

Miramichi Lodge Emergency Plan



Prepared by: The Management Team of Miramichi Lodge
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Part One: Introduction

1.1 Preface

For optimum response efforts, employees must be familiar with the contents of this emergency plan prior to an emergency.

Emergencies are defined as: “a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.”¹

Planning is a key component of emergency management, regardless as to the nature, size, or duration of the emergency.

1.2 Plan Purpose

The purpose of this plan is to identify the need for planning and to identify the roles, responsibilities and key activities of Miramichi Lodge in planning and responding to emergencies.

1.3 Declaration of Emergency

It is the responsibility of the Head of Council to declare an emergency; thus, the Warden will declare an emergency.

The provincial government may also declare a provincial emergency, either for the entire province or in a particular jurisdiction. The Premier, and the Commissioner of Community Safety (formerly known as the Commissioner of Emergency Management), have this authority under the Emergency Management and Civil Protection Act.

¹ Emergency Management and Civil Protection Act, April 21, 2022

Part Two: Roles and Responsibilities

2.1 Staff Demographics

| Staff Population | | | |
|--|--------------------|----------------------|---------------|
| Department | Full-Time | Part-Time | Relief/Casual |
| Administration | 5 | 0 | 0 |
| Maintenance | 3 | 0 | 0 |
| Housekeeping | 6 | 12 | 2 |
| Food Services | 7 | 16 | 1 |
| PSW | 36 | 68 | 21 |
| Laundry | 2 | 3 | 0 |
| Client Programs *1 FT + 1 PT Staff have PSW Cert. | 3 (rec) 1 (CPS) | 4 (rehab) 3 (rec) | 1 (rec) |
| Registered Nurses | 3 | 8 | 3 |
| Registered Practical Nurses | 14 | 18 | 4 |
| Nursing Administration | 5 | 0 | 0 |
| Total | 85 | 132 | 32 |

Supervisory personnel will assign job duties and it is expected that all staff cooperate in performing a wide variety of duties. Duties that were once designated for specific classifications may need to be shared and carried out by others. Duties will vary, depending on the nature of the emergency.

2.2 Nursing Department Roles and Responsibilities

Nursing Management Team:

The nursing management team will provide nursing care within their individual professional competencies. Nurses are expected to continue to adhere to the overall framework for the practice of nursing as outlined in the College of Nurses Practice Standards and Guidelines. This includes accessing current government and related emergency information, and using the appropriate links to the College of Nurses.

Registered Nurses and Registered Practical Nurses:

Registered Staff are expected to continue to adhere to the overall framework for the practice of nursing as outlined in the College of Nurses Practice Standards and Guidelines.

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| Type of Service | Level of Care | Services that could be reduced | Services that may be enhanced |
|---|---|---|---|
| Medications | Administered as prescribed | None | Antiviral administration |
| Assessment of Care needs | Ongoing | Frequency may be reduced Essential documentation only | Acute illness and Palliative Care |
| Skin and wound Care | Routine Aseptic dressings, sterile dressings and colostomy care | | |
| Communication with families/ decision makers, POA | Maintain regular communications | | May have to increase frequency or change process method (website) |
| Contract Services | Determine whether Physiotherapy or Psychiatry visits should continue. | Defer foot care, hairdressing, dental hygienist dependant on residents need | |

If no registered staff are available, consider:

| Rank | Staffing Options |
|------|---|
| 1 | Qualified staff working in other departments |
| 2 | Nurse Practitioner |
| 3 | Resident Care Coordinators |
| 4 | Director of Care |
| 5 | Staff on leave of absences (LOAs) |
| 6 | Retired staff |
| 7 | Registered Staff from Bonnechere Manor |
| 8 | Pembroke Regional Hospital |
| 9 | Algonquin College Nursing Professors/Students |
| 10 | AdvantAge Ontario |
| 11 | Agency Staff |
| 12 | Military Personnel |

Personal Support Workers:

| Type of Service | Level of Care that must be maintained | Services that could be reduced | Services that may be enhanced |
|-------------------------------|---|--|---------------------------------|
| Personal Care | Face, hands and perineum washed 2x daily and as needed to maintain skin integrity. Active care that reduces risk of health complications | Bathing limited to baths and showers as needed. | |
| Personal hygiene and grooming | | Modify depending on resident health needs, staff availability; defer care of fingernails and feet. | |
| Oral Care | Twice daily | | |
| Clothing and bed changes | | As needed | |
| Toileting and continence Care | Maintain routine toileting and continence care. Maintain routine catheter care | | |
| Assistance with eating | Provide as needed | | Tray service for isolated cases |
| Reposition bed residents | | Once every 2 hours or as needed to promote comfort and prevent skin breakdown | |
| Management of natural deaths | | | Will likely increase |

If no Personal Support Worker staff are available, consider:

| Rank | Staffing Options |
|------|--|
| 1 | Qualified staff working in other departments |
| 2 | Registered nursing staff |
| 3 | Staff on leave of absences (LOAs) |
| 4 | Retired staff |

| Rank | Staffing Options |
|------|---|
| 5 | Qualified staff from Bonnechere Manor |
| 6 | Pembroke Regional Hospital |
| 7 | Resident Aides |
| 8 | Designated Essential Care Givers |
| 9 | Volunteers |
| 10 | Qualified County of Renfrew staff (i.e., Social Services Department) |
| 11 | AdvantAge Ontario |
| 12 | Agency Staff (i.e., Bayshore Health Care 1-855-493-6087, Paramed Home Health 613-433-9408/1-866-656-9594) |
| 13 | Red Cross 613-735-1157 |
| 14 | Military Personnel |

Nursing Staff Contingency Plan in an Emergency Situation:

| Position | Day Shift (0700-1500) | Afternoon Shift (1500-2300) | Night Shift (2300-0700) |
|--|--|--|---------------------------------|
| Personal Support Workers (PSWs): | 3 PSWs (reduce short shifts) 18 | No Change 18 | No Change 6 |
| Alternate: 12 hour shifts (36 PSWs daily) | Days (0700-1900) 4 PSWs 24 | Nights (1900-0700) 2 PSWs 12 | |
| Registered Staff | No Change | No Change | No Change |
| Alternate: 12 hour shifts | Days (0700-1900) Reduce to 2 RNs on days 6 RPNs | Nights (1900-0700) 2 RNs on nights 2 RPNs | 4 RPNs short shifts (1900-2300) |
| Resident Attendants (as adjunct to PSW staffing) | 2 | 2 | 0 |

Reduce RN RAI Coordinator (1), and RAI/MDS/Admission Team (2-3)

2.3 Food Services Department Roles and Responsibilities

This plan is designed as a guideline in the event of a Emergency. The Food Services Department is responsible for the continuity of meal service to provide adequate Nutrition and Hydration to 166 residents.

Estimated number of resident meals:

| | |
|--------------|----------------------------|
| Breakfast | - 166 |
| Lunch | - 166 |
| Supper | - 166 |
| TOTAL | - 498 meals per day |

Miramichi Lodge Emergency Plan

| | | |
|---|----------|------|
| Estimated number of resident nourishments | AM snack | -166 |
| | PM snack | -166 |
| | HS snack | -166 |
| TOTAL - 498 nourishments per day | | |

Food Services Staff are responsible for food production and preparation, portering of food items to the resident home areas, serving meals and setting up nourishment carts.

Food Supplies:

- Excluding perishables, the amount of food on hand could last approximately seven (7) days. Menu revisions would be required.
- Eggs, milk, bread and fresh produce would be required within three (3) days. Menu revisions would be required.
- Bottled water on hand could last approximately two (2) days

Chemical Supplies:

- On hand cleaning and chemical dishwashing supplies could last approximately two (2) weeks

Dishes and Eating Utensils:

- On hand disposable supplies; plates, cups, bowls, glasses, knives, forks, spoons, soup spoons, will last approximately seven (7) days

Food Services Personnel Assignments:

The following Food Services Positions are essential to provide normal meals and nourishments with as little modification as possible.

A minimum of ten (10) people will be required to carry out the functions of meal preparation and service. Workers can include volunteers, management staff or staff from other departments. Staff with Food Service Qualifications will be asked to work in Food Services.

| Position | Staff Requirement |
|-------------------------|--|
| Food Service Supervisor | 1 or designate |
| Registered Dietitian | 1 |
| Cooks | 1- Early 6:00 – 2:00 p.m. (Sat/Sun 1 6:00-2:00) 1 Late 2:30 – 7:30 p.m. (M/W/TH) 11:30-7:30 T/F/S/SU |
| Food Service Workers | 4 - Early 6:30 – 2:30 p.m. 1 –7:00 – 3:00 p.m. 1 - 11:30 – 7:30 p.m. 3 – 2:30 – 7:30 p.m. 1 – 7-12 THURS - Groceries |

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| Supply Item | Supply Ordering |
|---|-----------------|
| Food (excluding perishables) | Every 7 days |
| Eggs, Milk, Bread, fresh produce | Every 3 days |
| Bottled water | Every 2 days |
| Chemical Supplies: hand cleaning & chemical dishwashing supplies | Every 2 weeks |
| disposable supplies; plates, cups, bowls, glasses, knives, forks, spoons, soup spoons | Every 7 days |

Food Service Staff Contingency Plan in an Emergency Situation:

A minimum of ten (10) people are essential to provide normal meals and nourishments with as little modification as possible.

| Position | Early | Late | Evenings |
|-----------------------------------|--------------------------------|---------------------|--------------------------------|
| Food Service Supervisor | 1 varied hours | | |
| Assistant Food Service Supervisor | 1 varied hours | | |
| PT Registered Dietitian | 1 varied hours | | |
| Cooks | 5:00-1:00 No Change | 8:30-4:30 No Change | N/A |
| Food Service Workers | 3 - 6:00-2:00 1 - 6:15-2:15 | 2 – 11:00–7:00 | 2 – 2:45–7:15 1 – 3:15–7:15 |

If no Food Service Worker staff are available, consider:

| Rank | Staffing Options: |
|------|---|
| 1 | Qualified staff working in other departments |
| 2 | Staff on leave of absences (LOAs) |
| 3 | Retired staff |
| 4 | Qualified staff from Bonnechere Manor |
| 5 | Volunteers |
| 6 | Qualified staff working another division of the Corporation of the County of Renfrew (i.e., Social Services Department) |
| 7 | Pembroke Regional Hospital |
| 8 | AdvantAge Ontario |
| 9 | Local qualified restaurants staff (i.e., Ullrich's on Main, Pembroke, ON, 613-735-6025) |
| 10 | Military Personnel |
| 11 | Contract out meals from local restaurants |

2.4 Environmental Services Roles and Responsibilities

Laundry

| Type of Service | Level of Care that must be maintained | Service that could be reduced | Service that may be enhanced |
|-----------------|---------------------------------------|-------------------------------|--|
| Personal linen | Clean personal linen each day | None | increase based on the symptoms of the influenza like illness |
| Facility linen | Clean personal linen each day | If decreased services | Disposable items |

Laundry Staff Contingency Plan in an Emergency Situation:

| Position | Days |
|---------------|----------------------------|
| Laundry Staff | No changes # of staff 4 |

If no laundry staff are available, consider:

| Rank | Staffing Options: |
|------|--|
| 1 | Qualified staff working in other departments |
| 2 | Staff on leave of absences |
| 3 | Retired staff |
| 4 | Bonnechere Manor laundry staff and/or qualified staff from other departments |
| 5 | Pembroke Regional Hospital |
| 6 | Contract services (i.e, Ottawa Linen Services 1-888-770-2489) |

Housekeeping

| Type of Service | Level of Care that must be maintained | Service that could be reduced | Service that may be enhanced |
|-----------------------|---------------------------------------|--------------------------------------|---------------------------------------|
| Resident Rooms | Daily cleaning | Daily cleaning | Enhanced cleaning of High touch areas |
| Resident Common Areas | Daily cleaning | Daily cleaning | Enhanced cleaning of High touch areas |
| Staff Areas | Daily cleaning | Reduced frequency of low touch areas | Enhanced cleaning of High touch areas |

Housekeeping Staff Contingency Plan in an Emergency Situation:

| Position | Days | Afternoons |
|--------------------|----------------------------|----------------------------|
| Housekeeping Staff | No changes # of staff 6 | No changes # of staff 2 |

If no housekeeping staff are available, consider:

| Rank | Staffing Options: |
|------|---|
| 1 | Qualified staff working in other departments |
| 2 | Staff on leave of absences |
| 3 | Retired staff |
| 4 | Bonnechere Manor housekeeping staff and/or qualified staff from other departments |
| 5 | Pembroke Regional Hospital |
| 6 | Contract services (i.e., Jani King at jerry@janiking.ca or Chris at Diamond Shine 819-598-7633) |

Maintenance

| Position | Level of Care that must be maintained | Service that could be reduced | Service that may be enhanced |
|-------------------|---------------------------------------|---|------------------------------|
| Maintenance Staff | | Residents Needs: -phone/cable connection -furniture moving in/removal with admissions/transfers | |
| | | Preventative Maintenance | |
| | Mechanical Equipment, safe operations | | Priority |
| | Security | | |

Maintenance Staff Contingency Plan in an Emergency Situation:

| Position | Days | Afternoons |
|-------------------|--------------|--------------|
| Maintenance Staff | # of staff 1 | # of staff 0 |

If no maintenance staff are available, consider:

| Rank | Staffing Options: |
|------|---|
| 1 | Contractors for emergency repairs |
| 2 | Qualified County of Renfrew staff |
| 3 | Qualified Bonnechere Manor staff/ Environmental Services Supervisor |
| 4 | Staff on leave of absences (LOAs) |
| 5 | Retire staff |
| 6 | Contractual Companies |

2.5 Client Services Department Roles and Responsibilities

Client Services will have a minimum of 3 staff available to assist on a daily basis.

With regards to socialization with the clients during an emergency - if staff has time we would rotate staff to interact with all clients on a daily basis. Walks and social gatherings with clients. Routine check-ins with all clients on a daily basis to see if they are moving and having some interaction though out the day.

| Type of Service | Level of Care that must be maintained | Service that could be reduced | Service that may be enhanced |
|-------------------------------------|---------------------------------------|-------------------------------|------------------------------|
| In-house Rec. Prog./ Rec. Therapist | Basic programming Daily Check-ins | Closed | 7 Rec. Prog. |
| Restorative Care Staff / PTA | 1:1 | Closed | 3 PT Rehab 3 PT PTA |

Client Programs Staff Contingency Plan in an Emergency Situation:

| Position | Days | Afternoons |
|---------------------------------|------|------------|
| Recreation Programmer/Therapist | 2 | 2 |

If no Client Programs staff are available, consider:

| Rank | Staffing Options: |
|------|-----------------------|
| 1 | Essential Care Givers |
| 2 | Volunteers |

2.6 Administration Department Roles and Responsibilities

| Type of Service | Level of Service that must be maintained | Services that could be reduced | Services that may be enhanced |
|--|---|--|--|
| Director of Long-Term Care / Administrator Direction | Administrator may provide directions from an offsite location; either County Administration building or home. | | Act as Admin for both Miramichi Lodge & Bonnechere Manor |
| Administration Supervisor: Payroll HR Services | Payroll Onboarding staff | HR duties and financial/budget reports could request | Act as Administrator for both Miramichi |

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| | | | |
|---|--|--|--|
| Facility Budget | | extension to any deadlines | Lodge & Bonnechere Manor |
| AA-Finance Resident Finances | Monthly billing (backup ADS) | Payables reduce from bi-weekly to monthly or request County Administration assistance. Day Programs will be closed | Obtaining approval signatures from Managers working off site |
| Receptionist Reception Duties | Switchboard (backup – system will remain on night service) WSIB Form 7 completion – 3 day timeframe for reporting (backup AA-F, AS) Resident trust / mtc. payment / withdrawal | | Call-ins |
| Secretary 2- HR Administrative Support | By-weekly Payroll (backup AAF, ADS) Maintain staff schedules Call-ins | | |
| Fundraising Coordinator | | Fundraising Activities | Admin support to BM & ML |

Administrative staff Contingency Plan in an Emergency Situation and will work in teams with one team on site and the other team off-site or if unavailable:

| Team One | Team Two |
|------------------------------------|---|
| Director of Care | Administrator |
| Resident Care Coordinator | Resident Care Coordinator – Infection Prevention and Control Practitioner |
| Environmental Services Supervisor | Food Services Supervisor |
| Assistant Food Services Supervisor | |
| | Client Programs Supervisor |
| Administration Supervisor | Administrative Assistant-Finance |
| Administration Assistant-Admin | Administrative Assistant-HR |
| Staffing Clerk | Unit Clerk FT |
| Receptionist | Unit Clerk PT |
| Physiotherapist | |
| | Dietitian |
| Nurse Practitioner | |

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| Team One | Team Two |
|----------|------------------------|
| | Fundraiser Coordinator |

If Teams One & Two are unavailable:

1. Bonnechere Manor staff
2. County of Renfrew personnel
3. Pembroke Regional Hospital
4. AdvantAge Ontario resources
5. Ministry of Long-Term Care resources
6. Military

| Miramichi Lodge Physician List | | | |
|-------------------------------------|--------|------|------|
| Physician Name | Office | Home | Cell |
| Dr. Lane Medical Director | | | |
| Dr. Mandie Bzdell | | | |
| Dr. Gauthier Attending Physician | | | |
| Dr. Corrigan Attending Physician | | | |

Part Three: Overview of Health Sector Organizations

3.1 Long-Term Care Homes

| | | |
|--|---|---|
| * Bonnechere Manor, Renfrew Dean Quade, Administrator dquade@countyofrenfrew.on.ca 470 Albert Street, Renfrew, ON K7V 4L5 Tel: 613-432-4851 Fax: 613-432-7138 | - | 178 LTC Beds, 2 Respite |
| *Caessant Care Cobden Tami Sandrelli, Administrator tsandrelli@caessantcare.com 12 Wren Drive, Cobden, ON K0J 1K0 Tel: 613-646-2109 / Fax: 613-646-2182 | - | 64 LTC beds & 37 Retirement beds |
| The Four Seasons, Deep River Hospital Hanna Hotson, Administrator 117 Banting Drive, Deep River, ON K0J 1P0 Tel: 613-584-3333 / Fax: 613-584-4920 | - | 10 LTC Beds, 4 Interim Beds |
| Groves Park Lodge, Renfrew Donna Pinkham, Administrator 470 Raglan St., Renfrew, ON K7V 1P5 Tel: 613-432-5823 / Fax: 613-432-5287 | - | 90 licensed beds, 11 Interim Beds & 4 Transitional beds Total = 90 |
| *Marianhill Inc., Pembroke Linda Tracey, Administrator 600 Cecelia St., Pembroke, ON K8A 7Z3 Tel: 613-735-6838 / Fax: 613-732-3934 | - | 167 LTC Beds |
| *North Renfrew Long-Term Care Services Shelley Yantha, Administrator Box 1988, 47 Ridge Rd., Deep River, ON K0J 1P0 Tel: 613-584-1900 / Fax: 613-584-9183 | - | 20 LTC Beds, 1 LTC Respite and 1 Community Respite, 9 Senior Apts |
| The Grove, Arnprior Janice Dunn, Vice President, Long-Term Care 275 Ida St. North, Arnprior, ON K7S 3M7 Tel: 613-623-6547/ Fax: 613-623-4554 | - | 60 LTC Beds, 1 Respite |
| *Valley Manor, Barry's Bay Trisha Sammon, Administrator P.O. Box 880, 88 Mintha St., Barry's Bay, K0J 1B0 | | 90 beds total at Valley Manor, no short stay and offers an Adult Day program on Tues and Thurs (6-8 |

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Tel: 613-756-2643

clients)

Fax: 613-756-7601

*Emergency Partner Agreements in place

3.2 Hospitals

Renfrew Victoria Hospital, 499 Raglan Street, Renfrew, ON K7V 4A7

Julia Boudreau Tel: 613-432-4851 ext. 260 Fax: 613-432-8649

Arnprior & District Memorial Hospital, 350 John Street North, Arnprior, ON K7S 3M4

Eric Hanna Tel: 613-623-3166 Fax: 613-623-4844

Pembroke Regional Hospital, 705 MacKay St., Pembroke, ON K8A 1G8

Pierre Noel Tel: 613-732-2811 Fax: 613-732-9986

St. Francis Memorial Hospital, P.O. Box 129 Centennial Dr., Barry's Bay, ON K0J 1B0

Julia Boudreau Tel: 613-756-3044 Fax: 613-756-0106

Deep River & District Hospital, 117 Banting Dr., Deep River, ON K0J 1P0

Richard Bedard Tel: 613-584-3333 Fax: 613-584-4920

3.3 Essential Service Providers

| Name | Telephone | Fax | Services |
|--|---|-----|-------------------------|
| Food Services | | | |
| Canada Bread | Brian Bucholtz Canada Bread 1-877-747-0613 | | |
| Brum's Dairy 631 Bruham Ave Pembroke, ON K8A 4Z8 | 613-735-2325 | | Dairy Products |
| Complete Purchasing Tammy Armstrong | 1-800-331-9433 ext. 448 tammy_Armstrong@aramark.ca | | |
| Mr. Bill Ziebarth | 613-735-3336 | | Water transport |
| Culligan of Pembroke | 613-735-0774 | | Drinking water |
| Ventrex Vending 6-1550 Liverpool Ct. Ottawa, ON K1B 4L2 | 1-888-690-6333 613-747-0455 ext 241 | | Food Machine Rentals |

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| | | | |
|--|---|----------------------------------|---|
| Diversey 6150 Kennedy Rd Mississauga L5T 2J4 | Jamie Sawyer Cell 613-880-8328 | 1-800-668-7171 | Chemicals Kitchen and Laundry |
| Sysco P.O. Box 6000 Peterborough, ON K9J 7B1 | Account Exec: Bianca Saikaley Cell: 343-998-6150 Cust Service Lynn Amyotte 1-800-267-0195 Order Desk: 1-800-461-6543 | 1-800-481-8758 | Groceries / Dry / Fresh / Meat / Frozen |
| Nestle Vitality | Lesley Hadfield Cell: 613-899-0260 1-800-668-5463 Service: 1-800-538-3545 | | Juice/Coffee/Tea Machines |
| NURSING | | | |
| Renfrew County & District Health Unit 450 O'Brien Rd. Renfrew, ON | 613-432-5853 Main office 613-732-3629 613-623-2991 | 613-623-3382 | |
| MediSystem | T : 613-224-3225 | | Pharmaceutical supplies |
| Cardinal Health 277 Basaltic Rd. Concord, ON L4K 5V3 | 1-905-417-2900 1-800-387-7025 Kevin Vickers 613-449-2750 | 1-905-761-9929 | Nursing Supplies |
| LifeLabs | 1-877-849-3637 | 905-795-9891 | Laboratories Services |
| KCI Medical Canada, Inc. 95 Topflight Drive Mississauga, ON L6S 1Y1 | 1-800-668-5403 905-565-7187 | 905-565-7270 | Specialty Nursing Supplies |
| Medical Mart 5875 Chedworth Way Mississauga, ON L5R 3L9 | 1-905-624-6200 1-800-268-2848 | 1-905-624-2848 1-800-563-6937 | Attends Products |

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| | | | |
|--|--|--------------------|---|
| Medigas, A Praxair Company 900 Ages Dr. Unit 900 Ottawa, ON K1G 6B3 | 613-732-4396 | | Oxygen |
| ENVIRONMENTAL SERVICES | | | |
| Cardinal Health PO Box 4918 STN A Toronto, ON M5W 0C9 | 905-417-2900 1-877-878-7778 | | Nursing Gloves |
| George Courey 6620 Ernest Cormier Laval, QC H7C 2T5 | 1-800-361-1087 Anita Ferrato Sales Executive | | Linen Supplies |
| MC Healthcare 4658 Ontario St. Beamsville, ON L0R 1B4 | 1-800-268-8671 | 905-563- 8680 | Beds, mattresses, furniture |
| MIP 9100 Ray Lawson Blvd. Anjou, QC H1J 1K8 | 1-800-361-4964 Adam O'Neil 613-806-0672 | | Linen Supplies |
| Bunzl Cleaning & Hygiene 710 Dalton Avenue, Kingston ON K7M 8N8 | 613) 546-3771 Direct (613) 876-3984 Cell Peter Forster | | Housekeeping Supplies Hand sanitizer & dispensers Equipment |
| Complete Purchasing Tammy Armstrong | 1-800-331-9433 ext. 448 tammy_Armstrong@aramark.ca | | All supplies |
| Diversey 6150 Kennedy Rd Mississauga L5T 2J4 | Jamie Sawyer Cell 613-880-8328 | 1-800-668- 7171 | Laundry/HSKP Chemicals |
| Cummins | 613-736-1146 | | Generator |
| Gal Power | 1-800-619-4219 / 613-226-4876 | | Generator |
| J. C. Robinson & Sons Limited | John Cell 613-733-2481 | | Boilers |

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| | | | |
|----------------------------|----------------|--|-----------------|
| Valley Refrigeration Ltd. | 613-732-8764 | | Fridge/Freezers |
| Carrier Commercial Service | 1-905-405-4022 | | Chiller |
| MacEwen | 613-735-0597 | | Generator Fuel |

Part Four: Communication Roles and Responsibilities

4.1 Communication of the Emergency

Target Audiences

| Internal | External | External: Health Sector | External: Non-Health Sector |
|-----------|------------|-------------------------|-----------------------------|
| Residents | Families | Contracted Personal | Suppliers |
| Staff | Physicians | | |

Communication Strategies

Depending on the emergency, Miramichi Lodge may provide communication via the following methods:

- Email to families, volunteers, staff;
- Website;
- Media relations;
- Facebook.
- IPAC communication board
 - Updates and alerts; Monitor in staff lounge area
- Joint Occupational Health and Safety communication board
- Dedicated telephone line with recording of updated information
- Current list of employee telephone numbers (Fan-out List)

Part Five: Types of Emergency

5.1 Code Red: Fire Appendix I

Code Red should be immediately initiated whenever anyone of the following indication of real or suspected fire is observed:

- Seeing smoke or fire
- Smelling smoke or other burning material
- Feeling unusual heat on a wall, door or other surface
- Other indication as identified by the facility

A Code Red alarm may also be initiated automatically by electronic fire detection equipment in the facility. Such equipment includes heat and smoke sensors in the building areas and in ventilation equipment and water pressure sensors in the fire sprinkler lines.

Fire response procedures must be implemented upon suspicion of a fire. Do not hesitate to use the pull stations located throughout the building. Follow the steps in the Fire Plan and **REACT**:

1. **Remove** residents from immediate danger
2. **Ensure** that all doors and windows are closed
3. **Activate** the fire alarm system – if not done automatically
4. **Call** to confirm the fire department is on the way
5. **Try** to extinguish the fire if possible

Remember the steps in operating the fire extinguisher

Pull – Aim – Squeeze – Sweep

Reminder: If you are away from your unit when a Code Red is called, return to your unit forthwith using the stairwells – if safe to do so.

5.2 Code Blue: Resident Distress Appendix II

Code Blue is called for residents who do not have an advance healthcare directive indicating otherwise.

Respond to the call for help

Bring any emergency equipment required to the location of the code

Confirm that the code has been called – no directive

Contact charge/RN nurse for consult – if not at scene of code

Contact emergency services

Ensure others close by are taken care of and safe

5.3 Code Orange: Disaster External Appendix III

The Home needs to know and understand its roles and responsibilities in the community to take residents from other facilities. The intake needs to be co-coordinated and controlled to ensure no loss of residents. Accurate intake records will be kept to ensure continuity of resident movements. Emergency food and water supplies and access to sleeping arrangements are essential to the effective support during a Code Orange.

5.4 Code Green: Evacuation Appendix IV

In the event that an External or Total evacuation is required, a second alarm will sound, which is activated by placing the evacuation key in the pull station. The sound of the second stage alarm is distinctive and you will notice the difference. Follow the Code Green Total Evacuation Sequence upon hearing this alarm

5.5 Code Yellow: Missing Resident Appendix V

When a Code Yellow is announced all available staff should report to their nursing station to obtain the name and description of the missing individual. The charge/RN nurse will initiate a systematic facility wide search. If unsuccessful the search will be expanded to include the surrounding area utilizing a concentric grid pattern. The administrator will be notified at this stage to seek guidance in notification strategies and further actions.

5.6 Code Black: Bomb Threat Appendix VI

When a Code Black is announced the police must be called immediately.

The facility must make a thorough search when a bomb threat is received.

Public areas should be checked first as they are most vulnerable.

Utilizing the search grid from the Code Yellow highlight those areas that have been checked.

Evacuation of the facility will be decided upon in conjunction with the police in this instance. (See Code Green – Total Evacuation of the facility.)

Reminder – If you see something suspicious:

Do Not

- Touch, move or open it – report it to the police
- Activate light switches or slam doors
- Use pagers or two way radios

5.7 Code White: Violent Incident Appendix VII

A Code White should be called if you hear of see anyone attempting the following:

1. Threatening, harassing, or being verbally abusive to another individual
2. Attempting to harm themselves or others
3. Attempting to destroy property
4. Displaying threatening behavior that is escalating
5. Refusing to leave the property when requested

Reminder – Your first priority in a Code White should be to remove yourself and others from immediate danger.

5.8 Code Brown: Chemical Spill Appendix VIII

A Code Brown is called when there is a chemical spill in the facility. This Code is generally classified in three levels.

Level 1 – Departmental Response – This would be a small spill that can be cleaned up with water and disinfectant and is not going to cause injury or irritation to those providing the clean up. Do not call a Code Brown for this type.

Level 2 – Team Response – This spill will generally be larger in scope and may involve an unknown and hazardous chemical. This spill will require special clean up procedures but may still be done in house – call a Code Brown for this as there may need to be some level of evacuation even if it just in the immediate area.

Level 3 – External Response – This spill is considered a health, fire and/or an environmental hazard. The safe clean up of this type must be done by external services with special respiratory equipment, training and skills. This too may require evacuation beyond the immediate area. Call a Code Brown Level 3 and the Fire Department should be called as well.

5.9 Code Grey: Loss of Utility Appendix IX

Code Grey denotes an air quality issue, or need to enact an air exclusion plan (i.e. shutting off external air circulation, closing windows and doors). When there is an emergency response due to fire or other chemical spills that can cause the air to be contaminated in close proximity to the facility action steps must occur. As stated above we want to shut down all make up air units servicing the building as well as closing all doors and windows ensuring residents are not exposed to the chemical gas. Any decisions to evacuate the facility will be made in consultation with the fire department.

- 5.10.1 Evacuation Procedure
- 5.10.2 Loss of Power
- 5.10.3 Loss of Gas/Gas Leak
- 5.10.4 Severe Weather Event, Earthquake
- 5.10.5 Loss of Telecommunications
- 5.10.6 Loss of Water/Boil Water Advisory
- 5.10.7 Air Exclusion due to External Conditions
- 5.10.8 Loss of Computer Connectivity

5.10 Code Purple: Lock Down Appendix X

Lockdown procedures protect individuals within a building in the case of an emergency. They require that the individuals stay safely sheltered within the building where they are located once an emergency is identified and declared, unless there is a specific threat within that building that requires them to exit.

A lockdown should be activated in situations:

- Where notification was received by local police or government
- Where an immediate life-threatening situation is occurring in the facility or on the grounds

The following security measures are for the protection of residents, employees, volunteers, visitors and leasers, should the decision be made by the person-in-charge to control accessibility in and/or out of the Home in response to a specified threat.

5.11 Code Silver: Person With a Weapon Appendix XI

A Code Silver should be called to ensure the safety of staff, residents and visitors when an individual is threatening, attempting or actively using a weapon to cause harm. Police will be contacted as soon as Code Silver is announced.

5.12 Miramichi Lodge Pandemic Plan (Business Continuity Plan) Appendix XII

5.13 Outbreak Management Appendix XIII

Miramichi Lodge
725 Pembroke Street West
Pembroke, Ontario
K8A 3L8

Approved by:

Pembroke Fire Service

2022

**The Fire Safety Plan is to be applied in
conjunction with the Miramichi Lodge
Emergency Plan.**

Updated November 2022

January 2005

Original Prepared by Morrison Hershfield Ltd.
Report No. 2042488.00

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1. INTRODUCTION

This Fire Safety Plan has been prepared for Miramichi Lodge, 725 Pembroke Street West, Pembroke, Ontario, as required by the Ontario Fire Code, Section 2.8, O.Reg 388/97, as amended, of the Ontario Fire Protection and Prevention Act. The Fire Safety Plan is to be applied in conjunction with the Miramichi Lodge Emergency Plan.

This Plan is designed to enhance occupant safety in the event of fire, to facilitate effective utilization of the fire safety features of the building, and to minimize the possibility of fires. This Plan discusses the activities required by building occupants in the event of fire; fire safety procedures, additional duties of supervisory staff and other related issues. This Plan is also intended to assist firefighters in the performance of their duties, by providing floor plans and building and occupant information, if an emergency ever occurs.

This Plan must be approved by the local Fire Service, but this does not in any way relieve the Owner, Operators, or Building Management of their responsibilities, as set out on the Ontario Fire Code.

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

The Fire Protection and Prevention Act states that "every person who contravenes any provision of the Fire Code and every director or officer of a corporation who knowingly concurs in such contravention is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for an individual or \$50,000 for a corporation or to imprisonment for a term not more than one year, or both.

The Fire Service may require this Plan, or part thereof, once approved, to be resubmitted if there are any changes to occupancy or use, if there is any change in standards, if the Fire Safety Plan has not been kept current or up to date, or because the Chief Fire Official judges the current Fire Safety Plan as no longer being acceptable. The Chief Fire Official is to be notified regarding any subsequent changes in the approved Fire Safety Plan.

While it is reasonable to believe the Fire Service will assume command upon their arrival at a fire emergency, it is the responsibility of the owner(s) to ensure the safety of occupants, at all times. Supervisory staff are required to be instructed in the fire emergency procedures as described in the Fire Safety Plan before they are given any responsibility for fire safety.

It is not necessary that the supervisory staff be in the building on a continuous basis, but they are required to be available for notification of a fire emergency, to fulfil their obligation(s) as described in the Fire Safety Plan.

Supervisory staff are to be instructed in the fire emergency procedures as described in the Fire Safety Plan before they are given any responsibility for fire safety.

A copy of the Fire Safety Plan will be given to the Fire Safety Committee and the Fire Service with specific pages distributed to applicable parties.

2. AUDIT OF HUMAN RESOURCES

ADMINISTRATOR

on site

Mr. Mike Blackmore

Office: 613-735-0175

Cellular: 613-281-4610

Home: 613-732-7975

DIRECTOR OF CARE

on site

Mrs. Nancy Lemire

Office: 613-735-0175

Cellular: 613 633-1249

Home: 613 735-1314

HR COORDINATOR

on site

Ms. Kim Prentice

Office: 613-735-0175

Cellular: 705 816-0256

Home: 705 816-0256

RESIDENT CARE COORDINATOR (1)

on site

Ms. Valerie Nash

Office: 613-735-0175

Cellular: 819-647-8041

RESIDENT CARE COORDINATOR (2)

on site

Mr. Josh Brazeau

Office: 613-735-0175

Cellular: 613-281-4572

Home: 613-407-2747

ENVIRONMENTAL SERVICES SUPERVISOR

on site

Mr. Darhl Burger

Office: 613-735-0175

Cellular: 613-281-4211

Home: 613-281-2412

FOOD SERVICES SUPERVISOR

on site

Ms. Sherri Hendry

| | |
|--|--|
| | Office: 613-735-0175 Home: 613-635-2623 |
| CLIENT PROGRAMS SUPERVISOR | on site Mrs. Sarah Dagenais Office: 613-735-0175 x218 Cellular: 613-281-6855 |
| SOCIAL WORKER | on site Ms. Kelsey Wagstaff Office: 613-735-0175 Cellular: 613 857-0626 Home: 613 857-0626 |
| NURSE PRACTITIONER | on site Ms. Amber Regier Office: 613-735-0175 Home 613-582-3480/613-612-3312 |
| MONITORING COMPANY | The Security Company Tel: 1-888-526-8221 |
| ELEVATOR SERVICE | ThyssenKrupp Tel: 1-800-233-5757 |
| GENERATOR SERVICE | Cummins Tel: 613-736-1146 |
| FIRE PROTECTION SYSTEMS CONTRACTORS | GE Security (Edwards) |
| Edwards Fire Alarm System | 1-800-263-7784 |
| Fire Sprinklers – Viking | 1-613-225-9540 |
| Kitchen Fire Suppression – Rideau Fire Protection | 1-613-228-1100 |
| Portable Extinguishers – Layman Fire | 1-613-687-2896 |

3. AUDIT OF BUILDING RESOURCES

BUILDING DESCRIPTION

Structure

Miramichi Lodge 154,000 square foot three-storey facility for 166 Long Term Care residents located in Pembroke, Ontario. It is situated along the shores of the Ottawa River and was constructed in 2003/2004 with building occupancy taking place in January 2005. The building structure is a combination of cement block walls, metal studding and concrete slab with the exterior structure predominately brick with metal siding and curtain wall.

The main floor of the building consists of private and semi-private residential rooms, lounge areas, dining rooms, kitchen area and associated service spaces, offices, beauty salon, gift shop, meeting room, garbage room and laundry facilities.

The second floor of the building consists of private and semi-private residential rooms, lounge area, dining rooms, mechanical room, storage rooms, offices, workshop, and a large Community Centre, Chapel and Stage.

The third floor of the building consists of private and semi-private rooms, lounges, dining rooms, meeting room, offices and mechanical rooms.

Electrical

A 347/600-volt, 1200 amp service feeds the main electrical system in Room C130c. Electrical rooms C144, C220 and C314 provide electrical distribution to the floors. Additional electrical panels are located in Kitchen, 1st Floor CBlock service corridor and Laundry. MCC Panels are located in the Boiler Room C317 and Mechanical Room C222. A 450 KW Emergency Generator provides emergency power to the facility for essential items.

Mechanical

Four Air Handling Units in Mechanical Room C222 provide ventilation for Offices, Community Centre, Kitchen and Common areas. A 140 Ton Chiller provides cooling for these systems. Four Energy Recovery Ventilators (ERV) on the roof provide self-contained heating and cooling to the Resident Areas. Exhaust fans are roof top units. Three gas-fired boilers in Mechanical Room C317 provide hot water heating to Air Handling Units as well as radiant heating panels located in individual rooms. All components are monitored and controlled by a Building Automation System.

Gas fired heaters located in Mechanical Room C317 provide domestic hot water.

Domestic Water is brought into the Building in Room C130b. The Main sprinkler system feed and shutoff is located in this room as well.

Communication and Security Systems

Telephone

A NEC Administration Telephone System integrated to a Spectralink Wireless Telephone System provides communication for the facility. This is located in Server Room C120.

Nurse Call and Security

The Nurse Call is an Austco System. The main system is located in Server Room C120 with individual controllers on each RHA in the Communication Room. A Position Technology System located in the same areas provides door monitoring and control. Both systems are tied into pocket pagers and Spectralink phones for alarming and notification.

Security Cameras are situated throughout the facility and grounds with monitoring stations on the Resident Home Area.

FIRE ALARM SYSTEM

The building is provided with an Edwards EST3, two-stage fire alarm system with emergency voice communication and emergency telephone handsets. The main fire alarm control panel is located in the ground floor main entrance vestibule. Annunciator panels are located at each of the two nurses stations on each floor.

The fire alarm system is activated by manual pull stations, smoke detectors and sprinkler flow. The sounding devices for the fire alarm system are ceiling and wall-mounted speaker, some with strobe lights, located at various points in the common areas of the floors and within each resident unit. The first stage alarm signal is a 20 beats per-minute tone at 1 KHz and the second stage signal is a temporal 3-3-3 tone.

The fire alarm system is designed such that activation of a fire alarm initiating device in any portion of the building will indicate the zone location of the alarm on the annunciator panels at all nurses stations. The second stage of the alarm can be initiated by inserting a designated key into the pull station or by activation of second stage alarm switches at any nursing station or at the fire alarm control panel. The zone location of all initiating devices will be displayed on the annunciator panels throughout the building.

Upon operation of the first stage of the alarm system, the following will occur:

1. fire alarm signals will sound throughout the building.
2. fire alarm signal will be transmitted to the Central Station Monitoring Company.
3. the zone location of the alarm will be displayed on all annunciator panels.

Upon operation of the second stage of the alarm system, the following will occur:

1. fire alarm signals will sound as a temporal pattern (3 short tones followed by a pause then repeated).
2. fire alarm signal will be transmitted to the Central Station Monitoring Company.
3. electromagnetic lock will release.

The voice communication system cannot be utilized until after the first 30 seconds of any fire alarm. A 30 second inhibit prevents the use of the voice communication system or the silencing of alarm tones during that period. Microphones for emergency use are located at the main alarm control panel as well as at the annunciator panels at the nursing stations on each floor. The annunciator panels are able to page to any zone on any floor by pushing the appropriate zone button on the panel and depressing the button on the side of the microphone to begin the page.

Emergency telephones are also located at all nursing stations on every floor. The emergency telephones are operated by lifting the handset (receiver) and waiting for acknowledgement. When a handset is lifted it initiates an audible signal and flashing annunciator light on the main control panel. The operator at the panel answers the call by depressing the appropriate button on the panel.

If a subsequent handset is used, the caller will hear a busy signal but the audible signal and flashing annunciator light will still occur on the master panel.

Communication with more than one handset, or within different zones, is accomplished by selecting the appropriate selector buttons on the master panel.

Emergency power for the fire alarm system is provided by the emergency generator and by batteries located within the fire alarm control unit.

The fire alarm system is monitored by a central station monitoring company.

AUTOMATIC SPRINKLER SYSTEM

The building is protected throughout by a wet pipe sprinkler system. The main water supply valve for the building is located in the service room (Room C130b) in the south portion of Block C on the ground floor. There are five sprinkler zones on the ground floor and three sprinkler zones on levels 2 and 3. Each zone has its own shut-off valve. The shut-off valve for the garbage chute is located in the Laundry Clean Linen Room (C141h) on the ground floor. The shut-off valve for the laundry chute is located in the Laundry Washing Room (C141d) on the ground floor. The shut off valves for Block A and Block B are located in the janitor's room behind the nursing station on all floors. The shut off valve for Block C is located in the Laundry Sorting Room (C141C) on the ground floor, in the Mechanical Room (C222) for the 2nd level and in the Boiler Room (C317) for the 3rd level. A supplementary glycol system is provided on the 2nd and 3rd floor enclosed balconies with the shut-off located in the Janitors Room (B125) on the ground floor.

Dry-pendent sprinklers are located within the walk-in freezers in the kitchen on the ground floor.

Water flow switches and alarm pressure switches are connected to the fire alarm system. All sprinkler control valves are electrically supervised by the fire alarm system.

KITCHEN SUPPRESSION SYSTEM

The kitchen ranges are equipped with a chemical suppression system.

FIRE DEPARTMENT ACCESS

The primary Fire Department access is at the main entrance located on the east side of Block C.

FIRE DEPARTMENT CONNECTIONS

The sprinkler connection for the sprinkler system is located adjacent to the main entrance at the east side of Block C as shown on the site plan.

FIRE HYDRANTS

There are two municipal hydrants located on the site. One is located in the east parking area adjacent to the main entrance and the other is located in the west parking area, adjacent to the receiving area.

FIRE EXTINGUISHERS

Multi purpose dry chemical (ABC) fire extinguishers are strategically located within cabinets located throughout the building within the corridors, wet chemical Type K fire extinguisher is provided in the kitchen and

multipurpose dry chemical extinguishers are provided within service rooms.

EMERGENCY POWER

Emergency power is provided by a Cummins 450 kw diesel fuelled generator located on the south side of the building.

Emergency power from the generator is provided to the fire alarm system, emergency voice communication, exit signs and emergency lighting.

The fire alarm system is also equipped with battery backup, contained within the fire alarm panel. In the event of a power failure, the batteries are intended to provide sufficient power to allow the fire alarm system to operate in a "supervision mode" for 24 hours, and to sound the fire alarm for 1 hour.

ELECTROMAGNETIC LOCKING DEVICES

Electromagnetic locks are installed on the doors separating Blocks A and B from Block C on all floors. Similarly, electromagnetic locks are installed on the doors to the exit stairwells and to the garden and balconies and are released on activation of the 2nd stage of the alarm system. Card readers are installed at the exit doors to release the electromagnetic locks in a non-emergency situation and push button access is provided to floor levels from within the stairwell.

GAS SHUT-OFF

The main gas shut-off valve is located on the exterior of the building on the southwest wall adjacent to the deliveries loading door.

The gas shut-off valve for the kitchen is located in the corridor adjacent to the kitchen on the ground floor.

The gas shut-off valve for the laundry is located in the corridor adjacent to the laundry area on the ground floor.

ELECTRICAL SHUTOFF

The main electrical disconnect switch is located in the main electrical room in the south end of the ground floor (Room C130c). The transfer switch to emergency power is also located in the main electrical room.

WATER SHUT-OFF

The main water shut-off valve is located in the ground floor service room (Room C130b).

ELEVATORS

There are two passenger elevators serving all three floors of the building: Each elevator cab is provided with key switch controls and an emergency telephone. Keys for elevator operation are located at the Main Switchboard, ESS office and or RN set of keys.

Elevator #1 is designated as the firefighters' elevator. Under emergency power, only elevator #1 will operate.

EXITS

There are exit stairwells at the end of each resident wing and one central exit stairwell. One additional exit stairwell serves the south end of the 2nd floor, Block C

Exit Stairwells

| | |
|-------------|---------------|
| Stairwell A | Centre |
| Stairwell B | Block A East |
| Stairwell C | Block A North |
| Stairwell D | Block B North |
| Stairwell E | Block B West |
| Stairwell F | Block C South |

Exterior Exits – Ground Floor

Main Entrance – main entrance located on the east side of Block C.

Staff Entrance – staff vestibule exit located at the south side of Block C, adjacent to exit stair F.

Receiving Area – exit corridor located south of the receiving area on the west side of Block C.

DESIGNATED ASSEMBLY POINT

The designated assembly point for this building is located on the south side of the building in the vicinity of the storage garage. The designated assembly point will be used for fire drills and emergency evacuations until removal to an off-site temporary shelter is available.

STAFF POOL AREA

The Staff Pool Area is a designated location for staff members to coordinate evacuation measures and is located on the ground floor Staff Room, Room C130a. The alternate locations for the Staff Pool Area are Block A Lounge, room A106.

4. FIRE SAFETY COMMITTEE ORGANIZATION

The Fire Safety Committee will consist of:

1. Administrator
2. Director of Care
3. Resident Care Coordinators
4. Environmental Services Supervisor/Designate
5. Food Services Supervisor/Designate
6. Coordinator of Administration/Designate
7. Client Programs Supervisor/Designate

Each member of the Fire Safety Committee will be responsible for certain administrative functions to be performed throughout the year. In the event of an emergency, each member of the Committee will be required to perform certain duties as outlined in this Plan. The chain of command is as above.

The Pembroke Fire Department liaison Officer for this facility is Captain Graveline and can be reached for assistance as required at 613 735-6821 Ext. 1201

5. SUPERVISORY STAFF RESPONSIBILITIES

5.1 Administrator

The Administrator has numerous responsibilities as specified in the Fire Code and must ensure that the following measures are implemented in the Fire Safety Plan.

1. Appoint and organize designated supervisory staff to carry out fire safety duties.
2. Instruct supervisory staff and other occupants so that they are aware of their responsibilities for fire safety.
3. Ensure maintenance of building facilities is provided for the safety of occupants.
4. Provide alternate measures for the safety of occupants during shutdown of fire protection system(s).
5. Ensure that fire drills are conducted.
6. Control of fire hazards in the building.
7. Notify the Fire Service regarding changes to the Fire Safety Plan and when fire protection systems are shut down for any reason.
8. Post and maintain on each floor area emergency procedures for occupants and floor plan layouts.
9. Ensure that the floor plan layouts show type, location and operation of all building fire emergency systems (i.e. location of fire alarm control panel, etc.) Show primary and secondary exits to be used in case of evacuation.
10. Ensure that Administrator and alternate are aware of those persons requiring assistance in a fire emergency.

5.2 Director of Care

The Director of Care will assume the responsibilities of the Administrator in their absence and provide assistance when required. In addition, the Director of Care will be familiar and follow all provisions of the Fire Emergency Procedures.

5.3 Environmental Services Supervisor

The Environmental Services Supervisor is responsible for the overall implementation of the Fire Safety Plan. The Environmental Services Supervisor will:

1. Obtain and review a copy of the Fire Safety Plan, and know your duties and responsibilities as stated in this Plan.
2. Implement this Fire Safety Plan, including ensuring that inspections, maintenance and testing of the fire protection systems are performed as required by the Ontario Fire Code,

and as summarized in the "Maintenance Schedule" of this Plan; and that this documentation is kept in a log book available to the Fire Service upon request.

3. Ensure that the Fire Safety Plan and related drawings are kept up-to-date and that any revisions are approved by the Fire Service.
4. Ensure fire emergency instructions are prominently posted, as indicated in the "Instructions to be Posted" section.
5. Be familiar with the floor areas, exit routes and locations of firefighting equipment, as appropriate.
6. Conduct fire drills as outlined in this Plan, and retain a record of drills.
7. Assist in fire prevention by adequately controlling fire hazards and conditions of possible safety threat. Any fire hazard or unsafe condition found or reported must be corrected immediately.
8. Advise the Administrator or Director of Care of the temporary shut down of fire protection systems in the building, and arrange for alternate measures for fire safety, as indicated in the "Alternate Fire Safety Measures" section of this Plan.
9. Ensure that the fire protection system and the fire alarm system are returned to normal operation as soon as possible after an emergency, or after repairs or maintenance have been completed.
10. Ensure any revisions to the Fire Safety Plan are approved by the Fire Service.
11. Maintain a record of the location and type of materials used by building management which are deemed a fire or safety hazard, within a log book available to the Fire Service.
12. Keep fire routes and hydrants clear and accessible for Fire Service use at all times.
13. Have immediate access to the elevator maintenance recall key and building access keys.
14. Ensure that equipment is in a safe, operational condition.
15. Ensure staff members have been provided with a copy of the appropriate section(s) of this Plan.
16. Ensure that contract forces working in the building are familiar with the "Emergency Procedures" section of this Plan.
17. Ensure that the posting and maintenance of all signs, including the fire route, are as designated and required by municipal by-laws.
18. Ensure an emergency meeting place is chosen for building occupants.
19. Designate and train an alternate to fulfil your administrative and emergency Fire Safety Plan duties during your absence (e.g. meeting, illness, vacation).
20. Notify the Administrator or Director of Care when absent from the building.

5.4 Other Supervisory Staff

Other Supervisory Staff will:

1. Obtain and review a copy of the Fire Safety Plan, and know your duties and responsibilities as stated in this Plan.
2. Conduct fire drills as outlined in this Plan, and retain a record of drills.
3. Ensure staff members have been provided with a copy of the appropriate section(s) of this Plan.
4. Notify the Administrator or Director of Care when absent from the building.

6. TRAINING OF FIRE SAFETY COMMITTEE MEMBERS

Environmental Services Supervisor and Maintenance Staff will be trained in the location and operation of all building fire safety features. This will include:

- fire alarm system (annunciator and control panels, including system resetting procedures)
- sprinkler system
- transmission of alarm to remote monitoring agency
- one-way emergency voice communication system
- two-way emergency voice communication system via emergency telephone handsets
- emergency generator
- architectural layout of the building and adjoining areas
- evacuation routes
- procedures to facilitate Fire Service access to the building and to the specific fire location in the building
- procedures to be taken during emergency conditions
- use of portable fire extinguishers

The Main Communication Centre and Registered Staff will receive the following training:

- one-way emergency voice communication system
- familiarization of the architectural layout of the building and adjoining areas
- evacuation routes
- procedures to be taken during emergency conditions

All other Supervisory Staff will receive the following training:

- familiarization of the architectural layout of the building and adjoining areas
- evacuation routes
- procedures to be taken during emergency conditions

7. FIRE EMERGENCY PROCEDURES FOR RESIDENTS, FAMILY VISITORS & VOLUNTEERS

If you discover a fire:

1. Shout **"CODE RED"** – Avoid use of the word "FIRE."
2. Pull the nearest fire alarm.
3. Close door to the room.
4. Move beyond the closest fire door or into a fire exit, away from the fire.

If a fire occurs in your area:

1. Move out of the room and proceed beyond fire door or into a fire exit, away from fire - staff will provide assistance.
2. If you are trapped in a fire area, lie down on the floor and put something over your head to keep heat and smoke away from your eyes and lungs – **REMAIN CALM** - assistance will be provided as soon as possible.

If the fire is NOT in your area:

1. Remain where you are; staff will provide assistance.
2. Residents who are not ambulatory - remain in the room; staff will provide assistance; residents who are ambulatory will be evacuated first to avoid confusion and make more room for evacuation of non-ambulatory residents.

8. FIRE EMERGENCY PROCEDURES FOR BUILDING STAFF

If you discover a fire, follow the actions outlined in the acronym **REACT**.

Shout "**CODE RED**" – Avoid use of the word "Fire".

- R** Remove persons in immediate danger, if possible.
- E** Ensure the door (s) is closed to confine the fire and smoke.
- A** Activate the fire alarm system using the nearest pull station.
- C** Call the Main Communication Centre and inform of exact location of fire. Outside of normal business hours (8:00 a.m. to 4:00 p.m.) call RN.
- T** Try to extinguish without endangering oneself using appropriate fire fighting equipment OR concentrate on further evacuation beyond fire doors.

If you hear the 1st stage alert signal (1 tone every 3 seconds):

- Check your floor to make sure the fire is not in your area. If the fire is in your area, see "REACT" above.
- Prepare for the assembly and relocation of patients/residents. Ensure that all of the patients/residents who require special assistance are prepared for relocation.
- Await further instructions.
- If assigned, assist with the relocation of endangered patients/residents.
- If assigned, meet arriving Fire Service and provide them with any necessary information (e.g. location of the fire if known, patients/residents needing assistance to relocate, etc.)

If you hear a 2nd stage evacuation signal (3 tones, pause, 3 tones, etc.):

- Relocate all patients/residents who are in danger.
- Co-ordinate the assembly and relocation of all other patients/residents.
- Await further instructions if floor area is in no immediate danger.

9. STAGES OF BUILDING EVACUATION

9.1 Horizontal Evacuation

Horizontal evacuation refers to the moving from a danger area to a safer area within the building on the same floor (beyond a fire door).

When a fire is discovered or indicated on the annunciator panel, announce over the general page system **“Code Red”** and the exact location of the fire (repeat three (3) times).

When the fire alarm sounds, and the fire area is announced, horizontal evacuation should be started without delay.

In general, the order of evacuation should be as follows:

- a) residents in immediate danger.
- b) ambulatory residents.
- c) non-ambulatory residents.

Note: Holding areas for complete horizontal evacuation of an RHA are:

Level 1 – C Block Lobby

Level 2 – Community Centre

Level 3 – C Block Lobby

9.2 Vertical Evacuation

Vertical evacuation is the removal of residents from the affected or threatened storey to a safe area of another storey, within the building (preferably the main floor). Vertical evacuation should only be necessary where smoke, toxic gases or fire threatens the safety of residents on the affected storey.

9.3 Total Evacuation

Total evacuation of the building is the removal of all residents from a threatened building to another facility. A complete evacuation of the building will be a joint decision made by the:

- Administrator or Designate
- Fire Chief or Designate
- Police Chief or Designate

10. SEQUENCE OF EVACUATION FOR ENDANGERED OCCUPANTS

The Person in charge (wearing a red vest) in the fire area must coordinate the activities of responding staff. This person will be in charge until the Fire Service arrives.

Goal: To evacuate all endangered occupants from the fire area and confine the fire as quickly as possible

1. Evacuate the room of the origin first, if possible.
2. Close all the doors in the fire compartment.
3. Occupants requiring assistance to evacuate should be reassured and told to remain in their rooms with the door closed. They will be evacuated as soon as possible.
4. Evacuate the rooms on either side of the room of fire and the room directly across the hall. These rooms are at greatest risk.
5. To prevent the possibility that someone is left in the fire area, a final check of all rooms should be carried out if possible, provided it is safe to do so.
6. Ambulatory persons should be evacuated next. Move in a group whenever possible. If they are not moved, they may open their room doors and be exposed to fire and smoke. Visitors and other occupants capable of evacuation should be instructed to leave the fire area on their own with some assistance.
7. Visitors could provide assistance if given suitable instructions.
8. Persons in wheelchairs should be evacuated next.
9. Other non-ambulatory persons should then be evacuated.
10. Evacuate residents who are on medical systems (oxygen, IV's). If they are not in immediate danger they should be left in their room with the door closed.
11. Inform Fire Service of their location.
12. Once evacuation lists are complete, the R.N in charge or designate will take roll call using Emergency Census List, checking with all areas to ensure residents are accounted for.

Procedures for moving critically ill patients must be established depending on the nature of the illness, level of care and condition of patient.

The first registered nurse on the scene of the fire is in charge until the fire service arrives.

11. INSTRUCTIONS ON FIRE PROCEDURES FOR BUILDING STAFF

11.1 Supervisory Staff

1. **Administrator:** Co-ordination of all operations.
2. **Director of Care:** Proceed to Communication Centre to assist the Administrator as necessary.
3. **Resident Care Coordinators:** Proceed to the location of the fire and follow Fire Emergency Procedures.
4. **Environmental Services Supervisor/Designate:**
 - a) Ensure fire route is clear and unobstructed.
 - b) If possible, ensure all emergency systems (i.e. sprinkler system) are operating properly.
 - c) Meet arriving Fire Service and upon request provide Fire Service with master keys for all areas and rooms in the building.
 - d) Upon request, provide floor plans that show the locations of exits and all fire protection equipment.
 - e) Upon request, direct Fire Service to the location of the fire alarm and voice communication systems, sprinkler system control valves, natural gas shut-off valves and hydro disconnects.
 - f) At the direction of the Fire Service, initiate any smoke control system, emergency power systems and firefighters' elevators.
5. **Food Services Supervisor/Designate:** take census on the first floor for C Block only and notify the appropriate floors. Will notify Staff Pool that she is on site. In absence someone from Staff Pool to be assigned to this area.
6. **Human Resources Coordinator /Designate:** Proceed to main entrance of building and coordinate/restrict access to the building. Will notify Staff Pool that she is on site. In absence someone from Staff Pool to be assigned to this area.
7. **Client Programs Supervisor/Designate:**
 - a) maintain communication between the Main Communication Centre and Staff Pool Area,
 - b) direct staff to designated areas as required, and
 - c) maintain a list of available staff and areas dispatched to.
8. **Nurse Practitioner:** report to Staff Pool Area.

Note: Upon hearing the fire alarm, all staff must report to their assigned area immediately. Please direct all staff entering the building during a fire drill to the Staff Pool Area.

11.2 Nursing Services – RN in Charge

Note: Both RN's on duty will proceed to the fire area. The RN who is at the fire scene first will be the RN in charge. The RN in charge is in control of the fire scene and is responsible for coordinating duties and responsibilities for the staff reporting to the fire area until the Fire Department arrives. The RN in charge will keep a list of staff in the FIRE ZONE (list on the reverse side of the Tactical Work Sheet).

24HRS

1. Determine the fire area from the nearest annunciator panel and proceed to fire area.
2. Put on red vest located at annunciator panel to signify to other personnel that you are the person in charge referring to the Tactical Work Sheet provided on the clipboard in the fire cupboard by the Annunciator Panel.
3. Assign staff to proceed with evacuations of residents in fire area if needed.
4. Ensure that fire zone is contained through closing of any fire doors.
5. Assign extra staff to monitor stairway doors using Staff Pool sheets.
6. Provide assistance to Fire Service upon their arrival.

Weekdays (8:00 a.m. to 4:00 p.m.)

1. Determine the fire area from the nearest annunciator panel and proceed to fire area.
2. Put on red vest located at annunciator panel to signify to other personnel that you are the person in charge referring to the Tactical Work Sheet provided on the clipboard in the fire cupboard by the Annunciator Panel.
3. Assign staff to proceed with evacuations of residents in fire area, if needed.
4. Send runner to notify staff pool of exact location of Fire. Runner will then wait at front door to escort fire department to scene of fire.
5. Ensure that fire zone is contained through closing of any fire doors.
6. Ensure hallways are clear of obstacles so that evacuations can take place as needed.
7. Provide assistance to Fire Service upon their arrival.

Note: RN is to inform the Fire Service upon their arrival of the locations where oxygen is in use and of the location of the Oxygen Storage room.

One runner will be assigned from the Staff Pool Area to the location of the fire and will be

wearing an red armband. The runner will be assigned duties by the Person-in-Charge at the scene of the fire.

11.3 Registered Practical Nurse-

1. Return to assigned unit and await further instructions.
2. Direct staff as required.
3. Ensure that residents are accounted for and that the emergency census is complete; regularly report to RN for follow-up. Prepare Medical Administration Records (MARS) and emergency ID tags for evacuation.

11.3(a) Registered Practical Nurse (RHA 1A) Day and Evening shift

When the fire alarm sounds outside of normal working hours, the RPN on Resident Home Area (RHA) will:

1. Announce over the general page system **"Code Red"** and the exact location of the fire (repeat three (3) times).
2. Report to main entrance of the building, bringing the Fire Emergency keys and meet the arriving Fire Service. Upon request direct the Fire Service to the scene of the fire. The RN in charge at the fire area will provide master keys for access for all areas and rooms if needed.
3. Upon request, provide floor plans that show locations of exits and all fire protection equipment. These are located in the Fire Safety Plan at the main switchboard desk.
4. If fire is on **RHA 1A then the RPN on 3A** will assume duties as above.

11.3(b) Registered Practical Nurse (First Floor) Night Shift

1. When the fire alarm sounds on the night shift the RPN on first floor will assume duties as above.
2. If fire is on first floor the RPN on third floor will assume duties as above.

11.3(c) Registered Practical Nurse 3B(Third Floor Night Shift) RN Break Coverage

1. Upon circumstances when there is only one RN in the building (i.e. weekends, nights), the RPN 3B(third floor nights) will cover for the RN during her thirty (30) minute break should the RN chose to leave the building. The RN will give the RPN 3B(third floor nights) her wireless phone.
2. If the RN leaves the building she will carry a pager. If the RN must be contacted she can be paged at 635-0410. Once you have dialed this number, you will be prompted to enter a numeric message, simply enter 735-0175
3. It is expected that the RPN 3B(third floor nights) will assume the RN role for Code Red calls as per the fire plan.

11.4 Departments and Units

Shout "**CODE RED**" - Avoid use of the word "Fire"

- R** Remove persons in immediate danger.
- E** Ensure the door (s) is closed to confine the fire and smoke.
- A** Activate the fire alarm system using the nearest pull station.
- C** Call the Main Communication Centre and inform of exact location of fire or during off hours call RN. During regular business hours, Monday to Friday 8:30 a.m. to 4:00 p.m., with the exception of Statutory Holidays, the Registered Nurse who is in charge of the fire area will call the Main Communication Centre and report the exact location of the fire. If the fire is located in a wing where oxygen is stored, the main communication centre will be informed and the information relayed to the Fire Service.
- T** Try to extinguish the fire without endangering oneself using appropriate fire fighting equipment or concentrate on further evacuation beyond fire doors.

11.5 Staff Pool Area (Staff Lounge – Room C130a)

Note: Normal Business Hours: Monday to Friday 8:00 a.m. to 4:00 p.m.

Staff are to report directly to the fire area outside of normal business hours. The Client Programs Supervisor is in charge of the Staff Pool Area with the Administrative Assistant followed by the Nursing Secretaries providing back-up.

The designated Staff Pool area is the Staff Lounge (room C130a). The alternate Staff Pool area is the Fireplace Lounge (room A106). In the event that designated Staff Pool area is unsafe for use, an announcement will be made to report to the alternate Staff Pool Area. Phone number for 1A Administration area is ext 150.

Sequence of Evacuation

The goal must be to evacuate all endangered occupants from the fire area and confine the fire as quickly as possible.

1. Evacuate the room of origin first, if possible
2. Close all doors in the fire compartment. Occupants requiring assistance to evacuate should be reassured and told to remain in their rooms with the door closed. They will be evacuated as soon as possible.
3. Evacuate the rooms on either side of the room of fire origin and the room directly across the hall. The occupants of these rooms are at greatest risk.
4. As each room is evacuated during the primary search, flip the Evacucheck to indicate that this room has been evacuated. Ensure to check under beds and in closets.
5. To prevent the possibility that someone is left in the fire area, a final check of all rooms should

be carried out, if possible.

6. Evacuate the ambulatory persons next. They should be moved in a group whenever possible. If they are not moved they may open their doors and be exposed to fire and Visitors and other occupants capable of evacuating should be instructed to leave the fire area on their own or with some assistance. Visitors can provide assistance if given suitable instructions.
7. Persons in wheel chairs should be moved next.
8. Other non-ambulatory residents should then be evacuated because of the time and resources necessary to move them.
9. Finally evacuate resistant patients and patients who are attached to systems such as I.V. If they are not in immediate danger, they should be left in their room with the door closed. The Fire Service **MUST** be informed of their location.
 - a) Make certain all exits and hallways are clear of equipment.
 - b) Turn on all lights, and turn off auxiliary equipment, e.g. fans heaters etc.
 - c) Return to fight fire if safe to do so, using appropriate equipment.

Note: Upon hearing the fire alarm all staff must report to their assigned area immediately. Direct all staff entering the building during a fire drill to the staff pool area.

Not in the fire area and when the fire alarm sounds:

1. Close all windows.
2. Designated staff will complete an Emergency Census Lists - Residents can remain where they are.
3. Registered Practical Nurse designates one staff member to stand by the phone to report to the Main Communication Centre, as necessary.
4. Make certain that exits and hallways are clear of equipment, chairs, etc.
5. Shut off auxiliary equipment (e.g. fans, ceiling fans, heaters, etc.).
6. Be prepared to evacuate residents, if necessary.

11.6 Main Communication Centre

When the fire alarm sounds during normal working hours (8:00 a.m to 4:00 p.m.), the Main Communication Centre Operator will:

1. **Call 9-911** –Respond to dispatcher’s questions and proceed.
2. Do not hang up telephone until the Fire Service has indicated they have all the information required.

3. Get keys from top left hand drawer (keys are hanging inside of drawer).
4. Go to fire panel and unlock grey cabinet (key with yellow dot)
5. Take out microphone hold button on side. Press all call on panel. Wait for "Ready to Page" light to go solid green.
6. Announce over general page system:
 - a) **"Code RED"** and exact location of the fire **(repeat three (3) times)**.
 - b) "Staff Pool Area located in Staff Lounge at Ext.# 135. (Alternate Staff Pool Block A Lounge, Room A106) **ext 151**
 - c) Back to front reception and continue to follow procedure.
7. Maintain communication between the fire area and the Staff Pool Area.
8. Keep a written record including the proper sequence of events – **Report of Fire Alarm – Main Communication Centre** form located in Section 16 of this Plan.
9. Contact Leaders on the Fan-Out Call List upon instruction.
10. Incoming calls - state **"I am sorry, your call cannot be answered at this time we have an alarm in progress. Please try your call again later,"** then hang up.
11. Do not use outgoing telephone lines except in an emergency.

Note: After hours from the Nursing desk on 3A the Health Care Aid on 3A **Wing - AA** will call 9-911 and contact the Administrator, Director of Care, Environmental Services Supervisor, Manager on call and Maintenance on call and await further instruction. The HCA will document the time each contact person was called on the "Report of Fire Alarm Form"-Main Communication Centre located in the front pocket of the yellow binder called "Emergency & Fire Plan". If the fire is located on 3A the HCA on **1A Wing - AA** will assume this role.

12. When emergency is over, the Fire Official or **RN** designate will authorize the **"CODE RED - ALL CLEAR"** to be announced three (3) times by the **Main Communication Centre**. **(repeat three (3) times)**.

Note: Excess Administration personnel to go to Staff Pool Area to await further instructions. Upon hearing the fire alarm all staff must report to their assigned area immediately. Direct all staff entering the building during a fire drill to the staff pool area.

11.7 Client Programs Staff

If an activity is in progress **or staff are on the RHA unit** when the fire alarm sounds:

- a) Remain with the residents.
- b) Complete a Resident Census List, if applicable.

- c) Relay a list of names to the appropriate RHA by telephone or by runner.
- d) Prepare residents for evacuation and assist in fire duties for the area.
- e) Extra Client Program Staff proceed to the fire area and report to the RN in charge.

Note: Upon hearing the fire alarm all staff must report to their assigned area immediately. Direct all staff entering the building during a fire drill to the Staff Pool Area.

11.8 Food Services

Note: From 6:00 a.m. to 7:30 p.m.

In the Fire Area

1. Assist anyone in immediate danger to evacuate the kitchen area.
2. Manually activate the automatic hood extinguishing system, if required.
3. Shut off electrical and gas equipment, cooking equipment, coffee pots etc. in a safe manner. **If safely possible.**
4. Close doors to the kitchen to confine smoke and fire.
5. Activate the fire alarm system.
6. One person will remain outside the fire area and report fire conditions to the RN in charge.
7. Other staff report to the Staff Pool Area from 8:00 am to 4:00 pm Monday to Friday. At all other times, report to the RN in charge at the fire scene.
8. Note: Staff that are in the fire area on the RHA will do equipment shut down in serveries as listed above and report to the RN in charge at the fire area.

Not in the fire area

1. Shut off electrical and gas equipment, cooking equipment, coffee pots etc. in a safe manner.
2. Close the doors to the kitchen.
3. Ensure all windows are closed.
4. Staff in main kitchen report to Staff Pool area from 8:00 am to 4:00 pm Monday to Friday. At all other times proceed to the fire area and report to the RN in charge. Staff in RHA areas report to RN in charge at the fire area.

Note: Upon hearing the fire alarm all staff must report to their assigned area immediately. Direct all staff entering the building during a fire drill to the Staff Pool Area.

11.9 Laundry Staff

1. In the fire area or unit:

- a) Assist anyone in immediate danger to evacuate the Laundry area.
- b) Shut off electrical and gas washing and drying equipment. If safely possible.
- c) Ensure all doors are closed when evacuating the laundry room.
- d) Remain outside the fire area and report fire conditions to the RN in Charge and await further instructions.

2. Not in the fire area or unit:

- a) Assist anyone in immediate danger to evacuate the Laundry area.
- b) Shut off electrical and gas washing and drying equipment. If safely possible.
- c) Ensure all doors are closed when evacuating the laundry room.
- d) Proceed to the fire area and report to the RN in Charge.

Note: Upon hearing the fire alarm all staff must report to their assigned area immediately. Direct all staff entering the building during a fire drill to the Staff Pool Area.

11.10 Housekeeping Staff

1. In the fire area or unit:

- a) Report to the RN in charge.

2. Not in the fire area:

- a) Housekeeping staff will stay on their assigned RHA area and assist in fire duties.
- d) C block housekeeper will proceed to the fire area and report to the RN in charge.

Note: Upon hearing the fire alarm all staff must report to their assigned area immediately. Direct all staff entering the building during a fire drill to the Staff Pool Area.

11.11 Beauty/Barber Parlour and Leased Spaces

Not in the fire area

- 1. Ensure residents/clients remain in the Beauty Parlour/Barber Shop and leased spaces with the door open.

2. Turn off all electrical appliances and equipment.
3. Take note of residents/clients in the area when the alarm sounds; relay list of Resident names to the appropriate resident floors by telephone or by runner.
4. Prepare residents/clients for evacuation.
5. Stand by for further instructions.

In the fire area

1. Evacuate residents/clients to the Staff/Vestibule area.
2. Shut off electrical appliances and equipment.
3. Close the door to the Beauty salon/office to confine smoke and fire.
4. Activate the fire alarm system.

Note: Upon hearing the fire alarm all staff must report to their assigned area immediately. Direct all staff entering the building during a fire drill to the Staff Pool Area.

11.12 Gift Shop

1. Turn off all electrical appliances and equipment.
2. Close and lock the Gift Shop.
3. Wait outside the Gift Shop door in Lobby for further instructions.

11.13 Offices

1. Turn off all electrical appliances and equipment.
2. Close and lock door to office.
3. Proceed to Staff Pool Area unless assigned other duties.

12. FIRE EXTINGUISHMENT, CONTROL OR CONFINEMENT

Occupants should sound the fire alarm and call 9-911 before attempting to fight a fire using firefighting equipment. Occupants should not attempt to fight the fire unless they are experienced and properly trained in its use, the fire is manageable and that such effort will not endanger the safety of themselves and of other persons. It is also advisable that the fire not be fought alone and to keep yourself between the fire and the nearest exit door.

In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or the smoke presents a hazard to the operation, then the door to the area should be closed to confine and contain the fire. Leave the fire area and ensure the Fire Service has been notified.

In areas where automatic fire protection equipment is installed such as kitchens, occupants should learn to operate these systems manually.

13. FIRE PREVENTION

The following fire prevention measures are noted for the purpose of creating a safe environment for occupants and building staff.

- Keep all hallways, aisles and corridors free from obstructions.
- Ensure all stairwell doors remain closed at all times. Doors are not to be 'propped' open.
- Smoke in designated smoking areas and avoid putting burning materials such as cigarettes and ashes into garbage cans.
- Do not hang anything from fire sprinkler heads.
- Avoid placing combustible materials in direct contact with electrical outlets.
- Turn off and unplug appliances not in use.
- Do not use unsafe electrical appliances, frayed extension cords, overloaded outlets or lamp wire for permanent lighting.
- Avoid using extension cords wherever possible.
- Storage areas should be kept clean and free of rubbish.
- Maintain a clearance of at least 18 in. between fire sprinkler heads and stored material.
- Doors to storage rooms shall be closed at all times.
- Do not use exit stairwells or exit corridors for storage.
- Do not to block fire protection equipment or exit doors.
- Contents of containers for waste, rubbish and other debris shall be removed from the building at least once a week.
- Eliminate sources of ignition in an environment where flammable vapours are present or may be present.
- Containers of flammable and combustible liquids shall be kept closed when not in use.

Report any unsafe conditions to the Environmental Services Supervisor.

14. FIRE DRILLS

The purpose of a fire drill is to familiarize members of the Fire Safety Committee with emergency evacuation procedures, to improve efficiency of evacuation and emergency response. The fire drill will be carried out under the direction of the Environmental Services Supervisor.

During a fire drill, every person must carry out his/her designated fire safety duty. Alternate exits must be used occasionally to test their effectiveness. A record must be kept of all fire drills showing the evacuated areas and the exits used.

A Fire Drill Report form is provided in Section 15, a Report of Fire Alarm form is provided in Section 16 and a Fire Alarm Incident Report form is provided in Section 17 of this Plan.

Advance notice of the date and time of the fire drill will be given to all participants.

The Fire Safety Committee will meet prior to the full evacuation drill for a briefing. The briefing will ensure that all members of the Committee are in attendance, at which time the Fire Drill Report will be distributed.

The Fire Service and the fire alarm monitoring company must be called before and after the fire drill. Once the fire alarm has been activated, the Fire Safety Committee members will follow the "Emergency Procedures" assigned to them.

A short debriefing session for the staff will take place, at which time any questions regarding the fire drill should be raised. Staff will be instructed to complete the Monthly Fire Drill Report form and the Main Communication Centre will complete a Report of Fire Alarm form and submit them to the Environmental Services Supervisor. A summary of the findings of these reports will be prepared by the Environmental Services Supervisor and circulated to staff and the Administrator.

Fire drills must be conducted in accordance with the **FIRE CODE**. All results must be recorded and kept on site for a period of one year.

NOTE:

FOR THIS BUILDING THE ONTARIO FIRE CODE (ARTICLE 2.8.3.2) REQUIRES THAT FIRE DRILLS BE CONDUCTED ONCE EVERY MONTH. THE MONTHLY FIRE DRILL WILL BE HELD ON ALL SHIFTS.

15. MIRAMICHI LODGE FIRE PLAN TACTICAL WORK SHEET - RN IN CHARGE

Note: The RN who is at the fire scene first will be the RN in Charge of the fire scene until the Fire Department arrives. The RN in charge will delegate assignments to the second RN as necessary.

- ☐ Location of Fire: _____ Room Number: _____
- ☐ 911 Notified Y N (Call 9-911 outside of normal business hours)
- ☐ Put on red vest located at the annunciator panel to signify to other personnel you are the **person in charge** and use Tactical Work Sheet provided on the clipboard in the fire cupboard at the annunciator panel to assist in fire procedures. Be assertive and firm.
- ☐ Code Red Announcement Y N (RPN1A after hours. Alt. is 1B)
- ☐ Staff assigned to evacuate area: Y N
- ☐ Staff assigned to secure doors in fire area: Y N
- ☐ Staff Pool Notified Y N (Monday to Friday 8:00 am – 4:00 pm)

(Send runner from fire scene to Staff Pool (ext 135) to report exact location of fire during normal business hours 8:00 a.m. – 4:00 p.m. Monday to Friday. Runner will meet Fire Dept and take to fire scene. Call RPN 1A ext 171 after normal hours to report location of fire.)

- ☐ All doors closed in fire area: Y N Evacuees completed: Y N
- ☐ Evacuation Complete and Area Secure: Y N Time: _____
- ☐ Room numbers of residents not evacuated: _____
- ☐ Room numbers with oxygen in use: _____
- ☐ All Residents Accounted for: Y N
- ☐ All Staff accounted for: Y N
- ☐ RPN 1A at Main Entrance: Y N (After normal business hours only)
- ☐ Call back procedures followed: Y N (HCA 3A after normal business hours)

Note: The fire panel is not to be reset or silenced without direction from the Fire Department.

- ☐ Fire panel reset and cleared and **Code Red All Clear** announced.
- ☐ Door mag lock switch is activated.
- ☐ Elevators reset.
- ☐ Completion of Fire Alarm/Drill reports

Red Vest Locations

1. Each RHA at the nurse station fire panel.
2. CBlock First Floor – Meeting Room C126
3. CBlock 2nd Floor – Photocopy Rm C215
4. CBlock 3rd Floor - Lobby

Signature: _____ **Date:** _____

Drop off completed form(s) to Environmental Services Supervisor Office

16. FIRE DRILL AND ALARM REPORT

FIRE DRILL AND ALARM REPORT



Date: _____

| "A" FIRE DRILL AND ALARM REPORT: | | | |
|--|----------|---|---|
| Time of Drill: | | Location: Room No: | |
| Silent: | Sounded: | Who Turned in Alarm? | Who Discovered "Fire"? |
| Time of Alarm: | | 911 Notified: | Fire Dept. Responded: |
| Time of Panel Reset: | | Panel Reset By: | |
| Duration of Drill/Alarm: | | All Clear Signal Given: | |
| Elevators Responded and Reset: | | | |
| "B" DEPARTMENTS REPORT (IN FIRE AREA) | | | |
| RN in Charge: | | Staff aware of Alarm Signal and fire in area: | |
| Announcement of Code Red and Area and alarm bells heard clearly and promptly: | | | |
| How many staff in the area at time of alarm? | | | |
| All residents accounted for: | | Census Forms Completed: | |
| There was enough staff members to cover area: | | | |
| Evacuation and Fire Procedures Followed: | | | |
| Rooms Evacuated: | | | |
| "C" Other Incidents Worthy of Note (FIRE DOORS UNCLOSED, UNUSUAL DELAYS, RESIDENT RESISTANCE, OBSTRUCTIONS AND EQUIPMENT IN HALLWAY, OMISSIONS ETC) | | | |
| | | | |
| Resolve of Deficiencies: | | _____ Manager | _____ Date |
| SIGNATURES: | | | |
| _____ Administrator | | _____ Director of Care | _____ Environmental Services Supervisor |

THIS REPORT IS TO BE MADE OUT AFTER EACH DRILL BY THE RN in CHARGE AND THE INVOLVED DEPARTMENTS. INCLUDE MISCELLANEOUS INFORMATION WORTHY OF NOTE IN PART "C". SEND REPORT TO FIRE SAFETY OFFICER (ENVIRONMENTAL SERVICES SUPERVISOR) IMMEDIATELY AFTER DRILL
February 9, 2010

17. REPORT OF FIRE ALARM FORM MAIN COMMUNICATION CENTRE

| | Time |
|--|----------------------|
| 1. Fire Alarm Sounded | _____ |
| 2. Main Communication Centre Notified | _____ |
| 3. "Code Red" Announced | _____ |
| 4. 911 Called | _____ 9-911 |
| 5. Announce Staff Pool Area | _____ |
| 6. Fire Department Arrived | _____ |
| 7. Manager on Call Notified | _____ |
| 8. Maintenance on Call Notified | _____ 9-343-369-0748 |
| 9. Environmental Service Supervisor Notified | _____ 9-613-281-4211 |
| 10. Administrator Notified | _____ 9-613-732-7975 |
| 11. Director of Care Notified | _____ 9-613-582-7120 |
| 12. Fan-Out Call List initiated | _____ |
| 13. "All Clear" Announced | _____ |
| Comments: _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| Date: _____ | Signature: _____ |

Revision Date June 22

18. FIRE ALARM INCIDENT REPORT

| | | | |
|---|-------|-----------------------|-------------------|
| Miramichi Lodge | | | |
| | | | PAGE ____ OF ____ |
| COMPLETE THIS FORM BEFORE RESETTNG FIRE ALARM SYSTEM | | | |
| PREPARED BY: | DATE: | TIME: | ALL CLEAR: |
| LIGHTS ON FIRE ALARM ANNUNCIATOR | | | |
| ZONE ALARM LIGHT(s) | Γ | ZONE DESCRIPTION: | |
| ZONE TROUBLE LIGHT(s) | Γ | ZONE DESCRIPTION: | |
| COMMON TROUBLE LIGHT | Γ | POWER ON LIGHT | Γ |
| GROUND DETECTION LIGHT | Γ | BATTERY TROUBLE LIGHT | Γ |
| OTHER | Γ | DESCRIBE: | |
| IF TROUBLE CONDITION ONLY, DESCRIBE FAULT FOUND: | | | |
| | | | |
| | | | |
| IF ALARM CONDITION DESCRIBE CAUSE: | | | |
| MANUAL PULL STATION | Γ | SPRINKLER FLOW | Γ |
| THERMAL DETECTOR | Γ | SMOKE DETECTOR | Γ |
| OTHER | Γ | DESCRIBE: | |
| DESCRIBE DETECTOR LOCATION: | | | |
| | | | |
| | | | |
| EVIDENCE OF CAUSE FOR ALARM | | | |
| FIRE CONDITION | Γ | HIGH HUMIDITY | Γ |
| HIGH TEMP. IN AREA | Γ | PHYSICAL DAMAGE | Γ |
| SMELL SMOKE | Γ | VANDALISM EVIDENT | Γ |
| NOTICEABLE ODOUR | Γ | PAINTING IN AREA | Γ |
| CONSTRUCTION IN AREA | Γ | OPEN EXTERIOR DOOR | Γ |
| OTHER | Γ | DESCRIBE: | |
| ADDITIONAL INFORMATION (use back if necessary) | | | |
| | | | |
| | | | |
| | | | |

19. ALTERNATIVE FIRE SAFETY MEASURES

In the event that any shutdown of the fire protection equipment or systems occurs the following actions must be taken:

Notify the Fire Dispatch Service, by calling (613) 432-6838 (**DO NOT USE 9-1-1**). Give your name, address and description of the problem and when you expect it to be corrected. If the period of the shutdown is longer than 24 hours, the Fire Service is to be notified in writing. Written notification must indicate which system(s) are out of service and the duration of the shutdown. The Fire Service should be notified when the system(s) are operational.

Contact the monitoring company before the shutdown and when the system(s) are operational. Reliance Protection 1-800-661-3631

Post notices on all floors by elevators and in the lobby entrance, stating the problem and when the problem is expected to be corrected and what alternate arrangements have been made. The notices will be removed immediately after the problem has been corrected.

In the event that the fire alarm or sprinkler systems, or any part of these systems are shutdown for any length of time, have staff or other reliable person(s) patrol the affected area(s) at least once every hour. All patrols will be recorded in a logbook and kept with the Environmental Services Supervisor.

If an exit is unavailable due to construction or repairs, temporary exit signs shall be installed to clearly identify alternate exits. After work is complete, ensure the temporary exit signs are removed.

NOTE: All shutdowns will be confined to as limited an area and duration as possible.

20. MAINTENANCE AND INSPECTION PROCEDURES FOR FIRE PROTECTION SYSTEMS

The following list outlines the checks, inspections and tests required by the Ontario Fire Code (Ontario Regulation 388/97, as amended). A written record of the maintenance, tests and corrective measures will be kept in the building and will be available on request by the Chief Fire Official.

Written records shall be kept of all tests and corrective measures for a period of two years after they are made.

The information provided in this schedule is a guideline to the scope of work. The Fire Code should be consulted for exact details on the Codes listed in this section.

Check: means visual observation to ensure the device or system is in place and is not damaged or obstructed.

Inspect: means physical examination to determine that the device or system can be expected to perform in accordance with its intended operation or function.

Test: means operation of device or system to ensure that it will perform in accordance with its intended function.

Daily every day of the week

Weekly a designated day of the week

Monthly a designated day of the month

Every 2 Months during January, March, May, July, September and November

Every 3 Months - during February, May, August and November

Every 6 Months during May and November

Annually - during May (along with two, three and six month dates, or as otherwise scheduled)

Note: Although designated to others, the ultimate responsibility for ensuring the Maintenance Procedures is fulfilled, belongs to the Building Owner.

| Fire Code | Duties | Item | Responsibility |
|-------------------------|--------|---|----------------------|
| DAILY | | | |
| 2.5.1.2.(1) 2.5.1.3. | Check | to ensure streets, yards and private roadways provided for Fire Service access are kept clear | Building Maintenance |
| 2.7.3.1. 2.7.3.2. | Check | exit lights | Building Maintenance |
| 6.3.2.2. | Check | fire alarm AC power and trouble light | Building Maintenance |

| Fire Code | Duties | Item | Responsibility |
|--------------------|---------|--|---------------------------------|
| 6.3.2.3. | Check | central alarm and control facility | Building Maintenance |
| WEEKLY | | | |
| 2.6.1.3. | Check | hoods, filters and ducts subject to accumulation of combustible deposits | Building Maintenance |
| 2.6.1.13. | Check | commercial cooking equipment | Building Maintenance |
| 2.7.3.1 2.7.3.2 | Check | all exit lights equipped with dual bulbs are being maintained | Building Maintenance |
| 6.5.3.1. | Check | that sprinkler system control valves are open and properly supervised | Building Maintenance |
| 6.6.1.2. | Inspect | valves for controlling fire protection water supply | Building Maintenance |
| MONTHLY | | | |
| 2.2.3.4. | Inspect | all doors in fire separations | Building Maintenance |
| 2.7.3.3.(1) | Check | pilot lights on emergency lighting unit equipment | Fire Protection Contractor |
| 2.7.3.3.(2) | Inspect | inverter and emergency lighting unit equipment | Fire Protection Contractor |
| 2.7.3.3.(3)(a) | Test | inverter and all emergency lighting unit equipment for operation upon failure of primary power | Fire Protection Contractor |
| 2.8.3.2.(1) | Test | fire drill | Fire Safety Committee and Staff |
| 6.2.7.2. | Inspect | all portable fire extinguishers | Fire Protection Contractor |
| 6.3.2.2. | Inspect | fire alarm batteries | Fire Protection Contractor |
| 6.3.2.2. | Test | fire alarm system | Fire Protection Contractor |
| 6.3.2.4. | Test | voice communication to and from floor area to the central alarm control | Fire Protection Contractor |
| 6.5.5.2. | Test | the sprinkler system using the alarm test connection | Fire Protection Contractor |

| Fire Code | Duties | Item | Responsibility |
|-------------------------|------------------|--|----------------------------|
| 6.7.1.1. | Test/ Inspect | emergency generator set operated at 30 percent of rated load for 60 minutes | Fire Protection Contractor |
| EVERY TWO MONTHS | | | |
| 6.5.5.7.(2) | Test | sprinkler water flow devices for electrical supervision | Fire Protection Contractor |
| EVERY SIX MONTHS | | | |
| 2.6.1.13. | Inspect | fire protection systems for commercial cooking equipment | Fire Protection Contractor |
| 2.6.1.13. | Inspect | hoods, grease removal devices, fans ducts and other appurtenances. | Fire Protection Contractor |
| 6.5.5.7.(3) | Test | gate valve supervisory switches, and other supervisory devices | Fire Protection Contractor |
| 6.7.1.1.(1) | Check | and clean crankcase breathers, governors and linkages on emergency generators | Fire Protection Contractor |
| 6.8.1.1.(1) | Test | special extinguishing systems | Fire Protection Contractor |
| ANNUALLY | | | |
| 2.2.3.7. | Inspect | fire dampers and fire stop flaps (may be inspected on approved time schedule) | Mechanical Contractor |
| 2.6.1.4.(1) | Inspect | all flues, and fluepipes | Mechanical Contractor |
| 2.6.1.8. | Inspect | disconnect switches for mechanical air conditioning and ventilation systems | Mechanical Contractor |
| 2.6.1.13. | Test | commercial cooking equipment fire protection systems; replace fusible links and sprinkler (other than glass-bulb type heads) | Fire Protection Contractor |
| 2.7.3.3.(3)(b) | Test | emergency lighting | Fire Protection Contractor |
| 2.7.3.3.(4) | Test | emergency lighting unit equipment for design duration | Fire Protection Contractor |
| 6.2.7.1. | Inspect | all portable fire extinguishers | Fire Protection Contractor |
| 6.3.2.2. | Test | fire alarm system | Fire Protection Contractor |

| Fire Code | Duties | Item | Responsibility |
|--------------------------|---------------------|---|----------------------------|
| 6.3.2.2. | Test | automatic and manual operation of electromagnetic locks | Fire Protection Contractor |
| 6.3.2.4. | Test | voice communication system which is integrated with the fire alarm system | Fire Protection Contractor |
| 6.5.3.2. | Check | exposed sprinkler system pipe hangers | Fire Protection Contractor |
| 6.5.3.5. | Check | all sprinkler | Fire Protection Contractor |
| 6.5.4.4.(2) | Inspect | for wear, rust or obstructions after removal of plug or caps on sprinkler siamese connections | Fire Protection Contractor |
| 6.5.5.3. | Test | waterflow on wet sprinkler system using most hydraulically remote test connection | Fire Protection Contractor |
| 6.5.5.5. | Test | sprinkler system water supply pressure using main drain valve | Fire Protection Contractor |
| 6.6.5.1. | Inspect | all fire hydrants | Fire Protection Contractor |
| 6.6.5.2.(2) | Inspect | hydrant port caps | Fire Protection Contractor |
| 6.6.5.3. | Inspect | fire hydrant barrel | Fire Protection Contractor |
| 6.6.5.6. | Test | fire hydrant water flow | Fire Protection Contractor |
| 6.7.1.1. | Inspect and service | emergency generator and engine set. Operate generator at full load for 2 hours. | Fire Protection Contractor |
| 6.7.1.3. 6.7.1.5.(1) | Inspect | diesel generator. Drain and refill fuel tank with fresh supply at least once a year | Fire Protection Contractor |
| 6.8.1.1.(1) | Test | special extinguishing systems | Fire Protection Contractor |
| EVERY TWO YEARS | | | |
| 6.7.1.1. | Inspect | and torque heads and valve adjustments for emergency generator engines | Fire Protection Contractor |
| EVERY THREE YEARS | | | |
| 6.7.1.1. | Inspect and service | injector nozzles and valve adjustments on diesel emergency power engines | Fire Protection Contractor |

| Fire Code | Duties | Item | Responsibility |
|--|----------------------|--|----------------------------|
| EVERY FIVE YEARS | | | |
| 6.2.7.1. | Test | H ₂ O, CO ₂ , and dry chemical (dry chemical with stainless steel shell) extinguishers hydrostatically | Fire Protection Contractor |
| 6.7.1.1. | Test | insulation of emergency power generator windings | Fire Protection Contractor |
| EVERY SIX YEARS | | | |
| 6.2.7.1. | Test | empty stored pressure type extinguishers requiring 12 year hydrostatic test and subject to maintenance | Fire Protection Contractor |
| EVERY TWELVE YEARS | | | |
| 6.2.7.1. | Test | hydrostatically, dry chemical (other than having stainless steel shell), dry powder, and vaporizing liquid type extinguishers | Fire Protection Contractor |
| EVERY FIFTEEN YEARS | | | |
| 6.5.4.2. | Inspect | dry pipe sprinkler system for obstruction and flush where necessary | Fire Protection Contractor |
| ADDITIONAL REQUIREMENTS (ONTARIO FIRE CODE) | | | |
| 2.2.3.5. 2.2.3.8. | Check | all doors in fire separations to ensure that they are closed | Building Maintenance |
| 2.4.1.7. | Check | lint traps in laundry equipment | Building Maintenance |
| 2.6.1.13. | Clean | hoods, grease removal devices, fans, ducts and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge | Mechanical Contractor |
| 2.7.1.7.(1) | Check and maintain | corridors free of obstructions | Building Maintenance |
| 6.2.7.1. 6.2.7.6. | Inspect and recharge | extinguishers after use or as indicated by an inspection or when performing maintenance | Fire Protection Contractor |
| 6.3.3.2.(1) | Test | smoke alarms and maintain in operating condition according to the manufacturer's maintenance instructions | Fire Protection Contractor |

21. HAZARDOUS MATERIALS

The following table identifies Hazardous Materials in the building and on the site

| Material | Location | Department |
|------------------------------|--|------------------|
| Biohazardous Waste | Stores C137b | Maintenance |
| Welding – Acetylene | Garage | Maintenance |
| Gasoline | Garage | Maintenance |
| Propane | Maintenance Shop C227 Barbeques – Courtyard | Maintenance |
| Oils, lubricants | Maintenance Shop C227 | Maintenance |
| Medical Oxygen Concentrators | | Nursing |
| Housekeeping Chemical | Stores C137a, HSK Rooms | Maintenance, HSK |
| Laundry Chemicals | C142 | Laundry |
| Dietary Chemicals | Stores, Kitchen C133, Support Rooms | Dietary |
| | | |
| | | |

Material Safety Data Sheets

MSDS Binders are located in the following areas;

- Main Communication Room
- CBlock 1st Floor Hall (Outside Main Kitchen)
- CBlock 2nd Floor Hall (By Elevator)
- Environmental Services Supervisor Office

Spill control and Response

The Maintenance Department is equipped with a Spill Response Kit to address minor chemical or oil and fuel spills. This is identified in SOP H-01 as well as the procedures and response for major and minor spills.

APPENDIX A
Schematic Drawings

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|---|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-106 |
| TITLE: Code Blue –Medical Distress | | | |
| ORIGINAL DATE: November 2019 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Employees | PAGE #: 1 of 4 |

Purpose:

Code Blue is a universal code used to summon assistance in the case of medical distress.

Code Blue is activated when staff witnesses a person go into medical distress.

Procedure:

1. Call Charge Nurse (**Bonnechere Manor** ext. 1000/**Miramichi Lodge** ext. 6175) and if busy called the Registered Practical Nurse (**Bonnechere Manor** ext. 2003/**Miramichi Lodge** ext. 6275) state Code Blue. Include the wing, floor and room number. I.e., Bonnechere Manor HM1 North room 1086. Also state if the area is a known area such as pub, hairdressing shop, etc. If police, fire or ambulance are needed immediately, ask that 911 be called.
2. If a phone is not available, **use your whistle** or shout “help” and “code Blue” loud and often until help arrives.
3. The Charge Nurse or delegate will page Code Blue three times, stating the resident home area, room number and known area if applicable. To page at Bonnechere Manor using the desk phones, pick up the receiver, push the button below “ExPg”, push “0” and then speak. Instructions for paging are available on the bottom of the telephone directory. To page at Miramichi Lodge:

A) Communications Panel Front Entrance

1. activate the general building page button,
2. announce "**CODE BLUE**", giving the floor number and wing (or appropriate location), and
3. repeat the announcement once.

B) Communications Panel Nurses Nook

1. activate the page buttons for each unit,
2. depress the microphone button firmly.
3. announce "**CODE BLUE**", giving the floor number and wing (or appropriate location), and
4. repeat the announcement once.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|---|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-106 |
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| ORIGINAL DATE: November 2019 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Employees | PAGE #: 2 of 4 |

C) Desktop Phone

1. **Intercom to all phones *3301 and announce your message** to page all desktop phones throughout facility.
 2. announce "**CODE BLUE**", giving the floor number and wing (or appropriate location), and
 3. repeat the announcement once
4. If possible, first responders should clear the area to isolate the incident. If there is any sign of actual danger to any person, do not attempt any action.
 5. Wait in a safe location for the Charge Nurse to arrive.
 6. Upon hearing Code Blue, the following staff on day and afternoon shifts will go immediately to the location:

Bonnechere Manor

 - Charge Nurse – designated as the Code Leader
 - The RPN on HM1 North will retrieve the AED Located on the wall at the Tuck shop in the Great Hall
 - If the code is on HM1 North then the RPN from HM1 South will retrieved the AED
 - RPN and PSW's on unit
 - Director of Care
 - Resident Care Coordinators
 - Administrator/Director of Long-Term Care
 - Environmental Services Supervisor
 - Physician or Nurse Practitioner if on site
 - Maintenance staff
 - Housekeeping staff on unit

Miramichi Lodge

Response Schedule:

Resident Care Coordinators:

7:00 a.m. to 4:00 p.m., Monday to Friday: Respond to all "**CODE BLUE**" calls.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|---|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-106 |
| TITLE: Code Blue –Medical Distress | | | |
| ORIGINAL DATE: November 2019 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Employees | PAGE #: 3 of 4 |

Registered Nurses:

The RN's will respond to all **"CODE BLUE"** calls.

Registered Practical Nurse:

1. Each RPN covers own RHA.
2. The RPN "A" wing 3rd floor will cover Block "C"
3. The RPN "A" wing 2nd floor will cover Block "C"
4. The RPN "A" wing 1st floor will cover all of 1st floor, Block "C" and the outside area.

Personal Support Workers:

1. Each PSW covers own RHA.
2. The PSW (8 hour shift) "B" wing 3rd floor will cover Block "C".
3. The PSW (8 hour shift) "B" wing 2nd floor will cover Block "C".
4. The PSW (8 hour shift) "B" wing 1st floor will cover Block "C" and the outside area.

7. Nightshift staff to respond include:

- Charge Nurse
- RPN
- Nursing staff assigned to the north side of each unit

8. Other staff members in the building will:

- Remain in their area if needed and follow the direction of registered staff
- Stay on standby for further instructions as to how to proceed as directed by the Administrator/designate

9. The Charge Nurse takes charge of the situation and gives direction to the staff arriving to assist. This will include performing a quick environmental assessment looking for:

- environmental dangers that may be a risk to themselves or other responders

11. Responding staff will also ensure the safety of the residents in the immediate area and evacuate the area on the direction of the Charge Nurse.

13. The Charge Nurse will delegate a staff member to inform Reception, during business hours, to direct responding officers to the danger area or after hours assign a staff member to meet the police at the main entrance and escort them to the danger area.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|--|---|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-106 |
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14. When the police arrive on scene, the Charge Nurse will debrief arriving officers and Administrator/Designate of the situation.
15. Staff will continue to ensure the safety of the residents in the area.
16. Once the situation has ended, The Charge Nurse will clear the Code Blue by paging “Code Blue All Clear” three times.
17. The Administrator/designate will hold a debriefing with all staff involved.
18. The Charge Nurse will document the event on the appropriate incident report form, and appropriate authorities will be notified by the Administrator/designate (CAO, MLTC, MOL, JOHSC Co-Chairs, WSIB if applicable)

Appendix A: Code Blue Debriefing Form

Code Blue Debriefing Form

Date: _____ Start: _____ End: _____

Charge Nurse: _____ Location: _____

Debriefing Attendees: **PLEASE PRINT**

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Scenario:

Expected actions:

- ☐ At Bonnechere Call ext. **1000** or ext. **2003/At Miramichi Lodge call ext. 175** for notification of the Code White
- ☐ Survey the area for environment dangers to prevent further injury.
- ☐ Remove personal effects that may cause injury to response team. E.g. pens, scissors, neckties, etc.
- ☐ Ensure a staff member met response team members and communicated situation.
- ☐ Ensure scene safety by controlling crowd. Remove unnecessary individuals from area.
- ☐ Contact administrator or designate to inform family
- ☐ If situation escalates beyond the capability of staff, call **911** to notify Police.

Debriefing Questions:

Were expected actions completed? If not, which actions were missed?

What went well during the response to the incident?

What needs improvement?

Were the Police called? If so, what was the outcome?

Was any other staff injured? Have they received first aid?

Additional comments:

Reports completed:

☐ Incident Report

Please forward this debriefing report to the Director of Long-Term Care/Administrator and Director of Care for review.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|---|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-107 |
| TITLE: Code Orange External Disaster | | | |
| ORIGINAL DATE: BM April 1996 ML June 23, 2022 | DATE LAST REVIEWED: BM March 1, 2022 ML New | COVERAGE: Residents, Visitors, Volunteers & Staff | PAGE #: 1 of 1 |

Purpose:

A procedure shall be in place to ensure the safety and well-being of residents, visitors, volunteers and staff in the event of a tornado.

Procedure:

1. In preparation for a tornado, remove residents to corridors away from windows and shut bedroom doors. Move to areas with bedrooms on both sides of hallways.
2. **DO NOT** use elevator or lifts in case of power outage.
3. Check grounds for residents and do facility census.
4. Secure outdoor furniture to prevent window damage if safe to do so.
5. Be prepared for power outage.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-108 |
| TITLE: Evacuation Procedures – Code Green | | | |
| ORIGINAL DATE: BM August 2009 ML June 23, 2022 | DATE LAST REVIEWED: BM March 1, 2022 ML New | COVERAGE: All Employees | PAGE #: 1 of 3 |

Purpose:

Bonnechere Manor/Miramichi Lodge will have an evacuation plan located in key areas throughout the facility. All staff will be trained in evacuation procedures called a Code Green.

Procedure:

It will be the responsibility of the Director of Long-Term Care/Administrator or designate to ensure that the evacuation plan is updated, maintained and understood by all staff and volunteers.

Emergency situations such as fire, explosion, chemical spills and outside emergencies pose a serious threat to the residents of Bonnechere Manor/Miramichi Lodge. Crisis evacuation is a real possibility and it is the responsibility of everyone to be prepared to take the appropriate action as necessary.

Crisis evacuation will seldom require that the entire facility be totally evacuated, however it is important to know the progressive steps to a complete evacuation. They are as follows:

1. **Site evacuation** – this involves the removal of residents in immediate danger at the point of origin and the critical triangle
2. **Horizontal Evacuation** – this is the evacuation of the complete fire zone or past the fire doors while staying on the same floor.
3. **Vertical Evacuation** – is the evacuation to a lower floor and this will only be done after consultation between the fire department and the charge nurse or designate.

Note:

- The above evacuations are considered internal and are incorporated into our initial Code Red fire response system.
- When we reach the total evacuation state the Code Green is called.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-108 |
| TITLE: Evacuation Procedures – Code Green | | | |
| ORIGINAL DATE: BM August 2009 ML June 23, 2022 | DATE LAST REVIEWED: BM March 1, 2022 ML New | COVERAGE: All Employees | PAGE #: 2 of 3 |

4. **Total Evacuation** – this is the complete evacuation of the facility for all residents. This decision is made in conjunction with the fire department and the Director of Long-Term Care/Administrator or designate.

Total Evacuation

In the event that an External or Total Evacuation is required, The Fire Marshall will make an announcement three times indicating a “Code Green has been ordered”. At this point the “Evacuation Key” will be deployed in a pull station and this will activate the evacuation alarm bells that are quicker and easily identifiable.

The Fire Marshall shall initiate the following actions:

- initiate the fan out call in sheet
- assign a nurse for triage
- assign staffing for security and resident movement
- maintain communication and relations until the arrival of the administrator
- evacuate ambulatory residents first – they should be moved in a group whenever possible
- visitors and other occupants capable of evacuating should be instructed to leave the facility along with the grouping – visitors could provide assistance if given suitable instructions
- persons in wheel chairs should be moved next
- other non ambulatory residents should be evacuated next because of the time and staff required to assist them
- finally, evacuate any remaining resistant residents

Notes:

The use of wheelchairs, commodes, blankets, stretchers and other implements at hand may facilitate and expedite the evacuation process.

Emergency Agreements

Bonnechere Manor has Emergency Agreements with the following organizations:

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|--|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-108 |
| TITLE: Evacuation Procedures – Code Green | | | |
| ORIGINAL DATE: BM August 2009 ML June 23, 2022 | DATE LAST REVIEWED: BM March 1, 2022 ML New | COVERAGE: All Employees | PAGE #: 3 of 3 |

- Groves Park Lodge
- Miramichi Lodge
- Caressant Care Cobden
- Valley Manor
- RCFA Wing

Miramichi Lodge has Emergency Agreements with the following organizations:

- Bonnechere Manor
- Caressant Care Cobden
- Marianhill
- North Renfrew Long-Term Care Home
- Valley Manor

When a Code Green has been initiated the contact person for these organizations should be called immediately so that they are aware and can respond accordingly to the situation.

Transportation

Transportation of residents from the Home to the above listed facilities and organizations will be provided by:

- Sunshine Coach
- Carefor Transportation
- Renfrew County Bus Lines

Accommodation:

Accommodation only will be provided by:

- long-term care Homes listed above

Accommodation and Food Services:

Accommodation and Food Services will be provided by:

- long-term care Homes listed above.

| County of Renfrew Long-Term Care Standard Operating Procedure | | | |
|---|--|--|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-109 |
| TITLE: Code Yellow-Missing Resident | | | |
| ORIGINAL DATE: BM Nov 2001 ML Sept 1995 | DATE LAST REVIEWED: BM Mar 1/22 ML June 28/22 | COVERAGE: Residents/Families, Staff, Volunteers & Visitors | PAGE #: 1 of 2 |

Purpose:

To alert all staff of a missing resident and to initiate an immediate search.

Procedure:

*On evenings/nights/weekends and holidays, the Charge Nurse is in charge.

1. On admission or change in status, Registered Staff will document residents assessed as high risk to attempt to elope from the Home on the Care Plan and Multidisciplinary notes. Notify the receptionist of the resident's potential to wander.
2. The Multidisciplinary Team will consider such assessments and recommend secured units, Wandering Persons' Registry, Watch Mate bracelet, and inform the next-of-kin and physician.
3. As soon as a resident who has been identified as absent from his/her usual area, the following call shall be put over the paging system:
"Code Yellow" Charge Nurse desk 3 times. The Charge Nurse* will give team members missing resident information (review resident photo if required)

Bonnechere Manor: Page from any phone

- a. Pick up the receiver
- b. Press the grey button directly under ExPg
- c. Press zero button
- d. Make paging announcement: **Code Yellow - would Mr/Mrs "(name of missing resident)" please return to ____ resident home area.**

Miramichi Lodge: to use the Emergency Paging System - Fire Alarm Annunciator Panel:

- a. Press paging buttons for all floor or zone areas
 - b. Remove microphone from holder and key in the button on the microphone.
 - c. Paging is ready as soon as the preannounce tone has sounded
 - d. Make paging announcement: **Code Yellow - would Mr/Mrs "(name of missing resident)" please return to ____ resident home area.**
4. Staff of all departments and in all areas of the building are to search their own work areas. A visual check of the property is to be completed by office staff/designate.
 5. Two staff will conduct a systematic scan of each resident area. One staff is to monitor the hallway, while the second staff member searches each bathroom, bedroom, and closet for the missing resident. Use the 'fire drill checklist' for resident attendance check.

| County of Renfrew Long-Term Care Standard Operating Procedure | | | |
|---|--|--|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-109 |
| TITLE: Code Yellow-Missing Resident | | | |
| ORIGINAL DATE: BM Nov 2001 ML Sept 1995 | DATE LAST REVIEWED: BM Mar 1/22 ML June 28/22 | COVERAGE: Residents/Families, Staff, Volunteers & Visitors | PAGE #: 2 of 2 |

6. Staff will phone the Charge Nurse and report if the missing resident has been found or has been seen recently.
7. Nursing staff will go to the resident and guide him/her back to the usual area.
8. If the resident does not return from an outing 30 minutes after expected return time, the Charge Nurse will contact the Substitute Decision Maker (SDM)/Next of Kin (NOK).
9. If the resident is not found within 15 minutes, the Charge Nurse will take further action as required:
 - ✓ The Charge Nurse will notify the SDM/NOK, the Administrator or Designate and the Police.
 - ✓ Initiate the Home's Emergency call-in listing (Fan-Out); number of staff determined by Administrator/designate.
 - ✓ Call-in maintenance staff to search external areas/property
 - ✓ When Police arrive; take direction
10. When the resident is found the Charge Nurse shall announce on the P.A. "Code Yellow All Clear" 3 times and inform the Administrator/designate.
11. The front door security system is activated 24-hours per day.
12. The Charge Nurse will fill out the Ministry of Long-Term Care Critical Incident Report and notify the Resident Care Coordinator or designate as required by the reporting matrix and complete Appendix A "Code Yellow Debrief Form".
13. The following must be notified by the Administrator/designate should a press release be issued: County of Renfrew Chief Administrative Officer and the Ministry of Long-Term Care.

NOTE: Proclaimed by the government on July 1, 2019, the [Missing Persons Act](#) provides police with tools to find missing persons, including seniors, when there is no evidence that a crime has been committed. The legislation allows police to do the following:

- Obtain copies of records that may assist in a search
- Obtain a search warrant to enter a premise to locate a missing person
- Make an urgent demand for certain records without a court order

Appendices:

Appendix A – Missing Resident Checklist

Appendix B - Code Yellow Debrief Form

Appendix A

Bonnechere Manor Resident Home Areas Missing Resident Checklist

Name of Resident: _____ Room #: _____

Date of search: _____

| Area Checked | Resident not there | Resident Found (room # if applicable) | Time area checked | Staff initial |
|------------------------------|--------------------|--|-------------------|---------------|
| Resident's Bedroom & Closets | | | | |
| Resident's Bathroom | | | | |
| All other resident rooms | | | | |
| All other resident Bathrooms | | | | |
| Staff Bathroom on unit | | | | |
| Storage rooms on unit | | | | |
| Clean utility Room | | | | |
| Dirty Utility Room | | | | |
| Tub room | | | | |
| Housekeeping room on unit | | | | |
| Activity room on unit | | | | |
| Nurses Admin room | | | | |
| Med room | | | | |
| Dining Room | | | | |
| HM South Stairways | | | | |
| HM North Stairways | | | | |
| HM South Courtyard | | | | |
| HM North Courtyard | | | | |

Note- Ensure rooms that are locked are also checked in case resident got in and the door locked behind them. Once check of RHA's are complete and resident is not found, proceed to checklist of Building & Property.

Building & Property Missing Resident Checklist

Name of Resident: _____ Room #: _____

Date of search: _____

| Area Checked | Resident not there | Resident found | Time Area Checked | Staff Initial |
|-----------------------------------|--------------------|----------------|-------------------|---------------|
| Great Hall | | | | |
| Reception area | | | | |
| Coat Room | | | | |
| Front sunroom | | | | |
| Director of Care office | | | | |
| Admin Boardroom | | | | |
| Public bathrooms | | | | |
| Laundry Department | | | | |
| Clothing Clerk room | | | | |
| Renfrew Rotary Hall (Auditorium) | | | | |
| Clergy Room | | | | |
| Chapel | | | | |
| Bar/Lounge | | | | |
| RAI-MDS Office | | | | |
| Volunteer Lounge | | | | |
| Palliative Care Suite | | | | |
| Tuck shop | | | | |
| Centre Stairwell | | | | |
| Elevator | | | | |
| Staff Locker rooms | | | | |
| Family Dining Room | | | | |
| Staff room | | | | |
| Fire Exit Stairway | | | | |
| Admin Hallway & Offices/Photocopy | | | | |

| | | | | |
|--------------------------------|--|--|--|--|
| Staff entrance & stairway | | | | |
| Day Program Area | | | | |
| Day Program Courtyard | | | | |
| Walking path opposite driveway | | | | |
| Front Parking Area | | | | |
| Staff Parking Area North-West | | | | |
| Large Parking Area North | | | | |
| New Parking Area South East | | | | |
| External smoke area | | | | |
| Walking path | | | | |
| Greenhouse and garden area | | | | |
| Loading Dock area | | | | |

Appendix A (RHA Missing Person checklist)

Date of search _____

| Area Checked | Resident not there | Resident Found (room # if applicable) | Time area checked | Staff initial |
|------------------------------|--------------------|---------------------------------------|-------------------|---------------|
| Residents Bedroom | | | | |
| Residents Bathroom | | | | |
| All other resident rooms | | | | |
| All other resident Bathrooms | | | | |
| Staff Bathroom on unit | | | | |
| Storage rooms on unit | | | | |
| Clean utility Room | | | | |
| Dirty Utility Room | | | | |
| Spa room | | | | |
| Housekeeping room on unit | | | | |
| Sunroom on unit | | | | |
| Nurses Admin room | | | | |
| Med room | | | | |
| Activity Room | | | | |
| Dining Room | | | | |
| Balcony (if applicable) | | | | |
| Kitchenette | | | | |
| Kitchenette support Room | | | | |

Note- Ensure rooms that are locked are also checked in case resident got in and the door locked behind them. Once check of RHA's are complete and resident is not found, proceed to checklist of C block.

C Block Checklist

Date of Search _____

| Area Checked | Resident not there | Resident found | Time Area Checked | Staff Initial |
|-----------------------|--------------------|----------------|-------------------|---------------|
| Smoke Room | | | | |
| Public bathrooms | | | | |
| Resident Laundry Room | | | | |
| Palliative Care Suite | | | | |
| Therapy Rooms | | | | |
| Centre Stairwell | | | | |
| Elevator | | | | |
| Boardroom | | | | |
| Auditorium | | | | |
| Staff Locker rooms | | | | |
| Chapel | | | | |
| Volunteer Lounge | | | | |
| Family Dining Room | | | | |
| Meeting room | | | | |
| Tuck shop | | | | |
| Communication Room | | | | |
| Staff room | | | | |
| Stairwells | | | | |

Code Yellow Debriefing Form

Date: _____ Start: _____ End: _____

Charge Nurse: _____ Location: _____

Debriefing Attendees: PLEASE PRINT

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Scenario:

Expected actions:

- ☐ **Bonnechere Manor** staff call **1000** or **2003/Miramichi Lodge** staff call **6175** for notification of the Code Yellow
- ☐ Page "Code Yellow" 3 times.
- ☐ The Charge Nurse will give team members missing resident information (review resident photo if required)
- ☐ Two staff will conduct a systematic scan of each resident area. One staff is to monitor the hallway, while the second staff member searches each bathroom, bedroom, and closet for the missing resident.
- ☐ Staffs of all departments and in all areas of the building are to search their own work areas. A visual check of the front of the building is to be completed by office staff.
- ☐ If the person is not found within 30 minutes, the Charge Nurse will take further action as required.
- ☐ The Charge Nurse will notify the Next-of-Kin, the Administrator or Designate and the Police. The Charge Nurse will fill out the Ministry of Health and Long-Term Care Critical Incident Report and notify the Resident Care Coordinator or designate as required by the reporting matrix.
- ☐ When the resident is found the Charge Nurse shall announce on the P.A. "Code Yellow All Clear" 3 times.

Debriefing Questions:

Were expected actions completed? If not, which actions were missed?

What went well during the response to the incident?

What needs improvement?

Were the Police called? If so, what was the outcome?

Were any staff or residents injured? Have they received first aid?

Additional comments:

Reports completed:

☐ Incident Report

Please forward this debriefing report to the Director of Long-Term Care/Administrator and Director of Care for review.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-110 |
| TITLE: Code Black - Bomb Threat | | | |
| ORIGINAL DATE: BM April 1996 ML June 23, 2022 | DATE LAST REVIEWED: BM March 1, 2022 ML New | COVERAGE: All Employees | PAGE #: 1 of 6 |

General Information

A Bomb Threat must never be taken lightly or ignored.

Staff members may be asked to assist in the search for a bomb; this will be on a volunteer basis.

The Director of Long-Term Care/Administrator or their Designate will be responsible to summon these staff members and to assign the Receptionist to man the phones in the Main Communication Centre. (Director of Long-Term Care/Administrator's Office)

Only when asked to do so by the Person-In-Charge will there be a **Page – Code Black** announcement. The code word for Bomb Threat shall be "**CODE BLACK IN EFFECT**". This will be paged by the Nurse-in-charge three (3) times. The Charge Nurse will designate a person to call 911. All administration staff will report to the Administrator's office.

Normally news media must not be informed- if involvement is unavoidable, all inquiries must be directed to the Director of Long-Term Care/Administrator or their Designate.

Residents and visitors must not be informed of the nature of the emergency to avoid panic. Tell them, "We have an emergency in progress".

Visitors will be requested to leave the building and will be notified as to when they can return.

No visitors will be allowed to enter the Home during the emergency.

Once the Ontario Provincial Police arrives they will assist in organizing the operation. Staff co-operation is a must.

In the event that a bomb explosion appears possible, the following measures are recommended to prevent injuries from the dispersion of broken glass:

- a) Open all windows
- b) Close all drapes and blinds.
- c) Isolate the danger area by closing all fire doors.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
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d) Keep all residents, visitors and staff away from windows and glass doors.

REMAIN CALM AND QUIET

THE THREAT (Telephone)

1. Be calm try to keep caller on the line as long as possible.
2. Attract the attention of a colleague by writing “**CODE BLACK**” on a piece of paper.
3. Note exact time the call was received, and also the time terminated.
4. Note exact words of the threat (ask person to repeat).
5. Ask the following questions:
 - a. When is it set to explode?
 - b. Where is it located?
 - c. What kind of bomb is it?
 - d. Description of bomb package?
 - e. Why kill or injure people?
6. Description of voice.
7. Note background noises.
8. Additional information:
 - a. Did the caller indicate knowledge of the facility?

NOTE: Complete Telephone Bomb Threat Check List (Appendix A)

Bomb Threat (In Writing)

1. Place note in a larger envelope or a folder with handler/s name on it to protect it from excessive handling.

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- Record how threat was delivered, what time and by whom, if by messenger, his/her description should be recorded.
- Forward to the Administrator immediately, or Nurse-In-Charge on shift.

IMMEDIATELY AFTER THE THREAT IS RECEIVED

- On week days contact the Administrator or designate and on weekends, evening and night shift contact Nurse-In-Charge and she/he will call **911 and request POLICE & FIRE. Say, "THIS IS BONNECHERE MANOR WE HAVE JUST RECEIVED A BOMB THREAT"** then page **"CODE BLACK"** three (3) times to alert internal staff of emergency.
- The Director of Long-Term Care/Administrator or Nurse-In-Charge of shift will instruct the designate in the Main Communication Centre to notify the Management Team, using the Fan-out List, to report to the Director of Long-Term Care/Administrator's Office by saying **"THIS IS BONNECHERE MANOR/Miramichi Lodge WE HAVE JUST RECEIVED A BOMB THREAT. REPORT TO THE ADMINISTRATOR'S OFFICE FOR FURTHER INSTRUCTIONS.**

NOTE: If unable to reach any of the above persons refer to Fan-Out list to locate their alternate.

- Do not inform the residents of the situation unless absolutely necessary.
- On evening and night shift the Nurse-In-Charge will send a staff member to open the door and direct the Police and fire Department to the scene.

Search Procedure

- Each Nurse-In-Charge and/or Department Supervisor will be responsible for a thorough search of their department or unit with the assistance of the Police.
- Priority of search must be given to the caller's specified location of the device or to the areas readily accessible to all staff, residents and visitors i.e. Main Lobby, Resident's

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
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| SECTION: Emergency Planning | | | SOP #: EP-110 |
| TITLE: Code Black - Bomb Threat | | | |
| ORIGINAL DATE: BM April 1996 ML June 23, 2022 | DATE LAST REVIEWED: BM March 1, 2022 ML New | COVERAGE: All Employees | PAGE #: 4 of 6 |

Lounging Areas, Public Washrooms, Dining Rooms, Mechanical Area, and Loading Dock Area.

3. Maintenance personnel in conjunction with police department will search the outside of the building and parking lots.
4. Search personnel must be looking for unusual objects in unusual places, such as:
 - a) Attaché case
 - b) Duffle bag
 - c) Paper bag
 - d) Shoe box
 - e) Any object with which you are unfamiliar
5. Leave light switches in the position they are found.
6. Should a staff member discover a suspicious object, immediately proceed to the nearest call station and notify Main Communication Centre/Administrator's office giving a description and exact location of the object.

DO NOT TOUCH DEVICE OR ANY OBJECT NEAR IT!!!

7. If a suspicious object is located, the decision to evacuate surrounding area, including the floor above and/or below must be made by Person-In-Charge. Clear and isolate the area by closing all fire doors.
8. Use the Remar tags on the doors to identify the room has been searched.
9. The Nurse-In-Charge and/or Department Supervisor will report to Main Communication Centre after the search of their area has been completed.
10. Police may decide to deny access to the Home. In that case, the main front door will be manned to allow entry to authorized personnel only.
11. Elevators must not be used under any circumstances.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-110 |
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12. **DO NOT** discontinue the search. The Director of Long-Term Care/Administrator, in conjunction with the police department will make this decision.

Evacuation and Re-Occupation

1. Evacuations will be a joint decision made by the:
 - a) Administrator or their designate
 - b) Police Department
 - c) Fire Department

2. Evacuation Personnel Must:
 - a) Search evacuation routes before any evacuation takes place, if time permits.
 - b) Evacuate the floor above and/or below the area where device is located. A total evacuation of building may be necessary.
 - c) **DO NOT USE ELEVATOR UNDER ANY CIRCUMSTANCES.**
 - d) **DO NOT** tell anyone there is a bomb in the building. Use the phrase “**There is an emergency and I must take you down the hall**” to avoid panic.

3. Re-Occupation of the building:

Any decision to re-occupy the building must be made by the Administrator bases on his/her knowledge of the situation in conjunction with the Police Department and the Fire Department.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-110 |
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| ORIGINAL DATE: BM April 1996 ML June 23, 2022 | DATE LAST REVIEWED: BM March 1, 2022 ML New | COVERAGE: All Employees | PAGE #: 6 of 6 |

Search Teams

Environmental Services Supervisor and Director of Long-Term Care/Administrator will coordinate and participate in all search items.

| | |
|---|--|
| Residents' Rooms | DOC/RCC's or Nurse-in-Charge assisted by member of nursing. |
| Kitchen, Dining Rooms | Food Service Supervisor or Chef/Cook assisted by members of Kitchen staff. |
| Laundry and Sewing Room | Environmental Services Supervisor assisted by Laundry staff. |
| Mechanical Rooms, Generators, Storage Rooms | Electrician Tradesman and Maintenance men. |
| Outside Building | Leader – OPP force and Maintenance staff as required. |
| Restorative Care Room, Activities Area and Day Program Area | Client Outreach Programs Supervisor and Adult Day Staff and Maintenance staff as required. |
| | Area and Day Care |

Appendices

Appendix A: Telephone Bomb Threat – Check List

TELEPHONE BOMB THREAT - CHECK LIST
KEEP CALM - Do not get excited or excite others

Call Received: _____ Call Terminated: _____

EXACT WORDS OF CALLER: _____

(Delay, ask caller to repeat)

QUESTIONS TO BE ASKED

(a) When is it set to explode? _____

(b) Where is it located? Floor: _____ Area: _____

(c) Kind of Bomb? _____

(d) Description? _____

(e) Why kill or injure innocent people? _____

CALLER'S IDENTITY: Male___ Female___ Young___ Middle Aged___ Old___

VOICE DESCRIPTION: Loud___ Soft___ High Pitch___ Deep___ Raspy___ Pleasant___

Intoxicated___ Other___

LANGUAGE: Excellent___ Good___ Fair___ Poor___ Foul___ Other___

MANNER: Calm___ Angry___ Rational___ Irrational___ Coherent___ Incoherent___ Deliberate___

Emotional___ Righteous___ Laughing___

ORIGIN OF CALLER: Local___ Booth___ Long Distance___ Internal___ (inside building)

SPEECH: Fast___ Slow___ Distinct___ Distorted___ Stutter___ Nasal___ Slurred___ Other___

ACCENT: Local___ Not Local___ Foreign___ Regional___ Race___ Other___

BACKGROUND NOISE: Voices___ Street Traffic___ Music___ Air Planes___ Bedlam___ Trains___

Animals___ Office Machines___ Quiet___ Factory Machines___ Mixed___

Party Atmosphere___

ADDITIONAL INFORMATION: (ie: Did the caller indicate knowledge of the Home - if so how?)

DATE: _____ SIGNATURE: _____ DEPARTMENT: _____

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|---|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-111 |
| TITLE: Code White-Act/Threat of Violence | | | |
| ORIGINAL DATE: BM Sept 1, 2015 ML Oct 28/10 | DATE LAST REVIEWED: June 28, 2022 | COVERAGE: All Employees | PAGE #: 1 of 3 |

Purpose:

Code White is a universal code used to summon assistance in the case of an act of violence or a threat of violence. Code White is activated when staff witness or are involved with any individual who is violent and threatening and not responding to de-escalation interventions.

Code White should be called if you hear or see anyone attempting:

1. Threatening, harassing behavior or behavior being verbally abusive to another individual
2. Attempting to harm themselves or others
3. Attempting to destroy property
4. Displaying threatening behavior that is escalating
5. Refusing to leave property when requested due to unacceptable violent, harassing or social behaviours
6. Violent residents requiring staff intervention beyond what you alone can provide to protect yourself and others

Procedure:

1. Call **Bonnechere Manor** Charge Nurse (1000) or if busy RPN (2003)/**Miramichi Lodge** Charge Nurse (6175) and state Code White. Include the Resident Home Area (RHA) and room number. Also state if the area is a known area such as pub, hairdressing shop. If police, fire or ambulance are needed immediately, ask that 911/Renfrew County Dispatch 9-613-432-8888 be called.
2. If a phone is not available, use your whistle or shout "help" and "code white" loud and often until help arrives at **Miramichi Lodge** staff should depress the panic alarms in their work area and ensure safety of co-residents as possible.
3. The Charge Nurse or delegate will page Code White three times, stating the RHA and room number and known area.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
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| SECTION: Emergency Planning | | | SOP #: EP-111 |
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Bonnechere Manor: To page using the desk phones, pick up the receiver, push the button below "ExPg", push "0" and then speak. Instructions for paging are available on the bottom of the telephone directory.

Miramichi Lodge: Microphones for emergency use are located at the main alarm control panel as well as at the annunciator panels at the nursing stations on each floor. The annunciator panels are able to page to any zone on any floor by pushing the appropriate zone button on the panel and depressing the button on the side of the microphone to begin the page. Page the following three times: Code White, your location, your telephone extension.

4. If possible clear the area to isolate the incident. If there is any sign of actual danger or violence to any person, do not attempt any action.
5. Wait in a safe location for the Police to arrive.
6. Do not initiate conversation.
7. Upon hearing Code White, staff who are in the immediately to the location will respond, including the Director of Care, Resident Care Coordinator, Registered Nurse, Registered Practical Nurse of the RHA the situation is occurring.
8. Other staff members in the building will:
 - Remain in their area
 - Stay away from windows and out of sight as much as possible
 - If able, secure, lock or close all doors in immediate area where possible
 - Stay on standby for further instructions as to how to proceed as directed by the Administrator/designate
9. The Charge Nurse takes charge of the situation and gives direction to the staff arriving to assist. This will include performing a quick environmental assessment looking for:
 - unsecured objects which could be thrown such as furniture, lamps, telephone, pictures, mirrors, etc.
 - scissors, knives, broken glass or other sharp objects
10. All staff assembled will follow instructions from the Charge Nurse and be prepared:
 - Tie back long hair

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|---|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-111 |
| TITLE: Code White-Act/Threat of Violence | | | |
| ORIGINAL DATE: BM Sept 1, 2015 ML Oct 28/10 | DATE LAST REVIEWED: June 28, 2022 | COVERAGE: All Employees | PAGE #: 3 of 3 |

- Remove jewellery
- Pens out of pockets
- Remove glasses if possible
- Remove stethoscopes, scissors, name tags, etc.

11. Responding staff will also ensure the safety of the residents in the immediate area and evacuate the area on the direction of the Charge Nurse if requested. The Charge Nurse may ask responders to leave the area if the situation warrants it such as a distressed resident on a secured RHA.
13. When the police arrive on scene, the Charge Nurse will debrief arriving officers and Administrator/Designate of the situation.
14. Staff will continue to ensure the safety of the residents in the area.
15. Once the situation has ended, The Charge Nurse will clear the Code White by paging "Code White All Clear" three times.
17. The Administrator/designate will hold a debriefing with all staff involved.
18. The Charge Nurse will document the event on the appropriate incident report form, and appropriate authorities will be notified by the Administrator/designate (CAO, MOLTC, MOL, JOHSC Co-Chairs, WSIB if applicable)

Appendix A: Code White Debriefing Form

Code White Debriefing Form

Date: _____ Start: _____ End: _____

Charge Nurse: _____ Location: _____

Debriefing Attendees: PLEASE PRINT

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Scenario:

Expected actions:

- ☐ **Bonnechere Manor** staff call **1000** or **2003/ Miramichi Lodge** staff call **6175** for notification of the Code White
- ☐ Remove unsafe objects from environment to prevent injury.
- ☐ Remove personal effects that may cause injury to response team. E.g. pens, scissors, neckties, etc.
- ☐ Ensure a staff member met response team members and communicated situation.
- ☐ Ensure scene safety by controlling crowd. Remove unnecessary individuals from area.
- ☐ Remain at least a leg length away from aggressor.
- ☐ Remain calm and utilize Gentle Persuasion Approach & de-escalation techniques.
- ☐ If situation escalates beyond the capability of staff, call **911** to notify Police.

Debriefing Questions:

Were expected actions completed? If not, which actions were missed?

What went well during the response to the incident?

What needs improvement?

Were the Police called? If so, what was the outcome?

Were any staff injured? Have they received first aid?

Additional comments:

Reports completed:

☐ Incident Report

Please forward this debriefing report to the Director of Long-Term Care/Administrator and Director of Care for review.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-112 |
| TITLE: Code Brown Chemical; Spill | | | |
| ORIGINAL DATE: BM March 1, 2022 ML June 23/22 | DATE LAST REVIEWED: BM June 23, 2022 ML New | COVERAGE: All Employees | PAGE #: 1 of 5 |

Purpose:

The purpose of a Code Brown is to identify an internal hazardous spill and respond in a timely and appropriate manner to protect the health and safety of staff, residents and visitors as well as the property and affected environment.

Hazardous spills include the discovery of spills, contamination, leak and/or suspicious/unusual smell of an unknown substance, liquid, powder, gas or vapor.

Health care workers responding to a code will take care to assess the environment during the response to protect their own health and safety.

Definitions:

Code Brown: A code brown is any incident that results in the release of a hazardous material that the user/generator is unable to handle on their own, with equipment, materials and training provided. A major spill constitutes a Code Brown.

User/Generator: Anyone employee (or supervisor of employee) who uses handles, stores, or transports hazardous materials including staff handling waste chemical products is considered a user/generator.

Minor Spill: A minor spill is a small spill that can be readily handled by the user/generator of the product who has the appropriate training to handle the clean up. Such an incident should not have wide spread impact upon the Home, its residents, staff and visitors. Minor spills do not constitute a Code Brown. Should the spill become unmanageable (cannot be immediately and effectively contained using spill kits available in the area, then follow procedures as outlined for major spills.

Major Spill: A major spill is an incident where immediate corrective action cannot be taken by the user/generator of the product using departmental resources/spill kits and procedures. As a result, the life safety of staff, residents and visitors may be compromised. In addition, loss of home property or harm to the environment could result. Such an incident could lead to an evacuation of the home. Major spills constitute a Code Brown.

Material Safety Data Sheet (MSDS) / Safety Data Sheet (SDS): is a document that contains information on the potential health effects of exposure to chemicals, or other potentially dangerous substances, and on safe working procedures when handling chemical products.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-112 |
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| ORIGINAL DATE: BM March 1, 2022 ML June 23/22 | DATE LAST REVIEWED: BM June 23, 2022 ML New | COVERAGE: All Employees | PAGE #: 2 of 5 |

Personal Protective Equipment (PPE): Protective equipment provided for personnel to wear while handling hazardous materials.

Procedure:

Should an accidental spill or release of a hazardous material (solid, liquid, or gas) occur in an area of work you are familiar with, the user/generator shall be responsible to ensure all safety and notification procedures are followed:

1. Stop all work in the area of the spill
2. Remove unnecessary personnel from the area.
3. Leave immediate area and close the door if possible.
4. Notify Manager/ Supervisor of immediate department during regular hours or Charge Nurse after hours when a spill occurs.
5. Review MSDS (SDS) for detailed chemical information.
6. Assess whether minor or major spill in consultation with your manager/supervisor during regular hours and Charge Nurse after hours.
7. If minor spill follow minor spill clean up procedures.
8. Complete Hazardous Spill Report

If you are not familiar with the spill/release immediately find a person who works in the area to report the spill/release.

MINOR SPILL CLEAN-UP PROCEDURES:

The user/generator shall be required to neutralize, absorb and/ or clean up the spill using the departmental or specific to the hazard, spill kit. MSDS (SDS) must be readily available for staff to review when dealing with any spilled chemical products.

The Department Supervisor/Manager/Safety Coordinator

1. When contacted relating to a known spill/release, proceed to the area and participate in the Assessment of the spill/release. After hours the Charge Nurse in consultation with the Manager on Call will assume the actions of the Supervisor.
2. During regular hours contact the Department head

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
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3. Determine if the spill/release is a minor or major spill.
4. Ensure that work has been stopped.
5. Ensure that everyone has been moved from the area.
6. Review the MSDS (SDS).
7. Contact the manufacture emergency number as indicated on the SDS
8. Turn off ignition sources if safe to do so.
9. Prevent spill from spreading if safe to do so.
10. Assess available resources confirming access to trained staff to assist with containment if available and means of containment and absorbent materials.
11. Oversee the spill mitigation process.
12. Provide assistance to all response personnel gathering technical information necessary to handle the situation.
13. Printed policies are only valid at time of printing. Please refer to the online policy for the most recent version.
14. Ensure that the incident scene is secured and preserved for investigation purposes.
15. Gather all necessary information to ensure accurate documentation of the incident.
16. Ensure appropriate corrective actions are taken to prevent a re-occurrence.
17. Ensure Environmental Services are aware of spill.
18. If a Major Spill initiate Code Brown procedures by calling 1000 and have "Code Brown" (location) paged overhead.
19. Call 911 (Fire Department) stating we have a chemical spill and provide all known information if spill warrants.
20. Document on the Hazardous Spill Report. See link to view "Hazardous Spill Report Form"
21. Send all Hazardous Spill Report forms to the JOHSC for review

Command Center:

Command Center will be initiated when Code Brown announced.

The Code Brown team is comprised of the following staff who will report to Command Centre:

Charge Nurse

Department Head

JOHSC members

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-112 |
| TITLE: Code Brown Chemical; Spill | | | |
| ORIGINAL DATE: BM March 1, 2022 ML June 23/22 | DATE LAST REVIEWED: BM June 23, 2022 ML New | COVERAGE: All Employees | PAGE #: 4 of 5 |

Maintenance

Code Brown team remain at the Command Centre to await further instruction as to how to proceed as directed by the expert deployed to address the spill/release.

The incident manager will assess the need for the number of the above listed staff members who need to remain in Command Center for the duration of the Code.

See link to Code Brown Incident Manager Job Action Sheet

CODE BROWN “ALL CLEAR”:

Will occur on the decision of the Incident Manager once conditions are restored to normal operations.

1. Contact Charge Nurse to announce “Code Brown, All Clear”.
2. Be prepared to hold a formal debriefing of the incident for all staff concerned, ensure that external agencies (i.e. firefighters) are invited to attend.
3. Gather all documentation and forward to the Administrator and the JOHSC.
4. Complete the “Code Brown Debrief Form”.

Employees:

Immediate area of the spill:

1. No employee shall clean up any hazardous material spill without the appropriate training, has reviewed the MSDS (SDS) and applied personal protective equipment (PPE).
2. Follow the direction of the person in charge in the area of the spill/release.
3. Follow departmental spill clean-up procedures as directed by the person in chart.

All other employees:

Report to your department, continue to work and await further communications from Command Center.

Environmental Services:

1. Arrange for the disposal of all chemical waste generated by the users.
2. Consult on all matters relating to hazardous waste management.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-112 |
| TITLE: Code Brown Chemical; Spill | | | |
| ORIGINAL DATE: BM March 1, 2022 ML June 23/22 | DATE LAST REVIEWED: BM June 23, 2022 ML New | COVERAGE: All Employees | PAGE #: 5 of 5 |

3. Ensure that all housekeeping staff, responsible for chemical waste collection, has basic knowledge in general chemical response and know the appropriate resources to contact in the event of a chemical spill.
4. Complete decontamination cleaning after spill/ release.

Joint Occupational Health and Safety Committee:

1. Consult on all matters relating to hazardous materials relating to potential employee exposure.
2. Review all Hazardous Spill Report forms and provide guidance and or direction for any required corrective actions
3. Once reviewed send all Hazardous Spill Report forms to the Administrator.

Appendix A: [Code Brown Debriefing Form](#)

EP- 112 Appendix A: Code Brown Debriefing Form

Date: _____ Start: _____ End: _____

Charge Nurse: _____ Location: _____

Debriefing Attendees: **PLEASE PRINT**

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Expected actions:

- ☐ **Bonnechere Manor** staff call RN **1000** or RPN **2003/ Miramichi Lodge** staff call **6175** for notification of the Code Brown
- ☐ Shutdown HVAC units to prevent injury.
- ☐ Close all exterior doors and windows (entire building)
- ☐ Ensure team members and communicated to regarding the situation.
- ☐ Ensure scene safety by controlling crowd. Remove unnecessary individuals from area.
- ☐ Monitor all areas for indications of hazards inside the building.
- ☐ Follow directions from Emergency Services and update them to changes within the building
- ☐ Prepare for possible evacuation at the direction of Emergency Services.

Debriefing Questions:

Were expected actions completed? If not, which actions were missed?

What went well during the response to the incident?

What needs improvement?

Were any staff or residents injured? Have they received first aid?

Additional comments:

Reports completed:

☐ Incident Report

Please forward this debriefing report to the Administrator and Director of Care for review.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|-----------------------------------|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-113 |
| TITLE: Code Grey- Loss of Utility | | | |
| ORIGINAL DATE: June 22, 2022 | DATE LAST REVIEWED: New | COVERAGE: All Employees | PAGE #: 1 of 2 |

Purpose:

Code Grey refers to any infrastructure related event that compromises the ability to provide service at normal levels and/or that comprises resident safety and/or violates provisions under the Provincial Occupational Health and Safety Act or Regulations. These events include, but are not limited to the following:

- Loss of Building Integrity (in whole or in part), Evacuation Procedures for Bonnechere Manor EP-004
- Loss of Power EP-008
- Loss of Gas/Gas Leak EP-010
- Severe Weather Event, Earthquake EP-015
- Loss of Telecommunications EP-030
- Loss of Water (Boil water advisory) EP-031
- Air Exclusion due to external conditions or concurrent emergency event EP-032
- Loss of Computer Connectivity IT-59
- Other

Procedure:

Except where police or fire authorities have been engaged, authority for a Code Grey event will normally rest with the Management Team of the Homes/Designate. This individual will engage Bonnechere Manor / Miramichi Lodge resources as quickly as possible and maintain a ready line of communication throughout the event. In large events, or those affecting larger service, the County of Renfrew Emergency Operations Services may be activated.

Activation and Notification

When a Code Grey event occurs, the Code Grey plan can be activated at an appropriate level as required. This will depend upon the nature and scope of the occurrence. Home notification is given using whatever site means are available at the time (except the fire alarm). As well, periodic notification will be provide until the all clear is given by those in authority.

General Guidelines for Building Occupants

During operation under the Code Grey plan all building occupants not specifically assigned to deal with the event will:

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|-----------------------------------|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-113 |
| TITLE: Code Grey- Loss of Utility | | | |
| ORIGINAL DATE: June 22, 2022 | DATE LAST REVIEWED: New | COVERAGE: All Employees | PAGE #: 2 of 2 |

- Follow instructions from those in authority
- Conduct business as usual unless otherwise instructed and if safe to do so
- Adhere to any restrictions on the use of elevators, telephones, computers, etc.
- Refer media inquiries to the appropriate individuals assigned to that role
- Unless authorized to do so, refrain from posting any information about the event via social media

Code Grey Deactivation and Recovery

Deactivation

Code Grey deactivation can only be authorized by the individual in authority in consultation with the Home Management team as appropriate. Notification is made to the Home area(s) affected by available means.

Recovery

Recovery from a Code Grey emergency depends upon the nature and outcome of the event. Measures will be taken to recover as quickly as possible. Protracted occurrences may require the activation of the Homes' Business Continuity Plan.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|---|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-008 |
| TITLE: Power Outage | | | |
| ORIGINAL DATE: April 1996 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Employees | PAGE #: 1 of 1 |

Purpose:

To ensure the safety of the residents and staff in the event of a power outage.

Procedure:

The Nurse in Charge will:

Notify the Maintenance on-call person who will, if needed notify the Environmental Services Supervisor.

Notify one of the Director of Care (DOC)/Resident Care Coordinators (RCCs).

Once at the Building the **Environmental Services Supervisor will:**

Determine subsequent action; i.e., fire/police, initiate fan-out/evacuation; contact Food Services Supervisor for emergency meal service.

Authorize expenditures for emergency supplies (lighting etc.).

Ensure generator is fueled.

In consultation with the DOC/RCC call extra staff to provide for resident security.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|---|---|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-010 |
| TITLE: Gas Leak/Gas Supply Interruption | | | |
| ORIGINAL DATE: May 1996 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: Residents, Visitors, Volunteers & Staff | PAGE #: 1 of 2 |

Purpose:

A procedure shall be in place to ensure the safety and well-being of residents, visitors, volunteers and staff in the event of a gas leak.

Procedure:

1. Verify with co-workers the presence of an odour (garlic-like or rotten egg or sulfur smell).
2. If a gas leak or suspected gas leak has been identified, the person in charge will contact the Maintenance Department or person on call, after hours, the Fire Department by calling 911 (for **Bonnechere Manor**) and calling Renfrew County Dispatch at 9-613-432-8888 (for **Miramichi Lodge**) and **Enbridge Gas**. A phone should be used that is not in the immediate area of the suspected gas leak.
Maintenance Upon Arrival Will:
 - a) Check area where odour is occurring
 - b) Collaborate with Fire Department; regarding: gas shut off at main valve
 - c) Contact Management and all Departments
 - d) Contact gas supplier for service
3. Residents should be relocated to a safe area. The Director of Long-Term Care/Administrator/designate will advise if a full evacuation procedures is to be put into place.
4. Verify if any workers, residents or visitors are complaining of symptoms.
5. Open windows to ventilated area where suspected gas leak is noted.
6. No, electric switches/devices should be activated or matches/open flames be allowed, should a gas leak be suspected.
7. Gas valve in immediate area should be shut off, if this can be done safely and if not, then the main gas valve to the building should be shut off.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|---|---|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-010 |
| TITLE: Gas Leak/Gas Supply Interruption | | | |
| ORIGINAL DATE: May 1996 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: Residents, Visitors, Volunteers & Staff | PAGE #: 2 of 2 |

Purpose:

To ensure least amount of disruption of services to residents, visitors, volunteers and staff in the event of a gas supply interruption.

Procedure:

Maintenance Department will take all steps necessary to ensure the amount of heat loss from the building is kept to a minimum:

Air Handling Units will be shut down

Circulating pumps will be left running to radiant panels

All doors and windows will be kept shut

Electric heaters will be rented locally and placed in strategic locations

Extra staffing will be initiated

Laundry services will be carried out in the laundry facilities at Miramichi Lodge.

Extra blankets will be provided to all resident areas.

Food Services/Food Preparation will be arranged through Food Services at Renfrew Victoria Hospital. Disposable cups, plates, cutlery etc., will be provided. Staffing will be adjusted as required.

Nursing Department will assign extra staff as required. Will monitor windows and doors. Will ensure families are notified of situation. Will identify resident needs and requirements.

Administration will determine probable length of interruption. Will assess resident safety.

Director of Long-Term Care/Administrator or designate, will put the Evacuation Plan into effect if deemed necessary.

| County of Renfrew Long-Term Care Homes Operating Procedure | | | |
|--|---|---|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-015 |
| TITLE: Severe Weather Event (i.e., Earthquake) | | | |
| ORIGINAL DATE: May 1996 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: Residents, Visitors, Volunteers & Staff | PAGE #: 1 of 1 |

Purpose:

A procedure shall be in place to ensure the safety and well-being of residents, visitors, volunteers and staff in the event of an earthquake.

Procedure:

1. Stay calm. Panic will only make the situation worse.
2. Stay away from windows. **DO NOT** operate elevator and/or lifts.
3. Staff and residents should take cover **under** a heavy table or desk, if you are unable to do this, flatten yourself against a wall and protect your head as best you can, (i.e. use of a mattress for protection).
4. Be prepared for aftershocks.
5. Put all relevant Emergency and Evacuation Plans into effect as required.
6. **DO NOT** light matches or operate any electrical utilities or equipment.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|---|-------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-030 |
| TITLE: Emergency Cell Phone | | | |
| ORIGINAL DATE: Dec 20, 2019 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Staff | PAGE #: 1 of 1 |

Purpose:

A procedure shall be in place to ensure the safety and well-being of residents, visitors, volunteers and staff in the event of a loss of phone services.

Procedure:

1. An emergency cell phone will be provided in the event an in-house phone line failure occurs.
2. The phone will be kept in the HM1 Med room at **Bonnechere Manor**/two cell phones are kept in the RN's office C307 at **Miramichi Lodge** and will be identified with a label.
3. The emergency phone will have the phone number and password included on the labelling. The password will be given to the Charge Nurse.
4. The Charge nurse will be responsible to check the phone once per shift to ensure it is charged and in the designated location.
5. In the event the phone lines fail the Charge Nurse will retrieve the emergency phone and use it for required communications, and provide it to the Staffing Clerk/Nursing Secretaries for staffing purposes.
6. If a phone line failure occurs the manager on call and maintenance will be notified as soon as staff becomes aware of the failure.
7. During the failure phone communications will be limited to essential call only.

| County of Renfrew Long-Term Care Homes Operating Procedure | | | |
|--|-----------------------------------|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-031 |
| TITLE: Loss of Water/Boil Water Advisory | | | |
| ORIGINAL DATE: March 1, 2022 | DATE LAST REVIEWED: New | COVERAGE: All Employees | PAGE #: 1 of 2 |

Purpose:

A boil water advisory, also known as a boil water order, is a public health advisory or directive administered by government or health authorities to inform residents when a community's water supply is, or could likely be, contaminated by pathogens such as bacteria, viruses and parasites.

Loss of water service advisory is generated by the Town/City's Water Department or can be an internal advisory and possibly unit specific.

Procedure:

1. The person receiving the advisory will immediately notify the Director of Long-Term/Administrator or designate as appropriate. After hours the Charge Nurse will notify the Manager-on-Call and Maintenance personal as per Standard Operating Procedure M-009.
2. All staff must take immediate steps to prevent the use of contaminated water by all residents, staff and visitors.
3. Administration will post signage at entrances doors and all public sources of water.
4. Maintenance will turn off all affected taps and equipment.
5. Environmental Services Supervisor/Designate will access available resources for alternate supplies and equipment. (Bottle water from internal pandemic supplies, contact external suppliers such as Culligan Water)
6. Food Services Department will be kept informed of the situation to ensure that contaminated water is not used for cooking as per Standard Operating Procedure FS-118.
7. Stay advised of the loss of water/boil water advisories and continue to provide updates to the staff.
8. When the advisory has been lifted, ensure maintenance/designate has provided an all clear before using any tap water. Maintenance will complete the flushing of lines, etc. as required.
9. Once it is safe to do so, maintenance remove all signage.

| County of Renfrew Long-Term Care Homes Operating Procedure | | | |
|--|-----------------------------------|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-031 |
| TITLE: Loss of Water/Boil Water Advisory | | | |
| ORIGINAL DATE: March 1, 2022 | DATE LAST REVIEWED: New | COVERAGE: All Employees | PAGE #: 2 of 2 |

Joint Occupational Health and Safety Committee:

1. Consult on all matters relating to boil water or loss of water advisories relating to potential employee exposure.
2. Review all Debriefing Report forms and provide guidance and or direction for any required corrective actions
3. Once reviewed send all Debriefing Report forms to the Administrator.

Appendices:

Appendix A: Bonnechere Manor Equipment Checklist
Miramichi Lodge Equipment Checklist

EP-031 Appendix A



Bonnechere Manor
470 ALBERT STREET
RENFREW, ON CANADA
K7V 4L5
TEL: (613) 432-4873
FAX: (613) 432-7138
www.countyofrenfrew.on.ca

Equipment at Bonnechere Manor to be checked by Maintenance staff/Designate with a loss of water.

- ☐ Room 2147 Chiller water loop
- ☐ Room 2147 Heating water loop
- ☐ Room 2147 Domestic hot water heaters
- ☐ Room 2147 and 3003 Humidifiers
- ☐ Room 2138 Kitchen Combi Oven
- ☐ Room 2138 Steamers
- ☐ Additional equipment to be checked and isolated if Boil Water advisory is issued. All domestic water supplied equipment to be shut down.
- ☐ All resident and public accessible faucets including ADP area
- ☐ Room 2137 Ice machine
- ☐ Area 1061 Ice machine
- ☐ Area 2016 Ice Machine
- ☐ Area 1190 Ice Machine
- ☐ Area 1119 Water Cooler and Coffee Machine
- ☐ Room 1052 Coffee and Juice machines
- ☐ Room 2052 Coffee and Juice machines
- ☐ Room 1189 Coffee and Juice machines
- ☐ Eyewash stations in the following locations: note a portable bottle of solution shall put place at station locations for emergency use.
- ☐ HM1 Lounge
- ☐ HM 2 lounge
- ☐ Main Kitchen Cold Side
- ☐ Laundry Wash Area

Please submit the completed checklist to the Environmental Services Supervisor/Designate.

Appendix A

Equipment Miramichi Lodge to be checked by Maintenance staff/Designate with a loss of water.

Equipment to be checked and addressed with a loss of water.

- Room C222 Chiller water loop
- Room C317 Heating water loop
- Room C317 Domestic hot water heaters
- Room C222 AHUs Humidifiers, ERVs Humidifiers
- Room C133 Kitchen Combi Oven and Steamers
- Room C133h, B147a, B249, B349 Dishwashers, Coffee and Juice Machines
- Additional equipment to be checked and isolated if Boil Water advisory is issued. All domestic water supplied equipment to be shut down.
- All resident and public accessible faucets
- Room A143 Ice machine
- Area A244 Ice machine
- Area A344 Ice Machine
- Area B143 Ice Machine
- Area B244 Ice machine
- Area B344 Ice Machine
- Eyewash stations in the following locations: note a portable bottle of solution shall put place at station locations for emergency use.
- C133

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-032 |
| TITLE: Emergency Shut Down of Air Supply to the Building | | | |
| ORIGINAL DATE: BM October 2000 ML June 23/22 | DATE LAST REIVEWED: BM March 1, 2022 ML New | COVERAGE: All Employees | PAGE #: 1 of 2 |

Purpose:

To ensure air supply to the building can be shut down in case of an external environmental accident or situation.

Procedure:

1. Upon being advised of a dangerous or potentially dangerous external situation that would require the shutdown of the external air supply to the building, the Charge Nurse/Manager or designate already in the Home will take the following actions:
 - a) The person in charge will go to the crash button for the **Emergency Shutdown** of air supply to the building located on the south end wall of the HMI nursing station at Bonnechere Manor and only Environmental Services Supervisor / Maintenance Staff will use the Building Automation System to close outside air dampers to Miramichi Lodge.
 - b) Press this switch to stop all makeup air intake fans, **do not** use this switch in an internal fire emergency – this is not a fire alarm.
 - c) Announce Code Grey 3 times to alert staff to close windows and doors in their designated area.
 - d) Assign Staff to lock down front entrance doors. Incoming people can hold in place between interior and exterior doors.
 - e) Return to the charge area from which you came and wait for further instructions from the Fire Department, Police and/or a Management Staff member.

Alternate Procedure at **Bonnechere Manor**:

1. Go to main mechanical room, #2147
2. Shut off supply fans # 1, #2, #3, #4, just inside door on the right
3. Shut off power supplies to, #3, 4, 5, air handling units. (disconnect switches on each unit)
4. Proceed to Penthouse #3003 and shut down, #1 and #2 air handlers.
5. Proceed to Main Laundry, #1230 and shut down air handler #6.

| County of Renfrew Long-Term Care Homes Standard Operating Procedure | | | |
|---|--|-----------------------------------|--------------------------|
| SECTION: Emergency Planning | | | SOP #: EP-032 |
| TITLE: Emergency Shut Down of Air Supply to the Building | | | |
| ORIGINAL DATE: BM October 2000 ML June 23/22 | DATE LAST REIVEWED: BM March 1, 2022 ML New | COVERAGE: All Employees | PAGE #: 2 of 2 |

Alternate Procedure at **Miramichi Lodge:**

1. Go to main mechanical room, C222 Power Panel MCC-B
2. **Shut off power supplies in this sequence by pulling “ON” lever down to “Off” to disconnect;** AHU 1 and then AHU 1 Return, AHU 2 and then AHU 2 Return, AHU 3 and then AHU 3 Return, AHU #4 (this will avoid negative pressure in the ductwork).
3. Then go to third floor C317 mechanical room back hallway, Power Panel MCC- A (right side of door entering)
4. **Shut off power supplies in this sequence by pulling “ON” lever down to “Off “:** EVR #2, EVR #1, ERV #4, EVR #3. (Disconnect switches on Power Panel right side coming through C).
5. Proceed to C314, open door, to the right behind door are all the Exhaust Fans switches EF1,EF3, EF4, EF5, EF6, EF7, EF9, EF10, EF11, EF13, EF14, EF15 turn them off

NOTE: This procedure must be done immediately upon notice given of such an emergency situation.

| Standard Operating Procedure | | | |
|---|-------------------------------------|--|--------------------------|
| SECTION: Information Technology Division | | | SOP#: IT-59 |
| POLICY: After Hours Information Technology Service Requests | | | |
| DATE: April 27/09 | REV. DATE: July 2022 - CR | COVERAGE: All County Departments | PAGE #: 1 of 2 |

Please consult the following guidelines and procedures when requesting Information Technology Services for urgent issues outside the regular working hours of 8:00 AM to 4:00 PM, Monday through Friday. If the issue is not deemed as urgent please follow regular protocol of notifying the Information Technology Help Desk at HelpDesk@countyofrenfrew.on.ca.

Definition of Urgent Issues:

- **Multiple staff** are unable to login to the network from separate computers.
- **Multiple staff** are unable to access vital applications or data that is critical to their job functions (i.e. PCC, Dynamics GP, eMar, iMedic, Staff Schedule Care).
- Servers and/or networking equipment are making strange beeping and/or squealing noises.
- Email services are down for multiple staff.
- Loss or theft of a laptop, cell phone, pager or Smart Phone.
- Phone services for the County Admin Building are down.
- Environmental conditions such as extreme heat or cold in the server/LAN room, flooding near networking/server equipment, burning wire/plastic smells from server/networking equipment.
- Internet services are down

Definition of Non-Urgent Issues:

- Reset forgotten/expired passwords.
- The toner/ink cartridge in a printer needs to be replaced.
- Single computer hardware failure (i.e. monitor/CPU will not turn on, malfunctioning keyboard/mouse).
- Peripheral hardware failure (i.e. local printer/scanner/external hard drive/USB Drive).
- Unable to login to the network from only one computer but all other computers are in working order.
- Require a file to be restored from a backup tape.
- Cellular phone, or Smart Phone will not work, has been damaged or lost with the exception of Emergency Services Department.
- Unable to connect to a multimedia projector.
- Connecting laptops to home or non-county networks for high speed Internet access.
- Updates or documents to be posted on the COR website/intranet.

To contact the Information Technology Division in case of an urgent afterhours issue please use the following call in list:

1. Chris Ryn, Manager Information Technology 613-633-0811
2. Nick Ethier, Network Administrator 613-635-1724
3. Tyson Hilts, IT Technician 613-633-1994

| Standard Operating Procedure | | | |
|---|-------------------------------------|--|--------------------------|
| SECTION: Information Technology Division | | | SOP#: IT-59 |
| POLICY: After Hours Information Technology Service Requests | | | |
| DATE: April 27/09 | REV. DATE: July 2022 - CR | COVERAGE: All County Departments | PAGE #: 2 of 2 |

If after unsuccessfully attempting to contact the IT staff listed above please leave a detailed voice mail for Chris Ryn, Manager Information Technology at 613-633-0811.

After Hours Response:

Please be advised that all calls deemed urgent, will be responded to as soon as possible by the Information Technology Division within our best efforts.

| County of Renfrew Long-Term Care Homes Standard Operating Procedures | | | |
|--|---|---|--------------------------|
| DEPARTMENT: Emergency Planning | | SOP #: EP-114 | |
| SOP: Code Purple Lock Down | | | |
| ORIGINAL DATE: November 2/16 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees | PAGE #: 1 of 6 |

PURPOSE:

Bonnechere Manor/Miramichi Lodge is committed to working with its employees to provide a safe environment for residents, staff and visitors.

Lockdown procedures protect individuals within a building in the case of an emergency. They require that the individuals stay safely sheltered within the building where they are located once an emergency is identified and declared, unless there is a specific threat within that building that requires them to exit.

A lockdown should be activated in situations:

- Where notification was received by local police or government
- Where an immediate life-threatening situation is occurring in the facility or on the grounds

The following security measures are for the protection of residents, employees, volunteers, visitors and leasees, should the decision be made by the person-in-charge to control accessibility in and/or out of the Home in response to a specified threat.

These measures are over and above the normal Building Security practices, as per SOP M-030.

DEFINITIONS:

“Lockdown” is a response to a major incident, or threat of violence within the building, or in the immediate area of the building. It attempts to isolate individuals from danger by requiring everyone to remain inside the building in secure locations.

Three levels of lockdown are addressed in this Policy: Shelter-in-Place, Hold and Secure and Full Lockdown.

- A. “Shelter in Place” is a term used for an environmental or weather-related situation where it is necessary to keep all occupants within the building to protect them from an external situation such as a chemical spill, blackout, explosion or extreme weather condition. Individuals may be able to move freely within the building but will be asked to stay inside until the outside situation is safe.
- B. “Hold and Secure” is a term used when it is desirable to secure a building because of an ongoing situation outside and there may be a potential threat to people inside the building. In this situation, the exterior doors to the building are locked, all windows and doors are closed (exception –some rooms may have to be kept open for monitoring) and occupants advised to keep away from windows until such time as the situation near the building is resolved. It protects individuals from leaving the building and entering into an area of danger and helps prevent a threat from entering the building.

| County of Renfrew Long-Term Care Homes Standard Operating Procedures | | | |
|--|---|---|--------------------------|
| DEPARTMENT: Emergency Planning | | SOP #: EP-114 | |
| SOP: Code Purple Lock Down | | | |
| ORIGINAL DATE: November 2/16 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees | PAGE #: 2 of 6 |

- C. “Full Lockdown” is used when the physical threat is heading towards the building or is already in the building and there is an active threat where there may be bodily harm or death. Measures need to be taken to prevent the threat from accessing areas, to protect individuals from entering areas where the threat may be present and to protect individuals from remaining in areas to which the threat may be moving.

NOTE: Lockdown situations are in effect until the person-in-charge notifies staff over the building’s telephone PA system, email or other means of communication that the emergency has ended. Should the fire alarm sound while in Lockdown or a person is in need of medical assistance, the person-in-charge will provide further directions in light of the need for lockdown.

PROCEDURE:

- Upon direction from the Person-in-charge, all occupants of the Home will be informed of the requirement for lockdown and the level, as defined above, via the building PA system.
Example: “Attention, this is a security alert. We are implementing ‘Hold and Secure’ procedures. Do not leave the Home. Further updates will be provided”.
As per Appendix A, each of these persons will:
 - respond back to the designated person to confirm this message has been received;
 - communicate to other staff as required; and
 - be alert for further directions and/or to communicate relevant information.
- The Environmental Services Supervisor/designate will direct a maintenance person/designate to immediately manually lock all entrances to the building.
- As human resources allow, a staff person may be delegated to monitor the main entrance to allow only persons visually identified and confirmed as having legitimate business in the Home to be manually permitted to enter the Home. Any persons without adequate reason for being within the Home may be asked to leave the premises.
- Signs will be posted by the Environmental Services Supervisor/designate at all entrances as per Appendix B.
- The risk of residents requiring to leave the Home for medical emergencies (911) will be discussed with the resident/substitute decision maker, physician and RN.
- All other residents/Substitute Decision Makers and visitors will be advised of potential risk.
- Residents, employees and all other occupants should remain until the issue is resolved.

| County of Renfrew Long-Term Care Homes Standard Operating Procedures | | | |
|--|---|---|--------------------------|
| DEPARTMENT: Emergency Planning | | SOP #: EP-114 | |
| SOP: Code Purple Lock Down | | | |
| ORIGINAL DATE: November 2/16 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees | PAGE #: 3 of 6 |

8. In the event the situation requires an emergency exit, the marshalling area is the same as that for evacuation for fire, east parking lot on the other side of the walking path. If there is an active threat within the building and the police are outside the building, avoid evacuating the building. The police will treat every person leaving the building as the active threat and this will confuse the issue.
 9. A worker representative from the Joint Occupational Health & Safety Committee will be notified.
 10. As required, the Ontario Provincial Police (OPP) will be contacted for assistance.
 11. When the issue has been resolved, the person-in-charge will make an announcement of "All Clear" over the building's telephone PA system, email or other means of communication and advise the applicable persons to resume normal business.
 12. The person-in-charge will complete an Incident Report (Resident/Employee*/Critical Incident Report) and submit to the Administrator.
- *Employee Incident Report may trigger Ministry of Labour Report.

NOTE: Any of the above may be modified, related to the specified risk and/or directions from other authorities including the Police.

A. SHELTER-IN-PLACE

"Shelter-in-Place" should be implemented for environmental or weather-related situation.

1. Police/Emergency Services may notify the person-in-charge if there is a need for a "Shelter-in-Place" or the decision may be made internally.
2. The person-in-charge will make an announcement of "Shelter-in-Place" over the building's telephone PA system, email or other means of communication.
3. The Department Head/designate will ensure that an individual(s) within their area of responsibility is/are assigned to close all windows and doors* and advise all to keep away from windows.
4. All should remain in the "Shelter-In-Place" mode until the person-in-charge indicates it is safe to come out by making an announcement of "All Clear" over the building's telephone PA system, email or other means of communication.

| County of Renfrew Long-Term Care Homes Standard Operating Procedures | | | |
|--|---|---|--------------------------|
| DEPARTMENT: Emergency Planning | | SOP #: EP-114 | |
| SOP: Code Purple Lock Down | | | |
| ORIGINAL DATE: November 2/16 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees | PAGE #: 4 of 6 |

5. In the event the situation requires an emergency exit, the marshalling area is the same as that for evacuation for fire.
6. The person-in-charge will complete an Incident Report.

*The RN/RPN will determine if the resident's medical status allows for the door to be closed for this exception.

B. HOLD AND SECURE

"Hold and Secure" should be implemented for danger due to a physical threat outside the building or in the neighbourhood.

1. Police/Emergency Services may notify the person-in-charge if there is a need for a "Hold and Secure" or the decision may be made internally.
2. The person-in-charge will make an announcement "Hold and Secure" over the building's telephone PA system, email or other means of communication.

This announcement should advise individuals inside the building of the threat, not to leave the Home, to control movement inside the building and to advise that further updates will be provided.

Example: "Attention, this is a security alert. We are implementing "Hold and Secure" procedures..."

3. The Department Head/designate will ensure that an individual(s) within their area of responsibility is/are assigned to close all windows and doors and advise all to keep away from windows.
4. All should remain in the "Hold and Secure" mode until the Police/Emergency Services advise the person-in-charge it is safe to come out.
5. The person-in-charge will make an announcement of "All Clear" over the building's telephone PA system, email or other means of communication.
6. In the event the situation requires an emergency exit, the marshalling area is the same as that for evacuation for fire.
7. The person-in-charge will complete an Incident Report.

| County of Renfrew Long-Term Care Homes Standard Operating Procedures | | | |
|--|---|---|--------------------------|
| DEPARTMENT: Emergency Planning | | SOP #: EP-114 | |
| SOP: Code Purple Lock Down | | | |
| ORIGINAL DATE: November 2/16 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees | PAGE #: 5 of 6 |

C. FULL LOCKDOWN

“Full Lockdown” should be implemented for danger due to an immediate physical threat coming into the building or already inside the building.

1. If feasible, Police/Emergency Services may notify the person-in-charge if there is a need for a “Full Lockdown” or the decision may be made internally. Call 911 if the police are not already involved.
2. The person-in-charge will make an announcement of a “LOCKDOWN” over the building’s telephone PA system, email or other means of communication.

This announcement should advise individuals inside the building of the threat and provide some direction depending on the situation such as “ Attention, this is a security alert. Bonnechere Manor/Miramichi Lodge is in “LOCKDOWN. Go to the nearest room, lock the doors and windows and hide”

Then advise that further updates will be provided.

3. Do not tell people to go to a certain room or area because the active threat may be inside the building and decide to go there also.
4. Avoid evacuating the building if possible if the police are involved as this will cause problems for the police as mentioned earlier.
5. All should remain in the “LOCKDOWN” mode until the Police/Emergency Services indicate to the person-in-charge it is safe to come out.
6. The person-in-charge will make an announcement of “All Clear” over the building’s telephone PA system, email or other means of communication.
7. In the event the situation requires an emergency exit, the marshalling area is the same as that for evacuation for fire.
8. The person-in-charge will complete an Incident Report.
9. Three (3) locations that are required to be locked:

Main Doors

The outside sliding door is locked using a stick that is hanging on the wall inside Switchboard/Reception area. The stick is painted and has "Lockdown" on it. It is laid on the track behind the door so the door will not slide open. The inside door is locked by flipping the

| County of Renfrew Long-Term Care Homes Standard Operating Procedures | | | |
|--|--------------------------------------|--|-------------------|
| DEPARTMENT: Emergency Planning | | SOP #: EP-114 | |
| SOP: Code Purple Lock Down | | | |
| ORIGINAL DATE: November 2/16 | DATE LAST REVIEWED: March 1, 2022 | COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees | PAGE #: 6 of 6 |

rocker switch on the top right corner of the door frame. The white dot on the rocker switch is "on" and the no white dot is "off".

Employee entrance outside door

There is a manual thumb latch switch on the inside frame of the door on the left side. When the latch is turned, the door locks.

Greenhouse entrance (if it's not winter)

There is a rocker switch on the aluminum header on the right-hand side above the door.

Moving the rocker switch to the center position (Off) deactivates the door.

NOTE: If lockdown occurs between 7 am - 3 pm, then maintenance staff will look after locking these doors. If lockdown occurs outside of these hours, the Charge Nurse will be responsible for making sure these doors are locked.

Appendix A: [Lock Down Checklist](#)

Appendix B: [Notice for Door](#)

| County of Renfrew Long-Term Care Homes Standard Operating Procedures (SOPs) | | | |
|---|-----------------------------------|-----------------------------------|--------------------------|
| DEPARTMENT: Emergency Planning | | | SOP#: EP-115 |
| SOP: Code Silver – Person With a Weapon | | | |
| ORIGINAL DATE: June 14, 2022 | DATE LAST REVIEWED: New | COVERAGE: All Employees | PAGE #: 1 of 2 |

Purpose:

Code Silver is a planned response to ensure the safety of staff, residents and visitors when an individual is in possession of a weapon either Bonnechere Manor or Miramichi Lodge, County of Renfrew Long-Term Care Homes' property and an enhanced police response is required.

A Code Silver is called if there is a threat, attempt, or active use of a weapon to cause harm, regardless of the type of weapon.

Code Silver does not result in other staff coming to assist, as it is designed to keep people away from harm.

Police will be contacted as soon as Code Silver is announced.

Once Police are present, they are in **complete control** of the situation.

Procedure:

1. CALL Reception at "0" or Charge Nurse after hours at ext. 1000 for Bonnechere Manor and ext. 175 for Miramichi Lodge as soon as possible. Receptionist or RN is to page "Code Silver" and location if known.
2. Give Receptionist or Charge Nurse as much information as possible including:
 - Location of the assailant(s) current, last known, and /or direction headed
 - Type of weapons(s)
 - Description of the assailant(s)
 - Any comments or demands made by the assailant
 - information on victims and/or hostages
 - Any other information you feel may be relevant
 - Ask Reception or RN to notify the Police if not already done
3. Staff who are in the **IMMEDIATE AREA** of assailant:
 - Do NOT attempt to engage the assailant. This includes verbal and physical attempts to deescalate the situation
 - Remain **CALM** and **EVACUATE**
 - If unable to evacuate, **HIDE**

| County of Renfrew Long-Term Care Homes Standard Operating Procedures (SOPs) | | | |
|---|-----------------------------------|-----------------------------------|--------------------------|
| DEPARTMENT: Emergency Planning | | | SOP#: EP-115 |
| SOP: Code Silver – Person With a Weapon | | | |
| ORIGINAL DATE: June 14, 2022 | DATE LAST REVIEWED: New | COVERAGE: All Employees | PAGE #: 2 of 2 |

4. All staff in areas **NEAR** the code silver location:
 - If you can leave safely, **EVACUATE**
 - If you cannot leave safely, **HIDE**
 - If you have no other option, as a last resort and only if your life is in imminent danger: plan to **SURVIVE**
 - Attempt to disrupt and/or incapacitate the assailant by acting as aggressively as possible against him/her, throw items and improvising weapons, yelling, commit to your actions
 - If others are available, work together to distract and attack the assailant as fiercely as possible
5. Do not attempt to return to your work area/Resident Home Area until “Code Silver All Clear” is announced or wait for further instructions to be announced by the Police.
6. Once Code Silver has been called all clear, an announcement will go out indicating a safe meeting place for a debriefing.

Miramichi Lodge Pandemic / Business Continuity Plan

Prepared by: The Management Team of Miramichi Lodge

September 23, 2009

Updated: March 9, 2020

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Chapter 1: Introduction

Planning is a key component of emergency management, regardless as to the nature, size, or duration of the emergency. The possibility of an influenza pandemic, a natural event that occurs three to four times per century, is recognized as a significant threat that warrants dedicated and ongoing planning to minimize its impact on society. This document is part of a comprehensive emergency management strategy for Miramichi Lodge.

While the plan is as complete as possible at the time of publication, pandemic planning is an ongoing process. The plan is a living document that will be reviewed and revised annually.

Pandemic Response Goal

Consistent with the pandemic goals adopted by the federal and provincial government, the goal of the pandemic response at Miramichi Lodge is to:

- (1) Minimize illness and death; and
- (2) Reduce disruption at Miramichi Lodge as a result of an influenza pandemic.

Plan Purpose

The purpose of this plan is to identify the need for planning and to identify the roles, responsibilities and key activities of Miramichi Lodge in planning and responding to a pandemic emergency.

Pandemic Influenza

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

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

person. H5N1 is a current example of a novel virus that is being monitored closely for its pandemic potential.

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

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

World Health Organization (WHO) Pandemic Periods and Phases

To provide assistance in pandemic planning and preparedness, and help coordinate response activities, the World Health Organization (WHO) has categorized the various phases of a pandemic. In April 2005, WHO revised the pandemic phases to take into account avian influenza and its possible relationship to human pandemics (see Table 2.1). WHO phases reflect the international risk or activity level, but do not necessarily reflect the situation in Canada. Therefore, an adaptation of the WHO numbering scheme has been developed nationally to reflect the Canadian situation. The WHO phase number will be followed by a period and then a number from 0 to 2 to indicate the level of activity in Canada. The Canadian adaptation of the WHO phases is as follows:

0 – no activity observed in Canada;

1 – single case(s) observed in Canada but no clusters; and

2 – localized or widespread activity in Canada.

For example, WHO Phase 6, a declared pandemic with sustained human-to-human activity, would be represented by Phase 6.0 if it has not yet arrived in Canada.

World Health Organization Phases for Pandemic Influenza

| Period | Phase | Description |
|-----------------------|--------------|--|
| Inter-pandemic period | Phase 1 | No new influenza sub-types have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered low. |
| | Phase 2 | No new influenza subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human diseases. |
| Pandemic Alert Period | Phase 3 | Human infection(s) with a new subtype, but no human-to-human spread, or limited to rare instances of spread to a close contact. |
| | Phase 4 | Small clusters with limited human-to-human spread, but spread is localized, indicating that the virus has not adapted to humans. |

Business Continuity Plan for Miramichi Lodge

| | | |
|----------------------|---------|---|
| | Phase 5 | Larger clusters. However, human-to-human spread remains localized, indicating that the virus is adapting to humans, although not yet fully transmissible (substantial pandemic risk). |
| Pandemic Period | Phase 6 | Increased and sustained human-to-human transmission. |
| Post Pandemic Period | | Return to Inter-pandemic Period. |

Planning Assumptions:

- At the peak of the pandemic, businesses should plan for up to 20-25% of their staff being absent (at a given time) as a result of personal illness, caregiver responsibilities, or fear of infection;
- Supply chains may be weakened or severely disrupted; and
- There may be intermittent disruptions and reduced service levels in critical infrastructure, including transportation, utilities, and emergency services.

Miramichi Lodge Demographics – Residents and Staff

| Staff Population | | | |
|--|--------------------|----------------------|----------------------|
| Department | Full-Time | Part-Time | Relief/Casual |
| Administration | 5 | 0 | 0 |
| Maintenance | 4 | 0 | 0 |
| Housekeeping | 6 | 12 | 2 |
| Food Services | 9 | 17 | 1 |
| PSW | 16 | 83 | 7 |
| Laundry | 2 | 3 | |
| Client Programs *1 FT + 1 PT Staff have PSW Cert. | 3 (rec) 1 (CPS) | 4 (rehab) 4 (rec) | 1 (rehab) 2 (rec) |
| Registered Nurses | 3 | 11 | 2 |
| Registered Practical Nurses | 14 | 20 | 5 |
| Nursing Administration | 5 | 0 | 0 |
| Total | 68 | 154 | 20 |

Estimated Potential Impact of an Influenza Pandemic at Miramichi Lodge

| Impact Indications | Residents | Staff |
|-------------------------------|-----------|-------|
| 35% may become clinically ill | 58 | 86 |
| 50% may seek medical care | 83 | 121 |
| 1% may be hospitalized | 1.66 | 2.4 |
| 0.4% may die | .66 | 1 |
| Without Interventions | | |
| 1-10% may be hospitalized | 2-17 | 2-24 |
| 0.4 – 2% may die | 1-3 | 1-5 |

Chapter 2: Overview of Health Sector Organizations

Long-Term Care Homes

Caressant Care Cobden - 64 LTC beds & 47 Retirement beds
Alexis Anderson, Administrator
12 Wren Drive, Cobden, ON K0J 1K0
Tel: 613-646-2109
Fax: 613-646-2182

The Four Seasons, Deep River Hospital - 10 LTC Beds, 4 Interim Beds
Kate Kobbles, Administrator
117 Banting Drive, Deep River, ON K0J 1P0
Tel: 613-584-3333
Fax: 613-584-4920

Marianhill Inc., Pembroke - 167 LTC Beds
Linda Tracey, Administrator
600 Cecelia St., Pembroke, ON K8A 7Z3
Tel: 613-735-6838
Fax: 613-732-3934

Bonnechere Manor, Renfrew - 178 LTC Beds, 2 Respite
Dean Quade, Administrator
470 Albert Street, Renfrew, ON K7V 4L5
Tel: 613-432-4851
Fax: 613-432-7138

North Renfrew Long-term Care Services - 20 LTC Beds, 1 LTC Respite and 1
Kim Rodgers, Administrator Community Respite, 9 Senior Apts
Box 1988, 47 Ridge Rd., Deep River, ON K0J 1P0
Tel: 613-584-1900
Fax: 613-584-9183

Valley Manor, Barry's Bay - 90 beds total at Valley Manor, no
Trisha Sammon, Administrator short stay and offers an Adult Day
P.O. Box 880, 88 Mintha St., Barry's Bay, K0J 1B0 program on Tues and Thurs (6-8
Tel: 613-756-2643 clients)
Fax: 613-756-7601

Carefor Health & Community Services
Pembroke Civic Complex
425 Cecelia Street, Pembroke ON

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Tel: 613-732-9993

Hospitals

Renfrew Victoria Hospital, 499 Raglan Street, Renfrew, ON K7V 4A7

Julia Boudreau Tel: 613-432-4851

Fax: 613-432-8649

Arnprior & District Memorial Hospital, 350 John Street North, Arnprior, ON K7S 3M4

Eric Hanna

Tel: 613-623-3166

Fax: 613-623-4844

Pembroke Regional Hospital, 705 MacKay St., Pembroke, ON K8A 1G8

Pierre Noel

Tel: 613-732-2811

Fax: 613-732-9986

St. Francis Memorial Hospital, P.O. Box 129 Centennial Dr., Barry's Bay, ON K0J 1B0

Julia Boudreau

Tel: 613-756-3044

Fax: 613-756-0106

Deep River & District Hospital, 117 Banting Dr., Deep River, ON K0J 1P0

Richard Bedard

Tel: 613-584-3333

Fax: 613-584-4920

| Miramichi Lodge Physician List | | | |
|---------------------------------------|--------|------|------|
| Physician Name | Office | Home | Cell |
| Dr. Lane Medical Director | | | |
| Dr. Baxter Attending Physician | | | |
| Dr. Gauthier Attending Physician | | | |
| Dr. Corrigan Attending Physician | | | |
| Dr. Thomas GMH | | | |

| Essential Service Providers | | | |
|------------------------------------|---|-----|--|
| Name | Telephone | Fax | Services / Account # |
| DIETARY | | | |
| Canada Bread | Brian Bucholtz Cell 613-613-281-4141 Canada Bread 1-877-747-0613 | | Customer # 60472757 Route # 9578 |
| Brum's Dairy 631 Bruham Ave | 613-735-2325 | | Dairy Products Customer # |

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| | | | |
|---|---|--------------------|--|
| Pembroke, ON K8A 4Z8 | | | 135 |
| Complete Purchasing Tammy Armstrong | 1-800-331-9433 ext. 448 tammy_Armstrong@aramark.ca | | |
| Brum's Dairy 631 Bruham Ave Pembroke, ON K8A 4Z8 Mr. Bill Siebarth | 613-735-2325 613-735-3336 | | Drinking water Customer # 135 Water transport |
| Ventrex Vending 6-1550 Liverpool Ct. Ottawa, ON K1B 4L2 | 1-888-690-6333 613-747-0455 ext 241 | | Food Machine Rentals |
| Ecolab Institutional Division P.O. Box 4090 STN A Toronto, ON M5W 0E9 | SUE ANTLER CELL: 613-602-6274 | | Chemicals Acct # 502615370 |
| Sysco P.O. Box 6000 Peterborough, ON K9J 7B1 | Account Exec: Bianca Saikaley Cell: 343-998-6150 Cust Service Lynn Amyotte 1-800-267-0195 Order Desk: 1-800-461-6543 | 1-800-481- 8758 | 115890 Groceries / Dry / Fresh / Meat / Frozen Acct # 36555000 |
| Nestle Vitality | Lesley Hadfield Cell: 613-899-0260 1-800-668-5463 Service: 1-800-538-3545 | | Juice Machines |

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| Essential Service Providers | | | |
|---|--|----------------------------------|----------------------------|
| Name | Telephone | Fax | Services / Account # |
| NURSING | | | |
| Renfrew County & District Health Unit 450 O'Brien Rd. Renfrew, ON | 613-432-5853 Main office 613-732-3629 613-623-2991 | 613-623-3382 | |
| MediSystem | T : 613-224-3225 | | Pharmaceutical supplies |
| Cardinal Health 277 Basaltic Rd. Concord, ON L4K 5V3 | 1-905-417-2900 1-800-387-7025 Kevin Vickers 613-449-2750 | 1-905-761-9929 | Nursing Supplies |
| Gamma-Dynacare Medical Laboratories 115 Midair Court Brampton, ON L6T 5M3 | 1-866-790-2525 416-659-0799 | 905-790-3055 | Laboratories Services |
| KCI Medical Canada, Inc. 95 Topflight Drive Mississauga, ON L6S 1Y1 | 1-800-668-5403 905-565-7187 | 905-565-7270 | Specialty Nursing Supplies |
| Medical Mart 5875 Chedworth Way Mississauga, ON L5R 3L9 | 1-905-624-6200 1-800-268-2848 | 1-905-624-2848 1-800-563-6937 | Attends Products |
| Medigas, A Praxair Company 900 Ages Dr. Unit 900 Ottawa, ON K1G 6B3 | 613-732-4396 | | Oxygen |
| Essential Service Providers | | | |
| Name | Telephone | Fax | Services / Account # |

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| ENVIRONMENTAL SERVICES | | | |
|--|---|------------------|--|
| Cardinal Health PO Box 4918 STN A Toronto, ON M5W 0C9 | 905-417-2900 1-877-878-7778 | | Nursing Gloves |
| George Courey 6620 Ernest Cormier Laval, QC H7C 2T5 | 1-800-361-1087 Anita Ferrato Sales Executive | | Linen Supplies |
| MC Healthcare 4658 Ontario St. Beamsville, ON L0R 1B4 | 1-800-268-8671 | 905-563- 8680 | Beds, mattresses, furniture |
| MIP 9100 Ray Lawson Blvd. Anjou, QC H1J 1K8 | 1-800-361-4964 Adam O'Neil 613-806-0672 | | Linen Supplies |
| Bunzl Cleaning & Hygiene 710 Dalton Avenue, Kingston ON K7M 8N8 | 613) 546-3771 Direct (613) 876-3984 Cell Peter Forster | | Housekeeping Supplies Hand sanitizer & dispensers |
| Complete Purchasing Tammy Armstrong | 1-800-331-9433 ext. 448 tammy_Armstrong@aramark.ca | | All supplies |
| Ecolab | 1-800-325-5326 Susan Antler Territory Manager – Pembroke Cell 613 602 6274 | | Laundry/HSKP Chemicals |

Chapter 3: Roles and Responsibilities

All parts of Miramichi Lodge have a role in preparing for, and responding to, an influenza pandemic.

Nursing Department Roles and Responsibilities

Nursing Management Team:

The nursing management team will provide nursing care within their individual professional competencies. Nurses are expected to continue to adhere to the overall framework for the practice of nursing as outlined in the College of Nurses Practice Standards and Guidelines. This includes accessing current government and related health pandemic information, and using the appropriate links to the College of Nurses.

The nursing management team will take direction from the Renfrew County and District Health Unit and Medical Officer of Health, through the Infection Control Liaison or Designate. The Director of Care (or designate) will request that the Home physicians determine which residents are high risk and determine their treatment plan of care.

Registered Nurses:

Registered staff need to be aware of the College of Nurses Practice Standards and Guideline and the information on the attached Fact Sheet, (Appendix I).

| Type of Service | Level of Care | Services that could be reduced | Services that may be enhanced |
|---|---|--|---|
| Medications | Administered as prescribed | None | Antiviral administration |
| Assessment of Care needs | Ongoing | Frequency may be reduced Essential documentation only | Acute illness and Palliative Care |
| Skin and wound Care | Routine Aseptic dressings, sterile dressings and colostomy care | | |
| Communication with families/ decision makers, POA | Maintain regular communications | | May have to increase frequency or change process method (website) |

Business Continuity Plan for Miramichi Lodge

| | | | |
|-------------------|---|---|--|
| Contract Services | Determine whether Physiotherapy or Psychiatry visits should continue. | Defer foot care, hairdressing, dental hygienist dependant on residents need | |
|-------------------|---|---|--|

Personal Support Workers:

| Type of Service | Level of Care that must be maintained | Services that could be reduced | Services that may be enhanced |
|-------------------------------|--|--|--------------------------------------|
| Personal Care | Face, hands and perineum washed 2x daily and as needed to maintain skin integrity. Active care that reduces risk of health complications | Bathing limited to baths and showers as needed. | |
| Personal hygiene and grooming | | Modify depending on resident health needs, staff availability; defer care of fingernails and feet. | |
| Oral Care | Twice daily | | |
| Clothing and bed changes | | As needed | |
| Toileting and continence Care | Maintain routine toileting and continence care. Maintain routine catheter care | | |
| Assistance with eating | Provide as needed | | Tray service for isolated cases |
| Reposition bed residents | | Once every 2 hours or as needed to promote comfort and prevent skin breakdown | |
| Management of natural deaths | | | Will likely increase |

Staffing Contingency Plan in an Emergency Situation

Nursing Department:

Personal Support Workers

| Dr. Eng and Dr. Pan Dementia Care Unit, 1B, 2A, 2B, 3A, 3B (42 PSWs daily) | | |
|---|-------------------------|------------------------|
| Days (0700-1500) | Eves (1500-2300) | Nights (2300-0700) |
| 3 PSW's (reduce short shifts) 18 | No changes 18 | No changes 6 |
| Alternate: 12 hour shifts (36 PSWs daily) | | |
| Days (0700-1900) | Nights (1900-0700) | |
| 4 PSW's 24 | 2 PSW's 12 | |

Registered Staff

No changes to RNs/RPNs if maintaining 3 shifts

If moving to 12 hour shifts:

RN's: reduce to 2 on days (0700-1900) and 2 on nights (1900-0700)

RPN's: 6 on days (0700-1900), 4 short shifts (1900-2300) and 2 on nights (1900-0700)

Reduce RN RAI Coordinator (1), and RAI/MDS/Admission Team (2-3)

Food Services Department Roles and Responsibilities

This plan is designed as a guideline in the event of a Pandemic. The Food Services Department is responsible for the continuity of meal service to provide adequate Nutrition and Hydration to 166 residents.

| | | |
|-------------------------------------|--------------|----------------------------|
| Estimated number of resident meals: | Breakfast | - 166 |
| | Lunch | - 166 |
| | Supper | - 166 |
| | TOTAL | - 498 meals per day |

| | | |
|---|--------------|-----------------------------------|
| Estimated number of resident nourishments | AM snack | -166 |
| | PM snack | -166 |
| | HS snack | -166 |
| | TOTAL | - 498 nourishments per day |

Food Services Staff are responsible for food production and preparation, portering of food items to the resident home areas, serving meals and setting up nourishment carts.

Food Supplies:

- Excluding perishables, the amount of food on hand could last approximately seven (7) days. Menu revisions would be required.
- Eggs, milk, bread and fresh produce would be required within three (3) days. Menu revisions would be required.
- Bottled water on hand could last approximately two (2) days

Chemical Supplies:

- On hand cleaning and chemical dishwashing supplies could last approximately two (2) weeks

Dishes and Eating Utensils:

- On hand disposable supplies; plates, cups, bowls, glasses, knives, forks, spoons, soup spoons, will last approximately seven (7) days

Food Services Personnel Assignments:

The following Food Services Positions are essential to provide normal meals and nourishments with as little modification as possible.

A minimum of ten (10) people will be required to carry out the functions of meal preparation and service. Workers can include volunteers, management staff or staff from other departments. Staff with Food Service Qualifications will be asked to work in Food Services.

| Position | Staff Requirement |
|-------------------------|--|
| Food Service Supervisor | 1 or designate |
| Registered Dietitian | 1 |
| Cooks | 1- Early 6:00 – 2:00 p.m. (Sat/Sun 1 6:00-2:00) 1 Late 2:30 – 7:30 p.m. (M/W/TH) 11:30-7:30 T/F/S/SU |
| Food Service Workers | 4 - Early 6:30 – 2:30 p.m. 1 –7:00 – 3:00 p.m. 1 - 11:30 – 7:30 p.m. 3 – 2:30 – 7:30 p.m. 1 – 7-12 THURS - Groceries |

Roles and Responsibilities of Food Service Personnel:

In a pandemic situation, it is expected that all staff cooperate in performing a wide variety of duties. Duties that were once designated for specific classifications may need to be shared and carried out by others. Supervisory personnel will assign job duties. Duties will vary, depending on the nature of the pandemic circumstances.

Food Services Supervisor / Alternate:

- Responsible for overall function of department and food service operations
- Communicate with Administration, Maintenance, Housekeeping and Nursing
- Plan menu and work schedules
- Requisition food and supplies from suppliers (may include local Supermarkets, Grocery Stores and Restaurants)
- Communicate with Food Suppliers and Complete Purchasing re: availability of food and supplies
- Maintain necessary records
- Enforce sanitary and safety practices
- Assess staffing situation
- Obtain volunteers if necessary
- Maintain records of hours worked
- Check and allocate supplies
- Oversee dishwashing and pot washing procedures; enforce sanitary technique
- Assign cleaning duties to staff and volunteers
- Organize food assembly and assign duties to staff and volunteers
- Determine size of portions to be served
- Check food assembled to units
- Organize meal service to residents and staff
- Organize bulk food sent to units in hot wagons
- Assist nursing with assignment of serving duties in unit dining rooms
- Oversee food operation to ensure adequate supply of food and beverage
- Keep record of volume of food and beverage served to staff if required

Registered Dietitian:

- Duties will be similar to normal working conditions, however, assistance with preparing, serving and or assisting with resident feeding may be required at meal times.

Cooks:

- Follow Supervisors' directions
- Check food supplies
- Follow menus and work schedules, organize all aspects of food production to meet estimated needs
- Ensure all food is of high quality in taste and temperature
- Arrange work areas for efficiency and keep them clean
- Assist with food preparation and service if required
- Clean work area; may have to assist with pot washing

Food Service Workers:

- Follow Supervisors' directions
- Duties will be similar to normal working conditions, however, job schedules will change

Volunteers

Volunteers can be obtained from the personnel pool by contacting directory of Volunteers from the Client Services Department.

Volunteers may be needed in Food Service operations for the following duties:

- ⇒ Assume a position in servery during hours of meal service to assist with resident meal assembly.
- ⇒ Serve resident meals in dining rooms.
- ⇒ Assist with resident tray assembly during meal service hours if residents are required to eat in their rooms,
- ⇒ Deliver Food Supplies, Cambro Carts, and Hot Carts to serveries.
- ⇒ Assist with dishwashing; pot washing and/or general clean up.

Volunteers are to report to the kitchen for duty assignment from the Food Service Supervisor or alternate in charge.

Sanitation in Food Services:

All established sanitation standards and procedures are adhered to in a pandemic situation to prevent outbreaks of food borne illnesses. All regular staff and all volunteers are to follow these standards.

WITHDRAWAL OF QUALIFIED STAFF

Business Continuity Plan for Miramichi Lodge

Food Service operations with reduced staffing may result in further actions including but not limited to the following;

- 1) The Food Services Supervisor / Alternate will give directions to staff and volunteers, to **implement emergency menus** and procure necessary supplies, therefore normal food service operations will be simplified. Refer to Emergency Food Services Standard Operating Procedure #DC-010.
- 2) During this time, therapeutic diets will be liberalized. Emergency menus are simplified to be practical for a variety of circumstances. An attempt will be made to provide food suitable for full, minced and puree diets. **Selective menus will not be used.**
- 3) The use of disposable dishes and cutlery may be initiated to reduce time spent washing dishes.
- 4) The Food Service Supervisor /Alternate may need to purchase pre-made entrees, soups, desserts, salads, sandwich fillings, etc.
- 5) The Food Service Supervisor/Alternate may need to purchase pre-portioned items such as juices, milks, desserts etc. for tray service if residents are required to eat in their rooms.
- 6) In extreme circumstances between meal snacks may be reduced, but the Hydration passes could not be cancelled.
- 7) A cold breakfast could be offered.
- 8) Order meals from local Restaurants if required for staff & volunteers and or residents.
- 9) Communicate with Suppliers to ensure the availability of food products and deliveries.

The previous plan is based on the assumption that Power and Potable Water are available.

Environmental Services Roles and Responsibilities

Laundry

The laundry at Miramich Lodge processes and delivers approximately **1512** pounds of facility and personal laundry each day. This works out to approximately **4.5** tons of laundry per week.

It is expected that during a pandemic these numbers will increase based on the symptoms of the influenza like illness (ILI). Therefore we believe that we will need all of the laundry staff to maintain the necessary levels of infection control and product processing.

Housekeeping

The housekeeping department is responsible for maintaining the level of clean aesthetically and pathogen cleaning for the entire 154,000 square of the facility.

It is expected that during a pandemic breaking the cycle of infection will be even more important and therefore we will need all of the housekeeping staff to perform their duties in the housekeeping department.

Maintenance

The maintenance department responds to approximately 15 service calls per day and maintains a preventive maintenance program to ensure that all of the mechanical equipment is working within recommended standards for facilities. The maintenance staff are also responsible for security within the facility.

It is expected that maintaining the equipment to ensure the environmental standards within the facility are maintained during the pandemic as well as the additional concerns of providing security will require all of the current staff and may even require an increase in the part time staffing hours.

Conclusions

It seems that environmental services will not be able to provide any additional staff to assist with care as it is expected that 30 – 35 % of staff will be incapacitated by the pandemic.

Environmental services will operate their schedules as close to normal as possible but recognizes that the need to modify start and stop times may be necessary to provide 24 hour coverage in terms of infection prevention and control measures during the

pandemic. Consideration would be given to pull from other departments to maintain Environmental Services.

| Type of Service | Level of Care that Must be Maintained | Services that Could be Reduced | Services that may be enhanced |
|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| Day Programs | None | Closed | 3 Program Staff with PSW Cert. |
| In-house Rec. Prog./Rec Therapist | Basic programming | Closed | 7 Rec. Programmers |
| Restorative Care Staff/PTA | One on one Care | Closed | P/T Rehab is 3 P/T PTA is 3 |

Client Services Department Roles and Responsibilities

Client Services will have a **minimum of 3** staff available to assist on a daily basis.

With regards to socialization with the clients during a Pandemic- if staff has time we would rotate staff to interact with all clients on a daily basis. Walks and social gatherings with clients. Routine check-ins with all clients on a daily basis to see if they are moving and having some interaction though out the day.

Administration Department Roles and Responsibilities

| Type of Service | Level of Service that must be maintained | Services that could be reduced | Services that may be enhanced |
|---------------------------|---|---|-------------------------------|
| Administrator | Administrator may provide directions from an offsite location; either County Administration building or home. | | |
| Administration Supervisor | | HR duties and financial/budget reports could request extension to any deadlines | |

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| | | | |
|--------------------------------|--|--|--|
| AA-Finance | Monthly billing (backup ADS) | Payables reduce from bi-weekly to monthly or request County Administration assistance. | |
| Secretary 1-Administration | Daily Census Records (backup AA-F, Receptionist) | | |
| Receptionist | Switchboard (backup – system will remain on night service) WSIB Form 7 completion – 3 day timeframe for reporting (backup AA-F, AS) Resident trust / mtc. payment / withdrawal | | |
| Secretary 2-Administration/ HR | By-weekly Payroll (backup AAF, ADS) | Day Programs will be closed | |
| Fundraising Coordinator | | Fundraising Activities | |

The Administrator may choose to work off site, providing direction via telephone and email service. To authorize items by signature request (i.e., cheque signing), Purolator services or meeting at an offsite location may be used.

Cross training and Standard Operating Procedures for all positions and duties have been initiated to ensure minimal disruption of services

Municipal Sector Role

County of Renfrew Emergency Plan:

<http://www.countyofrenfrew.on.ca/EmergencyServices/EmergencyPlan/EmergencyResponsePlan-March2007.pdf>

Ministry of Health and Long-Term Care

The MOHLTC is responsible for coordinating the province-wide response to an influenza pandemic. The *Ontario Health Pandemic Influenza Plan* (OHPIP) has been updated annually since its release in 2004. The mandate of MOHLTC for pandemic planning, and response, is to:

- Implement national recommendations on influenza surveillance and immunization programs;
- Maintain provincial surveillance activities, report diseases caused by influenza, and participate in national surveillance activities;
- Coordinate the investigation of outbreaks and clusters of febrile respiratory illness (FRI) and influenza-like illness (ILI);
- Undertake tasks most effectively done at the provincial level, such as bulk equipment purchasing, stockpiling and distribution of antiviral medications and vaccines, and the distribution of medical supplies;
- Provide guidelines and direction to local public health authorities to ensure consistent planning and response operations across the province by the health sector;
- Support special studies to enhance the capability of the providers to manage a pandemic;
- Coordinate public education campaigns;
- Provide guidelines and direction to local pandemic planning groups; and
- Provide guidance to the health sector.

Public Health Agency of Canada

The Government of Canada is responsible for coordinating the national response to a pandemic. The lead for national health pandemic planning is the recently created Public Health Agency of Canada (PHAC), which was previously part of Health Canada.

The *Canadian Pandemic Influenza Plan* (CPIP) was released in 2004, and a revised version for the health sector was released in late 2006. CPIP details the responsibility and role of the federal government, and outlines the expectations of the federal government for the provincial and territorial influenza pandemic health response.

With respect to pandemic influenza, the mandate of PHAC, together with Health Canada, is to:

- Liaise with the World Health Organization, the US Centers for Disease Control, and other national and international health organizations to coordinate surveillance, vaccination, and investigation activities;
- Procure and distribute diagnostic reagents and technical information to provincial/territorial public health laboratories;
- Establish domestic influenza vaccine manufacturing capacity;
- Acquire influenza vaccine and antiviral drugs, and allocate them to the provinces and territories;
- Work with provinces and territories to provide vaccine and antiviral drugs to specific populations for which the federal government is responsible (e.g. First Nations, etc); and
- Develop communication strategies and plans.

Chapter 4: Emergency Response and the Incident Management System

Incident Management System

The Incident Management System (IMS) is an international emergency management system that provides the basic structure and functions required to manage an emergency situation effectively. The use of IMS permits emergency response organizations to work together to manage multi-jurisdictional incidents. The benefits of IMS are to improve communication, streamline resources, enhance capacity, and facilitate the cooperation and coordination of operational activities between agencies.

IMS has been adopted by Emergency Management Ontario as an operational framework for emergency management in Ontario. The Ministry of Health and Long-Term Care (MOHLTC) also uses IMS to structure its emergency response activities. The *Ontario Health Pandemic Influenza Plan* suggests that all health organizations use the IMS model.

Description of the IMS Structure

The IMS structure is built around five sections (see Figure 6.2):

- (1) Command;
- (2) Planning and Intelligence;
- (3) Operations;
- (4) Logistics; and
- (5) Finance and Administration.

The size of the IMS structure is scalable, and is normally determined by the size of the emergency response organization and the complexity of the incident. In a small-scale, short-duration incident, one person may lead multiple sections. In complex, large-scale emergencies, the IMS may be expanded to include several people supporting each function. The scalability of the IMS allows for maintaining a span of control such that a person in a leadership role has no more than six persons reporting directly to him or her.

The **Command** section includes several key positions (e.g. Incident Commander, Liaison Officer, Public Information Officer, Safety Officer, and Document Control Officer).⁸ It determines the overall flow of emergency operations by identifying an operational (i.e. business) cycle and the strategic objectives to be achieved within operational periods. The Command Section is also responsible for communicating with the general public, monitoring the safety of departmental personnel, maintaining a record of all emergency response activities, and coordinating liaison activities with external partners. For Renfrew County and District Public Health, emergency operations are lead by the Incident Commander, who consults with, and reports to, the MOH and the Renfrew County and District Public Health Commissioner, who are members of the RECG.

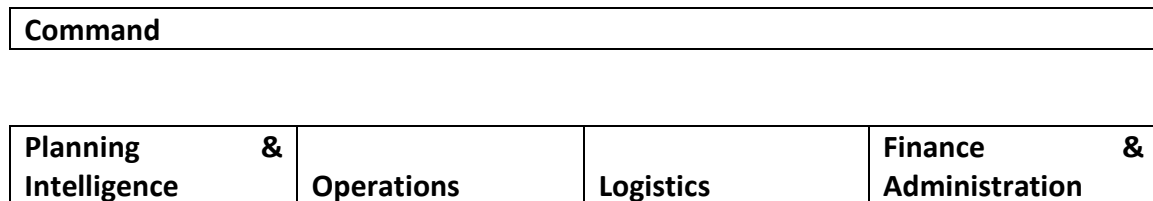
The ***Planning and Intelligence*** section is responsible for assessing the situation, identifying strategic objectives, and creating action plans so that objectives may be achieved within specific timeframes. For example, planning activities Miramichi Lodge include the collection and analysis of influenza surveillance data.

The ***Operations*** section is responsible for coordinating the operational activities of the agency or organization to achieve the strategic objectives identified by the Incident Commander. For example, operational activities for Miramichi Lodge may include mass vaccination clinics, pandemic telephone hotlines, and enforcement of medical orders.

The ***Logistics*** section is responsible for providing the physical space, services, materials, equipment, technology, and technical support necessary for all sections to achieve their objectives. For example, logistics activities for Miramichi Lodge may include the transportation of vaccines or secure physical space for a mass vaccination clinic.

The ***Finance and Administration*** section tracks all expenditures, claims, purchases, employee time-sheets, service contracts, and coordinates human resources, as well as, manages volunteers.

Figure 6.2: Typical IMS Structure



§ IMS position titles may be revised upon the release of the Provincial Incident Management System (PIMS), to reflect terminology used by Emergency Management Ontario.

Chapter 5: Authority and Legislation

It is the responsibility of the Head of Council to declare an emergency; thus, the Warden will declare an emergency.

The provincial government may also declare a provincial emergency, either for the entire province or in a particular jurisdiction. The Premier, and the Commissioner of Community Safety (formerly known as the Commissioner of Emergency Management), have this authority under the Emergency Management and Civil Protection Act.

Health Protection and Promotion Act

In Ontario, the *Health Protection and Promotion Act* (HPPA) requires Boards of Health to provide or ensure the provision of minimum levels of public health programs and services, including communicable disease control. Under the Act, physicians, labs, school principals, and others must report certain diseases, including influenza, to the local Medical Officer of Health (MOH).

Under Section 22 of the HPPA, an MOH is authorized to issue orders, under prescribed conditions, to control communicable diseases in his or her jurisdiction by requiring a person to take, or not take, any action specified in the order. Such orders may include requiring an individual to be isolated, quarantined, or to submit to an examination by a physician. Section 24 permits the MOH to issue directions to others, such as police, to ensure that orders are enforced.

Sections 83 and 86 of the HPPA permit the Minister of Health and Long Term Care and Chief Medical Officer of Health to provide direction to the local Board of Health and its staff. Section 87 also permits the Minister of Health and Long Term Care to require the occupier of any premises to deliver possession of all, or any specified part of, the premises to the Minister to be used as a temporary isolation facility or as part of a temporary isolation facility.

Chapter 6: Vaccine and Supplies

Interim Priority Groups for Pandemic Influenza Vaccination

| Priority | Priority Group | Estimated Numbers at Miramichi Lodge |
|----------|---------------------------|--------------------------------------|
| 1. | Miramichi Lodge Staff | 242 |
| 2. | Miramichi Lodge Residents | 166 |

Supplies

Medical supplies will be in short supply during an influenza pandemic. The MOHLTC recommends that one-month worth of certain equipment and supplies be stockpiled.

Supplies include:

- Surgical masks, (with face shield)
- N95 masks,
- goggles
- Isolation gowns
- hand sanitizer,
- stethoscopes,
- thermoscan covers,
- Flexiport blood pressure cuffs,
- shoe covers,
- vinyl powder free gloves,
- bottled water.
- Nasopharangeal swabs
- O2 and O2 supplies
- Trilogy Ventilator Supplies

Chapter 7: Health Services

The delivery of health services at Miramichi Lodge will be significantly challenged during an influenza pandemic. This is particularly true for acute care facilities, which are functioning at close to capacity during normal operations and often have difficulty coping with winter influenza outbreaks. In a pandemic, both hospital and community health care services could be overwhelmed by a surge in people seeking medical care.

The *Ontario Health Pandemic Influenza Plan* (OHPIP) estimates that the province will use approximately 86% of all acute care beds, 187% of the intensive care unit beds, and 74% of ventilator supported beds just for influenza cases during the peak of pandemic activity. It should be noted that these estimates are for an attack rate of 35%, and that the impact of the pandemic will not be uniform or evenly distributed across the province. In other words, some municipalities may experience higher, or lower, percentages of use.

To respond effectively to the increased demand, the health sector will require a coordinated approach to health services and may need to use non-traditional methods or sites to deliver health care. A change in public expectation will also be required to accommodate the demands placed upon the health sector. It may be necessary for health care services to reduce, or suspend, services to meet the needs of influenza-related care. In a severe pandemic, it may be necessary to triage who gets care, and who gets care first.

Long Term Care Homes

Provincial guidance for pandemic planning has been provided to long term care homes and OHPIP clarifies additional areas to assist long term care (LTC) planning.

Expectations of long-term care homes include:

- Provision of, as much on-site care as possible, to avoid transfers to hospital unless absolutely necessary;
- Management of influenza outbreaks with limited assistance from Renfrew County and District Public Health;
- Consideration of capacity to transfer additional patients from hospital or community to free up hospital beds;
- Provisions for vaccination of residents, staff, and volunteers when vaccine is available; and
- Provisions to administer antiviral drugs to residents, staff, and volunteers for treatment, outbreak control and prophylaxis (as per provincial policy).

Miramachi Lodge Standard Operating Procedures

- I-007 Hand Hygiene
- I-010 Immunization and Screening Measures

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- I-110 Influenza, Annual Vaccination for Residents and Staff
- I-111 Best Practice for Prevention of Transmission of Acute Respiratory Infection – Surveillance and Investigation Control Plan
- I-011 Routine Practices and Additional Precautions

Staffing will present a severe challenge. Expanded roles for family members and volunteers will have to be explored.

Chapter 8: Communication Roles and Responsibilities

Hospitals, Long Term Care Homes, CCACs, and other Health Care Organizations

Health care organizations are responsible for communication to their own staff, residents, clients, families, volunteers, and visitors at all pandemic phases. All media messages will be coordinated with the Administrator onto the County of Renfrew to ensure consistency.

During a pandemic, health sector communications will be facilitated if all organizations are using the Incident Management System (IMS). With this system each organization would have a Public Information Officer and a Liaison Officer, who form networks to problem-solve and share information.

Target Audiences

| Internal | External | External: Health Sector | External: Non-Health Sector |
|-----------|------------|-------------------------|-----------------------------|
| Residents | Families | Contracted Personal | Suppliers |
| Staff | Physicians | | |

Communication Strategies

- Each health care organization needs to develop communication strategies to reach its target audiences.
 - Email addresses for families;
 - Website
 - Media relations;
 - Facebook
- IPAC bulletin board
 - Updates and alerts; Monitor in staff lounge area
- Dedicated telephone line with recording of updated information
- Current list of employee telephone numbers (Fan-out List)

Chapter 9: Health Sector Planning and Response

Pandemic Phase

This chapter contains a series of charts that provide an overview of key planning and response areas for each part of the health sector. Table 15.1 deals with the interpandemic period (Phases 1 and 2). Table 15.2 covers the pandemic alert period (Phases 3, 4 and 5) while Table 15.3 covers the actual pandemic (Phase 6).

The charts summarize the key points from the previous chapters under the main components of the pandemic response – surveillance, vaccines, antivirals, public health measures, infection prevention and control (separated out from public health measures for ease of reading), health services and communication. The columns are for the different parts of the Renfrew County and District Health sector, with the second column representing the provincial role. It is hoped that the charts will provide a quick overview for each organization's responsibilities and proposed activities

Abbreviations Used in Tables

| Abbreviation | Description |
|--------------|---------------------------------------|
| AV | Antiviral |
| CCAC | Community Care Access Centre |
| ER | Emergency Room |
| FRI | Febrile Respiratory Illness |
| HC | Health Canada |
| HCW | Health Care Worker |
| HR | Human Resources |
| IPAC | Infection Prevention and Control |
| LTC | Long Term Care |
| LTCH | Long Term Care Homes |
| MOH | Ministry of Health |
| MOLTC | Ministry of Long-Term Care |
| PHAC | Public Health Agency of Canada |
| PHM | Public Health Measures |
| PPE | Personal Protective Equipment |
| Px | Prophylaxis |
| RCDHU | Renfrew County & District Health Unit |

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Pandemic Alert Period – Phases 3, 4 and 5

| Response Component | Proposed Activity | | | | |
|---|--|--|--|---|---|
| | Province | Renfrew County & District Public Health | Hospitals | Long-Term Care | CCAC/Contract Agencies |
| Surveillance | Provide annual Surveillance guidelines. Collate surveillance data and report to PHAC Weekly Flu Bulletins. Provide influenza lab testing | Surveillance of outbreaks, lab confirmed cases, absenteeism surveys. Report cases, outbreaks and activity to MOHLTC. Weekly flu reports to stakeholders. | FRI surveillance. Report outbreaks and lab-confirmed cases to RCDHU. Provide influenza testing. | FRI surveillance. Report outbreaks and lab-confirmed cases to RCDH. | FRI surveillance. Report outbreaks and lab-confirmed cases to RCDPH. |
| Vaccines | Purchase, distribute and promote seasonal flu vaccine. Report adverse events to PHAC. | Distribute and promote seasonal flu vaccine. Conduct mass clinics. Report adverse events to MOHLTC. | Provide seasonal flu vaccine to patients, staff, and volunteers. Report adverse events to RCDHU. | Provide seasonal flu vaccine to residents, staff, and volunteers. Report adverse events to RCDHU. | Provide seasonal flu vaccine to staff and patients. Report adverse events to RCDHU. |
| Antivirals | Provide antivirals for LTCH outbreak control and guidelines for use. | Provide guidelines for use to LTC homes and physicians. | Treat flu cases. Use for Outbreak control. | Treat flu cases. Use for outbreak control. | Make clients and staff aware of antiviral distribution. |
| Public Health Measures | Mass campaigns to promote respiratory and hand hygiene. | Promote respiratory and hand hygiene to public. Investigate FRI reports and outbreaks. | Promote respiratory and hand hygiene to patients. | Promote respiratory and hand hygiene to residents. | Promote respiratory and hand hygiene to clients. |
| Infection Control (Health Care Settings) | Publish IPAC and FRI guidelines. | Follow IPAC and FRI guidelines. | Follow IPAC and FRI guidelines. Improve physical layout as needed. | Follow IPAC and FRI guidelines. Improve physical layout as needed. | Follow IPAC and FRI guidelines. |
| Health Services | TBD | TBD | Provide care for seasonal flu cases. | Provide care for seasonal flu cases. | Provide care for seasonal flu cases. |
| Communications | Ontario Influenza Bulletin & activity map Web site for public and health professionals Media releases. | Weekly flu reports to hospitals, LTC homes, HSCC etc. Health Prof. Updates Media releases; Website. | Updates to staff. | Updates to staff. | Updates to staff. |

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Inter-pandemic Period – Phases 1 and 2

| Response Component | Proposed Activity | | | | |
|--|---|--|--|--|---|
| | Physicians | Other Community Practitioners | Paramedics | Community Pharmacies | Labs |
| Surveillance | FRI surveillance. Report lab-confirmed flu. Improve physical layout as needed. | FRI surveillance. | FRI surveillance. | TBD | Provide influenza testing or transport of specimens. Report lab confirmed flu. |
| Vaccines | Provide seasonal flu vaccine to patients/staff. Provide pneumococcal vaccine to patients. Report adverse events to RCDHU. | Promote seasonal flu vaccine to clients and staff. | Promote seasonal flu vaccine to clients and staff. | Promote seasonal flu vaccine to customers and staff. Consider on site vaccination clinics. | Promote seasonal flu vaccine to clients and staff. |
| Antivirals | Treat flu cases; consider prophylaxis as indicated. | TBD | TBD | Dispense antivirals and patient materials. | TBD |
| Public Health Measures | Promote respiratory and hand hygiene to patients. | Promote respiratory and hand hygiene to clients. | TBD | Promote respiratory and hand hygiene to customers. | TBD |
| Infection Prevention and Control (ICAP) | Follow IPAC and FRI guidelines. | Follow IPAC and FRI guidelines. | Follow IPAC and FRI guidelines. | Follow IPAC and FRI guidelines. | Follow IPAC and FRI guidelines. |
| Health Services | Provide care for seasonal flu cases. | TBD | Transport flu cases as needed. | Provide medications for seasonal flu cases. | Provide diagnostic influenza testing or forward specimens |
| Communications | TBD | TBD | TBD | Include flu messages in promotional materials. | TBD |

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Pandemic Alert Period – Phases 3, 4 and 5*

***Note: All inter-pandemic activities shown in Table 1 are to continue**

| Response Component | Proposed Activity | | | | |
|-------------------------------|--|---|--|---|---|
| | Province | Renfrew County & District Health Unit | Hospitals | Long-Term Care | CCAC/Contract Agencies |
| Surveillance | Develop surveillance plans and indicators for Phases 3-6. Develop lab protocols. Disseminate alerts. | Disseminate alerts and enhance surveillance as needed. Expand absenteeism surveillance. (schools, workplaces). Develop and pilot hospital, clinic and mortality indicators. | Develop and pilot hospital indicators in collaboration with RCDHU. | TBD | TD |
| Vaccines | Develop plans for pandemic vaccine storage, security and transport. Stockpile vaccination supplies. | Develop plans for pandemic vaccine storage, security, transport and mass clinics, monitoring uptake and adverse events. Enumerate priority groups. Train all RCDHU nurses to vaccinate. | Develop plans for pandemic vaccine storage, security, and clinics for staff, volunteers, patients. | Develop plans for pandemic vaccine storage, security, and clinics for staff, volunteers, residents. | Develop plans for pandemic vaccine storage, security, and clinics for staff, volunteers, clients. |
| Antivirals | Develop provincial antiviral strategy. Create antiviral stockpile. | Develop local antiviral strategy in collaboration with health sector. Develop plans for prophylaxis clinics as necessary. | Develop plans for antiviral storage, security, and administration (including staff Px). | Develop plans for antiviral storage, security, and administration (including staff Px). | Develop plans for antiviral storage, security, and administration (including staff Px). |
| Public Health Measures | Develop guidelines for PHM. | Investigate FRI reports and outbreaks. Case and contact management of suspect novel or avian flu cases. Help municipalities and schools plan for closures. | TBD | TBD | TBD |

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| Response Component | Proposed Activity | | | | |
|---|--|--|---|---|---|
| | Province | Renfrew County & District Health Unit | Hospitals | Long-Term Care | CCAC/Contract Agencies |
| Infection Control (Health Care Settings) | Develop guidelines for avian/pandemic flu including PPE. Develop HCW IPAC training program. | Incorporate new guidelines. Train all staff. | Incorporate new guidelines. Train all staff. | Incorporate new guidelines. Train all staff. | Incorporate new guidelines. Train all staff. |
| Health Services | Provide guidelines for hospital, LTC and community care, including assessment and treatment centres. Stockpile supplies. | Lead health care sector collaboration to develop coordinated plans for health care in the region. Stockpile supplies (4 wks). | Develop plans for surge capacity to meet pandemic demands, including HR issues. Stockpile equipment and supplies (4 wks). | Develop plans for surge capacity to meet pandemic demands, including HR issues. Stockpile equipment and supplies (4 wks). | Develop plans for surge capacity to meet pandemic demands, including HR issues. Stockpile equipment and supplies (4 wks). |
| Communications | Develop detailed strategy for Phase 6. Plan Telehealth expansion. Enhance public messaging. | strategy for Phase 6. Enhance public messaging. Communicate with staff and the Health Sector Planning Committee re: pandemic planning. | Develop detailed strategy for Phase 6. Communicate with staff re: pandemic planning. | Develop detailed strategy for Phase 6. Communicate with staff re: pandemic planning. | Develop detailed strategy for Phase 6. Communicate with staff re: pandemic planning. |

Business Continuity Plan for Miramichi Lodge

Pandemic Alert Period – Phases 3, 4 and 5

| Response Component | Proposed Activity | | | | |
|--|--|--|--|--|---|
| | Physicians | Other Community Practitioners | Paramedics | Community Pharmacies | Labs |
| Surveillance | TBD | TBD | TBD | TBD | TBD |
| Vaccines | TBD | TBD | TBD | TBD | TBD |
| Antivirals | Develop familiarity with antiviral use. | TBD | TBD | Collaborate with RCDHU to define pandemic role re: antivirals | TBD |
| Public Health Measures | TBD | TBD | TBD | TBD | TBD |
| Infection Prevention and Control (ICAP) | Incorporate new guidelines. Train all staff. | Incorporate new guidelines. Train all staff. | Incorporate new guidelines. Train all staff. | Incorporate new guidelines. Train all staff. | Incorporate new guidelines. Train all staff. |
| Health Services | Participate in health sector planning to clarify role in pandemic. | Participate in health sector planning to clarify role in pandemic. | Develop plans to meet pandemic demands, including HR issues. Stockpile equipment and supplies (4 wks). | Participate in health sector planning to clarify role in pandemic. | Develop plans to meet pandemic demands. Stockpile equipment and supplies (4 wks). |
| Communications | Communicate with staff re: pandemic planning. | Communicate with staff re: pandemic planning. | Communicate with staff re: pandemic planning. | Communicate with staff re: pandemic planning. | Communicate with staff re: pandemic planning. |

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Pandemic Period – Phase 6 *

***Note – inter-pandemic measures no longer apply, except as noted below**

| Response Component | Proposed Activity | | | | |
|---------------------|---|--|---|--|---|
| | Province | Renfrew County & District Public Health | Hospitals | Long-Term Care | CCAC/Contract Agencies |
| Surveillance | Collate lab and health unit surveillance data and report to PHAC. Provide provincial alerts, status reports and info on pandemic epidemiology. Provide influenza lab testing. | Adjust surveillance indicators. Monitor lab confirmed flu, school and workplace absenteeism, hospital and clinic indicators, mortality. Report to MOHLTC. Provide local alerts and status reports. | Report activity indicators (ER visits, admits, etc.) to RCDHU. Report outbreaks. Provide influenza lab testing. | Report outbreaks to RCDHU. | TBD |
| Vaccines | Confirm priority groups; no. of doses. Release pandemic supplies and vaccine when available. Monitor provincial uptake, adverse events and effectiveness. | Confirm clinic sites and staffing. Supply vaccine to hospitals, LTC homes, CCAC etc. Provide clinics for priority groups and general public. Monitor uptake and adverse events. | Vaccinate staff, volunteers, patients when pandemic vaccine available. Report uptake and adverse events. | Vaccinate staff, volunteers, patients when pandemic vaccine available. Report uptake and adverse events. | Vaccinate staff, volunteers, patients when pandemic vaccine available. Report uptake and adverse events. |
| Antivirals | Distribute stockpiled antivirals. Confirm priority groups if necessary. Provide guidelines for antiviral use. Monitor resistance, uptake and effectiveness. | Distribute antivirals (if part of provincial strategy) Provide advice on use to health care providers, including when to start/stop. Provide prophylaxis clinics as necessary. | Use supplied AVs to treat ill patients/staff. Monitor use and report to RCDHU. Report adverse reactions to HC. Provide antivirals for staff prophylaxis if available. | Treat ill pts/staff. Monitor use and report to RCDHU. Report adverse reactions to HC. Outbreak control. Provide antivirals for staff prophylaxis if available. | Treat ill patients and staff (as per local strategy). Provide antivirals for staff prophylaxis if available. Report use and adverse events. |

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| Response Component | Proposed Activity | | | | |
|---|---|--|---|--|--|
| | Province | Renfrew County & District Public Health | Hospitals | Long-Term Care | CCAC/Contract Agencies |
| Public Health Measures | Provide guidance for provincial and/or local PHM. Provide travel advisories. | Discontinue individual case/contact management. Provide public advice for isolation, contacts, self care, keeping well, social distancing, etc. Consider closing schools or public places. | TBD | TBD | TBD |
| Infection Control (Health Care Settings) | Provide additional direction for IPAC as required. | Follow provincial direction for IPAC. | Follow provincial direction for IPAC. | Follow provincial direction for IPAC. | Follow provincial direction for IPAC. |
| Health Services | Provide additional guidelines for hospital, LTC and community care. Provide additional supplies (beyond first 4 weeks). | Provide public advice on self care, when and where to seek medical care. Monitor health care sector capacity. Convene Health Sector Coordinating Committee. | Implement pandemic plan. Establish flu centres in conjunction with other organizations. | Implement pandemic plan. | Implement pandemic plan. |
| Communications | Expand Telehealth Enhance public messaging. Implement regular communications with health sector. | Expand Regional Customer Contact Centres. Enhance public messaging and web site. Enhance communications with health sector and practitioners. Communicate with staff. | Implement pandemic strategy. Communicate with staff, volunteers, patients, families. | Implement pandemic strategy. Communicate with staff, volunteers, patients, families. | Implement pandemic strategy. Communicate with staff, volunteers, patients, families. |

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Pandemic Period – Phase 6

| Response Component | Proposed Activity | | | | |
|---|--|--|---|--|--|
| | Physicians | Other Community Practitioners | Paramedics | Community Pharmacies | Labs |
| Surveillance | Report activity measures (selected sites) | TBD | TBD | TBD | Enhance surveillance capacity re: lab testing. Report lab-confirmed cases. |
| Vaccines | Promote vaccination to staff and patients when available. Report adverse events. | Promote vaccination to staff and clients when available | Provide staff clinics. Report adverse events. | Promote vaccination to staff and clients when available | Promote vaccination to staff when available |
| Antivirals | Treat ill patients/staff. Report adverse reactions to HC. | TBD | Provide staff with antiviral prophylaxis if available. Report uptake and adverse events | Dispense antivirals as per local strategy. | Ensure forwarding of specimens for antiviral resistance monitoring. |
| Public Health Measures | TBD | TBD | TBD | TBD | TBD |
| Infection Control (Health Care Settings) | Follow provincial direction for IPAC. | Follow provincial direction for IPAC. | Follow provincial direction for IPAC. | Follow provincial direction for IPAC. | Follow provincial direction for IPAC. |
| Health Services | Provide ambulatory care in office or Flu Centres. | Assist with flu care as per local plans (to be determined). | Implement pandemic plan. | Implement pandemic plan. | Implement pandemic plan. |
| Communications | Implement pandemic strategy. Communicate with patients and staff | Implement pandemic strategy. Communicate with patients and staff | Implement pandemic strategy. Communicate with patients and staff | Implement pandemic strategy. Communicate with patients and staff | Implement pandemic strategy. Communicate with patients and staff |

Occupational Health and Safety/Infection Prevention and Control Pandemic Checklist

| Task/Activity | YES | NO | Action Required |
|---|------------|-----------|------------------------|
| 1. Organization | | | |
| 1.1 Does the organization have a Joint Health and Safety Committee (JHSC) or Health and Safety representative? | | | |
| 1.2 Is the employer aware of it's' responsibilities under the OHSA? | | | |
| 1.3 Are supervisors aware of their responsibilities under the OHSA? | | | |
| 1.4 Are workers aware of their responsibilities and rights under the OHSA? | | | |
| 1.5 Has the organization developed occupational health and safety measures and procedures for use during an influenza pandemic in consultation with the JHSC or health and safety representative? | | | |
| 1.6 Does the organization have access to expertise in infection prevention and control? | | | |
| 1.7 Does the organization routinely review and assess its' infection prevention and control programs in consultation with the JHSC? | | | |
| 1.8 Does the employee have a respiratory protection program and are workers trained on the program? | | | |
| 2. Education and Training | | | |
| 2.1 Has the organization incorporated information for workers into the ongoing training programs? | | | |
| 2.2 Do orientation program for new employees include information on infection prevention and control and occupational health and safety measures during influenza pandemic? | | | |
| 3. Risk Assessment | | | |
| 21 Has the organization completed a risk assessment in conjunction with the JHSC to determine workers' level of risk during influenza pandemic? | | | |
| 3.2 Has the organization refined education and training plans based on the risk assessment? | | | |
| 3.3 Does the organization have a procedure in place to regularly update risk assessments? | | | |
| 3.4 Does the organization have a respirator protection, education and fit-testing program consistent with the Canadian Standards Association "Selection, Use and Care of Respirators"? | | | |
| 4. Hierarchy of Controls | | | |
| 4.1 Has the organization identified and implemented engineering controls that would reduce influenza transmissions? | | | |
| 4.2 Has the organization reviewed and modified administrative and work practices to reduce the risk of influenza transmission? | | | |

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| Task/Activity | YES | NO | Action Required |
|--|------------|-----------|------------------------|
| 4.3 Has the organization identified the personal protective equipment that workers will require during influenza pandemic? | | | |
| 4.4 Does the organization have a four-week stockpile of personal protective equipment? | | | |
| 5. Infection Prevention and Control | | | |
| 5.1 Does the organization have an ongoing FRI surveillance program? | | | |
| 5.2 Does the organization have immunization policies that encourage workers who provide care and / or services to patients with Influenza Like Illness (ILI) to be immunized against seasonal influenza? | | | |
| 5.3 Does the organization actively promote hand hygiene and consider it a standard of practice? | | | |
| 5.4 Does the organization actively promote cough etiquette to workers, residents and the public? | | | |
| 5.5 Are workers aware of and trained in the routine practices and droplet, contact and airborne precautions to be used during an influenza pandemic? | | | |
| 5.6 Do workers have easy access to the equipment and supplies they need to consistently use appropriate precautions? | | | |
| 5.7 Have workers who will have contact with influenza patients (based on risk assessment) been fit-tested and trained in the use of N95 respirators? | | | |
| 5.8 Are workers trained in the safe use and removal (i.e., donning and doffing) of personal protective equipment? | | | |
| 6. Managing workers with Influenza | | | |
| 6.1 Does the organization have a procedure to assess whether workers are fit to work? | | | |
| 7. Psychosocial Support | | | |
| 7.1 Has the organization developed plans to provide psychosocial support for workers during influenza pandemic? | | | |
| 8. Communications | | | |
| 8.1 Has the organization developed plans and materials to communicate with workers, patients and the public about an influenza pandemic? | | | |
| 8.2 Is there a designated area where workers can obtain information on / be alerted to potential influenza pandemic? | | | |

Appendix II

Risk Assessment Checklist for Pandemic Influenza

| Element | YES | NO | N/A | Recommendations (engineering controls, administrative controls, PPE, education and training) |
|---|-----|----|-----|--|
| 1. Surveillance | | | | |
| 1.1 Has the staff been trained to record resident stats on the line listing? | | | | |
| 1.2 Has the staff been trained to notify the Renfrew County and District Health Unit of line listing statistics/findings? | | | | |
| 2. Pandemic Alert Status | | | | |
| 2.1 Has pandemic alert been declared by the Public Health Agency of Canada in conjunction with a Pandemic Period WHO alert of 6? | | | | |
| 2.2 Has the MOHLTC declared a pandemic alert (i.e., clusters of novel virus activity in Ontario)? | | | | |
| 2.3 Has an infectious agent been present? | | | | |
| 2.4 Screening policies and procedures for Influenza Like Illness (ILI) for residents, staff and visitors are initiated with PPE for screeners. | | | | |
| 2.5 Residents with ILI are placed in a separate room or cohorted. | | | | |
| 2.6 Internal and external reporting procedures are in place for reporting ILI in residents and staff. | | | | |
| 2.7 Residents with symptoms of ILI are asked to perform hand hygiene, wear a surgical mask and remain in a separate area or at a distance from other residents and staff. | | | | |
| 2.8 Residents with ILI can comply with cough etiquette. | | | | |
| 3. Health Care Worker | | | | |
| 3.1 Staff with direct resident contact has been identified. | | | | |
| 3.2 Staff with indirect resident contact has been identified. | | | | |
| 3.3 Staff who perform aerosol generating procedures have been identified. | | | | |
| 3.4 Staff report occupationally acquired ILI to their supervisors. | | | | |
| 3.5 Supervisors / employers report occupationally acquired ILI to JHSCs/Health and Safety Reps, WSIB and MOL. | | | | |
| 3.6 Return to work policies and procedures are in place. | | | | |
| 3.7 The immune status of the worker is known. | | | | |
| 4. Engineering Controls | | | | |
| 4.1 HVAC systems are properly maintained and inspected to reduce risk of transmission. | | | | |

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| Element | YES | NO | N/A | Recommendations (engineering controls, administrative controls, PPE, education and training) |
|---|-----|----|-----|---|
| 4.2 There are accessible hand hygiene stations in appropriate locations with signage and instructions for staff, residents, visitors and volunteers on when and how to practice hand hygiene. | | | | |
| 5. Administrative and Work Practices | | | | |
| 5.1 Hand hygiene is performed before seeing the resident, after seeing the resident, and after removing and disposing of PPE | | | | |
| 5.2 Invasive ventilation procedures that could result in coughing are avoided on residents with ILI when possible. | | | | |
| 5.3 Only experienced staff perform aerosol generating procedures on residents with ILI if required. | | | | |
| 5.4 Close contact is minimized by sitting beside rather than in front of a symptomatic resident. | | | | |
| 5.5 The work environment is kept clean: contaminated areas are cleaned and then disinfected after each resident visit. | | | | |
| 5.6 When transferring a resident identified with ILI, information is provided / received to / from the other organization regarding the assessment. | | | | |
| 6. Personal Protective Equipment | | | | |
| 6.1 Gowns, gloves, face protection (if risk of splashing or spraying) are worn by staff if indicated by routine practices. | | | | |
| 6.2 N95 respirators are available, workers are fit tested, and know how to conduct seal checks. | | | | |
| 6.3 Workers know how to properly don and doff personal protective equipment. | | | | |

Resources

The follow lists resources for more information on aspects of planning for an influenza pandemic.

General Information:

Ontario Ministry of Health and Long-Term Care Pandemic Planning information web site.

http://www.health.gov.on.ca/en/public/programs/emu/pan_flu/employ/check.pdf

Government of Canada Information on the preparedness and response to a Flu pandemic. One-stop access to information from Government of Canada departments and agencies on pandemic, avian and seasonal influenza. www.pandemicinfluenza.gc.ca

Government of Canada pandemic influenza information hotline for answers to specific questions or comments about avian, seasonal, or pandemic flu. 1-800-454-8302

Public Safety Canada web site for Pandemic Preparedness. A compilation of pandemic preparedness plans from several organizations and levels of government (federal, provincial and municipal plans are linked from this site when available)

www.safecanada.ca/pandemic/index_e.asp

World Health Organization Web site for pandemic influenza planning, technical and surveillance information for pandemic influenza. <http://www.who.int/en/>