

Policy & Procedure Manual

EMERGENCY MANAGEMENT

EMERGENCY MANAGEMENT MANUAL

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	Policies	Last Revision	Last Review
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	<ul style="list-style-type: none"> • Loss of one or more essential services • Internal Flood 		
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	Policies	Last Revision	Last Review	Site Specific
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TITLE:	Emergency Management Plan – Hillel Lodge	PAGE:	1 of 3
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & CEO
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

Hillel Lodge will have a current Emergency Management Plan in place that will promote processes related to the prevention of risk and ensure that people and property are safe guarded in the event of an emergency.

In developing and updating Hillel Lodge's Emergency Plan, Hillel Lodge will:

- consult with entities that may be involved in or provide emergency services in the area where the building is located including, without being limited to, community agencies, health service providers, partner facilities, and resources that will be involved in responding to the emergency and keep a record of the consultation.
- ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community; and
- consult with the Residents' Council and Family Council.

An emergency will be defined as an urgent or pressing situation or condition presenting an imminent threat to the health or wellbeing of residents and others attending the home, that requires immediate action to ensure the safety of persons in the home and community

A recognized system of codes identified by colour or procedure will be used to ensure common understanding of the emergency. No codes will be added or deleted without approval.

Hillel Lodge's Emergency Management Plan will provide directions to all staff members using the Incident Management Team (IMT) framework to ensure leadership and command of all emergencies or potential emergencies within the home.

CODE/PROCEDURE DEFINITIONS:

Code/Emergency	Description	Practice Months
Red	Fire	Every Month, Every Shift
Black	Bomb Threat	September
White	Physical Threat / Violence	January
Flood	internal	
Green	Evacuation	July
Blue	Medical	June
Orange	External	August
Yellow	Missing Person	November
Grey	Infrastructure Loss / Failure	October
Brown	Internal Emergency (Leak/Spill/Hazard)	May
Contingency Staff	Staff Member Recall	June

Silver	Active Shooter/Armed Intrusion/Hostage Situation	April
Boil Water Advisory	Drinking water supply contaminated	October
Building Lockdown	Implemented to secure/protect when unauthorized person enters /threatening communication, etc.	March
Outbreak / Epidemic / Pandemic Preparedness	Outbreaks of communicable disease, of public health significance, epidemics & pandemics	February/March

PROCEDURE:

The home will carry out Emergency Management responsibilities through focus on four interrelated activities: mitigation, preparedness, response, and recovery.

- **Mitigation:** Reduction of exposure to, or probability of loss from emergency events.
- **Preparedness:** Establishment of authorities and responsibilities for emergency actions along with resource designation to support them. Includes education and practice of drills and exercises.
- **Response:** Time sensitive actions taken in the event of an emergency to reduce negative impact to residents and staff members. Response to emergencies will first focus on Life Safety and will utilize the principles of Incident Management and follow Code Procedures as outlined in this manual.
- **Recovery:** The effort to restore infrastructure and resident life to normal.

- 1) On an annual basis, review evidence of complete Emergency Management Plan
- 2) Monitor through regular Operations reports that Emergency Plans are practiced in accordance with relevant legislation and organizational policies and procedures.

The Environmental Services Manager or designate will:

- 1) Develop and maintain a location-specific Emergency Management Plan that ensures mitigation, preparedness (including practice strategies and education), response, and recovery for all defined emergencies.
- 2) Ensure the Emergency Management Plan is kept in a location accessible to all staff members.
- 3) Ensure all staff members are aware of the location of the Emergency Management Plan and how to navigate the plan in the event of an emergency.
- 4) Ensure the Emergency Management Plan is kept up to date as updates/changes are issued from the organization, which will include:
 - a. Annual evaluation and update to Emergency Plan (as required)
- 3) On an annual basis, review issues, gaps or concerns of complete Emergency Management Plan
- 4) Monitor through regular Operations reports that Emergency Plans are practiced in accordance with relevant legislation and organizational policies and procedures.

- b. Annual (or more frequently as needed) updating of all emergency contact information, including but not limited to community agencies, partner facilities, and resources that will be involved in responding to an emergency; and
 - c. Evaluation and update (as required) of the Emergency Management Plan within 30 days of an emergency being declared over, after each instance that an emergency plan is activated.
 - d. Complete an Incident Evaluation and Action Plan after each emergency incident and review during debrief.
- 5) Document any evaluation of and update to the Emergency Management Plan.
- 6) Conduct specific education and practice sessions for managers and nurses with building charge responsibilities.
- 7) Coordinate with CEO any budgetary considerations to ensure the necessary execution of the Emergency Management Plan.
- 8) Ensure practice and documentation of code practice and orientation/training activities as per policy.
- 9) Communicate results to management members, appropriate committees and implement improvements to process as needed.
- 11) Chief Executive Officer- Complete and submit Emergency Plan Attestation annually as required (form/process pending further direction from Ministry).

Team Evaluation and Action Plan

Date:

Incident Type:

Evaluation of Incident:

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If there are NO gaps or areas of improvement needed, sign, date, and review with Chief Executive Officer.

Name and Role: _____

Signature: _____

Date: _____

Chief Executive Officer: _____

Signature: _____

Date: _____

If there are identified gaps or areas of improvement needed, please complete Action Plan.

Team Evaluation and Action Plan

STAFF MEMBERS				

GOAL

ITEM	PERSON RESPONSIBLE	ACTION PLAN	RESOURCES REQUIRED	DUE DATE	OUTCOME

Chief Executive Officer:

Signature:

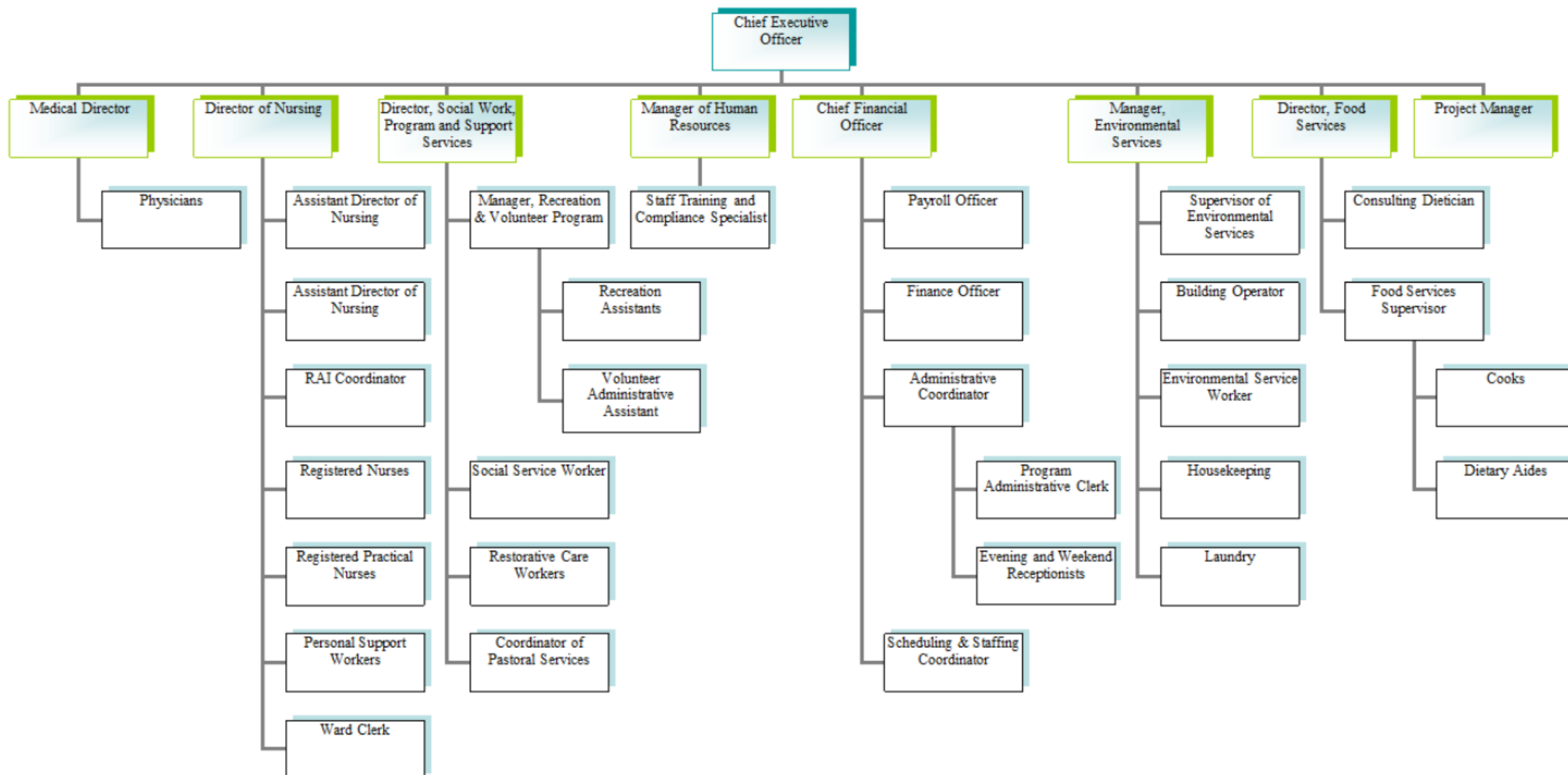
Date:

Departmental Lead:

Signature:

Date:

Hillel Lodge Organizational Chart



TITLE:	Emergency Equipment	PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

To ensure adequate emergency equipment is available, accessible, and properly maintained, the Building Operator/ES Manager, will develop and maintain a listing of all emergency equipment available for use in the home

RESPONSIBILITIES:

The ES Manager or designate will:

- 1) Ensure all individuals who utilize emergency equipment are provided proper training.
- 2) Ensure individuals responsible for inspecting emergency equipment are properly trained in how to inspect the equipment.

The Building Operator will:

- 1) Conduct emergency equipment inspections as required or contract external resources or agencies to inspect or otherwise approve listed equipment as per regulation or code.
- 2) Log all completed inspections.
- 3) Properly maintain, test, and verify all emergency equipment.

PROCEDURE:

- 1) Hillel Lodge will maintain a listing, including location as applicable, of emergency equipment. The listing will include at a minimum:
 - Fire Extinguishers/Hoses
 - Fire Suppression System(s)
 - Emergency Power provided by Generator (e.g. outlets, lighting, equipment) and extension cords to maintain care (e.g. oxygen, air mattresses)
 - Eye Wash Stations
 - Personal Protective Equipment (PPE)
 - Spill Response Kits
 - Carbon Monoxide Detectors
 - Any other emergency equipment that is appropriate to the workplace
- 2) Emergency equipment will be inspected and maintained as required to ensure all equipment is in compliance with the applicable provincial Fire Code, Building Code, and any other municipal or relevant legislation.

TITLE: Emergency Equipment		Page 2 of 2
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- 3) All completed inspections on emergency equipment will be properly documented.
- 4) On an annual basis, Hillel Lodge will conduct a written review of emergency equipment to ensure the following:
 - A correct selection of equipment has been made
 - An adequate amount of equipment is available
 - The equipment is properly located for the need
- 5) Replacement and calibration of emergency equipment will be done in accordance with the provincial Fire Code, Building Code, any other relevant legislation, and the manufacturer's requirements.
- 6) Only trained and authorized personnel will utilize emergency equipment.

TITLE:	Building MAP	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & CEO
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

A Building map will be developed and reviewed annually.

PROCEDURE:

The ES Manager designate will:

- 1) Create a Building Map using the Building Map Template and store together with copy of Building Floor Plans and Emergency Management Plan. Map will include:
 - Hazards
 - Risks
 - Shutoffs
 - Internal shelter in place locations
 - Floor plan with all pertinent information and locations marked
 - All other information useful in emergencies
- 2) Refer to the building map during testing of Code Procedures and use in refining as applicable.
- 3) Use Building map for orientation of new staff members to the building and building systems that may be referenced during an emergency.
- 4) Review and update Building map annually or more frequently as needed, document any changes.

BUILDING MAP TEMPLATE

The following building map identifies the physical location and construction of the building, layout of operations, and key utilities and services that support the building. Completed building map to be stored together with floor plans and reviewed/updated annually or more frequently as needed.

Mark N/A where Not Applicable.

LOCATION

Street Address	
General Directions	

CONSTRUCTION

Number of Floors	
Date of Initial Construction	
Building Materials of Initial Construction	
List of addition(s) to facility	
Building material(s) used for addition(s)	

RESIDENTS

Services	Level of Care/Services Provided	Number of Beds/Suites
Floor 1		
Floor 2		
Floor 3		
Lower Level (LL)		

UTILITIES

Utility	Description
Natural Gas	Valve location(s): Uses: Provider/Location Lead:
Electrical	Capacity: Location of Disconnect: Provider/Location Lead:
Hot Water	Source: Shut-Off Valves (see valve shut off chart): Provider/Location Lead:

Utility	Description
Cold Water	Source: Shut-Off Valves (see valve shut off chart): Provider/Location Lead:
Alternative Water Source	Source: Access: Provider/Location Lead:
Medical Gases	Type(s)/Volume(s): Location(s): Uses: Provider/Location Lead:
Backup Generator	Type(s): Location(s): Area(s) Powered: Equipment connected to generator:
Fuel	Type(s)/Volume(s): Location(s): Provider/Location Lead:
Boiler (S)	Type: Location: Provider/Location Lead:
Air Conditioning Unit (S)	Type: Location: Provider/Location Lead: Location of cooling zones (where applicable):
Mechanical Room(s)	Location(s):
Elevator(s)	Location(s): Type / Capacity: Provider/Location Lead:

SERVICES

Service	Description
IT Systems	Internet: Resident Records Database: Provider/Location Lead:
Phone System	Location: Type: Provider/Location Lead:
Shipping/Receiving	Location: Description: Provider/Location Lead:
Food Services	Locations of... Dining Area: Kitchen: Food Storage: Refrigeration: Provider/Location Lead:

Service	Description
Laundry	Location: Equipment: Provider/Location Lead:
Medicine Room	Location: Provider Limitations: Provider/Location Lead:
Housekeeping – Chemical Storage	Location(s): Details Provider/Location Lead:
Resident Transportation	Onsite: External Resources: Alternative Service Provider:

EMERGENCY SUPPLIES

Floor	Room and/or Location	Description
1		
2		
3		
Lower Level (LL)		

TITLE:	Hazard Identification & Risk Assessment	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

Hillel Lodge will conduct a Hazard Identification & Risk Assessment (HIRA) to identify and prioritize potential external and internal risks to the residents, staff, and home; and will keep this assessment current and up to date.

PROCEDURE:

The ES Manager, Management Staff member and JHSC worker member will:

- 1) Complete the Hazard Identification & Risk Assessment Form for emergency code hazards
- 2) Store completed Hazard Identification & Risk Assessment Tool with the Emergency Management Plan.
- 3) Use the HIRA to assess which hazards pose the greatest risk in terms of how likely they are to occur and how great their impact will be, categorizing and rating known hazards and risks that may lead to an emergency occurrence.
- 4) Review their Municipality's Emergency Plan for Community or Geographic hazards and risks as identified in that document.
- 5) Consult the HIRA when developing code response procedures and when prioritizing code exercises and training.
- 6) Review and update the Hazard Identification & Risk Assessment Form annually or more frequently as required.

HAZARD IDENTIFICATION & RISK ASSESSMENT FORM

Rate the hazards listed below from 0 (not applicable) to 5 (highest probability). Use Municipal Emergency Plan Hazard Identification & Risk Assessment to help determine probability.

Code	Hazard	Rating (0-5)	Notes
White (Physical Threat / Violence)	Violent Situation – Resident		
Yellow (Missing Resident)	Missing Resident		
Blue (Medical)	Medical Emergency – Resident/staff/visitor		
Orange (External Emergency)	Emergency Refuge for Community		
	Severe Weather		
	Ice Storm		
	Earthquake		
	Tornado		
	Heat Wave		
	Cold Wave		
	Flood		
	Snowstorm / Blizzard		
	Contaminated Drinking Water		
	Air Exclusion		

Code	Hazard	Rating (0-5)	Notes
Black (Bomb Threat)	Bomb Threat		
	Suspicious Package		
Grey (Infrastructure Loss / Failure)	Fire Alarm System Failure		
	Loss of Utilities		
	Elevator Malfunction		
	Magnetic Locks Failure		
	Structural Failure		
	Critical Infrastructure Failure		
	Explosion		
	Generator		
Brown (Chemical or Hazardous spill)			
	Chemical Spill		

After completing this risk assessment, ensure measures are in place to respond to those risks identified as most likely to occur. Example, a train derailment may lead to evacuation; freezing rain may lead to “sheltering in place”. The expectation is that training, practice, and resources are customized to react to the risks that are most likely to affect the home.

TITLE:	Letter of Agreements with Community Partners	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & CEO
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

Hillel Lodge will establish and keep current all arrangements with entities that may be involved in or provide emergency services in the area where the home residences, including, without being limited to, relevant community agencies, health service providers, partner facilities, and resources that will be involved in responding to an emergency.

Agreements for mutual aid or assistance during an emergency with community partners, agencies, and/or vendors will be negotiated and formalized into written agreements to be tested and renewed annually.

PROCEDURE:

The ES Manager or designate will:

- 1) Establish or ensure written agreements entered with up to 3 locations for the provision of accommodation/temporary shelter in the event of an emergency evacuation.
- 2) Establish or ensure resident needs assessment has been provided to community partners to identify accommodation requirements from Hillel Lodge prior to residents' arrival.
- 3) Establish or ensure written agreements entered into between the home and community partners for the provision of the following:
 - Transportation (to be arranged with both a main and backup provider)
 - Resources (food & water)
 - Supplies (non-food i.e. cots, blankets, etc.)
 - Services (oxygen, medical, etc.)
 - Generator (if applicable)
 - Any other needs as applicable
- 4) Keep current agreements with the homes Emergency Management Plan.
- 5) Store contact information for Accommodation Providers with Disaster Plan binder- Code Green- Evacuation.
- 6) Store contact information for Transportation Providers with Disaster Plan binder- Code Green- Evacuation.
- 7) Store contact information for Resources, Supplies, and Service Providers Disaster Plan binder- Code Green- Evacuation.

TITLE:	Emergency Recovery	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & CEO
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

Recovery strategies will be put in place to ensure a smooth return to normal operations post-Emergency. The ES Manager is responsible for the official declaration of an Emergency ending and in consultation with the DOC/CEO or designate, and other applicable emergency Service Provides.

PROCEDURE:

The ES Manager or designate will:

- 1) Ensure recovery plan is in place as part of overall emergency response, including contact information (as required) for:
 - Insurance
 - Local contractors and disaster cleanup specialists who can be available on short notice
- 2) Ensure the plan includes detailed communication strategy post-emergency to follow up with and debrief residents, staff, families, volunteers, and stakeholders.
- 3) Ensure the plan outlines how the home will support residents, staff, and others who may have been impacted by the emergency and are experiencing distress.
- 4) Consider recovery in all aspects of planning, education, training, and exercises.
- 5) Consider recovery when developing standard operating procedures and integrate into the home's Incident Management framework, including strategies for both physical plant
- 6) Involve the Joint Health & Safety Committee in development of recovery strategies.
- 7) Evaluate and update (as required) the home's Emergency Management Plan within 30 days of an emergency being declared over, after each instance that an emergency plan is activated.

TITLE:	Emergency Communication	PAGE:	1 of 3
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & CEO
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

Hillel Lodge will have a communication procedure in place for use during an emergency, including backup/secondary communication methods.

The home's emergency plan will include a plan to ensure access to reliable communications equipment, including for the purpose of obtaining emergency assistance, at all times, including in the event of a power outage.

PROCEDURE:

Chief Executive Officer can delegate administrative staff for communication and to act as a relay and liaison during an emergency situation and will consist of persons who have an understanding of the home's communication policy.

Communication: Directing Incoming Calls

Make a plan to handle incoming calls, preparing to respond with/to:

- Status updates on emergency/residents
- Offers to help/resources or staff coming from other facilities
- Staff calling to find out work schedule
- Medical information

Consider updating voicemail messaging with responses to frequently asked questions.

Communication: Residents & Family Members

Prepare a telephone list and DOC to delegate staff members to call family members to assure them of their family member's safety and advise them of the home's plan for the crisis.

(Please Note family members include designated family and substitute decision makers)

Assigned staff calling will:

- Remind family members that in crisis such as severe weather, telephone contact may be lost.
- Advise family members that staff will be focused on providing resident care and protection, so telephone inquiries should be short.
- Advise that you will keep them up to date and ask for several numbers where they can be reached.
- Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information.
- Track calls made and any follow up required on the Family Emergency Contact Record Template

The goal is to help family members feel comfortable and confident that you are doing all you can to ensure their loved one's safety.

DOC with ES Manager and CEO, will compile a “key point bulletin” for resident and family member communication consisting of these basic elements:

- Type of threat (e.g. ice storm)
- Estimated time and severity of impact
- General outlook at the time
- Expected disruptions to services and routines
- What the Chief Executive Officer has done and is doing to lessen negative outcomes
- When to expect an updated status report
- What residents and family members can do to help

Prepare announcements that can be made over the P.A. system via landline (as applicable) as appropriate.

Based on the nature of the emergency situation, DOC or designate will keep residents informed via various strategies such as daily updates, one to one conversation, printed text of automated call scripts, updates to all residents in the dining room with opportunity for Q&A, Residents’ Council meetings, etc.

Communication: Management, Staff, Volunteers and Students

See Contingency recall protocol Policies/Templates.

Communication: Alternate Methods

In an emergency, normal means of communication may become unreliable or nonexistent. Methods of communication in a disaster may include:

- Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to do so)
- Telephones (both cellular and landline if operating)
- Two-way radio (always keep in a charger because you may be without power at any point)
- Fax machine (if phones are operable)
- Internet or local area networks (if computer systems are operative)
- P.A. System- landline OR fire panel annunciator

Communication: Provincial Regulatory Authorities, Resident and Family council

The CEO or designate will ensure provincial regulatory authorities are kept informed as required in the event of an emergency.

The CEO or designate will:

- 1) Ensure ongoing communication using the methods noted above to residents, staff, volunteers, families, caregivers, and the Residents’ and Family Councils, including:
 - a. At the beginning of the emergency.

- b. When there is a significant status change throughout the course of the emergency; and
- c. When the emergency is over.

TITLE:	Contingency Staff Recall Protocol	PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & DOC
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

Hillel Lodge's contingency staff recall protocol will be activated as required to contact staff members and volunteers (as applicable) in an organized fashion in the event of an emergency.

A current Contingency staff recall contact List and Volunteer Contact List will be maintained in a location accessible to all leaders for immediate access in the event of an emergency.

PROCEDURE:

- 1) The contingency staff recall contact list will be organized based on job classification and distance from the home; staff members living closest to the home will be called first.
- 2) Test Procedure:
 - The ES Manager and/or designate will test the Emergency Call Back System annually at minimum; all staff members are expected to participate.
 - Managers and assigned staff members who are responsible to recall staff will keep a current phone list at work and at their home.

Activation of procedure:

The Charge Nurse will:

- 1) Determine the need for emergency recall of staff and implement as required per the scope of the emergency.
- 2) Notify Director of Care and ES Manager or designate of staffing requirements

The Director of Care or delegate will:

- 1) Contact assigned internal staff dispatcher (s) and determine who are available
- 2) Once determined, the Director of Care will decide the order of priority for recalling the staff
- 3) Medical Director
- 4) Attending Physicians

Manager of Environmental Services will contact:

1. Fire Prevention Officer

Staff Members responsible for contingency staff recall will:

- 1) Call staff members according to Contingency recall protocol procedures.
- 2) Leave voicemail (where no immediate answer) and ask staff members not to call back but to report to work if available.
- 3) Provide the following information to staff members who are to return to duty:
 - Status and nature of emergency event

- Who to report to
- Assignment upon return
- Any special instructions (i.e. bring an extra change of clothes)

4) Document all calls on staff Member Call-Back Record Sheet.

3) Be prepared to locate additional qualified temporary personnel as required to fill gaps in staff coverage

The Director of Care will in the event contingency staff recall has not been met:

1) Consider sourcing from community partners, temporary staffing agency if staffing requirements have not been met- DOC or designate to

STAFF MEMBER CALL-BACK RECORD

[illegible]

TITLE:	Emergency Contacts- EXTERNAL	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & DOC
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

A current emergency contact list (external) will be maintained at the reception desk and with the Code Green Evacuation Plan. Information will include but not be limited to entities that may be involved in or that may provide emergency services in the area where the building is located, including, without being limited to, community agencies, health service providers, partner facilities and resources that will be involved in responding to the emergency and the current contact information for each entity.

PROCEDURE:

The ES Manager or designate will:

- 1) Place a current emergency contact list for external community and stakeholder contacts, including their roles and responsibilities in emergency response, at the reception desk and with the Code Green Evacuation Plan.
- 2) Place and maintain a current email distribution list for external community and stakeholder contacts on the email system.

The Emergency Contact list should include, but is not limited to:

- 3) Assign a designate to begin making all necessary phone calls in the event of an emergency.

EMERGENCY CONTACT NUMBERS – EXTERNAL

When contacting an emergency service, dial 9-1-1 and ask for the appropriate service. Give the building name, address, your name, and state the nature of the emergency.

After placing the initial call, if additional information becomes available, contact the emergency service and provide the new information.

Contact	Emergency Number	Non-Emergency Number
Chief Executive Officer		
Director of Care		
ES Manager		
<i>Agencies & Services</i>		
Fire	9-1-1	
Police Service	9-1-1	
Ambulance	9-1-1	
Insurance (Insert name of Provider)		
Poison Information Centre		
Public Health		
Public Utilities		
Water		
Hydro		
Gas		
Pharmacy		
Human Resources/Staffing Agencies		
<i>Contractors</i>		
Gas		
Elevator		
Security/Fire Alarm Monitoring & Maintenance		
Plumbing		
HVAC		
Electrician		
Refrigeration		
<i>Mutual Aid Providers</i>		
Alternate Care Sites		
Reception Sites		
Evacuation Sites		
Transportation Services		

Contact	Emergency Number	Non-Emergency Number
Security (local)		
Food Services (local)		
Medical Supplies		
Supplier (PPE)		

TITLE:	Emergency Code Tests-Drills-Exercises	PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

An integrated program of orientation, ongoing training, exercises, and drills will be maintained to ensure the Emergency Management Manual, Code Procedures, and staff knowledge is current and appropriate.

DEFINITIONS:

Drill: A coordinated; supervised activity used to test code procedures.

Full Scale Exercise: A multi-agency exercise involving an incident in real time at an actual location with actors/simulated victims, first responders, and/or emergency officials. As close to the real thing as possible.

Tabletop Exercise: Key participants discussing simulated scenarios in an informal setting. Can include discussion on roles and responsibilities, policies and procedures, assessment of plans, etc.

PROCEDURE:

The ES Manager or designate and contracted training provider will:

- 1) Conduct drills and exercises for all codes per provincial regulatory requirements, including as required:
 - Full Scale Exercise for all Code Procedures
 - Tabletop Exercise for all Code Procedures on shifts where Full Scale Exercise was not completed i.e. Night Shift
 - Monthly Drill (Code Red) completed on each shift to be carried out in accordance with provincial Fire Codes
- 2) Include participation of EMS, Police, Fire dept., Utility Providers, Municipal Emergency Management, and other outside agencies in Full Scale Exercises.
- 3) Ensure safety in all exercises/drills, considering the following:
 - Ensure physical safety of all participants
- 4) Exercise all partnership and community agreements identified in the home's Emergency Management Plan to ensure their ongoing validity.
- 5) Consult with entities that may be involved in or provide emergency services in the area where the building is located as part of emergency procedure tests/drills, including but not limited to community agencies, health service providers, partner facilities, and resources that will be involved in responding to the emergency.

- 6) Ensure Infection Prevention & Control Lead is involved in evaluation, testing, and review of emergency practices related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, and pandemics.
- 7) Document and evaluate each exercise/drill to determine changes needed in the procedure and identify additional training needs using the Emergency Preparedness Test-Drill Evaluation Form.
- 8) Ensure records of all training, drill, and exercise activities are documented and kept in H&S Training In-Service binder and copies to Staff Development lead as required.
- 9) Complete an Emergency Preparedness Test-Drill Evaluation Form for each colour code/emergency procedure exercise and Ensure Attendance Sign-In Sheet completed as part of form.

Schedule for testing:

It is strongly recommended that the home follow the schedule below for Code/Emergency Procedure tests to align with regional peer supports, recognizing that operational needs and actual events documented as code procedures may require adjustments to the schedule.

Code/Emergency	Description	Practice Months
Red	Fire	Every Month, Every Shift
Black	Bomb Threat	September
White	Physical Threat / Violence	January
Flood	internal	June
Green	Evacuation	July
Blue	Medical	June
Orange	External	August
Yellow	Missing Person	November
Grey	Infrastructure Loss / Failure	October
Brown	Internal Emergency (Leak/Spill/Hazard)	May
Silver	Active Shooter/Armed Intrusion/Hostage Situation	APRIL
Boil Water Advisory	Drinking water supply contaminated	October
Building Lockdown	Implemented to secure/protect when unauthorized person enters location/threatening communication, etc.	March
Outbreak / Epidemic / Pandemic Preparedness	Outbreaks of communicable disease, of public health significance, epidemics & pandemics	August/September

EMERGENCY PREPAREDNESS TEST-DRILL EVALUATION FORM

Hillel Lodge Lodge			
Emergency Procedure/Code tested:			
Date/Time:	Start:	Stop:	
Description of Drill/Exercise/Scenario being tested (<i>example: Annual full scale exercise for Code Black Bomb Threat/suspicious package; drill to include test of building lockdown procedure, fan out list. Taking place on day shift; tabletop follow ups w/evening and night shifts. OR Documenting actual event Code Blue Medical Emergency.</i>):			
Participants			
Name or Position	Role	Name or Position	Role
Contingency Recall List used: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(External) Community Resources – Partners Used or Contacted in Exercise Plan			
Partner/Agency Name	Role	Feedback Provided	Declined to Provide Feedback
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

What areas of the Emergency Preparedness Plan implementation worked well?

What areas of the Emergency Preparedness Plan require Improvement? (complete Action Plan)

Debrief	Completed By:	Date	Time
<input type="checkbox"/> Posted for staff member review	<input type="checkbox"/> Discussion at staff member meeting	Other:	
Action Plan		Resp. Party	Completion & Date

Emergency Procedure/Code Tested: Date:	
Staff Members (Names) Participating	Signatures

TITLE:	Emergency Codes – Orientation	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & Staff Training, compliance officer
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

An integrated program of orientation, ongoing training, exercises, and drills will be maintained to ensure the Emergency Management Manual/Plan, Code Procedures, and staff member knowledge is current and appropriate.

All staff members will receive specific orientation and ongoing education as required on all Emergency Code roles and responsibilities.

PROCEDURE:

The Staff Training and Compliance Officer will:

- 1) Ensure all staff members receive an orientation to the Emergency Management Manual/Plan as per onboarding process of the home so that they are prepared to respond to an emergency in accordance with their role.
- 2) Ensure all staff members are re-trained on their potential roles and responsibilities in the event of an emergency on an annual basis.
- 3) Ensure all supervisory staff members receive specific orientation and training on all Emergency Code roles and responsibilities specific to the supervisory role.
- 4) Place a copy of completed Emergency Code Orientation Checklists in personnel file.

EMERGENCY CODE

ORIENTATION CHECKLIST – STAFF

Hillel Lodge

Position: _____ Staff Member Name: _____

Date of Hire: _____ Orientation Date: _____

All Staff Members must have an understanding of the following areas regarding Emergency Response:

ORIENTATION	TRAINER'S INITIALS	COMMENTS
Responsibility of: <ul style="list-style-type: none"> ES Manager of emergency Staff Training and Compliance Specialist 		
Emergency Plan <ul style="list-style-type: none"> Read and review Emergency Plan Location of Emergency Plan in building 		
Emergency Codes & Situations – Roles <ul style="list-style-type: none"> Red (Fire) Yellow (Missing Person) Green (Evacuation) Blue (Medical Emergency) White (Physical Threat/Violence) Orange (External Emergency) Black (Bomb Threat) Brown (Internal Emergency/Spill/Leak/Flood) Grey (Infrastructure Loss/Failure) Silver (Active Shooter/Armed Intrusion/Hostage Situation) Boil Water Advisory Building Lockdown Outbreaks, Epidemics, Pandemics 		
Hazard Identification & Risk Assessment Form		
Building Profile		
Emergency Power Supply Inventory		
Communication: <ul style="list-style-type: none"> Announcing code (code + location 3x) Practice using communication tool (Annunciator, PA System-landline, 2-way radios, etc.) Critical updates to Charge Nurse/Fire Warden Critical communication with Charge Nurse, ES Manager to assist emergency personnel (fire department, police department) Contingency staff recall (who is on it, why, how initiated?) 		

ORIENTATION	TRAINER'S INITIALS	COMMENTS
<ul style="list-style-type: none"> Announcing all clear 		
Location of evacuation supplies		
How to read Annunciator Panels		
How to read and identify alarms / trouble lights on Fire Panel		
What happens to the following building functions/systems when alarm is triggered: <ul style="list-style-type: none"> Fire doors close Elevators – what happens in your location? Stairwell doors release Exit doors release Mag locks release 		
Explain stages of fire alarm <ul style="list-style-type: none"> First stage Second stage 		
Pull Stations <ul style="list-style-type: none"> Locations of pull stations How to pull a station 		
Emergency Safety Systems and locations <ul style="list-style-type: none"> Spill kits Evacuation door tags – Instruct on how to use tags (Yellow Evaccheck) 		
First Aid Stations <ul style="list-style-type: none"> Who can give first aid treatment Where is your first aid box located 		
SDS binders <ul style="list-style-type: none"> Location of binders 		

STAFF MEMBER'S COMMENTS:

 Staff member Name (Print)

 Staff member Signature

 Manager Name (Print)

 Manager Name (Signature)

 M D Y

TITLE:	Code Red – Fire Plan	PAGE:	1 of 4
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & CEO
ORIGINAL ISSUE:	June 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

An approved Fire Safety Plan will be developed and maintained current in accordance with local and provincial regulations and will be approved by the Fire Department. LTCHs are required by both the Ontario Fire Code under the FPPA and O. Reg. 246/22 under FLTCA to have emergency plans related to fires. Per O. Reg. 246/22 ss. 268(11), If there is a conflict or inconsistency between a provision of the fire code under the Fire Protection and Prevention Act, 1997, and a provision of an emergency plan, the fire code prevails.

The ES Manager or designate will:

- 1) Ensure a Fire Plan is developed and approved by the local Fire Department
- 1) Notify the Fire Department when changes are necessary to an approved Fire Safety Plan, including but not limited to:
 - a. Change in location name/ownership
 - b. New fire safety equipment
 - c. Renovations to building structure or fire safety equipment
 - d. Staffing level & personnel changes as related to minimum staffing levels listed in Fire Safety Plan
 - e. Any occurrence that compromises the integrity of the fire safety systems and thus the fire response procedures
- 2) Review the Fire Plan procedures at least annually with managers, staff members, and residents.
- 3) Routinely practice fire plan procedures to ensure staff members remain aware of their responsibilities during a fire alarm scenario.

The Fire Safety Plan must include, but is not limited to:

- the Emergency Procedures to be used in case of fire, including:
 - Sounding the alarm
 - Notifying the Fire Department
 - Instructing occupants on procedures to be followed when the fire alarm sounds
 - Evacuating occupants, including special provisions for persons requiring assistance
 - The procedures for the use of elevators
 - Confining, controlling, and extinguishing the fire
 - The roles and responsibilities of staff members to carry out fire safety duties
 - The training of staff members and instruction of other occupants (Volunteers) in their responsibilities for fire safety
 - Documents, including diagrams, showing the type, location, and operation of the building's fire emergency systems
 - The holding of fire drills
 - The control of fire hazards in the building
 - The maintenance of building facilities provided for the safety of residents

- The provision of alternative staff members for the safety of residents during any shutdown of fire protection equipment and systems or parts thereof

PROCEDURE:

Person who discovers the fire:

Carry out REACT procedures if working on neighborhood and listen for directions from Charge Nurse:

Remove resident(s) from immediate danger
 Ensure to close window and door
 Activate the pull fire station
 Call 911 - Notify Charge Nurse
 Try to extinguish the fire if trained and safe to do so

Charge Nurse procedure:

- 1) Fire alarm sounds
- 2) Proceed to nearest fire alarm panel
- 3) To acknowledge alarm- Press “Alarm Ack” (system alarm- light will be on)
- 4) Read alarm notice on fire panel message window i.e.: Pull station -2 West (the message depends on what type of fire emergency and associated equipment)
- 5) Turn on green switches “ALL SPEAKERS PAGE” and “ALL STAIRS PAGE”
- 6) Remove mic speaker, press, and hold the side button for audio
- 7) Wait for “ready to talk” yellow light, then announce:

“Code Red- Fire, state fire location”
(Repeat 3 times)

- 8) Ensure 9-1-1 has been called- provide address, alarm floor and zone
- 9) Put red vest on
- 10) Go to fire zone where the emergency is happening
- 11) Investigate the emergency, take charge, and provide direction or delegate
- 12) Ensure REACT is taking place on affected neighborhood
 - a. R= remove residents from immediate danger
 - b. E= ensure fire is contained (close windows/doors)
 - c. A= activate the fire alarm (if discovering fire emergency)
 - d. C= call 9-1-1
 - e. T= try to put the fire out if trained and safe to do so
- 13) Once staff have been provided direction go to main fire panel using stairs ONLY – press “Alarm Silence” if alarm is still sounding, DO NOT RESET THE FIRE PANEL SYSTEM
- 14) Meet with Emergency Services (Fire Department) at front entrance- Fire Department now leads
- 15) Continue to provide direction and support to staff including assisting residents
- 16) ONLY when authorized by attending Emergency Services (Ottawa Fire Department) can “ALL CLEAR” (repeat 3 times) be announced
- 17) *Should the fire alarm be a false alarm, call Tyco to notify of false alarm*

Nursing Staff procedure:

- 1) Upon hearing the fire alarm- Stop and listen to the announcement
- 2) Return to your neighborhoods using stairs ONLY and follow directions from Charge Nurse
- 3) Remove residents from immediate danger beyond fire separation doors
- 4) Close windows and doors of unoccupied room, flip the evaccheck to vacant yellow
- 5) All exit doors to be monitored by staff to ensure safety of residents

- 6) Prepare residents in the event of a vertical or full evacuation
- 7) All staff to support the affected zone (area)
- 8) Secured unit staff to remain on 2 East and prepare residents for evacuation

Environmental Staff procedure:

- 1) Upon hearing the fire alarm- Stop and listen to the announcement
- 2) IF working on neighborhood remain and assist staff, residents
- 3) IF no Charge Nurse, take directions from Nursing staff
- 4) IF no tasks assigned, leave area using stairs ONLY and go to labour pool on main floor, lobby; ensure area is clear of obstacles
- 5) Ensure all equipment is turned off i.e.: laundry room, workshop

Food Service Staff procedure:

- 1) Upon hearing the fire alarm- Stop and listen to the announcement
- 2) Carry out general fire emergency procedures, clear area, turn off equipment, close windows and doors and flip the evaccheck to vacant yellow
- 3) Staff working on neighborhood will remain and assist staff and residents
- 4) IF no charge nurse, take directions from Nursing staff
- 5) IF no tasks assigned OR not working on neighborhood, using stairs ONLY, leave area and go to labour pool on main floor, lobby
- 6) If not assigned to a specific task, use stairs ONLY and go to labour pool on main floor, lobby

Administrative Staff procedure:

- 1) Upon hearing the fire alarm- Stop and listen to the announcement
- 2) Carry out general fire emergency procedures, clear area, turn off equipment, close windows and doors and flip the evaccheck to vacant yellow
- 3) leave area using stairs ONLY and go to labour pool on main floor, lobby
- 4) If not assigned to specific task, using stairs ONLY go to labour pool on main floor, Lobby

Declaration of Emergency over and Procedure:

1. Main Fire Panel- On panel- Fire Department to authorize reset- completed by Fire Department or delegated to Charge Nurse
 - 1.1 press "SYSTEM RESET"- system will read in-progress, once complete the message will indicate NORMAL
2. Maglock doors- On panel- AFTER "ALL CLEAR" has been authorized- completed by Fire Department or Charge Nurse//delegation
 - 2.1 on the right side of panel MAGLOCKS is labelled, push switch down, all the way up, then to the center [on]
3. Elevators- Key required- AFTER "ALL CLEAR" has been authorized- completed by Charge Nurse or delegation
 - 3.1 passenger elevators- insert elevator key, turn to Auto, Off, On- remove key
 - 3.2 Freight elevator- insert elevator key, turn key to Auto, Off, On- remove key
4. Stove/Ovens- Pilot relite AFTER "ALL CLEAR" has been authorized

General Information:

Exit Route locations: Exit doors are labelled A, B, C or D

- 1) “A” stairwell exits are located East side between the neighborhoods in the server area on 2nd and 3rd floors which lead to ground floor emergency exit behind administration [shipping and receiving driveway]
- 2) “B” stairwell exits are located on East side neighborhoods near living rooms on 2nd and 3rd floors which lead to ground floor emergency exit to JCC parking lot
- 3) “C” stairwell exits are located on West side neighborhoods near living rooms on 2nd, 3rd and 1 West which lead to ground floor emergency exits to JCC parking lot
- 4) “A” stairwell exit from lower level is located on the lower level (basement) adjacent to maintenance workshop leading to first floor exit behind administration [shipping and receiving driveway]
- 5) “D” stairwell exit is from lower level by main electrical room leading to Emergency exit Hillel Lodge parking lot (front entrance)

Labour Pool Location:

Main floor, lobby (cafeteria area)

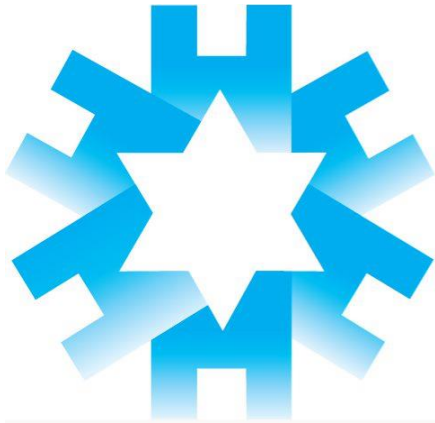
Fire Panel Locations:

Reception (admin area)- MAIN FIRE PANEL
3rd & 2nd floors near passenger elevators
1 West nurse station

Red Vest Locations:

Fire panel annunciator – Main, 3rd, 2nd, 1W
Reception- Labour Pool Controller

FIRE SAFETY PLAN



THE BESS AND MOE GREENBERG FAMILY

Hillel Lodge

OTTAWA JEWISH HOME FOR THE AGED

**THE JOSEPH AND INEZ ZELIKOVITZ
LONG TERM CARE CENTRE**

**A copy of the reviewed and signed Fire Safety Plan for
Hillel Lodge is posted internally.**

**If you would like more information, please contact the
Chief Executive Office**

TITLE:	Code Red – Fire Drills	PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

Fire drills will be conducted on a monthly basis on all three shifts following the procedure outlined in the home's Fire Plan.

PROCEDURE:

The ES Manager or designate will:

- 1) Schedule Fire Drills to be conducted monthly on all three shifts: audible fire drills on day and evening shifts; silent drills on nights except one audible fire drill on the night shift semiannually. Times of drills must vary so that at least one evening drill per quarter is conducted after dinner hour when lower staffing levels are scheduled. Where possible, it is encouraged to have night team scheduled on days to take part in drills.
- 2) Schedule drills throughout the month (i.e. one per week), so residents do not have bells ringing once per shift within 2-3 days at the end of month.
- 3) Schedule at a minimum one drill per year and/or in-service for the purpose of training and informing residents of Code Red practices.
- 4) Time drills and record drill times as per "Staffing Levels for the Emergency Evacuation of Residents in Care Occupancies" (ON).
- 5) Utilize Communication Devices (i.e.: portable phones, P.A. System) to communicate between the ES Manager, Building Operator, Charge Nurse, and department managers.
- 6) Schedule Code Red training for all staff members, managers; include unique features of the review of Building Profile.
- 7) Direct all onsite managers to actively participate in drills by stationing themselves in various locations of the home and observe staff members.
- 8) Monitor correct completion of forms:
 - Emergency Preparedness Test-Drill Evaluation Form (ensure attendance documented on form)
 - Fire System Check to be completed
- 9) Conduct a debrief meeting with staff members on each neighborhood to review strengths and gaps noted during the drill.
- 10) Review and sign the completed reports.
- 11) Review drills with leadership team; implement necessary recommendations and arrange for any emergency equipment repairs required.

TITLE:	Code Red – Fire Drills	PAGE:	of 2
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- 12) File all original copies of fire drill reports in the H&S Training In-Service binder and copies to Staff Training and Compliance Specialist. Retain copies for 2 years.
- 13) Review attendance to ensure all staff members have attended at least one drill / fire event annually.

CODE RED – FIRE PROCEDURE CHECK

Date:

Time:

Location of alarm

Time Monitoring Company called:

Time Fire Department called:

Describe the fire drill scenario / actual fire event:

Fire Procedure check	YES	NO
Did appropriate staff member take on role and responsibilities? (i.e.: Charge Nurse, PSE, Building Services Supervisor/Maintenance Manager) Name of individual:		
Did the Charge Nurse clearly: a) direct staff to follow fire procedures b) direct someone to call 911		
Were all hallways clear of obstructions on neighborhood's?		
Was Fire Box checked to ensure appropriate contents were still available? (as applicable)		
Was all hazardous equipment shut down? (dryers, ovens)		
Did all auxiliary systems respond appropriately?		
Did the fire alarm panel display the correct initiating device and fire zone?		
Did the second stage of the alarm activate (if applicable)?		
Was the fire alarm acknowledged ?		
Did the Fire Department reset the Fire Panel?		
Did the fire panel rest properly? Should read "System Normal"		
Did all annunciators and audible bells operate correctly?		
Did elevators recall to ground floor? (as applicable)		
Did all Supply Air fans shut down as required?		
The monitoring company received the signal and are they now seeing that panel is clear?		
Did fire zone separation doors close?		

Operator number at monitoring company

Summary Report and Action Plan to be completed within 15 days: (list actions required from Test Drill Evaluation Form and Fire System Report)

ES Manager Signature

CEO Signature

TITLE:	Code Green – Evacuation	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

The Home will activate the Code Green Evacuation Plan upon direction from Emergency Services.

PROCEDURE:

The Charge Nurse will:

- 1) Activate the Evacuation Plan as required to respond to the emergency.
- 2) Announce Code Green, including identification of the area affected.
- 3) Provide direction to staff members

All staff Members will:

- 1) Upon hearing Code Green announced, follow procedures related to the type of evacuation.
- 2) Take direction from the Charge Nurse as per the authority and direction of emergency services (Ottawa Fire Department)

The ES Manager or designate will:

- 1) Ensure evacuation supplies are inspected regularly for functionality, expired dates, and restocking as needed (NOTE: Part of JHSC Inspection).
- 2) Ensure emergency/evacuation supplies are kept in an accessible, secure location(s) that all staff members are aware of and can easily access.
- 3) Complete the Code Green Evacuation Checklist during the evacuation process.

DECIDING WHETHER TO EVACUATE OR SHELTER IN PLACE

Who Will Ultimately Make the Decision

Decision will be made by Chief Executive Officer, ES Manager, and Emergency Services.

Internal Factors

Resident acuity – do some residents, regardless of decision to shelter in place or evacuate, need to be transferred to acute care due to complex needs? A partial evacuation of these residents may need to occur.

Physical Structure

Can the home's physical structure withstand impending or current events? The ability to withstand wind, debris impact, flooding, freezing, and remain a safe and viable shelter will impact the decision. Evacuation is necessary if it is determined the structure is unsafe or will become unsafe to provide protection.

Lay down factor

Determine if hazards immediately around the location, specifically trees, but also rivers, currents, etc. are likely to impact the location.

Emergency Power Capacity

Determine if emergency power is sufficient to support critical functions, lights, air temperature in at least safe zone where residents can be congregated. The anticipated longevity will influence the evacuation decision.

Security

Security must be sufficient to protect residents, staff members, and property.

Transportation

If a planned evacuation is possible, confirm that transportation commitments can be met at a specified future time or date. Also keep in mind weather and road conditions.

Destination

Considerations must be made regarding whether an exterior emergency could have also affected relocation areas prior to evacuating to next site (i.e. tornado, earthquake). The availability of relocation destinations should be confirmed in advance of planning to evacuate and may have bearing on the decision. If suitable relocation destinations are not an option, Shelter in Place may be the most logical choice.

Staff Members

Staff member availability may affect the decision whether to evacuate or shelter in place. Staff members should be contacted to determine availability for shelter in place and determine whether they can move with residents to a relocation destination.

Supplies

A decision to shelter in place requires the home to be self-sufficient, including whether deliveries of essentials is likely. Adequate quantities of:

- Alternate energy sources

- Potable water (6 litres/resident/day)
- Medications
- Hygiene supplies

If sufficient quantities are not available or accessible, evacuation may be necessary. It is also important to determine that a destination has adequate supplies.

Hazard Assessment

The ES Manager, Chief Executive Officer, Director of Care or designate should determine the immediacy of the threat to residents and staff members and the likely scope of the emergency. The Hazard Identification & Risk Assessment will weigh the relative risks of sheltering in place vs. evacuating.

The Nature of the Emergency will affect the Decision

- 1) Time – Immediate threat vs. impending threat
- 2) Scope – Home specific vs. community-wide

Immediate emergency events (i.e. fire, gas leak, structural collapse) allow for very little planning and response is often reactive and based on training. The resident population may evacuate initially from one part of the building to another, or from the building to an outdoor staging area. Immediate emergencies may necessitate: moving temporarily to a different part of the building or moving to a temporary triage centre or community resource until permanent arrangements are made.

Impending disasters (tornado, winter storm) are tracked prior to impact and allow for decisions to be made involving local emergency operations while weighing the options.

There may also be time to consider when a decision must be made to safely evacuate, and to make all the facts available to make the decision. Considerations are: estimated arrival time of weather event; time required to mobilize and transport residents.

Decisions to Shelter in Place or Evacuate Should also consider:

- The estimated time before return to home if evacuation is chosen
- Whether the emergency event is within the building only or widespread
- The resources available within the community

The ES Manager, Chief Executive Officer, Director of Care or designate should be prepared to address all points above when providing input to the Decision-Making whether to shelter in place or evacuate.

CODE GREEN –EVACUATION CHECKLIST

After resident, staff member, and visitor life safety is assured, and after the decision has been made to evacuate, use the following as a guide. All steps should be documented.

EVENT DESCRIPTION	DATE & TIME OF EVENT
Charge Nurse assumes role of evacuation lead	
Alarm activated (if there is a fire)	
Call 911	
Charge Nurse announces "CODE GREEN- Full evacuation" repeated x3 times over the fire panel annunciator	
Residents removed from immediate danger zone	
Charge Nurse to meet Fire department/Emergency Services	
Room search, doors closed and evacchecks flipped by staff	
All available staff members called from labour pool and sent to assist/remove residents from danger zone	
Elevators shut down/recall to ground floor as applicable or directed by officials	
All residents accounted for from all areas	
All staff members accounted for	
All fire doors closed	
Use Resident Identification System to confirm	
Contact and confirm availability of transportation as per policy	
Contact and confirm availability of relocation centre(s)	
Identify receiving/loading areas	
Staff members assigned to supervise residents in holding area/prevent re-entry; reassure residents and ensure their needs are met	
staff members assigned to gather supplies/resources/food as needed	
Ready residents for journey (informing, attaching ID, packing, etc.)	
Systematic loading of residents onto transportation vehicles and accounting for all residents (census)	
Notify emergency contacts as needed	
Arrival of Fire Department	
Arrival of ambulance	
Arrival of police	
Communicate with residents/families re evacuation	
Medical records transferred/secured	
Contact Pharmacy	
Medications transferred/secured	
Types and quantities of food/water for the journey	
Contact finance officer/Procurement for provisions to be brought or ordered and delivered to relocation centre	
Code cleared by Fire Department with support from Charge Nurse	
Notes:	

Charge Nurse Name: _____ ES Manager Signature: _____

CODE GREEN – EVACUATION PLAN TEMPLATE

NOTE: Home to update template and review/update as required

PURPOSE:

To provide a written plan for actions to be taken and proper procedures to be followed in an emergency necessitating evacuation of the building and address the following variables:

- location (partial/entire community, citywide, province wide)
- duration (hours, days weeks)
- severity (number & type of service affected) of disaster

These factors will determine how quickly the community must be evacuated and to what location residents must be relocated.

The objective of the plan is to ensure the safety and welfare of residents, staff members, and visitors. Where evacuation is required, the objective is to remove all or part of the resident population as quickly and safely as possible from an area in the community or completely away from the building. Life safety is the main goal; the building and records are secondary.

Code Green Stat (crisis evacuation): announcement indicates an immediate evacuation is necessary e.g. internal explosion, major gas leak, rapidly spreading fire.

Code Green: announcement indicates less urgent evacuation e.g. extreme weather, loss of essential service such as water, hydro. A little more time can be taken to evacuate residents. There is lead time before the threat becomes imminent.

TYPES OF EVACUATION:

- 1. Horizontal evacuation:** Residents are moved within the building to an area away from the immediate threat. This can be out of a room to another, beyond the nearest fire separation doors or to another area of the building etc.
- 2. Vertical evacuation:** Residents are moved past fire separation doors and below the effect floor to another safe location with the home. This can be the floors just below or main floor. necessary where smoke or fire damage can be contained, or weather conditions have cause partial damage to the building.
- 3. Total Evacuation:** This is an evacuation of all residents to the exterior of the building. This is usually called by the Charge Nurse or Emergency Services Fire Marshall in command. Total evacuation, when necessary, where smoke, fire damage cannot be contained or an explosion or external disaster requires that residents be moved to another location.

At the discretion of the Chief Executive Officer, ES Manager, Director of Care or designate, or at the request of the Fire Department at the time of the disaster, it will be decided whether a partial or total evacuation is necessary. If in doubt, the home is to be totally evacuated.

EVACUATION PROGRESSION:

- Neighborhood: evacuation from the room of origin of an emergency (e.g. during a fire)
- Horizontal: evacuation beyond corridor fire doors and/or to an adjacent service wing
- Vertical: evacuation to a lower floor
- Premises: evacuation of the entire community

EVACCHECK PROCEDURE:

- Check room to ensure unoccupied (empty)
- Flip yellow evaccheck to indicate room is empty and has been cleared

LINES OF AUTHORITY DURING EVACUATION PROCEDURES

Internal Authority- This simple line of authority outlines the delegation of key tasks in an emergency

Core roles and activity areas		
Type of role and activity area	Contact details	Authority
Charge Nurse (CN)	613-728-3900 Ext. 683 (days/evenings/nights)	Declare emergencies and manage emergency until other personnel arrived
Manager, Facilities & Environmental Services, or delegate	613-728-3900 Ext. 370, Ext. 686 (cell # available in emergency recall binder)	Facilities/building
Director of Care (DOC)- Nursing	613-728-3900 Ext. 120 (cell # available in emergency recall binder)	Resident care issues
Chief Executive Officer (CEO)	613-728-3900 Ext. 118 (cell # available in emergency recall binder)	Stakeholders

- 1) Charge Nurse has complete authority to declare emergency and manage emergencies of the home until relieved by leadership members upon their arrival to the home
- 2) Environmental Services Manager has complete authority of facilities/buildings prior, during and after an emergency has been declared
- 3) Director of Care has complete authority of resident care prior, during and after an emergency has been declared
- 4) Chief Executive Officer has complete authority to communicate all information details and status prior, during and after an emergency has been declared

External Support Services Authority

Fire Department, responsible for:

- fire fighting
- search and rescue
- complete authority with the building and fire grounds

Ambulance Officer, responsible for:

- triage
- primary medical aid
- communications with health agencies & other ambulance services
- transportation

Police Department, responsible for:

- traffic control
- building and property security
- communication between incident and police station

The Chief Executive Officer, ES Manager and Director of Care or designate works closely with all external support services to know the circumstances of the total situation.

NOTE:

- 1) All instructions of the Fire Department must be followed upon their arrival.
- 2) Once outside, the Ambulance Officer will assess the type of suitable transportation for each resident and is in charge of transportation.

Offsite Evacuation location: Residents will be evacuated to community partners where Hillel Lodge has mutual accommodation agreements (list community's established receiving site(s) including contact information such as telephone number).

STAGES OF EVACUATION

Stage #1

- remove residents from room of origin (close door and evaccheck procedure)
- take resident to holding area beyond fire separation doors

Stage #2

- remove residents from rooms beside and across the hall from room of origin
- take resident to holding area beyond fire doors

Stage #3

- remove all residents from the immediate fire/danger area; search and evacuate all rooms following fire plan procedure (e.g. close door and evaccheck procedure)
- take resident to holding area beyond Fire doors

Stage #4

- a staff member (assigned by Charge Nurse) will identify resident and place an identification label/lanyard/wristband on resident before they are evacuated to one of the community partners following specific procedures for receiving
- ensure each resident is adequately clothed

Stage #5

- external evacuation ordered: move residents from building to parking lot

Stage #6

- transport residents not requiring medical care (as determined by Ambulance Officer) to pre-designated relocation site(s)

ORDER OF AMBULATORY EVACUATION

- 1) Ambulatory Residents: many residents can be removed with assistance by one or two staff members.

Cautions:

- confused & ambulatory – may get in the way or wander back into the danger area
 - slow ambulatory – may hinder others; may need to remove in wheelchair
- 2) Wheelchair Residents: easier to remove than bedridden; may require one staff member to assist.
 - 3) Bedridden Residents: use demonstrated lifts and carries, may require two staff members.
 - 4) Uncooperative Residents: remain until last; otherwise valuable time lost and may sacrifice others. Ensure their door is closed and identify resident name & location to Charge nurse or neighborhood Nurse and Fire Department.

CONTINUITY OF RESIDENT CARE

In order to ensure care needs of residents are met throughout an emergency evacuation and relocation, the following procedures will be in place.

- 1) **Resident Identification:** an identification label (bracelet/lanyard/card will be place on each resident. The identification information must include: name, level of transfer/mobility, allergies, and DNR/MOST designation).
- 2) **Evacuation Log:** to be maintained for all residents transferred out, including relocation site, injury/treatment, time of transfer, how they were transferred, and that SDM has been notified.
- 3) **Resident Chart:** MAR books and any hard copy chart records must be removed from the site.

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this is usually the responsibility of the neighborhood Nurse. The MAR book must be taken to the relocation site.

- 4) Most of the actual chart can be retrieved on electronic health record out of the community. This can be completed offsite.
- 5) **Medications:** The pharmacy is to be contacted and provide same day service to replace all medication in a seven-day package. The pharmacy will provide all medications at the relocation site as needed.
- 6) **Physician on call:** The doctor on call will decide:
 - whether a site physician should be called
 - whether a coroner should be onsite

TRIAGE: DESIGNATED TREATMENT ZONES-

First Priority (RED)

- Immediate medical attention required
- Individual is critical and their condition is deteriorating
- Transportation to hospital via ambulance is required
- Supervised by Nurse wearing Red Cap/Vest/Label
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Second Priority (YELLOW)

- Prompt medical attention required
- Individual is in serious but stable condition
- Individual can sustain a wait of approximately 30 min. to 2 hours without hospital intervention provided stabilization occurs onsite
- Supervised by Nurse wearing Yellow Cap/Vest/Label
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Third Priority (GREEN)

- Individual transportation to hospital can be delayed
- Individual is ambulatory (walking wounded)
- Supervised by Nurse wearing Green Cap/Vest/Label
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Fourth Priority (WHITE)

- Individual not injured, only require transportation to designated safe area
- Supervised by Non-Nurse wearing White Cap/Vest/Label
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Fifth Priority (BLACK)

- Individual with no vital signs and has been pronounced deceased by RN
- No staff required to supervise; individual covered with blanket

- Evacuation log completed

Triage Procedures (duties of Triage Nurse)

- 1) The assessment for triage tagging is performed by the Nurse assigned as Triage Nurse
- 2) To clearly identify them, the Triage Nurse will wear the designated cap and vest
(
- 3) The Triage Nurse will direct staff members to set up the 5 designated areas.
- 4) Each resident is assessed and assigned to a coloured zone according to their injuries. A coloured sticker is placed on the individual's emergency label/lanyard/wristband and taken to that area for treatment.
- 5) The Triage Nurse does NOT provide treatment except in the following circumstances:
 - individual is bleeding profusely and will surely die unless immediate treatment is given.
 - individual's airway is severely compromised.

DUTIES OF THE CHARGE NURSE

- 1) Assess the magnitude and type of threat.
- 2) Don red vest so you are easily identified
- 3) Ensure notification of ES Manager, DOC, and CEO or designate regarding decision to put evacuation plan into effect.
- 4) Assign "Triage Nurse" to each treatment zone
- 5) Assign staff members to accompany residents to the relocation areas.
- 6) Assign a staff member who will be responsible for staffing assignments: ensuring staff members are at relocation sites; initiating call-in procedure, etc
- 7) Assign a staff member as Runner – to be a communication link for updates. In the event of a total communication shutdown and the runner will provide ongoing relaying of messages.
- 8) coordinate activities and communication with external emergency personnel (fire, ambulance, hospital, etc.).

- 9) Assign a staff member on each neighborhood to account for all residents on that neighborhood
- 10) Assign staff members to monitor exit doors to prevent re-entry of residents or unauthorized personnel and to ensure the doors do not close and lock authorized personnel out
- 11) Assign staff members to monitor external traffic flow to ensure unimpeded access for emergency vehicles and access to building for emergency personnel (fire, ambulance, etc.)
- 12) Ensure all areas are secure and all duties are complete.
- 13) Proceed to triage area to assist with treatment of injured residents as directed
- 14) In conjunction with the DOC or designate, ensure MAR books are removed and transported to the receiving site(s).
- 15) Complete Code Green Evacuation Checklist.

DUTIES OF THE NEIGHBORHOOD NURSE

- 1) Upon receiving verification of evacuation, begin to instruct staff members in the procedure. If immediate need is NOT in your area, assign staff members to go to the affected area as directed by the Charge Nurse.
- 2) Remove residents from immediate danger (room of origin) to a safe zone.
- 3) Remove all other residents from affected fire/danger zone to a safe zone beyond the fire door.
- 4) Ensure staff members use evacchecks on doors to indicate room is vacant and cleared.
- 5) Complete head count of residents to ensure no residents have been missed.
- 6) If fire or emergency is in your area, obtain resident emergency tags/labels/lanyards/wristbands from Emergency Box and assign a staff member to identify and tag each resident.
- 7) Assist staff members in your area with safe evacuation of residents (transfers) as directed by Charge Nurse.
- 8) Remove MAR book from your area to the designated triage area.
- 9) If your Neighborhood is NOT being evacuated, assign staff members to monitor residents, secure your area, and go to triage area as assigned by Charge Nurse

DUTIES OF THE PSW

- 1) Clear corridors while reporting to your assigned work location
- 2) Verify announcement to evacuate.
- 3) If immediate need is NOT in your area, secure and monitor residents or go to affected area to assist the evacuation as assigned by your neighborhood Nurse.

- 4) If evacuation IS in your neighborhood use evaccheck procedure on evacuated rooms. Ensure ALL rooms (locked and unlocked) are checked and clear.
- 5) move residents to a safe zone as directed by the Charge Nurse.
- 6) Complete a head count of residents to ensure no residents have been missed; confirm using current resident list.
- 7) Report any resistive resident or resident needing assistance to your neighborhood Nurse.
- 8) Once all residents have been moved to a safe area, take direction from Charge Nurse: may include monitoring residents, assisting to load residents on buses, etc

DUTIES OF THE ADMINISTRATION

- 1) All managers and office team report to the labour pool (main lobby) and await directions and/or assignments of Charge Nurse

DUTIES OF THE ES MANAGER and DIRECTOR OF CARE OR DESIGNATE

- 1) Notify the following external contacts that the Evacuation Plan is in effect:
 - All necessary emergency services (fire, police, ambulance, local hospital)- ES Manager
 - Medical Director DOC
 - MLTC/HCCSS/Health Authority (as required)- DOC
 - Support Services Office
 - Pharmacy- DOC
 - Evacuation sites- ES Manager
 - Residents' families- DOC
- 2) Assign reception team to screen incoming phone calls, transfer media and resident's family member calls directly to DOC, CEO

DUTIES OF ES MANAGER

- 1) Initiate contingency recall protocol and volunteer call-in list
- 2) Notify the following external contacts that the Evacuation Plan is in effect: All necessary emergency services (fire, police, ambulance, local hospital)- ES Manager
- 2) As required, assign ES staff/staff members to gather supplies:
 - for first aid
 - blankets, pillows, etc. to assist in transport of residents and at relocation site
 - food and water
- 3) As directed by Charge Nurse, initiate call to transportation service providers for buses, etc.

DUTIES OF THE BUILDING OPERATOR

- 1) Assist the ES Manager and Charge Nurse as required.

- 2) Ensure all entrances are clear of vehicles to allow for emergency services personnel / vehicles.
- 3) Assist Triage Nurse to set up triage area, set out cones, identifying each coloured zone: RED, closest to entrance for ambulances to attend, YELLOW and GREEN, in parking lot, WHITE, at front of the building to wait for buses, cars to arrive, BLACK furthest away.
- 4) Be available to assist fire and all emergency services providers.
- 5) Ensure information on equipment, systems (HVAC, fire sprinklers, etc.), security doors, access to locked areas, supplies are available.
- 6) Assist with evacuation of residents and with loading wheelchairs and equipment, etc. into transport vehicles.
- 7) Communicate all pertinent information to the ES Manager and Charge Nurse during the evacuation process.
- 8) Assist ES Manager, DOC, CEO with final check of the building if applicable:
 - ensure all electrical equipment is turned off and unplugged
 - lower heat if applicable
 - maintain and monitor generator if in use
 - check building regularly when vacant
- 9) Travel to relocation site(s) and assist as needed.
- 10) Keep a record of equipment, supplies, etc. that were removed from the building.

DUTIES OF THE DIETARY TEAM

- 1) If you are in the servery, ensure all appliances are off and unplugged and secure the area.
- 2) Upon receiving notification of the emergency and the location, if it is on your neighborhood, report to the neighborhood Nurse in your area. Assist as directed by the Nurse.
- 3) If you are in the kitchen, turn off all equipment and ensure all hallways are clear; secure the area.
- 4) If emergency is NOT in your area or the kitchen report to Neighborhood Nurse for directions
- 5) As assigned, by Charge Nurse or the neighborhood Nurse in your area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties
- 6) Travel to relocation site(s) and assist as needed.

DUTIES OF THE HOUSEKEEPING/LAUNDRY TEAM

- 1) Secure your department by shutting down all equipment, close windows and doors.
- 2) Ensure all rooms both locked and unlocked are clear and vacant.
- 3) If you are in affected area, flip evaccheck tags on doors to identify that area is not to be reentered
- 4) Housekeeping team, report to your neighborhood and follow directions from neighborhood Nurse
- 5) Housekeeping, as assigned by Charge Nurse, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.
- 6) Laundry team, report to labour pool and wait for directions

DUTIES OF THE RECREATION TEAM

- 1) If you are with a group of residents in the danger zone, begin moving residents to the closest safe zone as directed by the Charge Nurse.
- 2) If you need assistance to move residents, ask Charge Nurse to assign staff members to assist you.
- 3) If more than one Recreation staff member is involved in resident activity, one person will remain with residents while other staff members report to the specified neighborhood and takes direction from Nurse in charge.
- 4) If volunteers are in the building assisting with program activities, they will assist Recreation team as directed by the Charge Nurse
- 5) The Charge Nurse will ensure Recreation team and volunteers are made aware of the evacuation procedure being followed and assist with moving residents.
- 6) As assigned by neighborhood Nurse in your area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.
- 7) If evacuation of the building has been declared, once residents have been triaged, program team go to WHITE zone and assist loading residents into transport vehicles
- 8) Travel to relocation site(s) and assist as needed.

EVACUATION SUPPLIES

Evacuation/emergency supplies can be kept in a large mobile bin or duffle bag, preferably on wheels. Reference the list below as a guide for stocking your location's evacuation/emergency supply kit. Ensure items are inspected regularly for functionality, expired dates, restocking as needed.

Emergency supplies are to be kept in an accessible, secure location(s) that all staff members are aware of and can easily access.

- Process that includes resident pictures and transfer sheets
- Paper and pencil/pens
- Orange vests
- Clipboards
- Evacuation log sheets
- Emergency plan (current)
- Building floor plans (current)
- Suture Kit (LTC)
- First Aid Kit
- Flashlight and extra batteries
- Whistle to signal for help
- Wipes, garbage bags, and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities

Additional items to consider:

- Local maps
- Cell phone with chargers, extra battery pack
- Matches in a waterproof container
- Feminine supplies and personal hygiene items

Evacuation Resources/Supplies

Add or delete items as they pertain specifically to home or event.

X	ITEM	INDIVIDUAL RESPONSIBLE
<input type="checkbox"/>	Ramp to load residents on transportation vehicles	
<input type="checkbox"/>	Medication Administration Records (MAR) – entire chart if possible	
<input type="checkbox"/>	Special legal forms, such as signed Treatment Authorization Forms, Do Not Resuscitate Orders, and Advance Directives	
<input type="checkbox"/>	Clothing with each resident's name on their bag if time/situation allows	
<input type="checkbox"/>	Water supply for trip – staff members and residents (4 litres per resident for each day)	
<input type="checkbox"/>	Emergency drug kit (if applicable)	
<input type="checkbox"/>	Non-prescription medications (if applicable)	
<input type="checkbox"/>	Prescription medications and dosages	

<input type="checkbox"/>	Communications devices: cell phones (to communicate among vehicles), 2-way radios, pagers, satellite phone, laptop for instant messaging (bring all you have)	
<input type="checkbox"/>	Blankets	
<input type="checkbox"/>	Cash	
<input type="checkbox"/>	Emergency Bag (LTC)	
<input type="checkbox"/>	Non-perishable food items for staff members and residents	
<input type="checkbox"/>	Disposable plates, utensils, cups, straws	
<input type="checkbox"/>	Rain ponchos	
<input type="checkbox"/>	Incontinence products	
<input type="checkbox"/>	Personal wipes	
<input type="checkbox"/>	Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues)	
<input type="checkbox"/>	Denture holders/cleaners	
<input type="checkbox"/>	Toilet paper	
<input type="checkbox"/>	Towels	
<input type="checkbox"/>	Plastic zip-lock bags (to keep items dry)	
<input type="checkbox"/>	Garbage Bags	
<input type="checkbox"/>	Sterilizing cleaner (Clorox wipes)	
<input type="checkbox"/>	Alcohol based hand sanitizer or moist towelettes	
<input type="checkbox"/>	Personal Protective Equipment (12-24-hour supply as needed from current stock) <ul style="list-style-type: none"> • Surgical masks • N95 Respirators • Gloves (all sizes) • Gowns – reusable and disposable (all sizes) • Face shields – reusable and disposable • Goggles – reusable and disposable 	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

RESIDENT IDENTIFICATION SYSTEM (FULL EVACUATION)

Step 1

Prepare lanyards/wristbands/labels with the following information for each resident:

- Resident Name
- Name of Location
- Room/suite number

Step 2

Place lanyards/wristbands/labels on each resident as appropriate.

Step 3

Prepare transfer sheets for each resident with the following information:

- Resident Name
- Name of Location
- Resident Date of Birth
- Resident Health Card Number
- Resident Photograph
- Serious Health Conditions
- Medications
- Name and Contact Information for Next of Kin/Power of Attorney

EVACUATION RESIDENT LOG

[illegible]

Completed by:

Staff member Name (print)

Staff member Signature

Date _____

July 2022

TITLE:	Code Green – Mock Evacuation	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & CEO
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

The location will complete a Mock Evacuation per timelines mandated by provincial regulations. The Mock Evacuation will take place every three (3) years.

PROCEDURE:

The Chief Executive Officer and/or Building Services Supervisor/Maintenance Manager will:

- 1) Establish a date and time for the mock emergency, allowing approximately two months for planning and training for the event.
- 2) Establish in detail the type and scope of emergency with the assistance of the Joint Health & Safety Committee.
- 3) Identify team leaders to assist with the development of key areas for the evacuation: Communications, Triage, Parking Lot Control, Security & Resident Movement, Resident/Family Liaison, Training, Infection Prevention & Control.
- 4) Follow the Mock Evacuation checklist to cover all areas required prior to running the exercise.
- 5) Hold regular meetings and practice sessions for staff members, visitors, and volunteers leading up to the Mock Evacuation to outline their roles and responsibilities during the drill.
- 6) Invite participation from the local fire department, police department, and emergency medical services (ambulance). These community professionals will add authenticity to the event and act as official observers on the day of the event.
- 7) Assign observers to complete Mock Evacuation Observer Report.
- 8) Plan a debriefing session for all staff members and participants to evaluate the strengths and weaknesses of the drill and make recommendations to improve the evacuation process.
- 9) Document exercise using Emergency Preparedness Test/Drill Evaluation Form and implement Quality Improvement actions as needed.

CODE GREEN – MOCK EVACUATION CHECKLIST

Date of Mock Evacuation: _____

Tasks	Comments	Date Completed	Corrective Action (if required)
JHSC meets to determine type of disaster			
Check for revisions of policy & procedure			
Consider and plan for possibility of real emergency during exercise			
Update staff member recall/call back list			
Plan scope of exercise			
Letter to EMS (police, fire, ambulance)			
Renew relocation agreements			
Review roles and responsibilities in event of fire/evacuation with all key personnel			
Plan scenario and script			
Identify residents and/or shadow residents			
Recruit volunteers / shadow residents			
Arrange assessors: <ul style="list-style-type: none"> • Fire • Police • Ambulance • Other facilities • Volunteers or Nursing Students 			
Prepare participation badges			
Prepare badges for shadow residents			
Consent forms			
Determine staffing needs			
Assign Triage Nurse and staff members for parking lot			
Determine treatment areas – injured / uninjured			
Develop forms for triage and record of transfer of evacuated residents			
Develop questionnaires for assessors			
Extra blankets – available			
Traffic control			
Arrange lunch			
Arrange debriefing – all participants			
Arrange first aid kits			

Tasks	Comments	Date Completed	Corrective Action (if required)
Education of all staff members regarding roles/responsibilities and type of mock disaster prior to event			
Prepare emergency face sheets for evacuees			
Prepare for sending medications/MAR with evacuees			
Communication: <ul style="list-style-type: none"> • General staff meeting • Memo to all staff members • Nursing agencies • Physicians • Residents • Sign for lobby • Residents' council • Billing information • Letters – reallocation, EMS 			
Invite Medical Director to attend			
Brief volunteers and assessors in advance of and morning of mock evacuation			
Thank you letters to all participants			
Prepare report and follow-up			
Communicate results of mock evacuation to all staff members			

CODE GREEN – MOCK EVACUATION OBSERVER REPORT

PROCEDURE:

Observe assigned location that:

- 1) Proper procedures are being followed
- 2) Residents are safe
- 3) Staff members are using proper and safe carrying/transfer techniques
- 4) All areas are checked/cleared and tagged properly
- 5) Staff members are following instructions of Charge Nurse

Observations / comments:

1) Location (stairwell site) observed: _____

2) Start time: _____

3) Finish time: _____

4) Comments: _____

5) Recommendations: _____

Observer Signature: _____ Date: _____

TITLE:	Code Green – Return to Evacuated Site	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & DOC,
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

Following an evacuation event and prior to return to an evacuated site, the location will develop a plan to ensure the safe and orderly return of residents and staff members to the evacuated site.

PROCEDURE:

The ES Manager and Building Operator will:

- 1) Have the building inspected for re-entry by appropriate authorities (fire department, police, provincial regulatory body as applicable).
- 2) Check that all building equipment is operational.
- 3) Check that the building is environmentally comfortable, e.g. temperature normal, no fumes/odours present, clean.
- 4) Notify (as appropriate) the plan for return to normal operations: provincial regulatory authority, etc.
- 5) Summarize the total cost of evacuation, including inventory loss (linen, equipment, supplies, etc.) and additional staffing costs (including travel expenses, etc.).
- 6) Plan a debriefing session for all staff members, participants, and EMS to evaluate the strengths and weaknesses and make recommendations to improve the evacuation process.

The Director of Care or designate will:

- 1) Assume responsibility or direct staff members to notify families re the time and date of return and the specific schedule for return of their family member.
- 2) Notify Medical Director (as applicable) and attending physicians/nurse practitioners of resident's return.
- 3) Maintain close contact with staff members and residents to ensure orderly return to normal operations.
- 4) Maintain lists of residents and equipment and ensure safe return.
- 5) Assign staff members to check and identify returning residents as they disembark from various means of transportation.

The Dietary Director or designate will:

- 1) Re-schedule food service and meals to be in place for returning residents.

All staff Members will:

- 1) Assist, as directed, in the safe return of residents and equipment, working together to re-establish normal routines as soon as possible.

TITLE:	Code White – Violent Outburst	PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & DOC
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

The location is committed to providing an atmosphere free of physical threat for all residents, staff members, visitors, and volunteers.

In the event of an attempt of or actual exercise of physical force by a person that has the potential to cause injury (including threatening statements or behaviors indicating reasonable cause to believe risk of injury), a Code White will be called to alert staff members, visitors, and residents and prompt an appropriate response in accordance with the home's Code White Emergency Plan.

In the event a Code White is initiated, all staff members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area.

PROCEDURE:

If a resident behavior becomes unmanageable to the point where the safety of the residents and others is at risk, a Code White announcement must be made by the registered staff or designate

Remember these steps if confronted by a violent or aggressive resident:

- If safe to do so, try to diffuse or de-escalate the situation with the aggressive person(s)
- If safe to do so, isolate the person(s) away from residents and staff members
- Remain calm and talk in a calm manner
- Call out for assistance (this may involve activating call bell or fire alarm)
- If resident becomes unmanageable Charge Nurse to announce code white

Charge Nurse:

- Call 911
- Announce Code White over P.A. System (landline)
- Secure additional staff to assist with resident
- Call campus security (if necessary)
- Meet with emergency services- Police
- Notify DOC or designate

Director of Care:

- Investigate and document the incident and file appropriate reports to provincial regulatory authority, support services, etc.
- Regain an atmosphere of calm and control and deal with stress the situation might have caused with others involved
- As part of the recovery process, Consider the physical and mental health needs of all staff members and residents.

- Ensure supports are provided, using existing and additional identified programs as needed i.e., individual and group counseling, etc.
- Update CEO, ES Manager

All staff Members will:

- 1) Speak with their neighborhood Nurse regarding any specific concerns, needs, or considerations.

CODE WHITE: PROTEST / DEMONSTRATION / DISTURBANCE

Any person who suspects/sees a protest or disturbance on the grounds will:

- 1) Inform the Charge Nurse, Chief Executive Officer or designate immediately.
- 2) Do not confront or attempt to remove strangers who enter the area.

The Charge Nurse will:

- 1) In the event of violence and/or significant disturbance, announce Code White (including the area of the location affected i.e.: side-street sidewalk).
- 2) Contact Building Operator when necessary to ensure all doors are locked/secured, Delegate staff if necessary
- 3) All other doors of the home should be locked as per normal day to day security requirements while at the same time not inhibiting evacuation of the building should it be necessary
- 4) In the event of violence/significant disturbance, call 911 to notify emergency services (police) and provide as much information as possible relating the incident.
- 5) Inform reception that no visitors are permitted into the building unless escorted by a staff member.
- 6) Direct the relocation of the residents, staff members, visitors, and volunteers away from ground floor windows if there is a possibility that windows could be broken.

All Staff Members will:

- 1) Take direction from the Charge Nurse or designate

TITLE:	Code Yellow – Missing Resident	PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & DOC
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

In the event that a resident cannot be located within 30 minutes of the absence being reported, Code Yellow will be called to alert staff members and prompt an appropriate response in accordance with the home's Code Yellow Emergency Plan, including an organized and comprehensive centralized search procedure.

PROCEDURE:

All staff Members will:

- 1) Notify your Neighborhood Nurse immediately when a staff member is unable to locate a resident.

The Neighborhood Nurse will:

- 1) Notify Charge Nurse with name of missing resident and from which neighborhood
- 2) Direct staff members to thoroughly search the home – All floors including main level, service level and lower level (basement)
- 3) check the sign out book, and check for resident with Recreation team

The Charge Nurse will:

- 1) Announce "CODE YELLOW, missing resident" using all announcement systems as applicable (P.A. system, Fire Panel annunciator, portable telephone); identify that resident by name.
- 2) Coordinate the search for the missing resident as follows:
 - Gather all information re missing resident i.e. care plan, colour photo, full description of clothing worn, where and time resident last seen, resident profile information, previous incidents and where resident was found, etc.
- 3) Assign a search area (floor plan) to staff members (work in pairs if possible); staff members will check off completed rooms and areas on floor plan. When completed, map to be given to Charge Nurse
- 4) Ensure completion of the Missing Resident Search Checklist as information is made available from staff members conducting the search.

TITLE: Code Yellow – Missing Resident		Page 2 of 2
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- 2) Document the initiation and progression of the search procedures.

If the resident is not found after the initial search, the Charge Nurse will:

- 1) Call 911 for police assistance.
- 2) Notify the Director of Care, CEO, and the family of the missing resident.

If the resident is found, the Charge Nurse will:

- 1) Make an announcement that the resident has been found and the CODE YELLOW is All Clear; thank staff members for their response and advise them that they may return to normal duties.
- 2) Notify the police, family, DOC, and CEO.
- 3) Have the resident's condition assessed, complete incident report, provide resident with reassurance, complete Missing Resident Search checklist, and sign off as Search Coordinator.

All Staff Members will:

- 1) Search for the resident and take direction from the Charge Nurse

The Director of Care will:

- 1) Inform the Director of Long-Term Care of the missing resident search and recovery status throughout the search.
- 2) Complete a report/contact regulatory authority per provincial regulatory reporting requirements.

CODE YELLOW – MISSING RESIDENT SEARCH CHECKLIST

RESIDENT'S NAME: _____ ROOM/SUITE #: _____

PHYSICIAN'S NAME: _____

1) TIME LAST SEEN: _____ DATE: _____

2) PHYSICAL DESCRIPTION Age: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Glasses (please circle) YES NO

Special Identifying Features: _____

Clothing Last Worn: _____

3) COLOUR PHOTOGRAPH AVAILABLE (please circle): YES NO

4) LEVEL OF RISK: _____

5) SIGNIFICANT MEDICAL INFORMATION: _____

6) POSSIBLE FAVOURITE PLACES/HANG OUTS: _____

7) AREAS TO BE SEARCHED – USING DETAILED INTERIOR FLOOR PLAN with room numbers and EXTERIOR MAP of the grounds to search all areas identified in chart. Attach completed floor plan log to checklist.

SEARCH CHART:

Area	Search Completed	Area	Search Completed
Bathroom/Shower room		Admin area/reception	
Lounges and Living rooms		Public washrooms	
General washrooms		Storage area	
Resident rooms/beds		Stairwells	
Under furniture – bed, sofas, etc.		Boardroom/Synagogue	
Dining room & servery		Day program room	
Balcony		Café area	
Nurse Stations		Garden	
Linen Rooms		Laundry (LL)	
Elevators		Main Kitchens (LL)	

Washrooms – resident and public		Roads	
Staff lunchroom (LL)			
Stairwell/Tunnel (LL)			
Parking Lot			
Grounds/bushes			
Shed			
Campus partners/property			

RESIDENT FOUND – Location _____ Time: _____

SEARCH COMPLETED – **RESIDENT NOT FOUND & CONFIRMED MISSING** Time: _____

8) NOTIFICATION

PERSON	TIME	NOTIFIED BY
Family		
Police		
Director of Care		
Chief Executive Officer		
Physician		
Regulatory authority as per provincial reporting requirements		
Transportation services – bus, wheel trans, taxi		

9) POLICE NOTIFICATION Time: _____

Name of Officer _____ Badge # _____

10) NEXT OF KIN Called _____ Time: _____ Initials: _____

Name: _____ Relationship: _____

Address: _____

Telephone #: _____

11) ASSESSMENT OF RESIDENT'S CONDITION WHEN FOUND

Location: _____ Time: _____

Assessment: _____

12) PHYSICIAN'S ORDERS RECEIVED

13) NOTIFICATION RESIDENT FOUND

PERSON	TIME	NOTIFIED BY
Family		
Police		
Director of Care		
Chief Executive Officer		
Physician		
Regulatory authority as per provincial reporting requirements		
Transportation services – bus, wheel trans, taxi		

14) SAFETY PRECAUTIONS TO PREVENT REOCCURRENCE: _____

15) INCIDENT REPORT DOCUMENTED (please circle) YES NO

16) CHARTING COMPLETED (please circle) YES NO

Name of Search Coordinator (please print): _____

Signature of Search Coordinator: _____ Date: _____

TITLE:	Code Blue – Medical Emergency	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & DOC
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

In the event of a life-threatening medical emergency affecting any individual(s) onsite i.e. cardiac arrest, respiratory issue, choking, etc., Code Blue will be called to alert staff members and prompt an appropriate response in accordance with the location's Code Blue Emergency Plan.

PROCEDURE:

Upon discovering a medical emergency, Staff members will:

- 1) Shout to nearby staff members "Code Blue" and as applicable pull call bell and phone Nurse.

The Charge Nurse will:

- 1) Respond to emergency.
- 2) Direct a staff member to call 911 for an ambulance
- 3) Notify POA/Next of Kin.
- 4) Direct appropriate resuscitation procedures until arrival of paramedics.
 - In the event of a cardiac arrest or other sudden medical emergency for someone other than a resident, remember the basic CPR principles.
 - **ON:** For residents, confirm DNR order/status to find out if resident requires CPR or not.
- 5) Continue resuscitation procedures or comfort measures as applicable until arrival of emergency services (Paramedics/911)
- 6) On an annual basis, review evidence of complete Emergency Management Plan
- 7) Monitor through regular Operations reports that Emergency Plans are practiced in accordance with relevant legislation and organizational policies and procedures.
- 8) complete transfer forms (as applicable) and give ambulance attendants (paramedics).
- 9) Notify POA / family member of transfer to hospital.
- 10) Ensure all resuscitation equipment is replenished and cleaned following the emergency.

All Staff members will:

- 1) Keep nearby residents and visitors away from the scene and help maintain calm.

NOTE: Choking incidents will be treated as a medical emergency and the use of Code Blue emergency procedures will apply.

MANAGEMENT OF A CHOKING RESIDENT

Residents who experiencing choking will be treated as a medical emergency and a Code Blue emergency response will be initiated.

The Charge Nurse will:

- 1) Assess the situation to determine if the resident is able to breathe. Look for signs that the resident is suffering from total airway obstruction. These signs include the resident being unable to make any sounds above a wheeze, the face turning blue, and hands clutching the throat in the universal symbol for choking.
- 2) If the resident is not able to speak, cough, or breathe, or is making high-pitched noise, immediately begin care for choking.
- 3) A trained nurse/healthcare provider will perform abdominal thrusts to clear airway.
 - If the resident becomes unconscious, call 911.
 - If CPR is required as per residents' plan of care, ensure that the resident is lying on a hard surface to enable ease when doing CPR.
 - Continue providing emergency care until EMS arrives on scene.
- 4) Notify POA, physician, and Director of Care of the incident and actions taken.

Post Choking Incident:

- 1) Following a choking event, the Charge Nurse will:
 - If the resident expels the object, continue to monitor resident's vital signs q shift x48hrs after the choking episode, watching the residents for symptoms of aspiration pneumonia. Conduct chest assessment each shift with vital signs checks x48hrs.
 - Investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, discomfort.
 - Contact the Dietitian for consultation post incident.
 - Identify if any other referrals or consultations may be required, i.e. PT/OT, physician, Speech & Language Pathologist.
 - Review and update the residents' plan of care to ensure risks are identified and based on resident individualized care needs.
- 2) Document incident in the risk management tab of the resident electronic health record.

The PSW will:

- 1) Immediately report any signs of chewing or swallowing difficulties during snack, meal times, and when consuming any other food or fluids to the nurse.

The Director of Care or designate will:

- 1) Complete a critical incident report as per provincial health authority requirements for transfers to hospital.

- 2) Obtain proof of current CPR certification from nursing staff upon hire and recertification as per provincial requirements thereafter.
- 3) Ensure staff members received training on Code Blue procedures including how to respond to choking incidents.

TITLE:	Code Orange – External Emergency	PAGE:	1 of 5
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & DOC
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

In the event of an external disaster, community utility failure, air exclusion event, severe weather events including weather watches and warnings, wildfire danger, or if the location is requested to be a site to shelter an external group, a Code Orange will be called to alert staff members, visitors, and residents and prompt an appropriate response in accordance with the location's Code Orange Emergency Plan.

PROCEDURE:

EXTERNAL AIR EXCLUSION (CHEMICAL, BIOLOGICAL, RADIOLOGICAL, ETC.)

Any person who becomes aware of external air exclusion (chemical, biological, radiological, etc.) will:

- 1) Inform the Charge Nurse immediately.

The Charge Nurse will:

- 1) Notify ES Manager. ES Manager will notify Building Operator
- 2) Notify Director of Care and Chief Executive Officer or designate.
- 3) Alert staff members that an evacuation may be necessary.
- 4) If advised by provincial authorities to remain in the building, notify staff members, residents, and visitors of the hazard and reasons to "shelter in place".
- 5) Ensuring that all windows and doors are closed; Sealing gaps under doorways, windows, indicate where supplies will be kept)
- 6) Tune into local radio/television/internet for information and direction from provincial or community authorities.
- 7) Initiate Code Green evacuation procedure as required.

The Building Operator will:

- 1) Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
- 2) Ensure that all heating, air conditioning, and ventilation systems remain off
- 3) Close windows, doors, and other openings to the exterior within the home/building
- 4) Limit access to the building

All Staff members will:

- 1) Close windows, doors, and other openings in neighborhood.
- 2) Turn off, fans, and heating equipment. In resident rooms/area
- 3) Take direction from the Charge Nurse.

SEVERE WEATHER

Thunderstorms, hail, tornadoes, blizzards, ice storms, high winds, heavy rain, , etc. Any of these may result in conditions that require evacuation of the building.

Any person who receives communication that severe weather is being forecasted are drawing near will:

- 1) Inform the Charge Nurse immediately.

The Charge Nurse will:

- 1) Notify ES Manager; ES Manager will notify Building Operator
- 2) Notify, Director of Care, Chief Executive Officer
- 3) Tune into their local radio station/television station/internet for updates on severe weather warnings.
- 4) Advise staff members, residents, and visitors of severe weather warning.
- 5) Direct staff members to move residents away from windows and close windows, blinds, and curtains, preventing window glass from shattering onto them or debris from entering through windows, etc.
- 6) Direct staff members to have emergency supplies readily accessible.
- 7) Initiate Code Green evacuation procedure as required.

The Building Operator will:

- 1) Verify that the generator (as applicable) is adequately fueled and in good working order.
- 2) Arrange for additional fuel onsite as required or necessary

EARTHQUAKE

During an earthquake, the majority of injuries are caused by non-structural items falling and becoming projectiles. In most situations you will reduce your chance of injury if you: DROP, COVER, and HOLD ON.

- DROP down to your hands and knees (before the earthquake knocks you down). This position protects you from falling but allows you to still move if necessary.
- COVER your head and neck (and your entire body if possible) under a sturdy table or desk. If there is no shelter nearby, only then should you get down near an interior wall (or next to low-lying furniture that will not fall on you) and cover your head and neck with your arms and hands.
- HOLD ON to your shelter (or to your head and neck) until the shaking stops. Be prepared to move with your shelter if the shaking shifts it around. Be aware of falling debris after the shaking stops.

In the event of an earthquake, all Staff members will:

- 1) Protect self – drop, cover, and hold on.
- 2) Not attempt to assist others until the shaking stops.
- 3) Stay covered until the shaking stops.
- 4) Stay away from windows, bookcases, and other hazards.

TITLE: Code Orange – External Emergency		Page 3 of 5
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- 5) If inside, stay inside. Do not attempt to exit.
- 6) Crawl under a strong table, counter, or desk if possible and hold onto the legs.
- 7) Do not stand in a doorway.
- 8) If outside, stay outside.
 - Move away from the building and power lines
 - Avoid overhanging structures
 - Remain in location until the shaking stops

When the shaking stops, Charge Nurse will direct staff:

- 1) Notify Communicate with ES Manager, DOC, and CEO
- 2) To put out small fires quickly if it can be done without endangering themselves or other individuals. Fire is the most common hazard following earthquakes.
- 3) Alert residents, staff members, and visitors to expect aftershocks.
- 4) Alert residents, staff members, and visitors of fallen power lines and other hazards.
- 5) Attempt to continue operations onsite. Continue to provide essential care and service as much possible.
- 6) Check for hazards; floors may be covered with glass, spilled medications, and chemicals. Clean up flammable liquid spills as soon as possible.
- 7) Check the operating status of all telephones, and replace receivers on the bases.
- 8) Check for injuries: assess if anyone is injured and provide medical assistance where required or call other staff members for assistance.
- 9) Check for people who may be trapped: inspect residents' rooms, nursing stations, and other locations in your area. Leave doors to rooms open.
- 10) Instruct residents to remain calm and stay in an intact room, or assemble residents in hallways until a detailed damage assessment is complete. Keep residents away from windows, exterior walls, and objects, which may fall.
- 11) Do not evacuate until advised by the Charge Nurse. Check exit routes for damage and debris in the event that evacuation is required. Expect to clear corridors and doorways, or navigate disabled stairways.
- 12) Do not consume or distribute food or water unless you are certain it is free from contamination.
- 13) Do not flush toilets – conserve water..
- 14) Assess the damage to your designated area/Neighborhood,
- 15) . Use caution when opening doors to cupboards and rooms as objects may fall. Salvage and protect medications and required supplies. Post signs indicating dangerous areas, and notify the Charge Nurse of unsafe situations.
- 16) Alert residents, staff members, and visitors that fire alarms and sprinklers may activate.
- 17) Instruct residents, staff members, and visitors to not leave the building due to potential danger of falling objects.
- 18) Instruct residents, staff members, and visitors to evacuate once shaking has stopped and move away from building; follow Code Green evacuation procedure as required.

- 19) Ensure all residents, staff members, volunteers, and visitors present at the time of the earthquake are accounted for. If anyone is missing, either conduct an immediate search or await instruction from emergency services, depending on the condition of the building.
- 20) Contact emergency services, keeping in mind that the location may not be the only facility requesting assistance.
- 21) Arrange for first aid to be administered as necessary. Seriously injured individuals should not be moved unless they are in immediate danger of further injury.
- 22) Take direction from Emergency Services (Ottawa Fire Department/Police).

ES Manager or designate will:

- 1) Arrange for the building to be inspected before residents and staff members are re-admitted.

FLOOD (EXTERNAL I.E. DUE TO WEATHER)

In the event of an external flood that may affect the building:

The Charge Nurse will:

- 1) Notify ES Manager immediately; ES Manager will notify Building Operator
- 2) Tune into local radio/television/internet for information and direction from provincial or community authorities.; continue to monitor
- 3) Alert staff members that an evacuation may be necessary.
- 4) If advised by provincial authorities to remain in the building, notify staff members, residents, and visitors of the hazard and reasons to “shelter in place”.
- 5) Initiate Code Green evacuation procedures as required.

The Building Operator will (In the event there is time and it is safe to do so),:

- 1) Shut down/de-energize utilities not necessary for urgent resident care to reduce ignition sources and damage.
- 2) Raise and relocate valuable and easily moveable equipment, furniture, and vital records to a higher elevation/upper floor wherever possible.
- 3) Close emergency valves to sewer drains.
- 4) Check sump pumps to ensure they are operable.
- 5) Ensure backup power supplies (i.e. generators) are functional.
- 6) In the event building is damaged and evacuation has been initiated, arrange for building to be inspected before residents and staff members are re-admitted.

TITLE: Code Orange – External Emergency		Page 5 of 5
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COMMUNITY DISASTER/UTILITY FAILURE

Any person who becomes aware of a community-wide disaster and/or utility failure will:

- 1) Inform the Charge Nurse or designate immediately.

The Charge Nurse will:

- 1) Notify ES Manager immediately; ES Manager will notify Building Operator
- 2) Tune into local radio/television/internet for information and direction from provincial or community authorities.
- 3) Alert staff members that an evacuation may be necessary.
- 4) If advised by provincial authorities to remain in the building, notify staff members, residents, and visitors of the hazard and reasons to “shelter in place”.
- 5) Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
- 6) Initiate Code Green evacuation procedure as required.

All Staff members will:

- 1) Take direction from the Charge Nurse

DAMAGE ASSESSMENT CHECKLIST

Use as needed to assess damage to the building in the event of a Code Orange external emergency affecting/causing damage to the building.

Activity	Complete	Comments
Fire		
Building Exterior Structural Integrity: Areas of collapse and deformities Shifting and distortions		
Entry and exit routes: pass ability		
Interior Structure Integrity: Fallen light fixtures Broken windows Fallen cupboards/furniture Hazardous spills		
Elevators: Doors Pulleys Chains Electrical systems		
Electrical system: System integrity Shorting Fire Fallen power lines		
Emergency generator: System integrity and functioning		
Water: System integrity, availability, and purity		
HVAC system: functioning		
Sewage system: functioning		
Telephone and system: functioning		
Natural gas system: System integrity and availability		
Other:		

TITLE:	Code Orange – Emergency Reception Plan (Community Disaster)	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager, DOC & CEO
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

The location will provide support and act as an Emergency Reception site for other healthcare institutions/residences in crisis and in the event of certain community disasters.

PROCEDURE:

The Staff member who receives a request to use the location as an Emergency Reception site will:

- 1) Notify the Charge Nurse immediately.

The Charge Nurse will:

- 1) Notify the Director of Care , Chief Executive Officer and ES Manager or designate.
- 2) Assess the type of persons the location is able to receive and inform the caller if the location can accept them if they are not a prearranged “reception partner”.
- 3) Inform staff members of the upcoming reception.
- 4) Determine the number of staff members to be called back should additional staff members be required to support the emergency situation.
- 5) Meet the evacuated residents in the main lobby upon their arrival.
- 6) Delegate staff members to designated areas of the building where residents will be accommodated. The following two areas will need to be established:
 - Assessment Area
 - Holding Area
- 7) Appoint one staff member to identify each individual or resident by placing a temporary identification bracelet on their wrist and completing the Emergency Reception Registration Log.
- 8) Appoint staff members/volunteers to escort individuals to the assessment, holding, and temporary accommodation areas.
- 9) Direct staff members to provide beverages/light snack to evacuated residents.
- 10) Direct Dietary/Kitchen Aid staff to make necessary adjustments to eating times, meal numbers, and eating locations to accommodate extra individuals within the location.
- 11) Nursing staff and support staff as applicable to provide supplies, comfort needs (blankets, pillow, bed, chair, personal – toothbrush, Kleenex, etc.).
- 12) Notify the Director of Long Term Care and others as appropriate i.e. provincial regulatory authority, health authority.

Staff members will:

- 1) Take direction from the Charge Nurse

CODE ORANGE – EMERGENCY RECEPTION REGISTRATION LOG

RECEIVED FROM _____

VIA _____

DATE _____

TIME _____

Resident Name	Records Rec'd / sent (Y/N)	Ambulatory/ w/c/ bedridden	Holding Area assigned (Indicate Location)	Family Notified (Y/N)	Re-Transferred to & Date (as applicable)	Returned to Evacuating Site & Date (as applicable)

Completed by:_____
Staff member Name (Print)_____
Staff member Signature_____
Date

TITLE:	Code Black – Bomb Threat / Suspicious Package/Device	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

In the event of a bomb threat or a suspicious package/device located within the building for which the owner cannot be located and the circumstances around the package are suspicious in nature, a Code Black will be called to alert staff members, visitors, and residents and prompt an appropriate response in accordance with the location's Code Black Emergency Plan.

PROCEDURE:

For further information, please contact the Chief Executive Officer.

TITLE:	Code Grey – Infrastructure Loss / Failure – Grey County	PAGE:	1 of 7
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

In the event of any loss or failure of a major infrastructure component of the building i.e. mag locks, elevator entrapment/failure, loss of utility, life safety system, etc., Code Grey will be called to alert staff members, residents, and visitors and prompt an appropriate response in accordance with the location's Code Grey Emergency Plan.

Repair service contracts (where applicable) will include priority response time.

NOTE: We will report system failures to the MOLTC as per regulations (A period greater than six (6) hours)

PROCEDURE:

ELEVATOR ENTRAPMENT/FAILURE

Any person who discovers that someone is trapped in an elevator/elevator failure will:

- 1) Inform the Charge Nurse immediately.

The Charge Nurse will:

- 1) ES Manager or designate immediately. ES Manager will notify Building Operator
- 2) Attach signage to elevator doors that state out of service.
- 3) Attempt to determine where the elevator is stopped
- 4) Designate a staff member to be stationed outside of the elevator door on the floor if elevator doors are stuck opened to reassure the occupant(s) that help is on the way.
- 5) Reinforce to occupants to not force the doors open and remain calm.

The Building Operator will:

- 1) Contact the elevator service company immediately and determine their estimated response time.
- 2) Prevent anyone from overriding the system. Overriding the system may put occupant(s) at risk and may prevent the elevator technician from being able to determine the cause of the malfunction.
- 3) Call 911 if the occupant(s) is in distress.
- 4) Follow the directions of the elevator service technician or emergency services when they arrive on scene.
- 5) Take the elevator out of service until the necessary repairs are made.

ROOF COLLAPSE

Any person who suspects that there has been a roof collapse will:

- 1) Inform the Charge Nurse immediately.

TITLE: Code Grey – Infrastructure Loss/Failure		Page 2 of 7
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The Charge Nurse will:

- 1) Notify ES Manager or designate immediately; ES Manager will notify Building Operator
- 2) Direct staff members to relocate residents, visitors, and themselves from the affected area(s) of the building following the fire emergency procedures.
- 3) Call 911 from a phone located well away from the area affected.
- 4) Take direction from Emergency Services (Ottawa Fire Department)

The Staff members will

- 1) Take direction from the Charge Nurse
- 2) Ensure residents are safe and comfortable

The Building Operator will:

- 1) assess the situation and integrity of the roof i.e. snow or ice on roof needing to be removed immediately, etc.
- 2) Contact roofing contractor emergency services
- 3) Provide updates to ES Manager, DOC and CEO

ELECTRICAL POWER FAILURE

Any person who becomes aware of a major electrical power failure will:

- 1) Notify the Charge Nurse immediately.

The Charge Nurse will:

- 1) Notify ES Manager or designate immediately. ES Manager will notify Building Operator.
- 2) Direct staff members to monitor all doors and high risk residents for elopement.
- 3) Identify needs of residents for power (IV, Oxygen, Air Mattresses, etc.).

All Staff members will:

- 1) Carry a flashlight.
- 2) Provide residents with night light/lantern as needed.
- 3) Take direction from the Charge Nurse.

Building Operator will:

- 1) Notify the local hydro service provider of the power failure and ask for expected duration of the outage.
- 2) Activate the Emergency Generator immediately and monitor it to see that it is working correctly.
- 3) Ensure that all lights and Generator powered equipment is working.
- 4) Where applicable, direct staff members to use the “Emergency Outlets” Generator outlets (in resident areas,).
- 5) Maintain an adequate supply of flashlights, batteries, and extension cords that are readily available to staff members.
- 6) Check fuel supply and activate procedure for delivery of additional fuel as needed.
- 7) Once power is restored and systems are operating normally, fill out an “Unanticipated Diesel Generator Run” report form and provide copy to DOC.
- 8) Update ES Manager, DOC, and CEO

FIRE PROTECTION SYSTEM FAILURE

Any person who suspects that the Fire Protection System is not working will:

- 1) Inform the Charge Nurse immediately.

The Charge Nurse will:

- 1) ES Manager or designate immediately. ES Manager will notify Building Operator
- 2) Notify all staff members that a fire watch has been initiated.
- 3) Give verbal instruction to staff members and visitors that fire watch means that our normal fire detection systems such as heat detectors and pull stations may not work – if a fire is suspected you must call 911 directly.
- 4) Assign staff member(s) to monitor/complete Fire Watch Checklist for all areas of the building by doing thirty-minute walk about for the duration of the fire watch.
- 5) Assign staff member to post Fire Watch signs at all entrance doors: reception/main entrance, main kitchen, laundry, and in elevators.

All Staff members will:

- 1) Complete monitoring and Fire Watch Checklist as assigned.
- 2) Take direction from the Charge Nurse

The Building Operator will:

- 1) Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.
- 2) Contact campus security for support if and where necessary
- 3) Provide updates to Charge Nurse, ES Manager, DOC and CEO

TOTAL LOSS OF HEATING SYSTEM

Any person who becomes aware of a major or total failure of the building's heating system will notify the ES Manager or designate immediately. ES Manager will notify Building Operator.

The Building Operator will:

- 1) Notify the local HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
- 2) Request an estimated time to correct the problem following initial investigation by heating contractor.
- 3) Contact gas service provider when required

- 4) Review Evacuation plan and prepare to institute if estimated time for repair is greater than 6 hours.
- 5) Review and implement policy on required interventions during Extreme Cold Conditions.
- 6) Monitor and document building temperatures every 30 minutes to ensure temperature does not drop below 20°C in any occupied area until heating system is fully restored.
- 7) Direct staff members to ensure all exterior windows are closed and curtains are drawn closed.
- 8) Notify ES Manager, DOC, CEO
- 9) Direct staff members to move residents to inner core of building away from exterior walls if temperatures drop to less than 20°C.
- 10) Notify ES Manager, DOC, CEO for potential evacuation

The Charge Nurse and DOC will

- 1) Implement evacuation plan if building temperatures fall below 15°C.

TOTAL LOSS OF COOLING SYSTEM

Any person who becomes aware of a major or total failure of the building's cooling system will notify the ES Manager or designate immediately. ES Manager will notify Building Operator

The Building Operator will:

- 1) Notify the local HVAC system contractor service provider of the failure and ask for expedited service call to correct.
- 2) Request an estimated time to correct following the initial investigation by heating contractor.
- 3) Notify the Charge Nurse.
- 4) Review and implement Management of Risk Associated with Extreme Heat policy.
- 5) Monitor and document building temperatures every 30 minutes to ensure Humidex does not exceed 39°C in any occupied area until cooling system is fully restored.
- 6) Direct staff members to ensure all exterior windows are closed and curtains are drawn closed.
- 7) Place in operation any fans available to provide additional comfort to residents.
- 8) Direct staff members to move residents to inner core of building away from exterior walls.
- 9) Notify ES Manager, DOC, and CEO

The Charge Nurse and DOC will:

- 1) Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.

LOSS OF POTABLE WATER

Any person who becomes aware of a major or total failure of the building's water system will notify the ES Manager or designate immediately. ES Manager will notify Building Operator

The Building Operator will:

- 1) Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
- 2) Request an estimated time to correct following the initial investigation.
- 3) Notify the Charge Nurse.
- 4) Search for leaks / shut off water i.e. at localized appliance.
- 10) Update ES Manager, DOC, and CEO

The Charge Nurse and DOC will:

- 1) Review Evacuation plan and prepare to institute if time to correct is greater than 6 hours.
- 2) Implement emergency water rations for residents as required (i.e. boil water advisory).

INTERNAL FLOOD (I.E. BURST PIPES)

Any person who becomes aware of an internal flood will notify ES Manager or designate immediately. ES Manager will notify Building Operator.

The Building Operator will:

- 1) Turn off water supply at main valve and shut off electricity to affected parts of the building.
- 2) Contact a plumber.
- 3) Turn on faucets and flush toilets to drain pipes and relieve pressure.
- 4) Implement emergency water rations for residents as required (i.e. boil water advisory).
- 5) Remove electronics, furnishings, equipment, files, etc. in danger of water damage.
- 6) Update ES Manager, DOC and CEO

The Charge Nurse and DOC will:

- 1) Determine whether to initiate partial or full Code Green evacuation.
- 2) Implement emergency water rations for residents as required (i.e. boil water advisory).

The ES workers and Staff members will:

- 1) Begin water cleanup as directed.
- 2) Set up fans, dehumidifiers, etc. as directed.
- 3) Clean any areas or items damaged by water.

MAG LOCKS FAILURE

Any person who suspects that the Mag Locks are not working will:

- 1) Inform the Charge Nurse immediately.

The Charge Nurse will:

- 1) Notify ES Manager immediately; ES Manager will notify the building operator
- 2) Check to ensure that doors are unlocked and if so, try to reset mag locks at station.

TITLE: Code Grey – Infrastructure Loss/Failure		Page 6 of 7
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- 3) Assign staff members to monitor exit doors until the problem is resolved.
- 4) If entire maglock system is interrupted, assign staff members to monitor main exit and entrance doors throughout the building
- 5) Contact campus security for monitoring support
- 6) Assign staff members to complete a resident room check and to do ongoing walk about every fifteen minutes until system is reactivated.

The Building Operator will:

- 1) Review maglock program for issues
- 2) If isolated to specific maglock, troubleshoot for resolution
- 3) ; if entire maglock system is interrupted, contact immediate assistance from Cintel emergency services.
- 4) Update charge Nurse, ES Manager, DOC and CEO

TITLE: Code Grey – Infrastructure Loss/Failure		Page 7 of 7
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All Staff members will:

- 1) Complete room check and monitor exits as assigned.
- 2) Take direction from the Charge Nurse.

TELEPHONE SYSTEM FAILURE

Any person who becomes aware of a telephone system failure will:

- 1) Inform the Charge Nurse immediately.

The Charge Nurse will:

- 1) Notify ES Manager (ES Manager to contact building operator), DOC and CEO or designate
- 2) Use cell phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service)
- 3) Notify residents and post signage.

The Building Operator will:

- 1) Contact Cintel emergency services immediately
- 2) Contact phone service provider
- 3) Support contractors/service providers with troubleshooting
- 4) Update ES Manager, DOC, and CEO or designate

EMERGENCY POWER SUPPLY INVENTORY

<u>Item</u>	<u>Normal Power</u> x	<u>Emergency Power</u> √	<u>Location / Comments</u>
Rooftop & MUA Units			
Fire Alarm System			
Fire Sprinkler Pumps			
Fire Alarm Monitoring			
Phone System			
Main Fax Machine			
Charges for portable phones			
Nurse Call System			
Kitchen Equipment			
Kitchen Make-up Air Unit			
Walk-in Fridge / Freezer			
Kitchen Exhaust Fan			
Servery(s)			
Dishwashers			

EMERGENCY POWER SUPPLY INVENTORY

<u>Item</u>	<u>Normal Power</u> x	<u>Emergency Power</u> √	<u>Location / Comments</u>
Resident Room Receptacles			
Corridor Receptacles			
Domestic Hot Water Boilers			
Heating System Boilers			
Heating System Pumps			
Heating System Control Valves			
Mag-Locks			
Door Hold Open Devices			
Computer Stations			
Administration Computers			
Main Server (Computer)			
Internet Equipment (Modem)			
Security System Computer (Win-Pak)			
DHW Safety Shutdown Valve			

EMERGENCY POWER SUPPLY INVENTORY

<u>Item</u>	<u>Normal Power x</u>	<u>Emergency Power √</u>	<u>Location / Comments</u>
Elevators			
Resident Lifts (Battery Chargers)			
Portable Lifts - Battery Chargers			
Main Entrance (Power Operated Door)			
Laundry Equipment (Washers/Dryers)			
Lighting Systems other than Emerg Lgts			
Parking Lot Lighting			
Sump Pumps			
Medi-Prep: Vaccine Fridge			
<u>Ancillary Supplies</u>			<u>Location / Comments</u>
Electrical cords			(length and location)
Flashlights			
Walkie talkies			
Batteries (for flashlights and walkie talkies)			(type and location)

Please be advised our Fire Alarm
System is down and a

Fire Watch is in place

The building is being patrolled by
designated fire watch persons

Call 911 if a fire is observed
and alert staff

CODE GREY - FIRE WATCH CHECKLIST

Date: _____

Area Monitored: _____

Time Fire Watch Started: _____

Time Fire Watch Completed: _____

Name / Title of person Assigned to Fire Watch Duties: _____

All rooms checked		All rooms checked		All rooms checked	
Time	Signature	Time	Signature	Time	Signature
700		1500		2300	
730		1530		2330	
800		1600		2400	
830		1630		2430	
900		1700		100	
930		1730		130	
1000		1800		200	
1030		1830		230	
1100		1900		300	
1130		1930		330	
1200		2000		400	
1230		2030		430	
1300		2100		500	
1330		2130		530	
1400		2200		600	
1430		2230		630	

TITLE:	Code Brown – Internal Emergency (Spill / Leak / Hazard)	PAGE:	1 of 5
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY

In the event of a minor hazardous material spill, a major hazardous material spill or hazmat incident, a carbon monoxide or natural gas leak, or a biological/chemical threat, a Code Brown will be called to alert staff members, visitors, and residents and prompt an appropriate response in accordance with the home's Code Brown Emergency Plan.

DEFINITIONS:

A minor hazardous material spill is defined as a spill of a known substance in a manageable quantity that does not cause a chemical reaction.

A major hazardous material spill or hazmat incident can be defined as:

- a known substance that cannot be contained or cleaned up
- a substance of significant quantity that poses an immediate risk to staff and residents
- the material is unknown
- a chemical reaction is present
- incident could escalate and increase level of risk

CARBON MONOXIDE

Signs that there may be a hazardous or potentially hazardous concentration of carbon monoxide detected in the air in the building:

- Stale, stuffy air
- Occupants have symptoms of CO exposure (see below)
- The pilot light on gas-fired equipment keeps going out
- A sharp odour of the smell of natural gas occurs when equipment turns on
- The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue (note: some natural gas fireplaces are designed to have yellow flames)
- Chalky, white powder on a chimney or exhaust vent pipe or soot buildup around the exhaust vent
- Excessive moisture on walls or windows in areas where natural gas equipment is on
- CO detectors alarm

Symptoms of Carbon Monoxide (CO) Exposure:

- Headaches
- Nausea
- Dizziness
- Drowsiness or fatigue
- Burning eyes
- Confusion
- Loss of coordination

PROCEDURE:

Any person who suspects exposure to Carbon Monoxide will:

- 1) Contact Charge Nurse Immediately

The Charge Nurse will:

- 1) Call the fire department using 911 immediately.
- 2) Notify the ES Manager or designate immediately; ES Manager will notify Building Operator,
- 3) Alert Charge Nurse to provide medical attention to those who need help, paying particular attention to anyone with a respiratory ailment (i.e. asthma).
- 4) Notify DOC and CEO

The Building Operator will:

- 1) Identify proper shutdown of gas to equipment.
- 2) Shut down gas to equipment. from main shutoff valves.
- 3) Take direction from fire department

All Staff members will:

- 1) Open windows to ventilate the area.
- 2) Relocate residents, staff members, visitors, and volunteers from the affected area immediately.
- 3) Take direction from the Chief Executive Officer, Building Services Supervisor/Maintenance Manager.

NATURAL GAS LEAK

Any person who suspects exposure to a natural gas leak will:

- 1) Call 911 from a phone located well away from the source of the leak.
- 2) Inform the Chief Executive Officer, ES Manager immediately; ES Manager will notify Building Operator.

The Building Operator will:

- 1) Immediately shut off the gas at the main valve and any secondary valves if necessary.
- 2) Shut off the valves.
- 3) Instruct staff members to relocate residents, visitors, and themselves from the affected area of the building following the fire emergency procedures.
- 4) Notify the gas company from a phone located well away from the source of the leak.
- 5) Take direction from Emergency Services (Ottawa Fire Department).

All Staff members will:

- 1) Not smoke or use electrical devices including cell phones.

- 2) Not turn the power on and off.
- 3) Advise visitors/volunteers to not smoke or use electrical devices including cell phones.
- 4) Take direction from the Charge Nurse.

BIOLOGICAL/CHEMICAL THREAT

Any person who becomes aware of a chemical, biological, or radiological accident will:

- 1) Immediately ensure all persons are relocated to an area away from the release.
- 2) Call 911.
- 3) Inform the Charge Nurse immediately.

The Charge Nurse will:

- 1) Notify ES Manager immediately; ES Manager to notify Building Operator
- 2) Notify DOC and CEO
- 3) Direct staff members to evacuate as many residents from the contaminated area as possible if it can be done without become a victim.
- 4) Direct staff members to evacuate everyone in the building outside if it is safe to do so.
- 5) Organize a calm evacuation as per Code Green evacuation process.
- 6) If an evacuation outside of the building is not possible, move everyone in the building upwards to an interior room on a higher floor (many agents are heavier than air) or to an adjacent fire compartment if movement to a higher floor is not practical.
- 7) Direct staff members to seal off the contaminated area: seal gaps under doorways, windows, and other building openings.
- 8) Take direction from Emergency Services (Ottawa Fire Department/Police).

The Building Operator will:

- 1) Check that building is secure
- 2) turn off heating, air conditioning, and ventilation systems.
- 3) Provide updates to CEO, DOC, ES Manager

All Staff members will:

- 1) Take direction from Charge Nurse.
- 2) If splashed with a chemical agent, immediately wash if off using ONLY water.

LIQUID / CHEMICAL / GAS SPILL

Any person who discovers a liquid/chemical/gas spill or leak will:

- 1) Notify ES Manager immediately; ES Manager to notify Building Operator
- 2) Notify DOC, CEO the Chief Executive Officer

The Charge Nurse will:

- 1) Keep staff members, residents, volunteers, and visitors clear of the area.
- 2) Investigate and determine the appropriate actions.
- 3) Announce "Code Brown" repeated 3 times if necessary
- 4) If no leak or spill, complete Incident Report.

The Building Operator will:

- 1) If leak/spill found shut of liquid chemical container/ main gas valve
- 2) Determine the nature, extent, and cause of the spill/leak;
- 3) Use the Spill Kit in order to contain the leak.
- 5) If required, advise that a Code Brown should be called. This may involve evacuation of the affected area.
- 6) If required, call 911 to get Emergency Services assistance.
- 7) Take direction from emergency services (Ottawa Fire Department).
- 8) When the situation is under control, inform Charge Nurse
- 9) Complete Incident Report (with assistance from staff involved).
- 10) Contact environmental company to arrange proper disposal in keeping with the type of spill collected in the spill kit pail..

1) Staff members in the affected area will:

- 1) Keep staff members, residents, volunteers, and visitors out of the area until the situation is investigated and evaluated by the Building Services Supervisor/Maintenance Manager and or designate
- 2) Take directions from the Building Services Supervisor/Maintenance Manager

All Staff members will:

- 1) Take directions from the Building Services Supervisor/Maintenance Manager
- 2) Keep out of the area.
- 3) Reassure residents, visitors, and volunteers as appropriate.

NOTE: Spill Kit contents include:

- Instructions
- 10x15x19" Sorbent Pads
- 10x3"x4' Sorbent Socks
- 1x Pair Nitrile Gloves
- 26.5x31" 3mil Disposal Bag
- 5 Gal. UN pail

What to do When a Spill Occ

Identify spilled product. If you are NOT familiar with the liquid and its chemical properties, vacate the area and contact proper authorities.

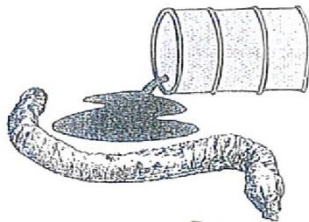


1. Risk Assessment

Evaluate the type of material spilled and identify the source.

2. Protective Clothing

Wear the appropriate protective gear for the situation. If the source or the material are not identifiable assume the worst.



3. Containment

Contain the liquid and seal drains

4. Stop the Source

Close valves, rotate punctured drums and plug leaks where it is possible and safe to do so.



5. Begin Clean Up

Use the absorbent materials to clean up spilled liquids.

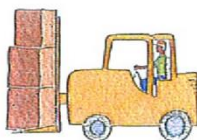
6. Contact Authorities

Report the spill to the proper legal authorities in your community. Be sure to fill out all necessary reports in accordance with local laws.



7. Disposal of Used Materials

Absorbent materials take on the characteristics of whatever they absorb. Be sure to dispose of used absorbents and spilled liquids in accordance with local laws



8. Decontamination

Clean all tools and reusable materials properly before reuse.

9. Restock Materials

Replace absorbent materials and safety equipment used in any clean up operation.



10. Review Contingency Plans and Procedures!

PLEASE NOTE: THIS SPILL KIT IS A STOP-GAP MEASURE FOR MINOR SPILL CLEAN-UP. IF A SERIOUS SPILL OCCURS, CONTACT LOCAL AUTHORITIES FOR DIRECTION AND ASSISTANCE FOR THE PROBLEM.

DUE TO THE POSSIBLE TOXIC AND HAZARDOUS FLUIDS ABSORBED,
ULINE DOES NOT RECOMMEND DISPOSAL PROCEDURES.

TITLE:	Code Silver – Active Shooter / Armed Intrusion	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

In the event of an intrusion by an armed person, an active shooter, or a hostage taking incident, Code Silver procedures will be enacted to prompt an appropriate response in accordance with the location's Code Silver Emergency Plan.

Note: Code Silver will not result in other staff members coming to assist, as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called. When a Code Silver is initiated, all staff members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area, following the procedures set out below.

PROCEDURE:

For further information, please contact the Chief Executive Officer.

TITLE:	Building Lockdown	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

Lockdown procedures are implemented to secure and protect staff members and residents when an unauthorized or suspicious person enters the location and may be implemented in the event of a threatening communication. Lockdown procedures are similar to shelter-in-place procedures in that they are to be used when it may be more dangerous to evacuate than to stay inside. The intent is to reduce the number of casualties, and is initiated when evacuation is not feasible.

PROCEDURE:

For further information, please contact the Chief Executive Officer.

Attachments: N/A

TITLE:	Boil Water Advisory	PAGE:	1 of 4
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & CEO
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

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 members, and visitors sick. Boiling the tap water destroys pathogens and makes the water safe to drink and use.

In the event of a boil water advisory, Hillel Lodge 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 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.

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

PROCEDURE:

The Charge Nurse will:

- 1) Ensure all staff members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
- 2) Notify ES Manager (ES Manager will contact building operator), DOC, and CEO
- 3) Ensure staff members follow the boil water advisory procedures

The Infection Prevention & Control Lead or designate will:

- 1) Post signage at entrance to the home and at all faucets, including 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..
- 2) Post signage advising staff members, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels. Boil Water Advisory Handwashing Signage.
- 3) Conduct enhanced resident infectious disease surveillance observing for signs of illness.

TITLE: Boil Water Advisory		Page 2 of 4
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The Building Operator will:

- 1) Disconnect all drinking water fountains, soda dispensers with post-mix service, and ice making machines from the affected water supply.
- 2) Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and staff member washrooms and at all standalone hand sinks.
- 1) Reference XXVII-O-10.00(b) Cleaning & Sanitizing Practices During a Boil Water Advisory.

The Dietary Manager or designate will:

- 1) Ensure alternate sources of water are provided to residents, staff members, and visitors that is safe for drinking.
- 2) Discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays.
- 3) Direct team 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.
- 4) If providing bottled water, check with Public Health Unit about brands of bottled water or water dispensers considered to be safe / that are produced in locations not affected by the boil water advisory.

The Nursing Team 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 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 Building Operator will:

- 1) Flush all water-using fixtures and faucets by running them for five minutes (if your service connection is long or complex, consider flushing for a longer period of time).

- a. Begin on the top floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for five minutes, proceed to the next floor below; continue the procedure until all fixtures and faucets on all floors are flushed.
- 2) Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations.
- 3) Flush, drain, clean, and disinfect cisterns (i.e.: toilet tanks) that contained the affected water source.
- 1) Run water softeners through a regeneration cycle according to the manufacturer's recommendations.
- 2) Replace the filters on any water filtration devices, and flush the fixture according to manufacturer's directions.
- 3) Drain and refill hot water heaters that have been set below 45°C/110°F.

The Chief Executive Officer or designate will:

- 1) Communicate to all staff members, residents, visitors, and stakeholders that the Boil Water Advisory has ended.
- 2) Conduct a debrief with the team to review procedures and make any adjustments to site specific practices/Emergency Management Plan as needed.

The Infection Prevention & Control Lead or designate will:

- 1) Remove signage.

PERSONAL HYGIENE DURING A BOIL WATER ADVISORY

Can tap water be used to wash hands?

Yes, tap water can be used for handwashing, but an alcohol-based hand sanitizer must be applied to hands afterwards.

- Wash hands with warm tap water and soap; lather for at least 20 seconds.
- Rinse hands well under running water and dry them with a paper towel.
- When hands are dry, apply an alcohol-based hand sanitizer containing at least 70% alcohol.

Can tap water be used for showering or bathing?

Yes. Residents may take showers or baths with tap water, but must be careful to avoid the face, and avoid swallowing any of the water.

- The use of hand-held showerheads is recommended to assist with this concern.
- Open wounds, cuts, blisters, or recent surgical wounds must be covered with a waterproof covering prior to showering or bathing, and care must be taken not to contaminate these areas during bathing, showering, or towel-bathing.
- Pre-boiled water, sterile water, or water from a safe alternative source may also be used if towel-bathing is required.
- Residents with weakened immune systems may require special consideration; discuss with physician/NP.

Can tap water be used for brushing teeth?

No. During a boil water advisory, tap water is NOT safe for brushing teeth.

- Only pre-boiled water that is cooled, bottled water, or water from another safe source may be used for brushing teeth.

CLEANING & SANITIZING PRACTICES DURING A BOIL WATER ADVISORY

Can tap water be used for cleaning and disinfecting contact and non-contact surfaces?

Yes. Contact surfaces such as door knobs, handles, railings, vanities, etc. and non-contact surfaces such as walls, floors, and ceilings can be cleaned and disinfected using normal routine practices.

Can tap water be used for washing laundry?

During a boil water advisory, tap water may be used for general laundry procedures.

- Wet laundry must be dried in a mechanical drying machine on a normal setting or hotter.
- Consult with Infection Prevention & Control Lead or designate to verify correct procedures for sterile linen processing.

Can medical equipment that is directly connected to the water supply be used?

Generally, no. Any instruments or machines that use water to sterilize and disinfect equipment would typically be affected by a boil water advisory.

- Consult with Infection Prevention & Control Lead or designate before use of any specialized medical equipment directly connected to the water supply.
- Contact Public Health for specific questions related to water quality.

PREPARING FOOD DURING A BOIL WATER ADVISORY

Immediate Steps to Take When a Boil Water Advisory is Issued:

- DO NOT use the water for drinking, making juices or ice, washing fruits or vegetables, or preparing ready-to eat foods.
- Turn off drinking water fountains.
- Discard ice and beverages that may have been prepared with the affected water supply.
- Discontinue making ice; use ice from a commercial ice supplier made with safe water.
- Disconnect ice cream machines, dipper wells, and any other food preparation equipment connected to the water supply.
- Post signs at all faucets, including kitchen area and washrooms, as a reminder of the boil water advisory and not to drink the water.
- To make the water safe, bring to a rapid rolling boil for at least one minute.
 - Boil only as much water in the pot that one can comfortably lift without spilling.
 - Ensure water is cooled appropriately before using or direct handling to prevent scalds.

What sources of water are approved to be used during a boil water advisory?

- Water that has been boiled for one full minute (water can be boiled the night before, cooled overnight, and stored in a covered disinfected container). Always ensure water is cooled appropriately before use or direct handling to prevent scalds.
- Commercially bottled water (consult with IPAC Lead or designate to confirm brand used has not been affected by the Boil Water Advisory)
- Hauled water from an alternate approved supply not affected by the Boil Water Advisory

Can the cold beverage dispensing machine be used?

No. Beverage machines connected to the cold water supply used to dispense cold drinks (carbonated beverages, iced cappuccino, etc.) must not be used during the boil water advisory.

Can tap water be used in commercial coffee brewers and hot tea towers during a boil water advisory?

Yes. Ensure the coffee maker/hot tea tower produces water at 70°C/160°F. This temperature is sufficient to inactivate disease-causing microorganisms. It is recommended that the coffee pot be held for at least five minutes on the burner prior to consumption.

- Verify temperature using a probe thermometer

Can tap water be used to prepare food products that use water as an ingredient without cooking?

No. Use boiled, bottled, or an alternate safe water source in the preparation of food products such as powdered drinks, puddings, jellies, sauces, etc.

Can tap water be used to prepare food that will be boiled?

Yes. Tap water can be used to prepare foods that will be boiled as long as the water is brought to a rolling boil for one minute.

Can tap water be used to wash dishes by hand?

Yes. Follow 3-compartment sink dishwashing procedure, and ensure dishes have enough time for complete air drying to take place.

Can the commercial dishwasher be used to clean and disinfect dishes?

Yes. Follow normal dishwashing procedures, and ensure dishes have enough time for complete air drying to take place.

Can glass washer with cold water rinse be used?

No. Glass washers with a cold water rinse must not be used during the boil water advisory.

- Use a hot water sanitizing cycle to wash and sanitize glasses.
- For further information, discuss with Public Health.
- Single-use glasses/cups may also be used.

Can domestic style dishwashers be used in the building?

Yes, domestic style dishwashers may be used, provided the machine has a hot temperature setting or sanitizer cycle.

- If the dishwasher does not have a hot temperature setting, stop the dishwasher at the start of the rinse cycle, add 4 teaspoons (20 mL) of liquid household chlorine bleach containing 5.25% sodium hypochlorite, then re-start dishwasher.
- Let dishes dry completely, using a heated cycle dry on the dishwasher.

Can tap water be used for cleaning and disinfecting counter tops, cutting boards, and other kitchen surfaces?

- Wash kitchen surfaces with soap, then rinse and sanitize with bleach solution or Quat sanitizer.
- To prepare the bleach solution (sanitizer strength of 200mg/L chlorine solution), add one teaspoon of liquid household bleach (5.25% sodium hypochlorite) to one litre of room temperature water that has either been previously boiled, is from a safe bottled water source, or has been hauled from a safe public supply.
- Spray or pour solution onto food contact surfaces and let sit for a minimum of 2 minutes.
- Make a new bleach solution every day (bleach breaks down quickly once it is mixed with water).
- Note: vinegar is not an acceptable disinfectant.

CAUTION!



**Boil Water Advisory is in effect. This water is not safe for drinking.
Contact a manager or staff member for more information.**

BOIL WATER ADVISORY IS IN EFFECT

**Wash your hands.
Apply hand sanitizer AFTER Handwashing.**



Contact a manager or staff member for more information.

TITLE:	Outbreaks, Epidemics & Pandemics	PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	DOC & IPAC Lead
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

Hillel Lodge will be prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

DEFINITIONS:

Outbreak: An outbreak is a sudden rise in the number of cases of a disease and it carries the same definition of epidemic, but is often used for a more limited geographic area.

Endemic: the usual incidence of a given disease within a geographical area during a specified time period.

Epidemic: an excess over the expected incidence of disease within a given geographical area during a specified time period. It should be noted that an epidemic is not defined on the absolute number of cases but on the number of cases in comparison to what is expected.

Pandemic: an epidemic spread over a wide geographical area, across countries or continents, usually affecting a large number of people. It differs from an outbreak or epidemic because it:

- affects a wider geographical area, often worldwide.
- is often caused by a new virus or a strain of virus that has not circulated among people for a long time. Humans usually have little to no immunity against it. The virus spreads quickly from person-to-person worldwide.
- causes much higher numbers of deaths than epidemics.
- often creates social disruption, economic loss, and general hardship.

PROCEDURE:

The Director of Care, or designate will:

- 1) Reference the respective Infection Prevention & Control manual for detailed outbreak preparation and response requirements:
- 2) Ensure an area(s) of the location is identified to be used for isolating residents as required.
- 3) Ensure a process is in place to divide both staff members and residents into cohorts as required.
- 4) Ensure staffing contingency plans are in place and kept current.
- 5) Ensure annual practice/testing of outbreak and pandemic preparedness, inclusive of any arrangements with external entities who may be involved in or provide emergency services in the area where the care community/residence is located (including, without being limited to, health service providers, partner facilities and resources that will be involved in responding to the emergency).

The Infection Prevention & Control Lead or designate will:

- 1) Participate in developing, updating, evaluating, testing, and reviewing the location's emergency plans as related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
- 2) Involve the Medical Director (as applicable) and Public Health Unit in development and annual review of the location's emergency plans as related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
- 3) Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.

OUTBREAK/EPIDEMIC/PANDEMIC SUPPLIES

Preparing for and responding to an outbreak, epidemic, or pandemic requires critical supplies outlined below. The location should determine its par supply (daily usage) and use a risk factor to calculate minimum quantities to have on hand; consider increased usage when calculating this (e.g. more frequent cleaning).

In addition, supplies for which demand will surge once there are positive cases should be identified and minimum quantities account for this (e.g. disposable cutlery).

PPE SUPPLY

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
PPE	Surgical Masks	14-day supply	
	N95 respirators	14-day supply	
	Gloves (all sizes)	14-day supply	
	Gowns – disposable (all sizes)	14-day supply	
	Face shields –disposable	14-day supply	
	Goggles – reusable and disposable	14-day supply	

DINING/CULINARY SUPPLY

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
In-room dining supplies	Individual tables / overbed tables	1 per bed	
	Paper / disposable plates, cups and cutlery	7-day supply	
	Paper/disposable Trays	14 day supply for each neighborhood	
	Additional carts to allow use of separate equipment for each floor / home area	1 per neighborhood	
	Hot carts (if available)	1 per neighborhood	
	Additional food containers	As needed	
Food supplies	Pandemic menu	14-day supply	
	Thickeners	14-day supply	
	Supplements	14-day supply	

NURSING / CARE SUPPLY

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
Supplies and Equipment	Government stock	As directed	
	Thermometers (no contact preferred)	Screener x2 Care team +20%	
	Wound care supplies	14-day supply	
	Tube feeding equipment	14-day supply	
	Oxygen tanks/equipment		
	Additional equipment (e.g. pressure cuffs, heart monitor, etc.) to allow use of separate equipment for each floor / home area and positive / negative residents	1 per neighborhood	
Pharmacy	Symptom management medication	14-day supply	
	Medication carts	1 per neighborhood	
Emergency Supplies	Swab kits / Testing kits	14-day supply	
In-room Supplies	Bedside commodes (if required to avoid sharing bathrooms or for isolation plans)	10% of shared beds	
	Personal basin for each resident (for bedside bathing)	1 per bed	
	Plastic bags for personal belongings if resident needs to be relocated / distanced or storage of belongings	1 neighborhood	

ENVIRONMENTAL SUPPLY

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
Cleaning / disinfectant products	High level disinfectant (account for higher consumption)	14-day supply	
	Disinfecting wipes (account for higher consumption)	14-day supply	
	Other cleaning / disinfecting agent used in the home	14-day supply	
Laundry products	Laundry chemicals	14-day supply	
	Laundry hamper liner / plastic bags	14-day supply	

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
	Laundry bags / hampers	1 set per home area	
Hand Hygiene supplies	Hand soap	14-day supply	
	Alcohol based hand rub (ABHR) min 70% alcohol	14-day supply	
	ABHR dispensers (extra may be required to put in all recommended locations)	As needed	
	Paper towels	14-day supply	
	Paper towel dispensers (extra may be required to put in all recommended locations)	As needed	
	Batteries if dispensers are battery powered	14-day supply	
Linen	Extra bed linen	14-day supply	
	Extra towels	14-day supply	
Supplies and Equipment	Positive particle disinfectant sprayers	If needed	
	No touch receptacles for PPE, min. 12L capacity	1 per bed + as needed around home	
	PPE Isolation door bags w/PPE, PPE Storage Hubs w/spare PPE	1 per resident door + and neighborhood	
	Plastic bags & water-soluble bags– clear	14-day supply	
	Walk behind floor scrubber (recommended over mops / vacuums)	1 for home	
	Additional cleaning supplies to account for higher consumption and use of separate equipment for each floor / home area (e.g. cloths, wipes, etc.)	14-day supply	
	Additional carts to allow use of separate equipment for each floor / home area (for cleaning team, nursing/wellness team, laundry team, recreation/resident engagement team, etc.)	1 per neighborhood	
	Physical barriers (e.g. curtains, Plexiglas, etc.)	All shared beds	

TITLE:	Pandemic Plan	PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	DOC & IPAC lead
ORIGINAL ISSUE:	July 2020	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

Hillel Lodge will develop a site-specific Pandemic Plan to support leaders to make best possible decisions in the context of a pandemic and to ensure site readiness, including readiness of staff members.

Pandemic Plans will be implemented and used in context with and in consideration of other organizational policy & procedure manuals, including Infection Prevention & Control, Emergency Management, and other operational manuals as required.

Hillel Lodge will also reference tools and direction provided by their respective Health Authority/Public Health Unit as applicable for Outbreak Response/Outbreak End.

Under the direction of the Director of Care, the Pandemic Plan will be implemented, and the necessary audits completed to ensure safety and risk mitigation during a pandemic.

The home's Pandemic Plan is to be reviewed annually or more frequently as needed, with updates to site-specific processes as required.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

PROCEDURE:

The Pandemic Plan will be reviewed and approved by:

- Director of Long Term Care
- Hillel Lodge's Joint Health & Safety Committee
- Local Public Health/Health Authority as required
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The Pandemic Plan will also be reviewed with the Professional Advisory Committees and with Residents' and Family Councils, as well as with community agencies, healthcare service providers, partner facilities, and resources that may be involved in pandemic response at the local level.

The Director of Care or designate will:

- 1) Develop and maintain a Pandemic Plan that ensures mitigation, preparedness, response, and recovery in the event of a pandemic.
 - Involve management team in development of the Pandemic Plan.
 - Involve the Infection Prevention & Control Lead in the development of the Pandemic Plan.

- Ensure the Pandemic Plan for reflects organizational guidelines and provincial directives along with Public Health and Health Authority guidelines and requirements.
- 2) Implement the Pandemic Plan as needed to direct communication flow, manage resident acuity, and allocate inventory and human resources to deliver resident care/services.
 - 3) Review and update the Pandemic Plan annually (or more frequently as required).
 - 4) Conduct specific education and practice sessions for managers and nurses with building charge responsibilities.
 - 5) Coordinate with the Director of Long Term Care any budgetary considerations to ensure the necessary execution of the Pandemic Plan.
 - 6) Ensure practice and documentation of orientation/training activities related to pandemic preparation and response.
 - 7) Communicate results to management team and appropriate committees and implement improvements to process as needed.
 - 8) On an annual basis (or more frequently as required), review evidence of complete Pandemic Plan for each care community/retirement residence.
 - 9) Monitor through regular operations reports that Pandemic Plans are practiced in accordance with relevant legislation and organizational policies and procedures.

The Infection Prevention & Control Lead or designate will:

- 1) Collaborate with management team and Public Health/Health Authority to implement safety measures to mitigate risk to residents, staff members, and visitors.
- 1) Establish a Management Emergency Team to ensure emergency response processes are in place to support business continuity and service delivery needs of residents
- 2) Communicate and activate the Management Emergency Team in the event of a pandemic.

TITLE:	Staff Shortages & Contingency Planning	PAGE:	1 of 3
MANUAL	Emergency Management	APPROV. AUTH:	ES Manager & DOC
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

In order to address staffing shortages, in addition to preparing and implementing contingency plans, the home's management team will:

- Work closely with all departments to understand hiring needs and ramp up hiring
- Work with all departments to implement cohorting
- Accelerate onboarding processes while maintaining quality
- Actively manage return to work
- Prevent work refusals through education, training, and enablement of staff members

PROCEDURE:

The Director of Care along with Management team will:

- 1) Develop/review contingency plan to:
 - Identify minimum staffing needs for each neighborhood/area
 - Prioritize critical and essential services based on resident population needs
 - Identify backup for each shift and role and ensure training provided
- 2) Create contingency plan for leadership in the event that several critical roles can no longer attend work due to illness or other reasons and critical leadership gaps exist.
 - Identify staff members who could potentially take on a leadership role.
 - This may also require discussions on available staffing support with HR, community Partners, and other institutions.
- 3) Recruit and train for as many vacancies as possible and hire to fill gaps across all areas as established in contingency plan. Prioritize RN, RPN, PSW.
- 4) Monitor government directives that impact staff members, compensation, schedules, etc., as well as any other programs that offer staff member support (e.g. emergency childcare). Communicate as appropriate.
- 5) Review staffing schedules, availability of alternate staff, and emergency contact numbers for staff members.
- 6) Provide guidelines for staff member cohorting and train department leads.
- 7) Limit PT and casual resources to one neighborhood/area as much as possible.
- 8) Work with Department managers/schedulers to:
 - Increase staffing to support additional requirements/surge capacity
 - Create contingency plans
 - Implement staff member cohorting
 - Determine who should work from home
 - Ensure schedule is in compliance with latest orders (e.g. no staff members work in more than one location)
 - Improve staff member engagement and morale
- 9) Work with department managers to identify backup schedulers.

- 10) Redeploy staff members who work in non-essential/suspended services (e.g. programs for PPE sourcing).
- 11) Align with union reps on pandemic/emergency needs and procedures, for example, to review compensation from hourly to salaried pay for the pandemic/emergency response period, discuss standard PPE provided, etc.
- 12) Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
- 13) Identify all available options to meet staffing needs, including:
 - Health Workforce Matching Portal
 - Volunteers
 - Agency contracts
 - Health Unit support
 - Local healthcare facilities (e.g. hospital)
 - Emergency services (e.g. army)
 - Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants)
 - Cross-training/universal roles (e.g. housekeeping and tray delivery)
 - Look at staff member history (e.g. PSWs who were housekeepers) and how to leverage cross-skilling
- 14) Consider adding scheduling staff to support outbreak needs.
- 15) Discuss with health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
- 16) Place enhanced focus on staff member engagement and morale as difficult situations arise (e.g. death of resident, staff member).
- 17) If using emergency staffing (e.g. army, hospital staff), discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.
- 18) Implement Return to Work protocols.
- 19) Collect information from staff members, contractors, and volunteers about:
 - Availability
 - Skills (including cross training)
 - Likely or actual exposure to disease at home (as applicable)
 - Health conditions that may affect their availability to provide services
- 20) Implement initiatives to increase staff member engagement and empowerment and prevent high absenteeism in the event of an outbreak including:
 - Recognize staff members' hard work often
 - Check in with staff members
 - Organize engagement activities (e.g. sidewalk chalk messages, team video, etc.)
 - Ensure staff members are aware of EAP and other resources available for their wellness
 - Mitigate staff member fears by communicating protection measures taken/to follow

- 21) Discuss with staff members ahead of time to understand whether they plan on attending work in anticipation of rapidly changing situations i.e. outbreak, weather that limits travel, etc.
- 22) Track additional employment locations of staff members and monitor those locations for outbreaks (as applicable).

The HR Team will:

- 1) Support Management team as required to address staffing shortages and plan for contingencies.
- 2) Support conversion of as much casual and part-time staff members as possible to full-time to facilitate cohorting and increase capacity.

TITLE:	Emergency Menus & Response (LTC)	PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	Director of Food/Beverage
ORIGINAL ISSUE:	July 2022	SCOPE:	Hillel Lodge
PAST REVISIONS:			
CURRENT REVISION:	July 2022		

POLICY:

In the event of an emergency, each care community will have dietary operations essential services planning, emergency supplies, alternate menus, infection control protocols, and staff member education prepared. An emergency contingency and response plan will be in place with details of specific procedures to follow in the event of disasters such as earthquakes, floods, storms, and emergencies such as fire, power failure, loss of water supply, staff shortages, and road closures.

Emergency menus are time limited and require weekly re-assessment of need and items required.

PROCEDURE:

The Director of Food and Beverage Services or designate will:

- 1) In coordination with other leaders in the care community, develop specific written plans and procedures for each emergency.
- 2) Purchase and set up all emergency supplies needed.
- 3) Review the procedures and update information at least annually, or as changes occur at the site (update Fan Out List as staff member changes occur).
- 4) Outline roles and responsibilities for staff members.
- 5) Conduct education on emergency menus and rotating use of supplies.
- 6) Implement the emergency menu when instructed by the Chief Executive Officer.
- 7) Utilize all supplies on hand and make appropriate menu changes.
- 8) Stock a three-day non-perishable and a 24-hour perishable food supply.
- 9) Maintain a 72-hour supply of disposable dishes, cutlery, and aprons.
- 10) Maintain an emergency 72-hour supply of drinking water.
- 11) Ensure the Emergency Menu meets residents' nutritional needs with available supplies.
- 12) Re-assess need for emergency menus weekly and change according to weekly staffing patterns, supplies on hand, direction from external authorities, and status of emergency.
- 13) Ensure proper storage of food supplies to avoid damage.
- 14) Rotate emergency menu stock through the regular menu as required to prevent expiration of products.

*****See Director of Food Services for most recent menus