendly Manor Nursing Home has an established procedure for staffing during a confirmed Influenza A Outbreak.

PURPOSE

To protect residents and staff during an Influenza A Outbreak.

PROCEDURE

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Once the Public Health Unit confirms that the Home has an Influenza A Outbreak, the Director of Nursing will liaise with the Public Health Unit team in an attempt to minimize the effects of the Influenza Outbreak by addressing staffing and access to the Home by outside persons.

IMMUNIZED STAFF (Staff Who Have Received the Flu Vaccine This Year)

1. Immunized staff will continue to work.

2. If recommended by the Public Health Unit, non-immunized staff will be sent home.

3. Staff not at work will be notified of the outbreak.

NON-IMMUNIZED STAFF (Staff Who Have Not Received the Flu Vaccine This Year)

1. Contact his/her family physician to receive the flu vaccine **and** a prescription for Tamiflu.

NOTE: Employees may return to work 4 hours after taking Tamiflu.

2. If unable to take the vaccine for medical reasons, he/she must receive Tamiflu for seventy -two (72) hours (three (3) days) before returning to work.

3. If the employee cannot be vaccinated or take Tamiflu, he/she **cannot work** during the outbreak.

4. Once the Public Health Unit declares that the outbreak is over, all employees can return to work.

NOTE: Staff who are off with Influenza symptoms must remain off a minimum of five (5) days from the date of onset or until symptoms subside.

5. If staff work in another facility and there is an Outbreak in that facility they should not report to work here for seventy-two (2) hours.

STAFF PAY DURING AN OUTBREAK

Staff who were sent home, were not vaccinated, and have no proof of illness, will not be paid for missed shifts unless they express in writing to their Supervisor that they wish to use vacation credits or lieu days.