

# EMERGENCY RESPONSE PLAN

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## EMERGENCY MANAGEMENT

Emergency Management is the process of preparing for, mitigating, responding to and recovering from an emergency that may occur at or impact Ivan Franko Home.

Ivan Franko Home is committed to high quality resident services, enhancing the safety and security of residents, visitors and staff, and preserving its operational integrity.

The Board of Directors of Ivan Franko Home delegates authority and responsibility for the implementation of the emergency management and business continuity programs to the Management Team. The Board of Directors along with the Management Team shall be responsible for the development, implementation, support, and evaluation of the emergency management program.

Ivan Franko Home will develop, implement and maintain a comprehensive approach to emergency management.

Emergency Management is a coordinated, interdisciplinary and organization-wide process that includes risk identification, risk assessment and implementation of plans to mitigate, eliminate or manage real and potential emergencies, and ensure business continuity.

There is an Emergency Management System in place to train staff, conduct emergency exercises/drills, implement prevention and mitigation strategies, establish working relationships with allied agencies, respond to real emergencies, and provide for a recovery to normal operations.

### **Definitions:**

**Emergency:** An urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the Home that requires immediate action to ensure the safety of persons in the Home.

**Emergency Management:** A dynamic process that includes planning, training, exercises, and coordination with the community to protect residents, visitors, employees, volunteers, the community and the environment in the event of an emergency.

**Business Continuity:** A process of putting strategies in place to enhance the Ivan Franko Home's ability to recover from an emergency, thereby reducing financial losses, minimizing the potential for contractual penalties and reducing the exposure to civil or criminal liability. It also enhances an organization's image and credibility with residents, staff and the community by demonstrating the ability to recover from a major incident and return to normal operations.

**Developed in consultation with:** the Board of Directors, Administrator and Senior Management Team, the Residents' Council, and Family Council (if any).

## COMMUNICATION PLAN

The Home will ensure frequent and ongoing communication with residents, Power of Attorney (POA)/Substitute Decision-Makers (SDM), families, staff, volunteers, caregivers, the Residents' Council, and the Family Council, if any, on the emergency situation, including:

- At the beginning of the emergency
- When there is a significant status change throughout the course of the emergency, and

- When the emergency is over.

Communication may be provided in-person, by telephone (landline and/or cellular), by e-mail, and/or print (e.g. signage at door), or other alternate methods as needed.

All communications to the general public and the media will be accurate, concise, coordinated and respect the privacy of staff, and residents and their families. In order to maintain a consistent and clear message, all communications with the general public and media will be approved by the Administrator or the Incident Manager during a major event, and the Administrator/designate or Public Information Officer (if designated) will be the media spokesperson.

The Administrator/designate will ensure that provincial regulatory authorities (e.g. the Ministry of Long-Term Care (MLTC)), and community stakeholders/partners (e.g. the local Public Health Unit (PHU)) are kept informed as required, in the event of an emergency.

## **COMMUNICATIONS WITH THE MEDIA**

### **PROCEDURE**

#### **All Staff and Volunteers**

All staff and volunteers are asked not to comment to the media during an emergency.

If a staff member is approached by the media or someone suspected of being with the media, their comments should be restricted to a statement such as:

*“At this time, our staff and emergency services are actively responding to the situation and our residents are our first priority. The Administrator or a representative will have the opportunity to speak to you shortly.”*

and delivered in a calm and professional manner.

The staff member should immediately notify the Incident Manager/Public Information Officer (if one is designated), or their Department Manager, if they have been approached by a media person or suspected media person. Note that the person may or may not have typical media equipment (e.g. camera, recorder, notepad).

Some media personnel may not present themselves as being part of the media, but as other interested parties, including claiming to be family members, etc. in order to engage a conversation. Therefore, staff should always be conscious of their comments to any person around them.

#### **Incident Manager**

In an emergency event, the Incident Manager determines if there is a need to designate a Public Information Officer and who will fill that role.

If a statement is made to the media by someone other than the Public Information Officer, the Public Information Officer should be notified as soon as possible so that the information can be confirmed and they can prepare for follow-up questions from the media.

Notify the Administrator of any contentious issues that may be in the media.

### **Public Information Officer (PIO)**

The Public Information Officer will work closely with the organization to ensure that a single consistent message is communicated.

#### ***News Briefings***

#### ***On-camera Interviews***

When a press release is made, copies should be made available either in hard copy or electronically to all Ivan Franko Home personnel. This ensures that everyone is aware of the same information that is being released to the media in the event that the media follows up with someone else within the organization.

Prior to releasing information, it is critical to ensure that the facts have been confirmed rather than making a premature statement and having to retract or correct it later. Only confirmed facts should be presented. At no time should personal opinions, speculations, feelings or comments regarding the incident or the response be made in public or to the media. Statements should never be made that you would not want quoted in the media.

All media releases will conform to confidentiality policies and legislation.

The spokesperson for news briefings may be someone other than the PIO, such as a senior manager, Administrator, Board Chair, etc. In these situations, the role of the PIO is to assist this person with their statements, anticipate potential questions, and draft answers in advance. During the news briefing, the PIO acts as the moderator and ends the briefing as soon as the allotted time is done.

If multiple agencies are involved in the incident, the PIO should work closely with those filling the PIO role for the other agencies. Working together with other agencies and staff within the Home will ensure that information released is coordinated, sending a single message.

News media staff should be asked for their credentials (e.g. I.D. Cards) before they are included in a media briefing or tour.

Where possible, record all interviews, briefings or other discussions with the media to create a “record” of the interaction for both quality assurance and training purposes.

Keep media outside of the emergency area or zone, or from areas where their presence may cause residents, families and volunteers to feel uncomfortable.

When setting up a media area, it should have easy access without traveling through the facility or area where emergency operations are occurring. Media personnel may want to take pictures (either video or still photos) of the “action”, and therefore a guided tour to an area where they can take photos may occur, if deemed appropriate by the Administrator, and as long as it is not detrimental

to the incident response or facility operations. Offering a media tour in a coordinated manner, should reduce the media's drive to get into areas that may disrupt operations.

A white board/bulletin board should be set up to display information such as the next briefing time and approved information.

Additional staff should always be present in the media room while any news conference is in session to provide security and ensure the safety of all visitors. Uniformed security staff should be avoided so as to not provide the impression of "controlling" the media.

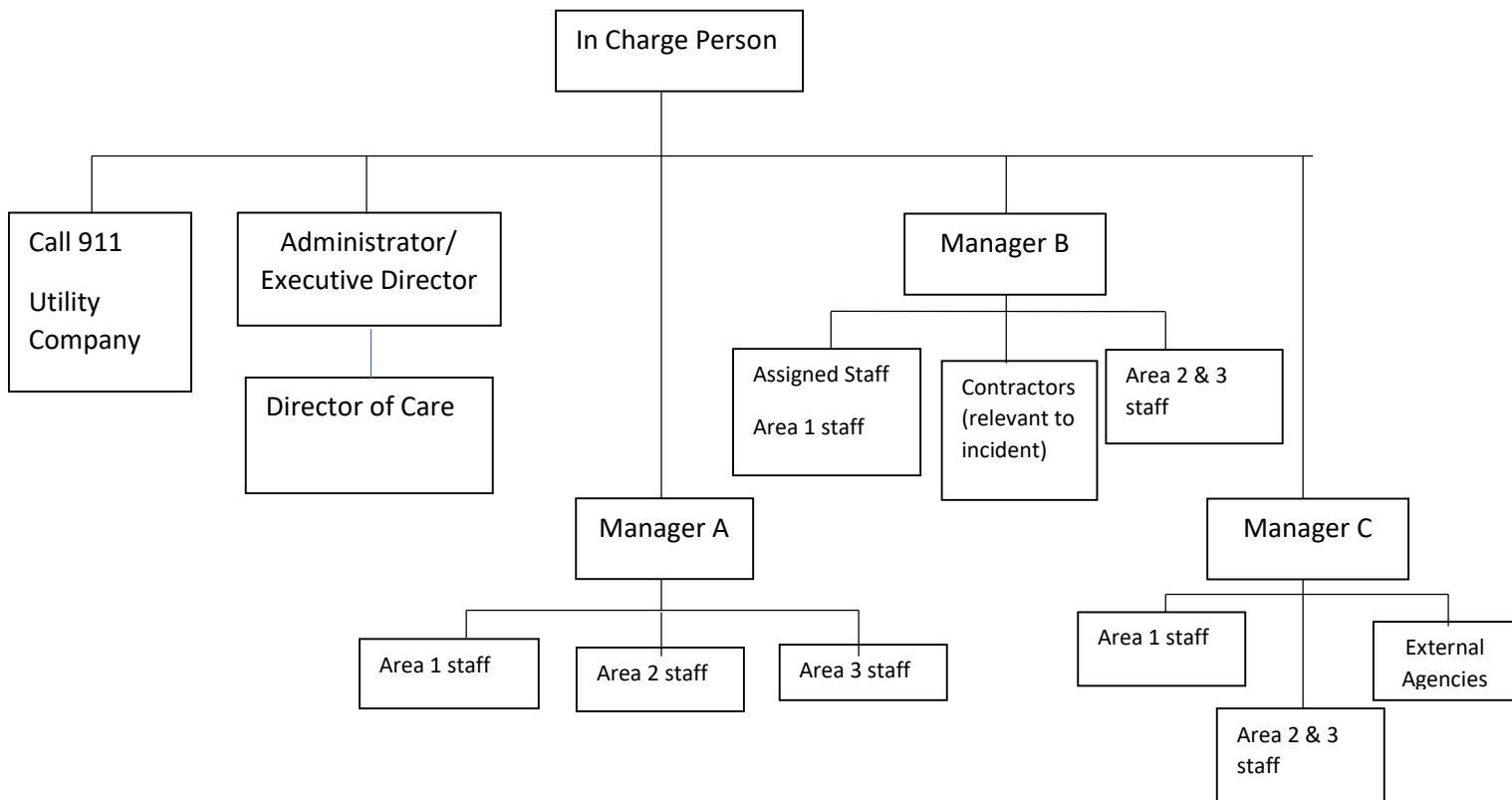
The PIO and any assigned speaker to the media should:

1. Be knowledgeable and provide the basic facts of the incident being covered.
2. Briefly respond to questions by providing essential information only.
3. State only the facts and avoid speculation about causes and long-term effects of the incident.
4. Avoid comment on areas that are not within their field of expertise or responsibility by advising that you do not know, but will follow up and obtain further information. Do not use "no comment" or "we cannot comment", but use words such as, "that is out of my personal knowledge and we will get back to you with more information" or "we will provide information as soon as it is available", or "as you understand, personal resident information cannot be released".
5. Provide reassurance that appropriate resources are being used to resolve the incident and provide the best possible safety and security to residents, family members, volunteers, staff and others involved in the incident.
6. Do not speak for or comment regarding other organizations unless previously agreed to.

If a staff member is asked to participate in an interview, they should:

1. Obtain authorization from the Administrator.
2. Ask the reporter to provide the questions beforehand and plan a properly phrased response. Be prepared however, to be asked questions that are not provided.
3. Listen to each question carefully and take a moment to compose an answer that is factual, concise and grammatically correct.
4. Understand there is no obligation to answer every question.
5. Be conscious of appearance and body language.
6. Avoid humour as it is incompatible with the seriousness of the situation.

## Emergency Fan Out Diagram



Ivan Franko Home (LTC)

**EMERGENCY CODES**

Code Red: Fire Plan

Code Orange: External Emergency

Code Black: Bomb Threat

Code Green: Emergency Evacuation

Code Brown: Hazardous Material

Code Yellow: Missing Person

Code White: Violence

Code Grey: Air Exclusion

Code 99: Medical Emergency

**CODE RED – FIRE**

Code Red covers the emergency response to fire.

**Fire Safety Plan Introduction**

The *Ontario Fire Code*, Section 2.8, requires the establishment and implementation of a fire safety plan for every building containing a group (A) or (B) occupancy and to every building required by the building code to have a fire alarm system.

The Fire Protection and Prevention Act, states in Part VII under subsection 28 (3) “An individual convicted of an offence under subsection (1) is liable to a fine of not more than \$50,000 for a first offence and not more than \$100,000 for a subsequent offence, or to imprisonment for a term of not more than one year, or to both.” 2019, c. 7, Sched. 29, s. 2 (1). (FPPA)

This plan is required to be acceptable to the chief fire official.

The implementation of a fire safety plan helps to assure effective utilization of life safety features in a building and to protect people from fire. The required fire safety plan should be designed to suit the resources of each individual building or complex of buildings.

Fire safety plans are intended to assist with the basic essentials for the safety of all occupants. They are also designed to ensure an orderly evacuation at the time of an emergency and to provide a maximum degree of flexibility to achieve the necessary fire safety for the building.

**Alarms**

There are two distinctive fire alarm rings that sound on the fire alarm system.

**First stage**

A slow intermittent ring is a fire alarm.

**Second stage**

A steady continuous ring is the second stage alarm indicating the incident has been escalated.

**Annunciator**

The fire annunciator is an electronic panel indicating the status of the fire alarm system and the system activators which include smoke detectors, heat detectors, pull stations, sprinkler alarms, and other devices.

The main annunciator panels are located:

- on the 1<sup>st</sup> Floor near the main entrance (right wall), and
- in front of the 3<sup>rd</sup> Floor nursing station, near the elevator.

Each location has two statuses: Clear or Alarm.

The Clear status is indicated by a green light.

The Alarm status is indicated by a red light.

The Amber light indicates there is trouble and the alarm system may not be functioning properly.

The annunciator panel has a “Global Acknowledge” button that is used to ensure that someone has acknowledged the alarm and the Code Red is in effect. If the “Global Acknowledge” button is not pressed within 3 minutes, the alarm will escalate to the second stage alarm.

## **Elevators**

When the fire alarm sounds a staff member will call the elevators to the first floor and switch them to the off position. The doors will open and remain open for the Fire Department’s use or until they have been reset.

## **Evacuation**

### **Horizontal evacuation**

Involves moving from one area of the floor to another area of the same floor behind fire barrier doors.

Fire separations, such as fire doors, are designed with a 45 minute or 2-hour fire rating. Therefore, a horizontal evacuation may often address all but the most serious situations.

### **Vertical evacuation**

Involves moving from one floor towards the ground floor.

The preference in a partial evacuation is a horizontal evacuation due to the risks of moving residents via stairways. However, there may be situations where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route) and therefore a vertical evacuation of those persons is required.

### **Total evacuation**

Involves total evacuation of the building to the outside and would be carried out only in an extreme emergency.

## **Fire Instructions**

### **REACT**

#### **If you discover fire or smoke R E A C T:**

Remove the persons in immediate danger

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

Activate the fire alarm system using the nearest pull station

Call the Fire Department 9-1-1, confirm their response, and provide information on the alarm

Try to continue evacuation or extinguish the fire

#### **If you hear the alarm:**

### **DO NOT**

Use telephones unless you have important information for reception

Panic  
Shout “Fire”  
Use the elevators

**DO**

Return to your work area and turn all equipment off and close all doors  
Report to the Incident Manager / Fire Warden  
Be prepared to give assistance if requested

**About the Facility**

Ivan Franko Home has been designed with automatic devices to limit the risk of fire or smoke spreading in the building. When the fire alarm is activated, the fire doors will automatically close and the ventilation system will shut off.

**Reset Procedure**

When the “All Clear” announcement has been given, the alarm, elevators and mag lock doors must be reset.

**Alarm**

The alarm reset button must be reset from the activated main annunciator panel.

**Elevator**

The elevators are turned back on using the switch inside the elevator car.

**Mag lock doors**

The mag locks are reset by a button in the electrical room.

**Duties of the Incident Manager / Fire Warden**

The Charge Nurse/Manager in the area of alarm activation will assume the role of Incident Manager/Fire Warden until relieved from the task by a more Senior Manager.

The Incident Manager/Fire Warden will:

**During the incident**

1. Determine the source of the fire (alarm) or smoke.
2. Ensure the fire alarm system has been activated.
3. Ensure a staff member proceeds to the annunciator panel to identify the location of the fire.
4. Ensure the location of the fire is announced to all staff.
5. Ensure evacuation of the risk area has been initiated.
6. Appoint a person to call the Fire Department 9-1-1 to confirm response and provide additional information on the source of the alarm.

7. Appoint a person to meet fire fighters at the front door and ensure door is unlocked.
8. Appoint a person to activate the staff call back list if there is any indication of a true emergency (e.g. smoke, actual fire, explosion etc.). This will start with the notification of the Administrator or designate. The Administrator or designate will initiate the senior IMS team in the event of a true emergency.
9. At the fire area:
  - Direct and monitor the activities of all personnel until the Fire Department arrives.
  - Ensure evacuation of the fire area begins immediately starting with the rooms closest to the fire location.
  - Maintain a record of residents evacuated.
  - Assign staff to monitor exit doors and account for all residents and visitors in the area.
10. Delegate a person to be responsible for tracking the residents from their assigned wing and report to the Incident Manager/Fire Warden the status of the residents (i.e. all residents accounted for or residents not accounted for).
11. Assist the Fire Department as requested.
12. If further evacuation is required beyond the initial risk area advise all staff of a “Code Green”.

#### **After the incident has concluded**

Once the incident has concluded the Incident Manager/Fire Warden will advise all staff of an “All Clear”.

1. Reset the fire alarm system(s), mag lock system, and elevators.
2. Ensure that the Maintenance Department is advised of any fire equipment that was used.
3. Complete the appropriate incident reports and forward a copy to the Administrator.
4. Document staff in attendance and forward the list to the Administrator.

#### **Duties of all other staff**

- Listen for location of the fire, or check the annunciator panels located in front of the 3<sup>rd</sup> Floor nursing station and near the main entrance.
- In the event that a staff member is close to the annunciator panel, they will immediately check the annunciator for the location of the alarm and advise the Charge Nurse.
- One staff member is to remain on their floor to supervise the residents. All other staff will proceed to the fire location.
- Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub.
- Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.

- Proceed directly to the area of the fire. Use the stairs – DO NOT use the elevators (unless approved by the Fire Department).
- If a staff member is not in their work area when the fire alarm sounds (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the code red location.
- Report to the Incident Manager / Fire Warden.
- Remove residents and visitors from the fire area to an area behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
- Close all unlocked doors to contain the fire and smoke.

**Note:** If smoke is encountered, keep close to the floor as the air is clearer and cleaner.

- Clear the corridors of carts, walkers, wheelchairs etc.
- If the fire is small and all persons are safe, consider extinguishing the fire (refer to fire fighting considerations below) if trained to do so.
- Resume normal duties only after "Code Red All Clear" has been announced.

Once the Fire Department assumes control of the elevator, they will maintain authority over the use of the elevators until the all clear is given.

The Administrator or designate will provide managerial assistance to the Incident Manager/Fire Warden, Fire Department (9-1-1), Emergency Medical Services (9-1-1), Police Services (9-1-1) or other agencies in ensuring the safety and well-being of residents, visitors, volunteers and staff.

The Administrator/designate will advise the Board of Directors, the Ministry of Long-Term Care using the online Critical Incident reporting system or by calling the Service Ontario After Hours Reporting Line (1-888-999-6973), and other appropriate agencies as needed.

### **Evacuation of the Fire Area**

Ivan Franko Home has been designed with automatic devices to limit the risk of fire or smoke spreading in the building. When the fire alarm is activated, the fire doors will automatically close and the ventilation system will shut off.

### **Description**

- Ivan Franko Home has been built with fire containment features, and in most situations, residents can be safely evacuated to another wing or area that is separated by fire doors.
- For a horizontal evacuation, residents and visitors can be safely evacuated to another wing or area that is separated by fire doors.

- Residents are to be moved into a lounge or room outside of the fire zone in order to avoid congestion in the hallways.
- Residents and visitors must not be allowed to congregate in the halls as this may create an impediment for further evacuation or for the fire fighters.
- In the event of a vertical evacuation, the elevators will not be used unless approved by the Fire Department. Vertical evacuation using the stairs will require all available staff to assist and will only be used in the event of a confirmed risk (fire, smoke, etc.). The Incident Manager/Fire Warden will discuss the use of the elevators with the Fire Department as soon as possible.
- Visitors can be permitted to assist in the area to which residents have been evacuated in small numbers where they are of assistance. Visitors are not to be permitted in the fire area or allowed to congregate in the hallways. Any visitors not assisting are to be asked to leave the building until the “All Clear” has been given.
- Any events that are taking place with large numbers of guests are to be evacuated outside immediately at the sound of the fire alarm.
- The evacuation of the fire area is to start with the rooms closest to the source of the fire and smoke and then work outwards.
- Ambulatory and wheelchair residents should be evacuated first, as they can be moved quickly.
- Slow-walking residents can be pushed in a wheelchair to speed evacuation. Residents are not be evacuated in their beds unless absolutely necessary, as beds will cause congestion in the halls.
- A “VACANT” indicator will identify the rooms that are vacant and clear of smoke or fire.

**Note:** “VACANT” indicators will not be placed on doors in a Code Red if a person is in the room.

- After all residents have been evacuated, with time and safety permitting, the registered nursing staff are to move the medication cart from the fire area to the evacuation area. The medication cart will contain the emergency resident identification tags.
- The Incident Manager/Fire Warden will delegate a person to be responsible for tracking the residents from their assigned wing/floor and reporting to the Incident Manager/Fire Warden the status of the residents (i.e. all residents accounted for or residents not accounted for).
- If a more extensive or total evacuation of the building is required, a **Total Code Green (location)** will be announced and the second stage alarm (steady continuous ringing) will sound at the direction of the Incident Manager/Fire Warden. Total evacuation starts with the area closest to the event that is causing the evacuation.

Refer to Code Green for the full evacuation policy.

## Considerations and Policies

### ***Fire Fighting Considerations***

Once all residents and visitors are safe, circumstances will dictate whether the staff responding to the fire area should attempt to fight the fire. In many instances, if the fire is discovered early, it may be relatively easy to extinguish. Staff must assess the situation before attempting to extinguish the fire. Examples where attempting to fight a fire may be possible include a small garbage can fire or a person whose clothes are on fire (stop, drop and roll).

Staff should only use the firefighting equipment they have been trained to use (e.g. portable fire extinguishers). Any person who has not been trained in the use of portable fire extinguishers should not attempt to extinguish a fire using the equipment. Fire hose equipment is only to be used by the Fire Department.

### ***Fire Safety Policies***

Fire safety is everyone's responsibility. The following policies will assist in ensuring fire risks are minimized.

### **Smoking**

The Home is a smoke-free facility and no smoking or vaping is permitted in the building, on the balconies and patio area, or within a 9-meter radius of any entrance, exit or air intake area.

- Violation of this policy by staff will result in disciplinary action being taken.
- Violation of the policy by a resident will result in a meeting with the resident, Power of Attorney/Substitute Decision-Maker, and facility administration to review the smoking policy and follow-up actions for repeat offences.
- Any visitor that is seen smoking inside the facility will be directed to smoke outside at a minimum of 9 metres from any entrance door.
- All repeat violations of this policy will be reported to the Administrator.

### **Space heaters**

Portable space heaters or appliances that generate heat are not permitted in resident rooms.

### **Candles or open flames**

The use of candles or other open flames are not permitted in the facility. The only exception are those situations that have the specific prior approval of the Administrator or designate in controlled and supervised circumstances, such as on birthday cakes. A staff member must be present in these situations.

### Extension cords and power bars

Extension cords and power bars must be used in a safe manner. An extension cord or power bar attached to multiple appliances could overheat and cause a fire, so check the approved load of the cord or power bar. Extension cords and power bars will never be spliced and should not be run under rugs, through doorways, or fastened to walls or ceilings except in the event of a power failure or equipment emergency, and then only on a temporary basis.

### Electrical appliances

All electrical equipment brought into the facility, including residents' rooms, is to be inspected to ensure it is CSA-certified and bears the CSA label.

### Combustible material

Combustible materials are not to be placed in close proximity to heating appliances or lamps. Lamps, including night lights, are not to be positioned so as to come into contact with curtains, bedding, furniture, room decorations, etc.

When oxygen is used regularly in an area, suitable signs should be displayed. Oxygen equipment must be stored in suitable locations.

The use of flammable and combustible liquids must be controlled. Their use must be reviewed by the Joint Health and Safety Committee and safety precautions followed. Flammable liquids must never be used as cleaning solvents. Flammable liquid vapours can be ignited by various sources of ignition including smokers' materials, matches and lighters, electrical equipment, and pilot lights from furnaces and hot water heaters.

Grounds maintenance equipment such as gasoline-fuelled lawn mowers, leaf blowers and snow blowers are only to be fuelled when the equipment is cold and a minimum of 10 metres from the main building. Fuel is to be kept in approved safety containers and stored in a safe location outside of the main building.

**Warning:** Smoking is not permitted in areas where refueling takes place.

### Housekeeping

This section refers to general building housekeeping and applies to all staff (not just housekeeping staff).

In the kitchen, ducts and filters will be cleaned regularly to remove deposits of grease. Kitchen ducts will be professionally cleaned every 6 months.

Laundry filters, ducts and other areas will be regularly cleaned to prevent a build up of lint.

Waste material must be disposed of regularly and not permitted to accumulate in locations that would create a fire hazard.

Never permit any objects to block or impede an exit, corridor or other passageway. Obstructions of any nature could interfere with evacuation. Exterior fire routes must be monitored regularly to ensure that Ambulances and Fire Department vehicles can use them at all times. Fire routes and sidewalks must be cleared of snow to facilitate evacuation from the building and provide unobstructed access for fire fighters.

Do not place objects that could prevent persons from locating or accessing fire pull stations, fire extinguishers, fire hose cabinets or other emergency equipment.

Do not place objects in front of doors that are intended to close automatically upon the activation of the fire alarm system. Ensure that articles are not used to temporarily interfere with the self-closing feature of any door within the facility. Do not disengage the self-closing device of any door.

### **Staff knowledge**

All employees must know how to shut down the equipment in their work area safely.

Kitchen and laundry room staff must be familiar with the safe use, maintenance and cleaning of the equipment.

Kitchen staff must know how to activate the fixed fire extinguishing equipment that protects the cooking areas, ducts and filters.

Maintenance staff and contractors must implement safe welding and cutting practices.

- Precautions must be taken to remove combustible materials or shield them from sparks and other sources of heat produced by the cutting or welding.
- Portable extinguishers must be provided and a person trained in the use of the extinguisher be posted as fire watch.
- The fire watch will not be withdrawn until there is confidence that no further hazard exists.
- Maintenance staff must provide authorization for the welding or cutting planned and be informed of the fire watch procedures being implemented prior to authorization being given.

### **Training and Maintenance**

#### ***Fire Safety Training***

Fire drills shall occur once a month on each shift (days, afternoons, and nights). The Administrator, Director of Care or designate shall implement the fire drill. The Administrator will keep a detailed log of all fire drills including:

- Which area of the building was evacuated;
- Who initiated the fire exercise;
- What time of day the drill occurred;
- How many staff were on site;
- How long the evacuation of the affected area took;
- Debriefing of staff; and
- Comments on improvement.

A report of all staff in attendance will be forwarded to the Administrator.

All staff will participate in an in-service training on fire safety at least once a year. This training shall, at a minimum, include: a review of the policy, staff roles and responsibilities; how to activate the alarm; evacuation; and fire prevention.

Registered Nurses, Registered Practical Nurses, Department Managers and Maintenance staff will receive specific in-service training reviewing their roles in the event of an emergency, and the roles of the Incident Manager/Fire Warden.

### ***Fire Safety Equipment Maintenance***

#### **Monthly**

All fire extinguishers and hose cabinets will be given a visual check monthly by the Maintenance staff of Ivan Franko Home. This visual check should include checking that the extinguisher is charged, all equipment is in place and that there is no visible damage.

The fire extinguisher tag is to be initialed monthly if the extinguisher is active.

#### **Semi-annually**

A qualified service contractor will check the fire extinguisher system for the stoves in the main kitchen every six months.

#### **Annually**

All fire extinguishers and hose cabinets will be checked annually by a qualified service contractor. Fire extinguishers will be checked hydrostatically every 6 years or as required by the manufacturer.

A qualified service contractor, Graham Alarm Monitoring LTD. that can be reached at (905)-897-8822 or 1-800-387-5956 will check the fire alarm system, including smoke and heat detectors throughout the building and in the ventilation system annually

### **Fire Alarm Out of Service**

If the fire alarm system is out of service due to maintenance or other reasons, notices will be posted at all entrances and all staff will be advised that the fire alarm system is out of service. The staff will be reminded every 3 hours and at general shift change times until the system is restored.

A fire watch will be initiated including resident care staff and maintenance staff:

Resident care staff under the direction of the Charge Nurse will make rounds of the resident home area(s) that do not have an active fire alarm system every 30 minutes to check for potential signs of a fire emergency (i.e. check for the odor or sight of smoke or flame). These rounds will include the active checking of resident rooms, lounges, storage rooms, closets, washrooms, tub rooms, dining/serving areas, and all other rooms. The staff will sound the alarm verbally, communicate with the Charge Nurse and call 9-1-1 in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

Maintenance staff or designated personnel (e.g. security) will make rounds of all non-resident home areas every 30 minutes to check for potential signs of a fire emergency (i.e. check for the odor or sight of smoke or flame). These rounds will include the active checking of all rooms and

closets including lounges, kitchens, storage areas, mechanical rooms, locker rooms, offices and all other areas. The staff will immediately sound the alarm and communicate with the charge nurse in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

In the event that the fire watch is required when maintenance personnel are not present, the Charge Nurse will delegate a staff member (which may include contracted Security staff), to fulfill the rounds normally made by maintenance staff and notify the Administrator or designate. Appropriate staff will be called in or assigned as per the decision of the Administrator/designate.

## **CODE ORANGE – EXTERNAL EMERGENCY/NATURAL DISASTER**

### **INTRODUCTION**

Code Orange alerts staff of the potential for a large volume of incoming patients or residents. Its primary use is the acceptance of residents from another Long-Term Care or Retirement facility that is being evacuated.

However, Code Orange could also be used if the City of Toronto has requested that the facility be used as a reception centre for community members being evacuated from a major event, hospital evacuations, etc., including due to a natural disaster such as a tornado, earthquake, hurricane or severe storm.

The evacuation and relocation of the elderly and those requiring special care is a traumatic event. These persons cannot be treated simply as other incoming residents as many will have increased complications (medical, psychological, behavioral, social and dietary) due to their evacuation and relocation. In addition, incoming people may or may not have medical charts, medications, accompanying staff or family members. For these reasons, incoming persons will be referred to as “patients” in this policy.

Further, the facility will have to plan for the associated influx of family members and friends of the incoming patients. While most of these persons will be helpful in reception of the patients, it must be anticipated that some will bring additional anxiety and relationship dynamics into the situation.

### **PROCEDURE**

**1.** All calls received by the facility for incoming patients will be directed to the senior staff member present in the facility (Administrator or Charge Nurse) who will ascertain:

- Name, full contact information and official capacity of the caller
- Nature and location of disaster
- Time frame to anticipate patients
- Where the patients are coming from
- Demographics of the incoming patients (Long-Term Care, Retirement, Group Home, Community, etc.)
- Anticipated numbers of patients

- Resources accompanying the patients (e.g. nursing staff, volunteers, etc.)
- Anticipated duration of the stay
- Physical/medical/emotional condition of the patients
- Time of call.

2. The senior staff member receiving the call will assume the role of Incident Manager until relieved by a more Senior Manager or the Administrator.
3. The Administrator or delegate will be notified.
4. If the patients are expected to arrive in less than 3 hours (180 minutes), announce Code Orange to alert all staff. If it is outside of normal business hours (9:00 am to 5:00 pm), the staff call back list will be initiated.
5. Once Code Orange is announced, all staff will return to their assigned stations, report to their Department Manager, and await further instruction by the Incident Manager/designate.
6. All Department Managers will proceed to the Administration area for instructions within 10 minutes of the Code Orange announcement.
7. The Incident Manager will assign the Incident Management Team positions for:
  - Operations
  - Logistics
  - Planning
  - Administration/Finance
  - Safety
  - Liaison
  - Communications.
8. If the patients are expected to arrive in 3 hours (180 minutes) or more, a Code Orange is not required but the information will immediately be relayed to the Administrator or designate who will call together the Incident Management Team.
9. The Incident Management Team will:
  - Reconfirm the data on incoming patients;
  - Review the information collected and evaluate the capability of Ivan Franko Home to assist in the incident;
  - Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their presenting conditions based on the resources available;
  - Implement the staff call-back list procedure to call in staff required for receiving patients;
  - Establish a receiving area where patients can be triaged/assessed;
  - Establish patient documentation;
  - Provide patient identification tags;

- Establish an area(s) for housing the incoming patients (e.g. multi-purpose room);
- Ensure a RN and dietitian is available to provide assessments on the incoming patients;
- Assign someone to direct incoming patients, families, etc. and ensure that the arriving persons access designated areas only;
- Establish washrooms to be used by incoming patients; and
- Arrange for clergy to provide spiritual support.

## **CODE BLACK – BOMB THREAT**

### **INTRODUCTION**

Code Black covers the emergency procedure required in the event of a bomb threat or terrorist threat.

### **PROCEDURE**

#### **Receiving a bomb threat by telephone**

The employee receiving the threat will:

1. Remain calm and courteous.
2. Take notes as the caller talks (do not ask him/her to wait while searching for pen/paper or while you write).
3. Attempt to prolong the conversation and extract as much information as possible from the caller. Ask the following questions:
  - When will the bomb explode?
  - Where is the bomb? Ask for a specific location.
  - What does it look like?
  - Why did you place the bomb there?
  - What is your name?
  - Where are you calling from?

Note: Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.

4. Signal another employee using non-verbal cues to report the call to police (911) immediately and request a trace on the call, and to also notify the Administrator/designate or Charge Nurse to initiate emergency procedures.

Note: do not inform the caller that police have been called.

5. Document as much of the conversation and background as possible, including:
  - Date, time and approximate length of the call;
  - The exact wording of the threat;
  - Any identifying characteristics of the caller - sex, estimated age group, accent, voice (e.g. loud, soft, effeminate), speech (fast, slow, nervous), diction (good, nasal, lisp), command of the language (articulate, poor, words out of context, mispronunciation), manner (calm, emotional, vulgar) and mannerisms (pet phrases, uncommon words);

- Anything familiar about the voice;
- Any background noises;
- Whether the caller seemed to be familiar with the area or building; and
- What phone line was the call received on.

6. Be alert of subsequent calls of the same nature.

7. If the caller was not specific as to the location within the Home, the Administrator/Charge Nurse/designate will calmly announce (repeat 3 times):  
“Code Black (Ivan Franko Home). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank you.”

8. If the caller identified a specific location within the Home, the Administrator/Charge Nurse/designate will calmly announce (repeat 3 times):  
“Code Black (Location in Home). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank you. – Code Green (Location) – Please calmly evacuate (Location).”

9. Cell and wireless phones will be turned off immediately upon the announcement of a Code Black. Landlines will be used for all communications and announcements.

10. The staff member receiving the threat will call Police Services 9-1-1 (if police have not already been notified by another employee during the call) and provide as much detail as possible.

11. The facility Charge Nurse will assume the role of Incident Manager until relieved by a more Senior Manager. The Incident Manager will utilize the Incident Manager Checklist - Bomb/Terrorism to track actions and log the times of the response.

### **A Threat to a Specific Location**

If the threat identified a specific bomb location, the Incident Manager will announce a Code Green for that wing/area, and using a landline phone, will call for additional help as required. Refer to Code Green for evacuation instructions.

All residents will be evacuated from that unit or area to one location and the fire doors closed. Once the area is evacuated all staff will stay out of the identified area. The police will initiate the search of that area.

All staff not involved in the evacuation or who have completed the evacuation will conduct a search of their own work area.

### **A Non-Specific Threat**

If the threat is non-specific as to location, the Incident Manager will set up a command post in the Administration offices and staff responding to the Operations setup area will report to the main 1<sup>st</sup> floor Dining Room.

The Incident Manager will delegate personnel to initiate the staff call-back list. Those responding to the call-back will report to the command post in the main 1<sup>st</sup> floor Dining Room.

The Incident Manager will request additional help as needed on a landline phone.

The Incident Manager shall provide details of the threat and a map of the facility to staff to initiate the search for the bomb in order of the checklist. This will include a search of the grounds. The search team leader will designate one staff member to physically report to the Incident Manager every 10 minutes to provide an update and to be given further instruction.

Searches will include closets, bathrooms, toilets, garbage cans, laundry carts, medication carts, cabinets, under chairs, tables, and beds. Rooms should be searched in a counter clockwise rotation and from ceiling to floor. As rooms are searched, they will be identified with a "Searched" indicator. (It is recommended that staff be assigned to search the area of the facility they are most familiar with).

All staff reporting in from the Staff Call Back List will be assigned to assist in the search.

The Incident Manager will review the information with police to determine additional actions.

### **Suspicious Object/Package Located or Received**

1. Do not touch, move or open the object.
2. Do not activate light switches, slam doors or move nearby objects in the area of the suspicious object.
3. Do not use portable radios (walkie-talkies), cell phones or other electronic devices.
4. Notify the Administrator/designate or Charge Nurse.
5. The Administrator/Charge Nurse/designate will announce Code Green (Evacuation) for that area. Refer to Code Green procedures.
6. Clear and secure the area surrounding the suspicious object to ensure the safety of residents, staff and others present.
7. Search the relocation area before moving residents into it.
8. It must never be assumed that there is only one device. The search must continue in all other areas of the facility until the entire Home is thoroughly searched.
9. The police will be advised of the location and external appearance of the suspicious object.
10. If the device is confirmed to be an explosive device, the Incident Manager will initiate a Code Green and coordinate an orderly evacuation of facility one wing at a time, starting with those areas closest to the location of the device. The extent of the evacuation will be determined in consultation with the police.
11. The Administrator/designate will immediately establish the senior IMS Team.
12. The Administrator/designate will immediately notify the Ministry of Long-Term Care (MLTC) using the online Critical Incident reporting system or calling the Service Ontario After Hours Reporting Line (1-888-999-6973), as applicable, and the Chief Executive Officer, if the package is determined to be an actual explosive device or any resident area is evacuated.

***After the Threat has Concluded***

1. At the conclusion of the incident, the Director of Care (DOC) or Delegate will complete the MLTC online Critical Incident Report and inform the Administrator/designate.
2. A short debriefing will be held in the main foyer to obtain timely feedback from the searchers on the handling of the event.
3. The Incident Manager will keep a detailed log of all events using the Incident Manager Checklist-Bomb/Terrorism.
4. A report of all staff in attendance will be compiled and attached to the Checklist – Bomb/Terrorism.

**Receiving a Written, Mailed or Electronic Threat**

1. If the threat is written, mailed or dropped off:
  - Avoid handling the document to preserve fingerprint evidence.
  - Pick up the letter by the corner using tweezers that have first been wiped clean.
  - Place the document in a clean, plastic zip-up bag or envelope.
  - Place the envelope in a separate clean, plastic zip-up bag or envelope.
  - Notify the Administrator or delegate. The Administrator or delegate will notify the Police.
2. If the threat was sent electronically (email, text, social media, etc.):
  - Save the message for future reference by the authorities—Do Not Delete.
  - Print a copy of the message and retain.
  - Do not forward the message unless requested to do so by authorities.
  - Do not respond to the message.
  - Notify the Administrator/designate or the Charge Nurse, who will notify the police.
  - Provide the Incident Manager/Administrator/Charge Nurse/designate with a full account of steps taken.
3. If the threat identifies a specific location, refer to above procedures for Specific Threat Location.
4. If the threat did not identify a specific location, refer to above procedures for a Non-Specific Threat.

**CODE GREEN – EMERGENCY EVACUATION**

Code Green is to provide guidelines on a safe and efficient evacuation of residents, staff, volunteers and visitors from an area, wing, floor, or the entire Ivan Franko Home.

Examples of circumstances necessitating an emergency evacuation include; fire/explosion, bomb threat, community disaster (e.g. toxic spill, tornado), structural failure (e.g. roof collapse), etc.

**Types of Evacuation:****1. Horizontal Evacuation:**

Involves moving from one area of the floor to another area of the same floor behind fire barrier doors.

**2. Vertical Evacuation:**

Involves moving from one floor towards the ground floor.

While the preference in a partial evacuation is a horizontal evacuation due to the risks of moving residents via stairways, there may not be an option where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route)

**3. Total Evacuation:**

Involves total evacuation of the building to the outside and would be carried out only in an extreme emergency. Emergency Services will normally be on location to provide assistance.

**Decision to Evacuate:**

Each emergency situation will have an Incident Manager responsible for the safety of all persons in the building, the initiation of the emergency plan, and delegating responsibilities to ensure the emergency plan(s) are properly activated.

The Charge Nurse or Department Manager in the area of alarm activation will assume the role of Incident Manager until relieved from the task by a more Senior Manager.

The Incident Manager will make the decision to evacuate in most situations, however, a staff member discovering an emergency with immediate threat to life can and will initiate a local evacuation of the persons in harm's way.

In fire emergencies a partial evacuation will be initiated evacuating persons from the area of the fire/smoke. Refer to Code Red procedures.

Where there is not an immediate danger and time to wait for the Emergency Services to arrive, the decision to evacuate and the extent of the evacuation will occur in conjunction with discussion with the Emergency Services.

All Fire Alarms will be treated as an emergency and evacuation of the fire area will be commenced immediately.

When a decision is made for an emergency evacuation – Evacuate Now!

The fire alarm pull station will also be activated to set off the alarm bells for a first stage alarm (short beat). The second stage alarm is activated by using an alarm key (located on the emergency keychain, located on the third-floor medical room or main office bulletin board) at each pull station to activate.

For a partial evacuation the Charge Nurse will advise all staff and visitors of a “Code Green” for the specific wing / floor.

While the preference in a partial evacuation is a horizontal evacuation due to the risks of moving residents via stairways, there may not be an option where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route).

**Priority of Evacuation:**

1. Those residents in immediate danger.
2. All ambulatory residents under supervision. Residents able to walk should be led to another fire barrier area. If a resident is uncooperative move on to the next resident so as to not delay the evacuation process. Staff will return to any uncooperative residents once others at imminent risk are safe.
3. All wheelchair residents should be assisted to safe fire barriers and, if their wheelchairs are required for other residents, are to be removed from their wheelchairs.
4. All non-ambulatory residents. Most residents can be carried or pulled on a blanket to a safe area if necessary. (See Lift and Carries in Appendix). Moving beds will cause congestion and should be a last resort.
5. Residents who are uncooperative.

**Incident Manager Responsibility During a Code Green:**

The Charge Nurse/Department Manager in the area of alarm activation will assume the role of Incident Manager until relieved from the task by a more Senior Manager.

The **Incident Manager** shall be responsible through delegation for:

1. Determining the need for a Code Green.
2. Determining the extent of a Code Green (partial or total evacuation).
3. Activating Stage 1 Fire Alarm.
4. Activating Stage 2 Fire Alarm for a total evacuation.
5. Advising all staff of a Code Green for a partial evacuation of a specific area.
6. Calling 9-1-1, stating the type and location of the emergency.
7. Notifying the Administrator or designate who will initiate the staff call-back list and activate the Senior IMS Team.
8. Directing the activities of all Ivan Franko Home personnel.
9. Maintaining a record of evacuees.
10. Ensuring that all residents are identified with wrist bracelets.

- 11.** Coordinating the transportation of residents – options include EMS (9-1-1), TTC (416-393-4000), and relatives.
- 12.** Listing the residents' destinations.
- 13.** Transporting resident charts to the place where residents have been relocated.
- 14.** Removing staff schedules, visitor and volunteer logs to the command post to assist with safety and accountability of all staff.
- 15.** Providing for the continuing care of the residents.
- 16.** Assigning staff/volunteers to watch over and care for evacuated persons and ensure that they do not wander from the area.
- 17.** Ensuring a Liaison Officer is appointed to maintain continuous communications with Emergency Services.
- 18.** Receiving communication from Emergency Services and participating in assessing the situation with the emergency agencies.
- 19.** Ensuring a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.
- 20.** Ensuring a Public Information Officer (if applicable) is appointed to ensure appropriate communications with families, staff, and the media.
- 21.** Notifying the MLTC using the online Critical Incident reporting system or calling the Service Ontario After Hours Reporting Line (1-888-999-6973), as applicable.

In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.

When an emergency fan out call is activated through the staff call back list:

- The Incident Manager, or a designate, will establish a reporting post in the front parking lot area if safe to do so;
- All off-duty staff responding to the emergency call back will report to the reporting post in the front parking lot for further instruction.

### **Registered Staff/Manager Responsibilities**

- Provide direction and guidance to staff evacuating persons.
- Take direction from and report to the Incident Manager or the senior IMS Team.
- Ensure the emergency evacuation kit is removed from the building with the first resident (located in the main office closet).
- Ensure that all evacuees are identified with wrist bracelets.
- Be responsible for maintaining a head count of residents and staff, and keeping the Incident Manager informed.
- Be responsible for the removal of resident charts, eMAR sheets and medication carts, if time and the situation permit.
- Notify the pharmacy if emergency medical supplies are needed.
- Be responsible for tracking the destinations of the residents.
- Provide for the continuing care of the residents.
- If the “Code Green” is isolated to another wing/floor, one staff member will stay in their assigned area to continue the care of their residents and send all other staff to assist with the Code Green.

**Duties of All Staff**

- If discovering an emergency that is potentially life threatening, immediately sound the alarm for the type of emergency, and where safe to do so, remove residents and all others from harm's way.
- Follow the directions of the Incident Manager.
- One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location.
- Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.
- Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
- Proceed directly to the area of the Code Green. Use the stairs – DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat, structural engineer for a roof collapse).
- If a staff member is not in their work area when the Code Green is activated (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Green location.
- Report to the Incident Manager or designate
- Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager. In many cases this will be behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
- Close all unlocked doors to contain the fire and smoke.
- Ensure each room in the assigned area is properly and thoroughly searched and evacuated, and indicators used, identifying that the room is vacant. Do not use an evacuated indicator if a person is still in the room.

**Training Exercises**

The Administrator will keep a detailed log of all Emergency Exercises including which area of the building was evacuated, who initiated the exercise, what time of day the exercise occurred, how many staff were on site, how long the evacuation of the affected area took, debriefing of staff and comments on improvement. A report of all staff in attendance will be forwarded to the Administrator.

**Safe Evacuation Relocation Sites**

Ivan Franko LTC Home has agreements in place with the following Homes in the event an evacuation of residents, staff, students, volunteers and others is required in an emergency:

1. Ivan Franko Homes Seniors' Residence 3058 Winston Churchill Blvd. Mississauga ON L5L 3J1 905-820-0573	2. Dom Lipa 52 Neilson Dr. Etobicoke ON M9C 1V7 416-621-3820 Ext. 222
3. Labdara Lithuanian Home 5 Resurrection Rd. Etobicoke ON M9A 5H1 416-232-2112 Ext. 401	4. Eatonville Care Centre 420 The East Mall Toronto ON M9B 3Z9 416-621-8000 Ext. 140

**CODE BROWN – HAZARDOUS MATERIAL/CHEMICAL SPILL/FLOOD****INTRODUCTION**

Code Brown covers the emergency response to a situation where hazardous materials and/or flood may affect the health of the residents or the security of the facility.

Where hazardous materials are spilled and the spill is of the size or potential hazard including a flood where unit or maintenance staff are unable to carry out safe clean-up, a Code Brown will be called.

A spill may include liquids, powders, or even gaseous substances.

**PROCEDURE**

1. Upon discovery of a spill/flood of a hazardous or unknown substance, the staff member will notify the Charge Nurse or Department Manager.
2. The Charge Nurse/Department Manager will assume the role of Incident Manager until relieved of the role by the Administrator or delegate.
3. Cordon off the area and keep people away from the area until the spill/flood is cleaned up.
4. The Incident Manager will notify staff in the area of the spill of the Code Brown identifying the location (unit/area).
5. If the spill is of a flammable material or there are any injuries/illness from the spilled material:
  - Call 9-1-1;
  - Clear the area of all persons;
  - Ensure there are no sources of ignition; and
  - Ventilate the area by opening windows (if safe to do so).
6. Attend to any people who may be contaminated. Contaminated clothing must be removed immediately and the skin flushed with water for no less than fifteen minutes. Clothing must be laundered before reuse.

Note: if the product is flammable or highly toxic, then it should be disposed of properly – not laundered.

7. The Charge Nurse upon being notified of the Code Brown will proceed to the location to assess the situation.
8. After business hours, the Incident Manager will notify the Administrator or delegate.
9. Where safe to do so, determine the name and quantity of the substance spilled.
10. Obtain the Material Safety Data Sheet (MSDS).
11. If spill/flood may not be contained initiate Code Green, the Charge Nurse will determine if an evacuation is required. If an emergency evacuation of the unit or a greater area is

required, a Code Green will be activated and the Administrator or delegate will be notified.

12. Maintenance staff will initiate clean up if it is within their capability to do so safely.
13. If the spill is outside the capability of the Maintenance staff, the Incident Manager will make arrangements for external assistance, and the Administrator or delegate will initiate the Senior IMS Team.
14. If the spill involves or potentially involves a floor drain or other means of release into the environment, the City of Toronto Public Works Department (3-1-1) will be notified.
15. When the spill is cleaned up and no longer hazardous, the Incident Manager/Administrator/ delegate will arrange for operations to return to normal.
16. The Incident Manager will immediately notify the MLTC using the online Critical Incident reporting system or calling the Service Ontario After Hours Reporting Line (1-888-999-6973), as applicable, if any evacuation or displacement of residents occurs or if there is any disruption to facility operations.
17. The Ministry of Labour, Immigration, Training and Skills Development Health and Safety Contact Centre (1-877-202-0008) will be notified if there are any critical injuries to staff members.
18. Eye wash stations are located in the Laundry Room, Kitchen, and at the 2<sup>nd</sup> and 3<sup>rd</sup> floor Nursing Stations.

#### **Protocol for Maintenance Team:**

1. Maintenance staff may be called to assess the spill of the materials.
2. Ensure the safety of the residents, staff and others. Determine if an evacuation of the unit or area needs to be initiated.
3. Review Material Safety Data Sheets (MSDSs) or other references for recommended spill cleanup methods and materials, and the need for Personal Protective Equipment (PPE) (e.g. masks, goggles, gloves, protective clothing, etc.).
4. Ensure proper PPE is utilized based on the chemical spilled as per the MSDS sheet.
5. Assess the spill from a safe location to determine if it is within the capability of the Maintenance Team to clean up. The complexity and detail of the cleanup plan will depend upon the physical characteristics and volume of materials being handled, their potential toxicity, and the potential for releases to the environment.
6. Arrange for a commercial spill response team (HAZCO, 1-800-667-0444), if spill is outside of the capability of the Maintenance staff.
7. Obtain the Spill Kit stored in the maintenance room in the basement. This kit will include absorbent materials and other equipment to disperse, collect and contain spill control materials (e.g. brushes, scoops, sealable containers).
8. Protect all floor drains or other means of environmental release.

9. Loose spill control materials should be distributed over the entire spill area working from the outside, circling to the inside. This reduces the chance of splash or spread of the spilled chemical.
10. When spilled materials have been absorbed, use brush and scoop to place materials in an appropriate container. Polyethylene bags may be used for small spills. Five-gallon pails with polyethylene liners may be appropriate for larger quantities.
11. Complete a hazardous waste sticker, identifying the material as Spill Debris involving (identify) chemical, and affix onto the container. Spill control materials may need to be disposed of as hazardous waste – refer to municipal public works for specifics based on the type and quantity of the chemical spilled.
12. Decontaminate the surface where the spill occurred using a mild detergent and water when appropriate.

### **CODE YELLOW – MISSING PERSON**

#### **INTRODUCTION**

Code Yellow covers the procedure required to find a missing person.

Ivan Franko Home has implemented a number of mechanisms to prevent residents with reduced cognitive skills from wandering from the facility. These include sign-in and sign-out sheets for tracking residents leaving with families, “mag locks” at the entrance door to the interior lobby and on all levels of the Home, security cameras, periodic resident checks and alert staff.

A resident is considered missing when they are not in a location where staff would expect to find them. Staff members will conduct a short search, as defined in the procedure below, before a Code Yellow is announced. After the Code Yellow has been announced, staff members will report to the Incident Manager to be assigned search areas.

Search timing will start when the Code Yellow is announced. Staff members that are assigned to a search area will report to the Incident Manager every 10 minutes after the Code Yellow has been announced.

The search area will include the Ivan Franko Home’s facilities and grounds as well as the local area, if required. All external searches will be conducted in pairs. Refer to the Appendix for maps and diagrams.

If the search must take place after peak staffing hours (Monday to Friday 9:00 am to 5:00 pm), the staff call back list will be used to bring in more searchers.

Volunteer searchers will be assigned to a staff member who will report back to the Incident Manager every 10 minutes.

#### **PROCEDURE**

In the event that a resident is missing the following action will be taken:

##### ***Originating Staff***

1. The staff member noting the resident is possibly missing, will notify the Charge Nurse to record the time on the 24-hour report sheet/chart or other document, and conduct a preliminary search of the unit involving other available staff. This will include checking the sign in/sign out sheets, and asking other staff and residents if they have seen the resident.

**Duties of the Incident Manager**

1. The Charge Nurse/Department Manager notified of the missing resident will assume the role of Incident Manager until relieved from the task by a more senior staff member.
2. The Incident Manager will utilize the Incident Manager Check List – Code Yellow to track actions and log the times of the response.
3. When the Incident Manager is notified by a staff member that a resident has not been located after the initial 5-minute search, the Incident Manager will:
  - a) Organize the unit staff to do a follow-up search of the unit and areas of the facility where the resident may routinely visit;
  - b) Recheck the sign in/out sheets; and
  - c) Follow-up with visitors that may have visited the resident that day.
4. If it is suspected the resident has left the building with a family member, the family will be called to confirm. The Incident Manager is to delegate a staff member to call the family.
5. Notify all staff on other units/program areas to determine if the resident is on other floors or areas.
6. Check external sitting areas.
7. This stage shall last no longer than 10 minutes for a total of 15 minutes after the first indication the resident was missing.

If the resident has not been located within 10 minutes of the Incident Manager being notified, regardless of the completeness of the current search for the resident, the Incident Manager will ensure the following tasks are completed:

1. Notify all staff of a Code Yellow including the name and unit of the resident.
2. Notify the police (9-1-1) providing a description of the resident.
3. Complete a “Code Yellow Missing/Lost Resident Response Incident Manager Logtime Sheet”.
4. When the police arrive, they shall be provided with a photo of the resident, a copy of the “Code Yellow Missing/Lost Resident” sheet, and a summary of the actions taken prior to their arrival. The staff search will continue in supplement to the police action.
5. Notify the Administrator or designate. Outside peak staffing hours the Incident Manager will initiate the staff call back list.
6. A command post will be established in the Administration area where all responding staff will report for instructions.
7. Print out copies of the photograph of the resident for distribution.

8. Provide a description of the resident (physical description and clothing), including photo and a search floor plan/area map for staff to initiate the search for the resident. Where possible, staff will be assigned to search areas that they are most familiar with (e.g. dietary staff to search kitchen and support areas, nursing staff search the unit they are working on) for the initial search.
9. The search will include a search of the grounds. Any search external to the building (including on the grounds) will be done in pairs.
  - a) If it is suspected the resident may have left the building, the Incident Manager may direct specific staff to start an external facility search at the same time an internal search is being performed. The Incident Manager will provide maps for all the designated search areas beyond the grounds of the facility.
  - b) Staff will report back to the Incident Manager at a minimum of every 10 minutes.
10. After staff have reported back that their assigned search is complete, they will be reassigned another search area.
11. Staff reporting in from the staff call back list will be assigned to a search in pairs beyond the grounds of facility. Maps will be provided by the Incident Manager.
12. When sufficient staff is present, a second search of the facility and the grounds shall be commenced. The search area will be expanded further at the direction of the Incident Manager.
13. Notify the TTC (416-393-3030) and provide them with a description of the resident requesting their drivers monitor seniors boarding the buses in the vicinity of the facility.
14. Notify the family of the resident.
15. The Administrator or designate will establish the Senior IMS Team in the Board room.
16. The Administrator or designate will notify the MLTC using the online Critical Incident reporting system or calling the Service Ontario After Hours Reporting Line (1-888-999-6973), as applicable, and the Chief Executive Officer.

### ***Responsibility of All Staff***

1. All staff have a responsibility to report missing residents.
2. A resident is considered missing when they are not in a location where staff would expect to find them.
3. Staff members noticing that a resident is potentially missing will conduct a short search, not to exceed 5 minutes, of the unit, areas where the resident may have gone and querying other staff.
4. A staff member who has noticed a resident is potentially missing and has conducted a brief search not exceeding 5 minutes will notify the Charge Nurse.
5. When notified of a Code Yellow all available staff will respond to the unit nursing station from which the resident is missing. A minimum of one staff member will remain in each resident home area and program area to maintain the safety and security of other residents.
6. Staff shall check their assigned areas and report back to the Incident Manager. The searchers will report to the Incident Manager every 10 minutes to provide an update and to be given

further instruction. The reporting can be done either by physically reporting in, by cell phone or another device.

7. Room searches will include closets, bathrooms, and under the beds. As rooms are searched, they will be identified with “Searched” indicators and marked on the search map.
8. Once their assigned search area has been completed, staff will return to the Incident Manager for further assignment.

### ***After the Incident has Concluded***

After the resident has been found, the Incident Manager will:

1. Advise all staff and searchers of an “All Clear”.
2. Advise all searchers and authorities that have been contacted that the resident has been located.
  - Administrator or designate,
  - Police (9-1-1),
  - TTC (416-393-3030),
  - Ministry of Long-Term Care
  - Chief Executive Officer.
3. At the conclusion of the incident, the Incident Manager will complete an incident report and forward it to the Administrator.
4. At the conclusion of the incident, a short debriefing will be held by the Incident Manager or Administrator in the main 1<sup>st</sup> floor dining room to obtain timely feedback from the searchers on the handling of the event.
5. The Administrator will schedule a more detailed review within one week of any incident where the police have been notified.

## **CODE WHITE – VIOLENCE**

### **INTRODUCTION**

Code White covers the procedures required during an uncontrolled violent situation that may result in serious injury.

Ivan Franko Home provides a safe environment for its residents, families, staff, volunteers and visitors. A staff member assessing a violent situation or a person with a weapon as posing an immediate danger to themselves and/or others, can call a Code White at any time. These situations may include aggressive residents, visitors or other persons. In situations where assistance in de-escalation and/or control of the disruption/violence is necessary, responding staff will use non-violent interventions. The primary aim is to remove all persons from the situation to minimize risk of injury.

### **PROCEDURE**

This procedure will provide direction in a situation where there is potential for serious injury or uncontrollable behavior. In the event that a serious violent or potentially uncontrollable situation occurs the following action will be taken:

1. The staff member identifying the crisis situation will remove themselves from the confrontation and immediately notify the police services by calling 9-1-1. Provide as much information as possible about the situation to the police.
2. The staff member will advise other staff of a Code White identifying the location of the incident if a weapon is involved.
3. Staff in the immediate area and staff responding to the Code White will assist removing any others from harm's way and the immediate confrontation to a location of safety.
4. The Charge Nurse will assume the role of the Incident Manager until relieved by a more Senior Manager.
5. All staff from the unit or area of the emergency, as well as Managers from all Departments, and maintenance staff will respond to assist in evacuating residents from the area of threat. The Incident Manager may send staff back to their duties depending on the situation and the situation is under control.
6. Staff will use tactical verbal communication and non-violent interventions to de-escalate the situation if it is safe to do so.
7. Only as a last resort to stop an act of ongoing violence or to prevent an imminent act of violence will restraint techniques be used. Where restraint techniques are used, it is recommended, if possible, 6 staff be used – one for each limb, one to protect the head and one to monitor the safety of the staff and aggressor.
8. If the aggressor has a weapon, no attempt will be made to remove the weapon or subdue the person. The goal is to remove others from the situation.
9. The Incident Manager will call the police (9-1-1) with an update of the situation within 5 minutes.
10. A staff member will be delegated to meet the police at the main entrance and provide directions to the scene as well as optional access (e.g. location of the stairways as well as the elevator).
11. If any injuries are incurred, first aid will be provided in a safe location and EMS notified (9-1-1).
12. The Incident Manager will delegate a staff member to call the Administrator or designate as soon as possible.

13. The Administrator or designate may establish the Senior IMS team in a serious incident.
14. The Administrator/delegate will notify the Joint Health and Safety Committee and the Ministry of Labour, Immigration, Training and Skills Development Health and Safety Contact Centre (1-877-202-0008) if any staff member suffers a critical injury (as defined by the *Occupational Health & Safety Act*).
15. All staff involved will complete a written report of the details of the incident and submit it to the Administrator within 24 hours of the incident. The report should be completed before leaving the facility.
16. The Administrator or designate will determine if the Ministry of Long-Term Care and Chief Executive Officer should be notified.
17. At the conclusion of the incident, the Incident Manager will complete the Incident Report and forward it to the Administrator or designate.
18. The Administrator or designate will schedule a detailed review within one week of any Code White incident where the police are involved.

#### **External Incident – off the grounds**

If a school “lockdown” occurs at a nearby school or other situation of violence occurs external to Ivan Franko Home that may have an impact on the facility, all staff will be advised of a “Code White Royal York Road”.

“Code White Royal York Road” will have available staff immediately respond to the exterior sitting areas to usher residents back into the building and to lock the entrances. Persons will not be permitted to leave the building until the all clear has been given.

The Charge Nurse will assume the role of Incident Manager until relieved by the Administrator or designate.

The Incident Manager will make contact with the police via telephone at 9-1-1 to ascertain the situation.

The doors will remain secure until the police or other official (e.g. school principal) declares the situation safe.

Note: Schools use “Code Red” as their terminology for a school lockdown. Principals of neighborhood schools will be requested to notify Ivan Franko Home immediately via telephone of any school “lockdown” or “code red.”

## CODE GREY – AIR EXCLUSION

### **INTRODUCTION**

Code Grey involves an uncontrolled potential airborne contamination outside the Home that may affect the health and safety of everyone in the Home and on the property.

#### **Purpose**

To provide an effective and efficient procedure for restricting the entry of outside air into the Ivan Franko Home in the event of hazardous gases/fumes or contaminants being present in outside air.

External air exclusion is only initiated where evacuation into the open air would be more hazardous to the health and safety of residents and staff (e.g. external chemical cloud, considerable smoke from a local fire, abnormally high outside ambient temperatures).

### **PROCEDURE**

Upon being notified of an incident or potential incident producing hazardous fumes external to the Ivan Franko Home, the Charge Nurse will assume the role of the Incident Manager until relieved by the Administrator or delegate.

1. The Incident Manager will advise all nursing staff of the Code Grey advising them to “close all open windows and exterior doors.”
2. Notify the Administrator or delegate and Maintenance staff.
3. Have residents that are outside return inside.
4. Maintenance staff will ensure that the following are turned off:
  - the HVAC (heating, ventilation and air conditioning) systems
  - all exhaust fans, including cooking hoods, dryers in the laundry, bathroom exhaust fans, and air exchange systems.
5. Residents, staff and visitors will be monitored for abnormal breathing difficulties.
6. The Incident Manager will establish contact with the local emergency services (Fire/Police; 9-1-1) as appropriate to gather information on the extent of the hazard and provide an update on the status of the facility.

## CODE 99 – MEDICAL EMERGENCY

### **INTRODUCTION**

To mobilize medical and/or nursing staff to the location of an emergency medical situation involving visitors, staff or volunteers to provide immediate intervention and assistance. For medical emergencies involving residents, staff will follow the resident care procedures.

#### **Definitions:**

**Code 99** – a request for nursing and or medical assistance in an emergency involving illness or injury of a visitor, staff member or volunteer.

**Emergency medical situation:** serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

**Critically injured** - means an injury of a serious nature that:

- (a) places life in jeopardy;
- (b) produces unconsciousness;
- (c) results in substantial loss of blood;
- (d) involves the fracture of a leg or arm but not a finger or toe;
- (e) involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- (f) consists of burns to a major portion of the body; or
- (g) causes the loss of sight in an eye.

**First Aid Kit** – a kit that meets the requirements under the *Occupational Health and Safety Act*.

## **PROCEDURE**

Any staff member can contact the Charge Nurse and request emergency assistance.

The Charge Nurse (RN/RPN) will attend the medical emergency bringing the First Aid Kit from the nursing station.

The first arriving Registered Staff will become the Incident Manager until relieved by a more senior Registered Nurse.

The Incident Manager will (directly or through delegation):

1. Assess the patient and determine what interventions are required.
2. Ensure the provision of First Aid as needed.
3. Determine if EMS is required. If EMS is required, the Incident Manager will ensure 9-1-1 is called.
4. Delegate a staff member to meet the paramedics if EMS was called.
5. Ensure the Code 99 Incident Manager Check List is completed.
6. Advise any staff/volunteers not required to return to their duties.
7. Ensure appropriate documentation is completed: i.e. WSIB forms, First Aid log book, Incident reports, Incident Investigation forms.
8. Notify the Administrator or delegate if the emergency is a critical injury / incident involving a staff member, volunteer or visitor.

Where a staff member or volunteer is injured while at the workplace and suffers a “critical injury” by definition of the *Occupational Health & Safety Act*, the Administrator/Delegate will notify the Joint Health and Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour, Immigration, Training and Skills Development, as per the *Occupational Health and Safety Act*.

Following any Code 99, the Code 99 Checklist will be completed and forwarded to the Director of Care for Quality Assurance purposes.

## **UTILITIES/LOSS OF ESSENTIAL SERVICES**

### **HVAC SYSTEM DISRUPTION**

#### **Statement of Intent:**

To ensure adequate heating, cooling and ventilation is maintained throughout Ivan Franko Home.

Natural gas boilers and a hot water distribution system are located in the basement.

Window air conditioners are utilized in common areas for peak summer heat days.

**Definition:** HVAC – Heating, ventilation, air conditioning

#### **PROCEDURE**

In the event of a HVAC system malfunction or breakdown, the Charge Nurse will contact Maintenance staff or, if after hours, the Sipco Group (416-232-2262).

Maintenance staff (if available) will investigate the cause of the malfunction/break down and contact the Sipco Group (416-232-2262) or utility company as required, for service.

Where the malfunction/breakdown is anticipated to be extended and temperatures are such that it will create an uncomfortable situation for residents, the Administrator or designate will be notified.

In the event that a heating failure will be extended, alternative plans shall include:

- Providing extra blankets
- Ensuring all curtains and blinds are closed
- Limiting exterior door use
- Moving residents into a lounge or other room where multiple people will provide warmth
- Using supplemental heating units (e.g. electric heaters) in closely supervised situations
- Discharging appropriate residents to family until the heat is restored
- Non-emergency evacuation in situations where the temperature becomes a health or safety risk.

In the event that a cooling failure will be extended, alternative plans shall include:

- Providing cold beverages and snacks (popsicles, ice cream, etc.) to residents and staff
- Ensuring all curtains and blinds are closed to areas exposed to the sun
- Moving residents out of rooms where the exterior walls are being exposed to the sun
- Limiting exterior door use if the outdoor temperature is higher than the indoor temperature
- Opening windows and exterior doors, with proper supervision, during cooler night time hours
- Discharging appropriate residents to family until the cooling is restored
- Non-emergency evacuation in situations where the temperature becomes a health or safety risk.

In extreme situations or lengthy outages where additional staffing or resident discharge/evacuation is considered, the senior IMS team will be called together.

The senior IMS team, in consultation with Maintenance staff, the service contractor, and/or utility provider will assess the potential restoration time and impact of the outage.

The Director of Care or Delegate shall complete an incident report outlining the cause and length of the outage, and the solutions implemented to restore the HVAC for all HVAC failures that last more than 2 hours where the temperature drops below 22°C.

### **NATURAL GAS LEAK**

For safety purposes, a Natural Gas Alarm has been installed in the basement area (boiler room and laundry room). This alarm is specifically designed to detect natural gas and other combustible gases.

If the natural gas alarm sounds, there is the potential that natural gas or other combustible gases are present. The alarm will sound well before the levels reach a dangerous level.

If the natural gas alarm sounds:

1. Call the Fire Department 9-1-1
2. Call the Gas Company - Enbridge (1-866-763-5427)
3. Notify the Administrator
4. Do not turn on any light switches; avoid sources of ignition
5. Open the windows.

Note: if there is a rupture to a natural gas line within the building, a total emergency evacuation—Code Green—must be implemented.

### **CARBON MONOXIDE ALARM**

For safety purposes, Carbon Monoxide alarms have been installed (basement/first/second/third floors). These alarms specifically detect carbon monoxide.

If a carbon monoxide alarm sounds, there is the potential that higher than normal levels of carbon monoxide are present. The alarm will sound well before the levels reach a dangerous level. Carbon monoxide is not combustible and does not pose a fire/explosion hazard.

If the carbon monoxide alarm sounds:

1. Remove residents and staff from the area or wing affected
2. Open the windows and outside doors leading to that area
3. Call the Gas Company- Enbridge (1-866-763-5427)
4. Notify the Administrator
5. In the event of residents/staff feeling ill, call 9-1-1 for EMS and Fire Dept.

### **POWER FAILURE/EMERGENCY GENERATOR**

**PURPOSE**

To provide staff with an understanding of the operation of the Standby Diesel Power System.

In the event of an electrical power failure, the Home's Standby Diesel Power system will be automatically activated.

The expected sequence of events will be as follows:

1. When the electrical power to the Home is interrupted, there will be up to a 10-second delay during which time the Home will be in darkness, then the lights will be restored. The 10-second delay is the time required for the diesel engine to start.
2. There will be emergency lighting throughout the Home. Not all lighting will operate.
3. Call Toronto Hydro (416-542-8000).
4. Normal electrical outlets will not have power throughout the Home. However, there are three (3) emergency power outlets available: in the kitchen (beside toaster); back office and electrical room.
5. The diesel fuel tank holds enough diesel fuel to last for 43 hours, however fuel consumption should be monitored every 8 to 12 hours. Fuel should be ordered when it is below  $\frac{1}{2}$  tank.
6. When the outside power comes back on, the diesel generator will automatically shut off after a short cool down period.
7. If a power failure lasts for more than 2 hours, contact Toronto Hydro for an estimate on when power will be restored. This information will be passed on to the Administrator or delegate.
8. If a power failure lasts for more than 2 hours, notify Maintenance who will set up a time to inspect the generator to ensure it is running within specification (e.g. temperature) and ensure adequate fuel.
9. If a power failure lasts more than 2 hours, the Food Services Manager will be notified so that an alternate meal can be planned if required, and the fridge/freezer temperatures can be monitored and recorded.
10. Flashlights will be kept at each nursing station to assist in the event of a power failure.
11. The Charge Nurse will notify the Administrator/delegate if additional staff are required to assist with tasks due to the power failure.
12. In the event of power failure, staff are aware of emergency backup measures:
  - Residents on continuous flow of oxygen will be sent to hospital.
  - Residents on PRN oxygen will be assessed by registered staff Q1hr, or if symptoms are present, will be sent to hospital.
  - If the O<sub>2</sub> saturation level is 88% or less, the resident will be sent to hospital.

- Equipment failure: extra oxygen concentrators are stored in the Medication Room on the 2<sup>nd</sup> floor and in the Clean Utility room on the 3<sup>rd</sup> floor.

### **Generator Testing**

1. The diesel generator will be tested by Maintenance staff on a regular (weekly) basis as per the specifications of the manufacturer.
2. When the generator is tested, it will normally be run at a 30% load.
3. Prior to the generator test, the Maintenance staff will ensure all windows in the immediate area of the generator are closed to prevent fumes from entering the building.

## **WATER SUPPLY DISRUPTION**

### **Statement of Intent:**

To provide an alternate supply of water in the event of a city water supply disruption and initiate a plan of water conservation within the facility.

The major issue with a water system failure is sanitary and hygiene use, such as flushing toilets, bathing, etc. Water for cooking and drinking should be available or accessible in adequate amounts through bottled water.

### **Procedure:**

In the event of a water supply disruption, the Charge Nurse shall contact Maintenance staff.

The Charge Nurse will contact the Toronto Public Works Department (3-1-1) for information regarding the severity and duration of the disruption. This information will be communicated to the Administrator or designate, floor nursing staff, Maintenance staff and all Department Managers.

### **Less than 4 hours**

If the water disruption is expected to be less than 4 hours, current reserves of bottled water will be distributed to each of the resident areas. The Charge Nurse will consider canceling non-essential programs/events/services, especially those involving outside visitors. The Charge Nurse will consider initiating the staff call back list to provide additional staff.

### **More than 4 hours**

If the water disruption is expected to exceed 4 hours, the Administrator or designate will activate the Senior IMS Team.

The Senior IMS team will consider initiating the staff call back list to provide additional staff.

Consideration will be given to giving staff extended breaks to use washroom facilities with running water (e.g. contacting a local school, community centre, business, mall etc. to request permission to use their facilities).

If the water disruption is anticipated to exceed four (4) hours, Maintenance staff shall make arrangements for additional supplies of bottled water to ensure on-site supplies are equivalent to 4 Litres per person per 12 hours (90 residents plus 40 staff and volunteers = 520 Litres per 12 hours).

The IMS team may encourage family members to take residents home for the duration of the water disruption where practical.

Portable toilets may be considered for rental. Some models are self-contained trailers that are wheelchair-accessible with heating and air conditioning.

A water tanker can be used to provide water for flushing toilets with either a pump/hoses or trolleys/pails to transport the water. This is a labour-intensive effort and has the added risk of wet floors causing a slip and fall hazard, therefore caution needs to be exercised.

### **More than 24 hours**

If the water disruption is expected to exceed 24 hours the IMS team will consider a non-emergency evacuation.

### **Advanced Notice**

In the event the water disruption has advanced notice (e.g. during water line construction) all Departments will be notified in advance. Plans should anticipate a water outage of up to double the anticipated time (e.g. public works advises water will be out for 2 hours, plan for 4 hours).

- Consider cancelling all non-essential programming.
- For resident home areas, tubs will be filled with water and pails made available for the purpose of flushing toilets. Tub room doors will be locked to prevent resident accidents involving a full tub.
- Bottled water and canned juices will be distributed to each floor and program area.
- Portable toilets can be rented – including wheelchair-accessible toilets in trailers with heating and air conditioning.

### **Optional suppliers:**

#### Bottled Water Suppliers

Canadian Springs: 1-877-442-7873

Culligan Water: 905-890-2802

Canadian Pure Frost Water: 416-410-4056

Galaxy True Pure Water: 416-244-2959

Ecowater: 416-244-6411

Nimbus Water Systems: 1-877-787-9287

#### Portable Toilets

Waste Management: 1-866-933-9696

Nature's Call: 905-760-2400 (trailer toilets available with HVAC)

Prestige Portable Toilets: 905-532-0630 (trailer toilets available with HVAC)

It's My Potty: 416-527-4600 (trailer toilets available with HVAC)

Chantler's Environmental Services: 1-800-265-3384 (trailer toilets available with HVAC)

Water Tanker Services

Armking: 905-836-8291  
Royal Tank Lines: (705) 739-8232  
Jetstream Mobile: (705) 728-7578  
Waterman: (705) 458-0191

**BOIL WATER ADVISORY**

A Boil Water Advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms, and that drinking the tap water can make residents, staff and visitors sick.

Boiling the tap water destroys pathogens and makes the water safe to drink and use.

**Boil Water Advisory Implementation**

In the event of a Boil Water Advisory, the Home will use boiled water, bottled water, or water from another safe public supply not affected by the Advisory, and will follow procedures as indicated for personal hygiene, cleaning and sanitizing, and for preparing food, including ensuring handwashing is followed by use of alcohol-based hand rub.

The Home will contact the Public Health Unit that issued the Boil Water Advisory for more information as needed.

**PROCEDURE**

Do not use tap water to:

- Drink
- Prepare foods
- Make juice
- Make ice
- Wash fruits or vegetables
- Brush teeth
- Give to pets or animals in pet therapy programs.

The Administrator or designate will:

1. Ensure all staff, residents, families, and visitors are made aware of a Boil Water Advisory in effect and when it is over.
2. Implement the Incident Management Team for the duration of the Advisory.
3. Ensure alternate sources of water are provided to residents, staff, and visitors that are safe for drinking.

The Infection Prevention and Control Lead/designate will post signage:

- at the entrance to the Home and at all faucets, including in the kitchen area, washrooms, and hand sinks, as a reminder that a Boil Water Advisory is in effect and that the water is not safe to drink.
- advising staff, residents, and visitors to apply alcohol-based hand sanitizer after normal handwashing procedures with warm tap water and paper towels, and ensure that sanitizer is available in all washrooms and all sinks.

The Environmental Services Team will provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all washrooms and stand-alone hand sinks in the Home.

The Nutrition Manager/designate will:

1. Discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays.
2. Direct Food Service Workers to prepare boiled water as needed:
  - a. Bring water to a rolling boil for at least one minute.
  - b. Use an electric kettle, if possible.
  - c. Only boil as much water as you can safely lift without spilling.
  - d. If boiling water on the stove, place the pot on the back burner.
  - e. Take all precautions as needed to avoid burns.

Registered nursing staff will:

1. Use boiled water that has been cooled to room temperature, or use sterile water, to wash broken skin and wounds, and for other resident care activity.  
Note: commercial bottled water is not sterile.
2. Consider using sterile bottled, boiled, or otherwise disinfected drinking water for severely compromised residents.
3. Discuss with the physician any special precautions that may be needed for residents with weakened immune systems.

Note: Water filtration devices cannot be relied on to make tap water safe to drink or cook with.  
Do not use water unless it has been boiled first.

### **When the Boil Water Advisory has Ended**

The Environmental Services Team will flush all water-using fixtures and faucets to ensure there is no ongoing risk of contamination, by running them for 5 minutes (if service connection is long or complex, consider flushing for a longer period of time) beginning on the top floor. Once every fixture and faucet on the floor has been flushed for 5 minutes, proceed to the next floor below, and continue the procedure until all fixtures and faucets on all floors are flushed.

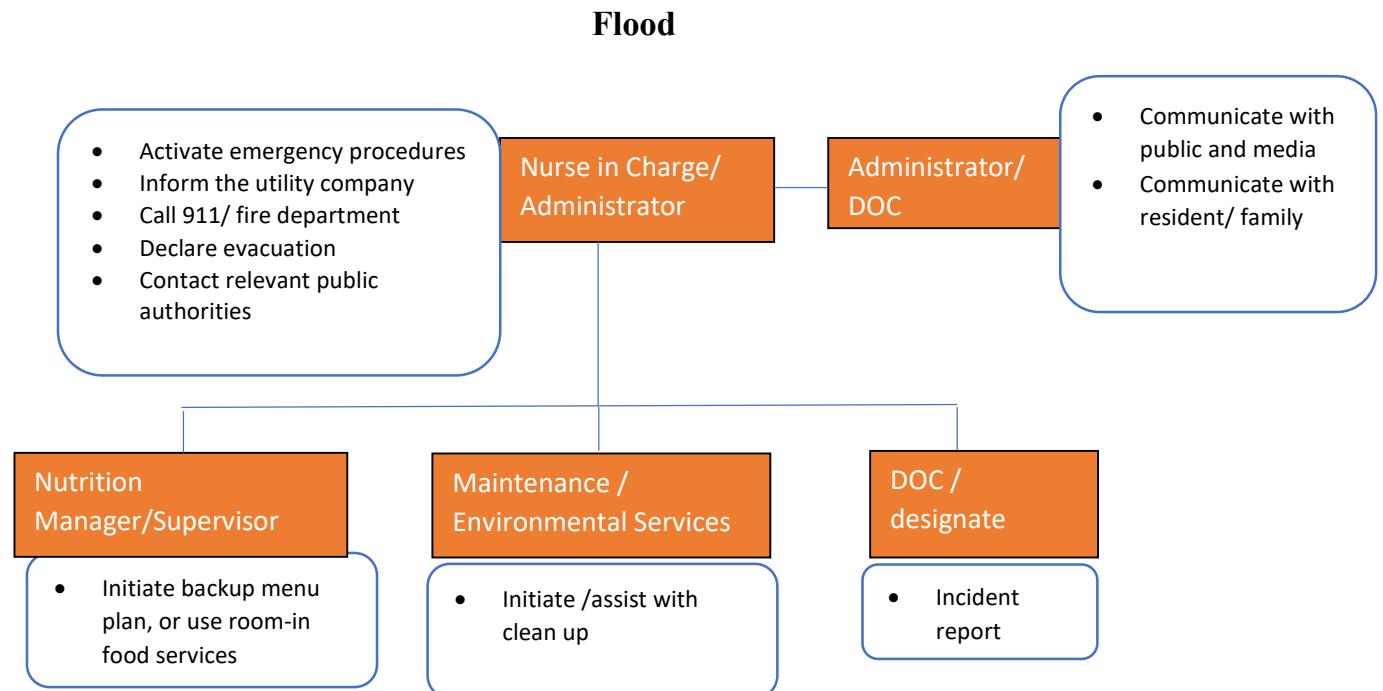
Note: Other specific directions may be provided by the Public Health Unit (e.g. draining and refilling hot water heaters if set below 45°C/113°F—normal setting is 60°C/140°F.)

### **FLOODS**

This Natural Disaster Emergency Plan for Flooding is initiated once a hazard affects the provision of care or the safety, security, or well-being of one or more residents.

External flooding occurs due to an increase in volume of water in a river or stream that exceeds the capacity of the channel. Internal flooding occurs due to a pipe burst. Numerous factors affect streamflow; such as but not limited to, blocked sewage or sump pump not working at the Home.

**Plan Activation** - When a flood warning is issued to the Home by a government official.



**OUTBREAKS OF A COMMUNICABLE DISEASE,  
OUTBREAKS OF A DISEASE OF PUBLIC HEALTH SIGNIFICANCE,  
EPIDEMICS AND PANDEMICS**

**Definitions:**

**Outbreak** - an unexpected increase of disease occurring within a specific population at a given time and place.

**Epidemic** - an outbreak of an infectious disease that simultaneously affect many individuals in a community.

**Pandemic** - a global epidemic – an infectious disease that simultaneously affects an entire country, region or continent, likely to be prolonged and widespread, requiring temporary changes in many areas of society including schools, work, transportation and other public services.

**Acronyms used:**

ARI – Acute Respiratory Infection

DOC – Director of Care  
IPAC – Infection Prevention and Control  
MLTC – Ministry of Long-Term Care  
MOH – Ministry of Health  
OMT – Outbreak Management Team  
PHU – Public Health Unit  
POA – Power of Attorney  
PPE – Personal Protective Equipment  
PSW – Personal Support Worker  
SDM – Substitute Decision-Maker

## **OUTBREAK MANAGEMENT**

To protect the health of Ivan Franko Home residents and staff, and help minimize the impact of any potential outbreak, the Home has procedures in place to monitor for early signs of infectious illness in residents and staff, and respond promptly to any such unusual clusters of illness.

There is also an influenza immunization program for residents and staff, and antiviral medication is offered for prophylaxis and treatment, both of which are important components of influenza outbreak management.

When there is a suspected outbreak, the Home will implement appropriate IPAC measures, contact the PHU for assistance and advice, and work collaboratively with the local PHU to develop a case definition and investigate the possible source of enteric (e.g., foodborne, waterborne, viral) or respiratory illness, and implement any recommended actions to manage the outbreak.

In the event of a confirmed outbreak, any additional control measures for residents and staff will be implemented, and appropriate signage and communication measures will be instituted. The Home's OMT will ensure that recommended outbreak practices and procedures are in place and will be responsible for overall management of the outbreak.

In the event of outbreaks caused by new, emerging pathogens or during an epidemic or pandemic, recommendations of the MOH Health System Emergency Management Branch, the MLTC, and provincial and local Public Health authorities will be followed.

## **IF AN OUTBREAK IS SUSPECTED**

The DOC/IPAC Lead/designate will:

- Notify the Medical Director and Administrator
- Notify all Department Managers and staff about the possible outbreak and ensure that residents are monitored closely for any new cases, signs and symptoms
- Contact the local PHU to:
  - notify and review the preliminary case definition
  - discuss the specimen collection and testing process
  - obtain an outbreak number, if applicable
  - obtain any other necessary guidance and recommended action
- Ensure that residents and their families are notified

- Implement control measures, including:
  - appropriate Additional Precautions based on mode of transmission of the infectious agent i.e. Contact, Droplet, Airborne, or combination (e.g. Droplet/Contact Precautions for residents with ARI or gastroenteric symptoms)
  - continued isolation of symptomatic residents in their rooms, if possible
  - encourage residents with suspect gastroenteritis to remain in their rooms until symptom-free for 48 hours and provide tray food service
  - appropriate signage outside the resident's room indicating Additional Precautions are required
  - increased Hand Hygiene
  - use of appropriate PPE
  - enhanced (twice daily) environmental cleaning and disinfecting
  - advise staff, students, volunteers, support workers, caregivers, visitors, and contractors to monitor themselves for symptoms and report any symptoms to their Department Manager/ DOC
  - Advise residents to report symptoms to staff
  - Ensure that the line list is updated with suspected and confirmed cases
  - Offer influenza immunization to unimmunized residents and staff who don't have contraindications to the vaccine, if an influenza outbreak is suspected.

### **IF AN OUTBREAK HAS BEEN DECLARED**

An outbreak can be declared at any time by the Medical Officer of Health/designate.

1. The Administrator/DOC will notify, as appropriate:
  - Residents and the Residents' Council
  - The Board of Directors
  - The Chief Executive Officer
  - Department Managers
  - Attending Physicians
  - Students and their Preceptors
  - Volunteers
  - The Family Council (if any)
  - Other health-care providers (e.g., Physiotherapist, Foot Care Nurse)
  - Other service providers (e.g., hairdresser, private caregivers)
  - The MLTC through the Critical Incident System (**immediately**)
  - The Ministry of Labour, Immigration, Training and Skills Development (MLITSD), the Joint Health and Safety Committee and the union, if applicable (in writing, within 4 days of being advised that a worker has an occupationally acquired infection, or has filed a claim with the Workplace Safety and Insurance Board (WSIB) with respect to an occupational illness)
  - The WSIB (within 72 hours of being notified of an occupationally acquired infection)
  - Laboratory Services Provider
  - Pharmacy
  - Ontario Health at Home

- Emergency Medical Services (ambulance) and Hospital Emergency Department, when transferring resident to hospital.

2. The Administrator/DOC/IPAC Lead/designate will:

- Call an initial OMT meeting. (Please refer to the Outbreak Management Team Policy.)
- Ensure that information regarding the outbreak is communicated to residents/POAs/SDMs, family members, staff, students, volunteers and visitors, and updated as necessary.
- Update the Board of Directors on a regular basis throughout the outbreak.

1. The DOC/IPAC Lead/designate will ensure that:

- Signs are posted at all entrances and in all affected areas advising visitors of the outbreak and the appropriate precautions they should take
- Necessary IPAC education is provided to staff, residents, students, volunteers, and visitors
- Proper PPE is available for resident/staff/visitor use, as appropriate
- IPAC control measures for residents/staff/visitors are implemented as recommended by the OMT
- Environmental cleaning is enhanced (i.e. minimum of twice daily) for high-touch surfaces (e.g. door handles, railings, call bells, elevator buttons, etc.); dining and lounge areas; and shared medical equipment (e.g. stethoscopes, blood pressure cuffs) is cleaned and disinfected between resident use, using-appropriate disinfectant that is effective on the identified organism and contact time is being met as per supplier directions.
- The outbreak is monitored on an ongoing basis, including surveillance for identification of new cases, regular/additional screening of staff for signs and symptoms of the infectious disease, monitoring the status of ill residents and/or staff, and monitoring of precautions and outbreak control measures
- Residents and/or staff that meet the case definition are added to the line lists, and the updated line list is emailed to the PHU daily, or as previously arranged
- Any significant changes in the nature of the outbreak (e.g., hospitalizations, deaths, changes in clinical picture) are reported
- Any changes to outbreak control measures are implemented as appropriate (i.e., lifting some measures as the outbreak comes under control or adding other measures if outbreak not being controlled effectively).
- All records relating to the outbreak are retained.

2. The DOC/designate will ensure that sufficient nursing department staff is available to support outbreak IPAC measures and ensure an adequate staff-to-resident ratio that does not place residents at risk.

3. The Environmental Services Manager will:

- Arrange for sufficient staffing to meet requirements during the outbreak.
- Ensure housekeeping routines focus on high-touch surfaces throughout the Home, and the daily cleaning and disinfection of the rooms of ill residents using appropriate disinfectant products, directing staff to work in “well” units and “well” resident rooms first.
- Ensure that cleaning and disinfection of washrooms is enhanced (e.g., after each use for shared washrooms), especially during an enteric outbreak.

- Ensure that surfaces contaminated by stool or vomit are promptly cleaned and disinfected.
- Reinforce staff education regarding appropriate IPAC procedures to prevent the spread of infection in Housekeeping and Laundry Services.
- Ensure Housekeeping and Laundry staff have access to appropriate PPE.
- Ensure adequate linen supplies and isolation bags for laundry are available.
- Ensure the proper disposal of waste.

4. The Nutrition Manager will:

- Ensure food samples are kept as they may be required by the PHU if a food-borne source for the outbreak is suspected.
- Work with nursing department staff to provide tray service to ill residents.
- Ensure that Food Service Workers are aware of any changes made to resident diets as a result of the outbreak.
- Ensure that a sufficient quantity of clear fluids is available for residents.
- Ensure Food Service Workers /PSWs who are responsible for cleaning and disinfection of dining room tables on the affected unit(s) are cleaning and disinfecting those surfaces appropriately to avoid transmission through contamination.

5. The Activity Department Manager will:

- Notify any entertainers, outside groups and volunteers of the outbreak, and cancel programs with these groups as required.
- Make adjustments to activities and the program schedule, as needed, so that activities on unaffected units are dedicated just to residents on that unit and activities on affected units are offered to asymptomatic residents only—to be decided in collaboration with IPAC Lead/designate/OMT.
- Ensure that meticulous attention is paid to Hand Hygiene and equipment cleaning before and after any group activities that may occur.

6. Admission of new residents and return of residents who have not been line listed is not advised, and the OMT should consult with the PHU and consider the situation and all relevant factors. Ontario’s “Transfer and Return Algorithm for Use during Outbreaks” may be used as a guide.

7. The return of residents, including those from hospital, who were line-listed and were part of the outbreak, is permitted provided appropriate accommodation and care can be provided. If the outbreak is laboratory-confirmed influenza, returning residents should be placed on antiviral medication in line with other residents.

8. The DOC/IPAC Lead/designate will continue to liaise with the PHU until the outbreak is declared over.

#### IN THE EVENT OF A LABORATORY-CONFIRMED INFLUENZA OUTBREAK

The DOC/IPAC Lead/designate will ensure that:

- Antiviral prophylaxis and treatment for residents in the outbreak area of the Home is implemented as per PHU recommendations and the Use of Antiviral Medication during an Influenza Outbreak Policy.
- Antiviral medication for staff is recommended as per the Home's Staff Influenza Immunization Protocol and the Use of Antiviral Medication Policy.
- The Staff Exclusion Policy is implemented for unimmunized staff unable or unwilling to take antiviral medication
- A record of the numbers of residents and staff on antiviral prophylaxis and treatment is maintained
- The PHU is consulted in the event that an outbreak is not controlled with antiviral use.

### **DECLARING AN OUTBREAK OVER**

1. The DOC/designate, in consultation with the PHU, will declare the outbreak over when there have been no new cases of infection in residents or staff, which meet the case definition for the period of time established by the OMT (i.e. predetermined decision rules).
2. Once the outbreak has been declared over, the DOC/IPAC Lead/designate will ensure that:
  - All internal and external stakeholders notified at the beginning of the outbreak are notified that the outbreak has been declared over.
  - All MLTC reporting requirements are completed.
  - A debrief meeting of the OMT and the multidisciplinary IPAC Team is held to assess IPAC practices that were effective and ineffective in managing the outbreak, and evaluate what went well, what challenges were encountered and what changes may be necessary to prevent or improve management of future outbreaks.
  - A summary of findings that contains recommendations for improvements in outbreak management practices is created, and a copy forwarded to the Administrator.
  - The outbreak binder is reviewed to ensure it contains copies of laboratory and other results; copies of all minutes and other communications; any other documentation specific to the investigation and management of the outbreak; and the summary report.
3. A copy of all documents related to the outbreak will be kept on file by the DOC/designate.

### **COVID-19 MANAGEMENT**

To reduce the risk of COVID-19 transmission and infection in the Ivan Franko Home, and protect the health, safety and well-being of all residents, staff and visitors, the Home will ensure that appropriate COVID-19 response measures and IPAC practices are in place. ~~, in line with MLTC Guidance~~. The Home will also follow any applicable Directives, Orders, Guidance and recommendations issued by the MLTC, MOH and Public Health authorities.

Any orders made by Medical Officers of Health under Section 22 of the Health Protection and Promotion Act (HPPA) supersede the Home's policies and procedures.

The Home will ensure that:

- IPAC processes and practices are implemented as part of the Home's IPAC Program
- All required IPAC practices are followed at all times as per the COVID-19 Management Policy, by everyone at the Home, regardless of whether there are cases of COVID-19 in the Home or not.
- Staff have received IPAC training, including the proper and safe use of PPE.
- Adequate stock levels of all supplies and materials required daily are available, regardless of outbreak status, including but not limited to:
  - PPE (e.g. medical masks, N95 respirator masks, eye protection, gloves, gowns)
  - Hand Hygiene products (e.g. alcohol-based hand rub, liquid soap, hand towels)
  - Diagnostic materials (e.g. swabs)
  - Bed linens and soaker pads
  - Cleaning supplies (including disinfectant products).
- Expiry dates of supplies, such as alcohol-based hand rub products and disinfectants, are monitored so that expired products are not used but promptly discarded and replaced with new, unexpired stock.
- Direction from the local PHU is followed on any matters related to IPAC.

### **Isolation**

- Residents requiring isolation will be placed on Additional Precautions.
- If they share a room with another resident, the other resident will also be placed on Additional Precautions, with every effort made to allow for a minimum of 2 metres between beds.

### **Environmental Cleaning:**

- Enhanced environmental cleaning and disinfection of frequently touched surfaces is carried out. This includes: door handles; light switches; elevator buttons; door access pads; hand rails; arm rests on shared furniture; dining tables/trays; carts/trolleys used to transport food or linen; mechanical floor lifts; other common equipment/devices (e.g. vital signs monitors) that are moved around the Home.
- Bathroom surfaces in shared resident washrooms are disinfected after each resident use
- Contact surfaces (such as areas within 2 metres) of a person who has screened positive are disinfected as soon as possible
- Equipment that cannot be dedicated to a single resident is cleaned and disinfected before removal from the resident's room and used on another resident.

### **Ventilation And Filtration:**

- Indoor spaces of the Home are kept as well ventilated as possible using natural ventilation (i.e. regular opening of windows and doors) and bathroom exhaust fans.
- The air distribution system is regularly inspected and maintained (e.g. weekly filter changes).
- Mobile air purifiers have ~~in~~ been installed in common areas of the Home.
- Outdoor activities for residents are encouraged over indoor activities where appropriate and possible.

## **MANAGING A SYMPTOMATIC INDIVIDUAL**

When at least one resident or staff has presented with new signs or symptoms consistent with COVID-19/ARI, the Home will immediately take the following steps:

- **In the event of a symptomatic resident**
  - Place the resident in isolation ~~under~~ on appropriate Additional Precautions until 5 days from symptom onset or when symptoms have resolved (whichever is earlier).
  - Medically assess the resident
  - Test the resident immediately as per current testing guidelines for both COVID-19 and other respiratory pathogens
  - The resident's roommate, if applicable, will also be placed on Additional Precautions.
  - Contact management decisions will be made by the local PHU.
  - Disinfect resident-contact surfaces (i.e. areas within 2 metres of the person who screened positive) as soon as possible.
- **In the event of a symptomatic staff or visitor:**
  - Symptomatic staff or visitors will not be permitted entry.
  - If they become symptomatic during their shift/visit, they will be advised to go home immediately to self-isolate, seek medical assessment as needed, and encouraged to be tested, as soon as possible.
- Implement enhanced IPAC measures, including conducting IPAC self-audits, enhanced screening and cohorting among residents and staff.
- Additional Precautions may be discontinued if there has not been an exposure to COVID-19 and resident is afebrile and symptoms are improving for at least 24 hours, (48 hours for gastrointestinal symptoms).
- The symptomatic resident should continue to be monitored closely for worsening symptoms and tested again if a new symptomatic resident is identified.
- Asymptomatic residents/staff who initially tested negative should be retested if they develop symptoms.

### **Case Management with a Resident:**

- The resident, if unable to wear a mask:
  - Must be isolated on Additional Precautions for at least 10 days from symptom onset, or date of specimen collection (if asymptomatic), whichever is earlier/applicable, and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present, leave in about fever, gastro symptoms.
  - May leave his/her room for walks in the immediate area with a staff person wearing appropriate PPE.
- The resident, who is able to independently and consistently wear a mask:
  - Remain on Additional Precautions for at least 5 days from symptom onset or date of specimen collection, if asymptomatic (whichever is earlier/applicable), and until symptoms have been improving for 24 hours.
  - Should mask until day 10 from symptom onset.
- The resident should be assessed as soon as possible to determine if COVID-19 therapeutics (e.g. Paxlovid, Remdesivir) are within their goals of care, and if so, to determine eligibility.

- The resident's roommate should also be placed on Additional Precautions, for 5 days, with barriers/partitions (e.g. curtains) used for separation between beds, and then wear a well-fitting mask until day 10.
- Contact management decisions regarding testing and isolation are made by the local PHU and all individuals identified as close contacts are required to follow the direction of the local PHU.

### **Case Management with Staff or Visitor:**

- Staff and visitors who receive a positive COVID-19 result while they are at the Home should leave immediately and be advised to self-isolate at their own home until symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever is present.
- Contact management and the need for isolation/testing of residents/other staff with exposure to the staff member will be based on direction from the local PHU.

## **REPORTING CASES AND OUTBREAKS**

- The Home will:
  - notify the local PHU of all probable and confirmed resident cases of COVID-19 as soon as possible, as COVID-19 is a designated “Disease of Public Health Significance”, as well as any staff and visitor cases linked to an outbreak.
  - immediately report any confirmed COVID-19 outbreak to the MLTC using the Critical Incident System.
  - report all positive PCR/molecular test or RA test results in residents, staff or visitors, associated with a suspect or confirmed outbreak, to the PHU and the OMT.

Please note: individual staff or visitor cases do not need to be reported to the local PHU unless these cases are linked to an outbreak, or if further support/guidance is required.

## **CASE MANAGEMENT OF STAFF AND RETURN TO WORK**

- All staff, placement students, volunteers and caregivers who are:
  - COVID-19 positive or have COVID-19 symptoms must:
    - Immediately notify their Manager, who must promptly inform the IPAC Lead/designate.
    - Get a laboratory-based PCR test or rapid Molecular test, and when delays in PCR Testing exist or a rapid Molecular test not available, also be RA Tested.
    - If test positive for COVID-19, not return to work until symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever is present.
    - For 10 days after the date of specimen collection or symptom onset (whichever is earlier/applicable), strictly adhere to workplace measures to reduce the risk of transmission:
      - ◆ Wearing a well-fitting medical mask, or fit or non-fit tested N95, or KN95
      - ◆ Not removing their mask unless eating or drinking in a separate breakroom or physically distancing from others
      - ◆ Avoiding caring for residents at highest risk of severe COVID-19 infection, where possible
      - ◆ Working on a single unit or floor, as much as possible
      - ◆ Working in a single facility, as much as possible.
  - a high-risk contact (asymptomatic close contacts) with someone who has COVID-19:

- Must immediately notify their Manager, who must promptly inform the IPAC Lead/designate.
- Should self-monitor for a total of 10 days after last exposure to the case.
- Adhere to the following additional workplace measures during the 10 days of self-monitoring:
  - ◆ Avoid removing their mask when in presence of other staff (e.g. not eating meals/drinking in shared spaces) and maintain physical distancing if mask removal is required
  - ◆ Working in only one facility, where possible
  - ◆ Ensuring well-fitting masking (e.g. well-fitted medical mask; fit or non-fit tested N95; KN95).
- Do not need to self-isolate if asymptomatic.

- Staff who test positive may be required to return to work sooner during a critical staffing shortage.

### **Reporting Staff Illness**

- When the Home is advised that a worker has an occupational illness or that a claim has been filed with the Workplace Safety and Insurance Board (WSIB) with respect to an occupational illness, the Home will:
  - Provide written notice within 4 days to:
    - the MLITSD
    - the Home's Joint Health and Safety Committee
    - the labour union (if applicable)
- The Home will also report any occupationally-acquired disease to the WSIB within 3 days (72 hours) of getting notification of the illness.

### **Staffing Shortages**

- In the event of staffing challenges, the Home, will implement contingency plans and maximize staffing agency and community partnerships.
- If these challenges continue, the Home will escalate to Ontario Health and apply for emergency staffing support.

## **OUTBREAK MANAGEMENT**

- The local PHU:
  - is responsible for managing the outbreak response
  - has the authority and discretion to coordinate outbreak investigation, declare an outbreak based on their investigation and direct outbreak control measures
  - is responsible for defining the outbreak area (e.g. a single affected unit vs. the whole Home), directing outbreak testing, and leading all other aspects of outbreak management, including isolation of residents and staff
  - is responsible for declaring the end of an outbreak.
- When the local PHU declares an outbreak in the Home, the Home will:
  - Follow the direction and guidance provided by the local PHU and implement any additional measures to reduce the risk of transmission
  - Activate the OMT
  - Notify residents, families and staff
  - Comply with IPAC requirements (e.g. weekly IPAC self-audits, active screening, cohorting among residents and staff, use of Additional Precautions for all symptomatic residents and

those with suspect or confirmed COVID-19, with appropriate signage posted outside the resident's room).

- Modify dining and group activities/gatherings, as applicable.
- Limit or restrict visitors in accordance with local PHU guidance
- Limit or restrict new admissions/re-admissions (transfers)/absences as directed by the local PHU.
- The Home will:
  - ensure that any health system partners or external agencies that participate in any suspect or confirmed outbreak response inform the local PHU and the OMT of their involvement, and that the agencies follow any directions provided by the local PHU.
  - work collaboratively with the MLTC, PHU, IPAC Hubs, hospitals and Ontario Health Regions on continued outbreak management.
  - assess contingency plans for procurement of essential supplies (e.g. stock rotation, ordering, alternatives, etc.) on an ongoing basis.
  - provide regular updates on ill residents or staff to the local PHU.
  - keep staff, residents and families informed about the outbreak with frequent and ongoing communication.

## OUTBREAK MANAGEMENT TEAM

An OMT will be assembled when an outbreak has been declared. The OMT will direct and oversee the management of all aspects of an outbreak.

The OMT will be comprised of individuals who have decision-making authority within the Home as well as a representative of the local PHU. It will include the IPAC Lead, and may include any or all of the following: the Medical Director, the DOC, the Administrator, Board members, members of the IPAC Team, Attending Physicians, Department Managers, and other individuals who it may be beneficial/helpful to include.

The OMT will meet regularly and work collaboratively with the IPAC Team to help bring the outbreak under control.

## **ROLES AND RESPONSIBILITIES**

At a minimum, the OMT will assign the following roles and responsibilities to its members:

### Chairperson

- Coordinates the outbreak control meetings
- Sets the meeting time and agenda
- Delegates tasks.

### Outbreak Coordinator (often the IPAC Lead)

- Ensures all OMT decisions are carried out
- Coordinates all activities required to investigate/manage the outbreak.

Secretary (Administrative Support)

- Arranges meetings (incl. location), and notifies committee members of any changes
- Records and distributes minutes of meetings.

Media Spokesperson

- Only the representative(s) identified by the OMT as the spokesperson(s) should give information to the news media. The media spokesperson can be a representative from the Home, the PHU or a representative from each organization.

**DUTIES**

Duties of the OMT include:

Surveillance

- Review line-listing information to confirm an outbreak exists and ensure that OMT members understand the current status of the outbreak, its progression and the population at risk.
- Review case and outbreak definitions to ensure all members of the OMT have a common understanding of the surveillance criteria.

Investigation

- Confirm the process for the collection and submission of specimens for laboratory analysis.
- Work with the PHU and other experts as needed.

Implementation of Control Measures

- Review the control measures necessary to keep the outbreak from spreading and decide on appropriate measures to implement, recommending any modifications, as needed, throughout the outbreak.
- Control measures may include:
  - Enhanced Hand Hygiene
  - Strict adherence to Routine Practices and Additional Precautions
  - Universal masking in outbreak areas during respiratory outbreaks
  - Enhanced environmental cleaning
  - Enhanced visitor monitoring
  - Restricting or modifying activities
  - Modified food service operations if food is relevant to the outbreak
  - Outbreak measures such as: limiting the number of residents with whom a visitor has contact; not permitting ill visitors/caregivers in the Home; encouraging symptomatic residents to stay in their room for the required isolation period as decided in consultation with the PHU, (if this does not cause the resident undue stress or agitation), recommendations regarding new admissions/transfers, immunization, and management of staff.
- Confirm that the IPAC Lead/designate, is responsible for ensuring the agreed upon control measures are in place and enforced.

For influenza outbreaks

- Confirm the use of antiviral medications for treatment and/or prophylaxis of well residents and non-immunized staff.
- Confirm the implementation of the Exclusion Policy, and review and implement the staffing contingency plan.
- Determine if additional influenza immunization is required for non-immunized staff, and if so, ensure that this is implemented.

#### Communications

- Review who (individuals/institutions) has been notified about the outbreak and notify any additional individuals/institutions that may require notification.
- Prepare/distribute internal communications for residents, families, staff, students and volunteers as appropriate.
- Review the process for ongoing communication/education for staff, including the individual who is responsible for this.
- Review the process for communicating laboratory results and control measures with PHU staff and the IPAC Lead/designate.
- Confirm the process for daily communication between the Home and the PHU.
- Ensure that the PHU and the Home's contact telephone numbers are accurate/available.
- Verify contact information for after-hours, weekends and holidays.
- Confirm appropriate outbreak notification signage is available and posted where appropriate.
- Decide how frequently the OMT will meet and set the next meeting(s).

#### Communications with the Media

- Confirm that the PHU may release information (including the name of the Home) to the media or others as necessary for transparency and to reduce the risk of disease in the community/other local facilities.
- Prepare an outbreak-specific communication plan.
- Prepare a media release if appropriate and confirm spokesperson(s).

#### Evaluation

- Develop an evaluation framework (including evaluation of the effectiveness of outbreak control measures throughout the course of the outbreak) for use during the outbreak, and after it has been declared over.

#### Review the Outbreak after it is Declared Over

- Review the management of the outbreak.
- Identify recommendations for possible future preventive actions and/or necessary policy/protocol changes.

### **COMMUNICATION DURING OUTBREAK (SUSPECTED OR DECLARED)**

Accurate and timely communication is critical to limiting the spread of the outbreak and keeping residents safe.

- The Home will:
  - maintain frequent and ongoing communication with residents/POAs/SDMs, families, staff, caregivers, volunteers, visitors, the Residents' Council and the Family Council (if any), the community, media (if appropriate) and the local PHU
  - ensure that other internal/external stakeholders are informed
  - ensure that all notification requirements of the MLTC and other regulators, as appropriate (e.g. Ministry of Labour, Immigration, Training and Skills Development (MLITSD), Workplace Safety and Insurance Board, etc.), are met.
- The OMT will have overall responsibility for overseeing the communication aspects of an outbreak.
- Staff will be reminded to:
  - self-monitor for infectious symptoms at all times
  - immediately self-isolate if they develop symptoms
  - follow current testing guidelines
  - inform their Department Manager of symptoms
- Signage in the Home will include outbreak notification signs at the entrance and all affected areas of the Home, Additional Precaution signage outside resident rooms , clear information about COVID-19, including signs and symptoms, and other infectious diseases (as applicable), and steps that must be taken if COVID-19, or other communicable disease, is suspected or confirmed in staff or a resident
- Communicate with local acute care hospitals regarding the outbreak, including the number of residents in the Home, and the number who may potentially be transferred to hospital, if ill, based on advance care planning wishes
- Communicate with the local PHU and Ministry of Labour, Immigration, Training and Skills Development throughout an outbreak to collaborate, and for support in the investigation and response
- The MLTC and/or the Ontario Long Term Care Association and/or Advantage Ontario will also be in communication with the Home experiencing an outbreak
- Any media release to the public is the responsibility of the Home but should be done in collaboration with the PHU.

## COHORTING

Cohorting (i.e. grouping residents and staff in such a way as to prevent the spread of infection) is an important IPAC measure.

The DOC/designate, in collaboration with other Department Managers, will make every effort to assign dedicated staff, students and volunteers to work on specific wings/floors to minimize their movement between affected and non-affected areas in the Home, so as not to compromise staffing levels and put residents at risk.

Registered staff will ensure that:

- designated staff provide care to asymptomatic residents before symptomatic residents, if care must be provided to both

- residents with an infectious disease are cared for by the same staff, whenever possible.

**Staff cohorting:**

- Having each staff member provide service to only one cohort (group) of residents
- Assigning staff to work consistently on specific floors or units in the Home, to the maximum extent possible, even when the Home is not in outbreak
- Consideration can be given to assigning fully vaccinated staff to cover multiple units where required, however, assignments should remain as consistent as possible
- Designating staff to work only with specific cohorts of residents based on their COVID-19 status, in the event of a suspect or confirmed COVID-19 outbreak
- Where possible, change rooms and break rooms should be on the floor/unit to limit mixing of staff between floors or units
- It is recommended that fully vaccinated employees who also work in other long-term care homes, should work in a single, consistent cohort in each Home.
- Staff gatherings should be limited in size and happen only when necessary, and where possible, virtual meetings are encouraged.

**Resident cohorting:**

- Cohorting into small groups which are together consistently for dining, activities, etc.
- Cohorting residents within a single floor or unit, to the maximum extent possible
- Cohorting residents based on their COVID-19 status or risk of COVID-19 (e.g. due to close contact exposure), especially during an outbreak
- Cohort sizes should be as small as possible, while balancing the psychosocial needs of the resident, the Home's staffing needs, and take into consideration capacity limits for common areas and the inclusion of essential caregivers as required
- In the event of a COVID-19 outbreak:
  - residents should be cohorted for all indoor organized activities based on their COVID-19 status or risk of COVID-19 (e.g. close contact exposure),
  - different cohorts are not be mixed, and
  - residents from different cohorts should not visit one another.

## STAFF EXCLUSION

Staff may be excluded from work for certain periods of time in certain situations, including:

- When staff have an ARI (i.e. new cough, fever, shortness of breath) or influenza-like symptoms
- When staff have gastroenteric (i.e. vomiting, diarrhea) symptoms
- When staff are unimmunized and not taking appropriate antiviral medication during a confirmed influenza outbreak
- When staff have chosen not to be immunized and not to take antiviral prophylaxis during a confirmed influenza outbreak
- When staff work at other health or long-term care facilities that have a non-influenza respiratory outbreak or gastroenteric outbreak
- When staff have a COVID-19 infection or are required to self-isolate due to COVID-19 exposure

- When recommended by the PHU in an outbreak situation.

Refer to the Staff Exclusion Policy for further information.

## EMERGENCY SUPPLIES AND RESOURCES

Resources, supplies, Personal Protective Equipment (PPE) and equipment vital for the emergency response are set aside and readily available at the Home.

### **Emergency supplies**

- The Home is equipped with emergency supplies that can support operations for a minimum of 3 days.
- Items include disposable utensils, emergency blankets, batteries, walkie-talkies, flashlights, etc.
- The supplies are stored in a designated area and checked regularly.

### **PPE**

- The Home is equipped with emergency PPE that can support the operation for a minimum of 4 weeks.
- Emergency PPE is stored in a designated area and checked regularly.
- Product expiry dates are monitored.
- This includes hand hygiene products and cleaning supplies.

### **Medication**

- Medication will be continued to be provided to the residents.
- If the medication supply has been impacted, the Home will work with the Pharmacy service provider to obtain replacement medication and any needed supplies and equipment, including MAR sheets.
- Physicians will review the medication to temporary suspend unnecessary medications.

### **Food and Fluids**

- An adequate supply of food items required for the 3-day menu plan is kept available for emergency purposes.
- The Home will try to operate the regular menu for food and fluids.
- If the operation of the kitchen is impacted by the emergency (e.g. no water, no power), the Dietary Department will initiate the Emergency Menu Plan, and switch to using disposable dishes and cutlery.

## EMERGENCY MENU PLAN

### BREAKFAST

REGULAR & MINCED TEXTURE	PUREED TEXTURE
<ul style="list-style-type: none"> <li>• Assorted Juice</li> <li>• Dry Cereal</li> <li>• Milk (dry powder)</li> </ul>	<ul style="list-style-type: none"> <li>• Assorted Juice</li> <li>• Baby Cereal</li> <li>• Milk (dry powder)</li> </ul>

<ul style="list-style-type: none"> <li>• Bread</li> <li>• Cheese</li> <li>• Butter</li> <li>• Jam, Peanut Butter, Honey</li> </ul>	<ul style="list-style-type: none"> <li>• Boost Fruit</li> </ul>
<b>AM SNACK</b>	
<ul style="list-style-type: none"> <li>• Juice</li> <li>• Water</li> <li>• Milk (dry powder)</li> <li>• Cookies</li> </ul>	<ul style="list-style-type: none"> <li>• Juice</li> <li>• Water</li> <li>• Pureed Fruit</li> </ul>
<b>LUNCH</b>	
<ul style="list-style-type: none"> <li>• Assorted Juice</li> <li>• Canned Soup</li> <li>• Crackers</li> <li>• Canned Fish</li> <li>• Canned Vegetables</li> <li>• Instant Mashed Potatoes</li> <li>• Pudding Cup</li> </ul>	<ul style="list-style-type: none"> <li>• Assorted Juice</li> <li>• Baby Food (pureed meat, vegetables)</li> <li>• Instant Mashed Potatoes</li> <li>• Pudding Cup</li> </ul>
<b>PM SNACK</b>	
<ul style="list-style-type: none"> <li>• Boost Fruit</li> <li>• Water</li> <li>• Apple Sauce</li> </ul>	<ul style="list-style-type: none"> <li>• Boost Fruit</li> <li>• Water</li> <li>• Apple Sauce</li> </ul>
<b>SUPPER</b>	
<ul style="list-style-type: none"> <li>• Assorted Juice</li> <li>• Instant Mashed Potatoes</li> <li>• Canned Beans</li> <li>• Canned Vegetables</li> <li>• Canned Fruits, Jello</li> </ul>	<ul style="list-style-type: none"> <li>• Assorted Juice</li> <li>• Instant Mashed Potatoes</li> <li>• Baby Food (pureed meat, vegetables)</li> <li>• Pureed Fruits</li> </ul>
<b>HS SNACK</b>	
<ul style="list-style-type: none"> <li>• Boost Fruit</li> <li>• Chocolate Milk</li> <li>• Assorted Cookies</li> </ul>	<ul style="list-style-type: none"> <li>• Boost Fruit</li> <li>• Chocolate Milk</li> <li>• Assorted Pudding Cups</li> </ul>

- If required, the Emergency Pandemic 3-Day Menu Plan will be initiated.
- The Home may also use nearby restaurants or catering services to support resident meals.

### RECOVERY PLAN

Recovery strategies will be put in place at Ivan Franko Home to ensure a smooth return to normal operations after the Emergency.

The Administrator is responsible for the official declaration of an emergency ending at the Home, in consultation with the Chief Executive Officer and/or designate.

As the Home returns to normal operations, the Administrator/designate will ensure the following is completed:

- Pre-emergency staffing levels are resumed as appropriate.
- Any paused or altered programs or processes are restarted.
- Debrief of the emergency is completed within 30 days.
- Communication with residents, families, the Residents' Council and the Family Council (if any) on the recovery status/plan and any action items.
- Collaboration with the Joint Health and Safety Committee to execute recovery plan, as appropriate.
- Update to staff on recovery plan status and any action items.
- Coordinated support for residents, families, and staff (counselling, support groups), as needed.
- Consultation with residents, families, staff, and respective external stakeholders to evaluate the emergency plan.
- Any necessary changes are made to the emergency plan; this is communicated and any required training as a result is provided.