# The Salvation Army

## Ottawa Grace Manor

# Emergency Response Plan

## March 2025

# PREFACE

The Salvation Army Ottawa Grace Manor (OGM) is committed to providing a safe infection free house for residents, staff and visitors. To ensure that this is possible, an Emergency Response Plan was created. We extend our appreciation to the Management team and staff for providing input into this plan and participating in drills in order to be prepared.

The purpose of our plan is to equip staff with consistent and recognized procedures for dealing with a wide array of potential emergency situations. This tool will prepare staff to recognize the authority, the means, and the ability to respond to an identified and declared emergency. An emergency is defined as: "an occurrence that may threaten the safety of clients, residents, staff, visitors, and compromise the property, the infrastructure and systems of the facility."

Our plan will be tested and evaluated, and appropriate updates will be made as required.

Executive Director

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## SOURCE REFERENCES


1. City of Ottawa Emergency Management Plan
2. Canadian Centre for Emergency Preparedness
3. City of Ottawa Office of Emergency Management
4. City of Ottawa Fire Services
5. City of Ottawa Emergency Medical Services
6. City of Ottawa Police Services
7. City of Ottawa Department of Public Health
8. Emergency Management Ontario
9. Health Canada-Emergency Services
10. Public Health Agency of Canada
11. Public Security and Emergency Preparedness Canada
12. International Association of Emergency Managers
13. Emergency Preparedness Exchange
14. Environment Canada
15. Institute for Catastrophic Loss Reduction
16. University of Toronto Centre for Bioethics
17. York University School of Administrative Studies, Atkinson College
18. The Salvation Army Disaster Relief Services, Toronto
19. Sinclair Community College Sinclair Ohio, USA
20. Canadian Center for Occupational Health and Safety
21. Shelter Scotland
22. London Emergency Services Liaison Panel, London England
23. The Canadian National Hazards Assessment Project
24. The Institute of Risk Management
25. FEMA

## SCOPE AND OBJECTIVES

Scope:

The Scope of this plan covers the Ottawa Grace Manor, which is made up of the following departments, programs and/or services.

1. Administration: Human Resources, Finance, Environmental and Dietary.
2. Nursing
3. Program- Life Enrichment, Volunteers, Spiritual Care, Physiotherapy.

Our plan is based on completed facilitated risk and vulnerability assessment. Our operating principle is a blend of Risk Based and All Hazards Approach in planning for the worst case(s) scenario.

Objectives:

Our objective is to provide for and protect all staff, resident, and visitors. To restore everywhere the building and systems to a state of normalcy after an emergency situation in the shortest time possible. To this end, the objectives of this plan are:

- To conduct a risk and vulnerability assessment.
- To evaluate potential losses.
- To identify and plan for potential emergencies.
- To develop a comprehensive emergency preparedness policy and response plan.
- To design, contact and evaluate drills and exercises.
- To follow up and learn form incidents, and to continuously improve our response capability.

# EMERGENCY RESPONSE COMMAND CENTRE

The emergency response command centre will be located in Room 007. Under the direction of the Executive Director (Emergency Manager), the Emergency Response team will gather where and when an emergency is declared. In the case of "ADVANCE WARNING" the emergency response team will gather to assess the situation before declaring an emergency.

**EQUIPMENT NECESSARY**: (Located in command centre) Two battery powered radios (with charging device), cell phones, internet connection, lap top computer, emergency plan manual, fire plan, floor plans, staff personal information list, community resources list, media sign, battery radio, and universal precautions equipment as required.

**OPERATION CENTRE**: The emergency command center at The Ottawa Grace Manor will be operated and staffed by the Emergency Management Team as defined in this document. The command centre will be initiated and closed by direct order of the Executive Director or his/her designate, and will be under the control of this person.

**STAFFING OF CENTRE**: The command centre will be staffed by the Emergency Management Team as defined in this document and will/may be increased, decreased and/or changed as needs dictate and/or by order of the Executive Director-Emergency Manager.

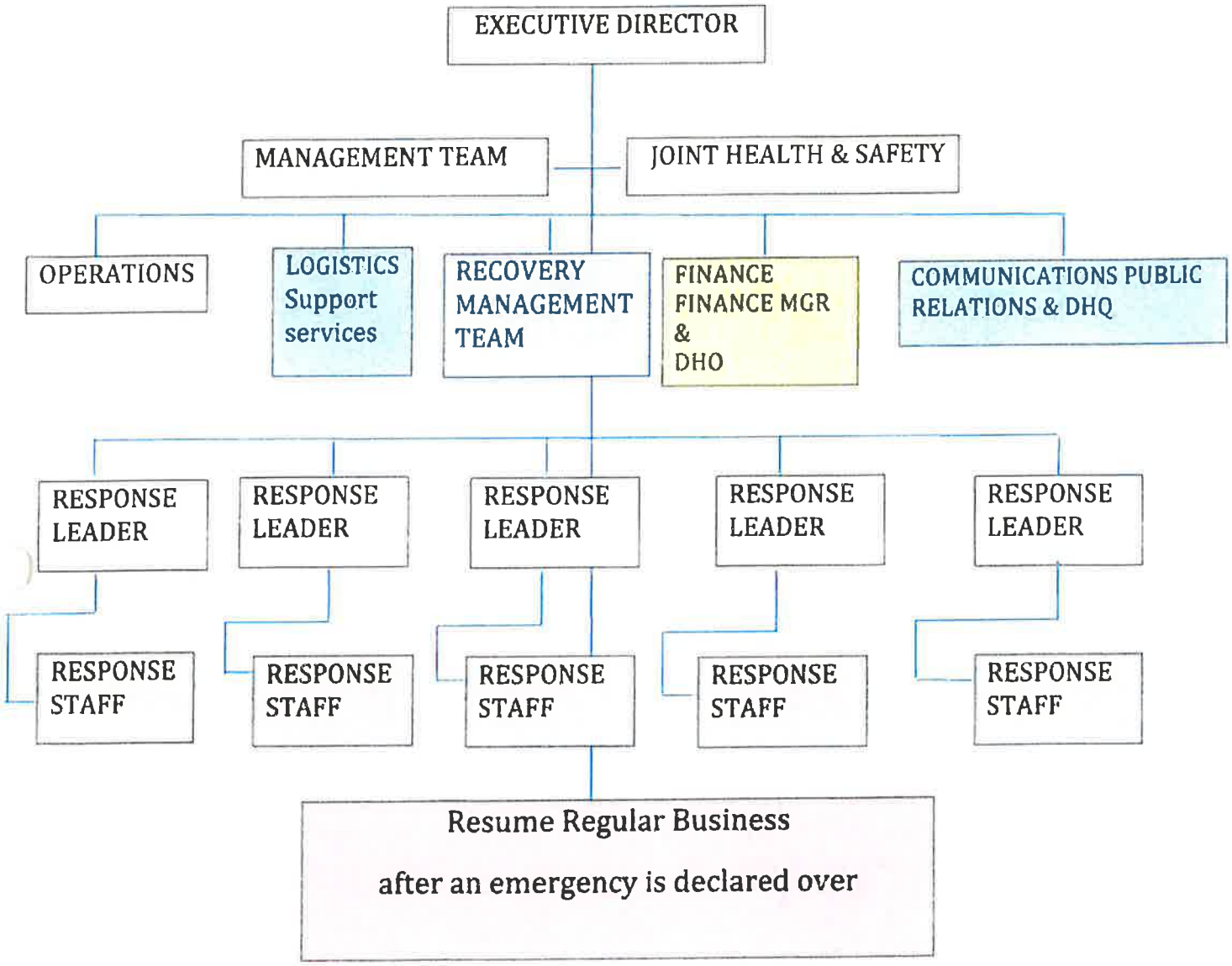
**ALTERNATE LOCATION OF COMMAND CENTRE:** The Ottawa Grace Manor has a working relationship with a number of service providers which permit use of their facilities and services as required. (As per letters on file).

# EMERGENCY MANAGEMENT RESPONSE TEAM

# AND

# ROLES AND RESPONSIBILITIES

# INCIDENT RESPONSE COMMAND STRUCTURE



| | |
|---|---|
| **Operations**<br>Program | Notifies Senior Management team that an emergency has been declared. Communicates directives to Management team leaders. Communicates directives to Management and requests and status reports to the EMT leader. Executive Director coordinates all Management team activities and all personnel. |
| **Logistics resource mobilization**<br>Support Services | Obtains/maintains physical equipment, arranges transportation/accommodation, acquires equipment and services-food office, medical operates the emergency operations center, acquires outside services and recovers technology sites and communicates with various levels of Government, particularly emergency related agencies |
| Recovery Management Team | Develops/tracks the EMT action plan, tracks department continuity plans progress and status, summarizes BCP status reports for submission to the ED, advises on conflicts, incongruities, etc. Gathers records of resumptions and recover documentation and documents planned updates |
| Finance Manager & DHQ.<br>Manager | Emergency procurement authorizations, claims and compensation, cost tracking, acquires and provides cash flow, access to credit if necessary. |
| Communications<br>PR Dept. | Media and external communications, internal communications, key stakeholders (unions, other centers and business, DHQ, THQ, etc.) |

# DECLARING AN EMERGENCY

The authority to declare an emergency, at the Ottawa Grace Manor, rests with the Executive Director or his/her designate. In the case of natural threats or disasters, such as hurricanes and other hazards/threats that do not originate at this centre, the Executive Director and his/her designate will be informed of an emergency by Public Authorities, National and/or local Media.

In the case where an emergency originates at this centre, any staff member will immediately consult with the Executive Director or his/her designate or the person on call regarding a possible emergency and determine whether or not a centre wide state of emergency exists. During the period of any emergency, the Executive Director or his/her designate, together with the Management Team, will immediately put into effect the appropriate procedures necessary to respond to the emergency. Safe guard people and property and restore the centre to operational status.

The Ottawa Grace Manor does have an established emergency response plan. A copy, of which, is available at the front desk, the centers data server and in the offices of each department head and/or supervisor. This plan establishes an emergency response team that will provide direction during the course of an emergency and the period after the emergency when and recovery is in process.

Staff members, on duty, will be assigned emergency response duties. Off duty staff members may be asked to come to work (if it is safe to do so) and be assigned emergency response duties.

Our Emergency Response Plan outlines procedures to be followed during specific types of emergencies that have been identified by the City of Ottawa and/or staff of the Ottawa Grace Manor.

# HAZARDS AND RISKS

1- Building Collapse

2- Earthquakes

3- Fire

4- Floods/internal/external

5- Gas-chemical leaks

6- Hazardous material incidents

7- Health Emergencies or Disease Outbreaks

8- Heat loss

9- Nuclear emergencies

10- Power failure-major

11- Terrorism-bomb threats-suspicious packages and powders

12- Tornadoes

13- Winter storms-ice blizzards

# EMERGENCY PREPAREDNESS

## WORST CASE SCENARIOS

| Very Low | Low | Moderate | Very High |
|---|---|---|---|
| Flood emergency | Heatwave | Pandemic | Pandemic |
| Pest infestation | Cold wave | Explosion | |
| Drinking Water Emergency | Food Emergency<br>Heat Loss | Fire | |
| Earthquake | Freezing Rain | | |
| Hail | Epidemic | | |
| Cyber Attack | Lightening | | |
| Hurricane | Blizzard | | |
| Building Collapse | Windstorm | | |
| Infrastructure | | | |
| Hazardous Spill | | | |
| Natural Gas | | | |

# CAPABILITIES AND RESOURCES

## REQUIRED RESOURCE CATAGORIES-INTERNAL:

- Medical supplies.
- Auxiliary communication equipment.
- Power generators.
- Mobile equipment.
- Emergency protective equipment.
- Trained staff.

# NECESSARY RESSOURCES – EXTERNAL

- Ottawa Fire Services.
- Ottawa Emergency Medical Services.
- Ottawa Police Services.
- City of Ottawa Department of Public Health.
- Bell Canada.
- Ottawa Hospitals.
- Power and Utility services.
- Municipal, Provincial and Federal Governments.
- Other social service agencies.
- The Salvation Army (various services).

# *ALERTS – WARNINGS*

## INTERNAL-OURS

BATTERY OPERATED RADIOS

TEXT MESSAGING

RUNNERS

WORD OF MOUTH

## EXTERNAL-OTHERS

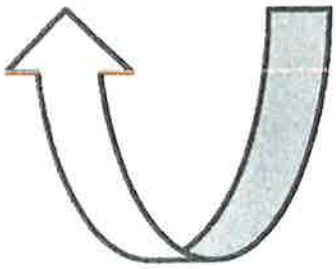
PUBLIC ANNOUNCEMENTS

RADIO

TELEVISION

E-MAIL/COMPUTER

OTHER AUTHORITIES



# OUR EMERGERNCY RESPONSE

# BY HAZARD

It is understood that while we have an emergency response plan and are prepared to respond to a variety of emergencies at the centre, there may be a time when specific demands exceed the service levels, we are able to provide. At such times assistance will be requested from other external service providers and our staff will cooperate with their instructions.

# BUILDING COLLAPSE

STAFF WILL REASSURE RESIDENTS AND WORK WITH RESIDENTS TO ASSIST THEM:

- REMAIN CALM and leave the building a soon as it is safe to do so.
- Communication to all family members, with frequent updates.
- If leaving is not possible, protect yourself by getting under a table, bed or counter and curl up with hands covering your head. Stay in this position until help arrives or you are instructed to evacuate.
- Cover your mouth and residents' nose with a cloth or piece of clothing to protect from dust and debris.
- Remain as still as possible to avoid disturbing dust and debris
- Use flashlights only. DO NOT USE ANYTHING WITH AN OPEN FLAME.
- Tap on walls or pipes to alert people to your location. SHOUT as a last resort.
- Wait for help to arrive and listen for instructions.

## EXTERNAL FLOODS

- If possible, remain indoors and remove objects away from the flooded area(s) to avoid water damage.
- Turn off all electricity, gas valves (room 104) in basement and HVAC system.
- Stay out of and away from flooded area(s) and move to higher floors. Do not use elevators.
- Move to higher floors, one floor at time, and do not use vehicles.
- Stay away from all entrances and exits.
- Close all main floor windows and move to a higher level.

## INTERNAL FLOODS

- Do not use elevators.
- Contact Environmental Services Department, give location of flood and page Director of Operations and/or maintenance person. If these people are not on site call the Executive Director and wait for instructions.
- Remain calm and move all people from flooded area to higher floors.
- Unplug any electrical machines from the socket and turn off equipment.
- Do not let people leave the building until instructed to do so by Environmental Services Department
- If unable to contain flooding call Drain Away (see list on emergency contact)

## NUCLEAR EMERGENCIES

If there is an emergency PROVINCIAL AUTHORITIES will notify us by RADIO, TELEVISION OR E-MAIL ALERTS and provide us with detailed instructions about what to do. All people in the building will be alerted by the incident command centre and give instructions on what do. Follow these instructions without delay especially if we are told TO EVACUATE.

BE PREPARED TO DO ANY OF THE FOLLOWING:

When directed by emergency team and/or other authorities, staff will instruct and work with Residents in the following areas

1. Evacuating the building.
2. Sheltering-in-place.
3. Take Potassium Iodide (KI) pills if provided to us by Provincial authorities.
4. Report to reception centre, for monitoring, if told to do so by Provincial authorities.
5. Minimize intake of outside air-by closing windows, air exchangers, air intake valves.
6. Restrict people from leaving the building.

REMEMBER:

- STAY CALM
- DO NOT EVACUATE UNLESS YOU ARE TOLD TO.
- DO NOT USE THE TELEPHONE OR FAX MACHINE UNLESS CALLING 911.

# TERRORISM

## BOMB THREATS/ SUSPICIOUS PACKAGES

(Code black)

If you receive a bomb threat DO NOT TRY TO GUESS WHETHER THE THREAT IS REAL OR A JOKE. CALL 911.

- Do not open or move a suspicious package.
- Stay calm.
- Call 911 and follow their instructions.
- Notify management-Inform management of Police instructions.
- Evacuate the building (**only if told to do so**). Do not block the street or entrances of the building. In case of evacuation, staff are to bring evacuation kits located in the cupboard at each nursing station.
- Get as much information as possible from the caller.
- Take note of the following using the form in appendix 4.
    1. Is the speaker male or female?
    2. Does the speaker have a distinctive accent?
    3. Is the voice disguised, muffled or strange sounding?
    4. Is the voice high or deep?
    5. Is there any background noise-traffic, such as a passing bus or streetcar, bells ringing, car horns, etc.?
    6. Are there any indoor vs. outdoor sounds?

## HELPFUL HINTS TO IDENTIFY A SUSPICOUS PACKAGE

- Strange odor or noise.
- Protruding wires.
- Excessive postage.
- Misspelled words.
- Addressed to a business title only-for example, "To President".
- Restrictive markings like, "Do Not X-ray".
- Badly typed or written.
- Rigid or bulky letters.
- Lopsided or uneven.
- Excessive wrapping, taping or string.
- Oily stains, discoloration or crystallization on wrapping.
- Leaking.

## IF YOU ARE TAKEN HOSTAGE

- Be patient. TIME IS ON YOUR SIDE. Avoid drastic actions.
- The first 45 minutes are the most dangerous. Follow instructions, be alert and stay alive. REMEMBER-the captor is likely to be emotionally unbalanced.
- Do not talk down to your captors. Do not speak unless spoken to. Do not appear hostile. Maintain eye contact at all times if possible but DO NOT STARE. Treat the captors like Royalty.
- Try to rest and be quiet. Guard against allowing your mind to run wild, speculating. Do not argue.
- Police may try to contact you-be ready to speak with them. If you need medications, a bathroom ... ASK.
- REMEMBER: In all likelihood the captors do not want to harm the person(s) they are holding.

## EXTERNAL HAZARDOUS MATERIALS INCIDENTS

- If there is a chemical spill in the immediate area call Ottawa Fire Services at 911 and contact management on duty or on call.

If residents are affected, staff will instruct and work with residents to:

- Stay upwind of the spill area. Watch where you walk.
- Leave the accident area and keep others away from the area. Do not walk in the contaminated area. Do not attempt to clean up the chemical spill unless you are trained to do so.
- Listen to authorities and do as you are told by authorities.
- DO NOT TAKE CHANCES.
- Stay tuned to the radio and/or television for instructions. Follow instructions.
- Help accident victims ONLY IF THE INJURY IF LIFE THREATENING and you are trained to do so.

## INTERNAL HAZARDOUS MATERIAL INCIDENTS

Call Ottawa Fire Services at 911 and then inform your supervisor. If residents are affected, staff will instruct and work with residents in the following:

- Check SDS first and notify Senior Management
- If a corrosive or toxic chemical comes in contact with your skin, immediately flush the affected area with water for at least 15 minutes. As soon as possible call 911 and notify management
- Do not attempt to clean up a chemical spill unless you are trained and have the proper equipment to perform the clean-up.
- Evacuate the area when there is possible danger of harmful or flammable vapors. Notify others in your immediate area to evacuate. Initiate the fire alarm when necessary.
- Always evacuate in a calm and orderly manner to a safe predetermined location. Take note of any missing persons and where they were last seen.
- Increase ventilation to the affected area; call HVAC (Director of Operations ) or management on call for assistance.
- If possible, control access to the spill affected area by closing doors.
- Check those involved for adverse medical symptoms (shortness of breath, fainting, etc.) Request immediate medical attention, as appropriate, by calling 911.
- Evacuees should remain in the designated safe area until it is safe to return to the affected area.
- If possible, have SDS material available for First Responders (Fire/ Police).

## WINTER STORMS-BLIZZARDS-ICE STORMS

- Stay inside SHELTER-IN-PLACE and do not use vehicles. Do not go outside.
- If there is a power outage, we have an emergency power generator that will provide complete power for 72 hours.
- In the case of darkness use flashlights only. DO NOT USE ANYTHING WITH AN OPEN FLAME OR THAT REQUIRES PROPANE GAS.
- Use blankets and clothing to keep warm.

## Heat Loss( Code Grey)

Contact Environmental Services

- Maintenance will investigate source of the issue.
- If after hours Notify the Director of Operations and Executive Director or Designate.
- Identify Residents at Risk
- Provide extra blankets from the laundry storage room
- Ensure all curtains and blinds are closed
- Limit exterior door use
- Move residents into a lounge or other room where multiple people will provide warmth
- Move Residents to another home area
- Determine if additional staff is required.
- Discharge appropriate residents to family until the heat is restored
- Initiate resident evacuation in situations where the temperature becomes a health or safety risk.

## POWER OUTAGE/ FAILURE

REMEMBER: WE HAVE AN EMERGENCY POWER GENERATOR THAT WILL COME ON WITHIN MINUTES OF A POWER FAILURE AND PROVIDE US WITH POWER FOR UP TO SEVENTY-TWO HOURS.

### IN THE MEANTIME:

- Remain where you are and listen for and follow instructions.
- Ensure all resident table lamps are plugged into gray outlet.
- If necessary, use flashlights. DO NOT USE ANYTHINF WITH AN OPEN FLAME OR THAT REQUIRES GAS. DO NOT USE CHARCOAL OR GAS BARBECUES, CAMPNG OR HEATING EQUIPMENT OR HOME GENERATORS INDOORS.
- If instructed to evacuate move cautiously to the nearest exit and proceed to the East parking lot and wait there as per our evacuation plan.

## EARTHQUAKES/STRUCTURAL COLLAPSE

Staff to instruct and help residents to:

- Remain calm
- Cover your nose with a cloth or clothing.
- Stay inside and stay away from windows and doorways, hanging objects, filing cabinets, bookcases, electrical appliances and outlets until told to evacuate the building by emergency management team and/or other authorities.
- Be prepared for an after shock.
- Hide under large desks, counters, etc.
- Protect your head and neck.
- Stay out of vehicles.
- Stay away from power sources, downed power lines, electrical wires.
- Do not use the elevator.

## AFTER THE EARTHQUAKE/STRUCTURAL COLLAPSE

Staff will work with and help residents to:

- Leave the building, if possible, only after debris has stopped falling and move to the East parking lot and wait there as per evacuation plan.
- Be prepared for after shocks.
- Listen for and follow evacuation orders from Incident Command.
- Do not move seriously injured persons unless they are in danger.
- Open doors carefully.
- Watch for falling objects.
- Do not use matches or anything with an open flame-this includes cigarette lighters.
- Do not use telephones-emergency personnel will need the phones.

## SHELTER-IN-PLACE PLAN

(When we have to stay indoors)

This particular part of the Emergency Plan pertains to our RESIDENTS, TOGETHER WITH STAFF PRESENT AND/OR REQUIRED INDIVIDUALS TO BE HERE in the case of an emergency situation.

Managing residents will be a major part of our work. It is VERY IMPORTANT to maintain a safe and orderly place to live.

An order to shelter-in-place may be given due to dangerous and unsafe conditions outside the centre such as a Tornado, Hurricane, Radiation leak. Immediately contact the Environmental Services Coordinator for HVAC information.

We need to provide:

- Food and water provided by our Food Service Provider in conjunction with Salvation Army Disaster Services.
- Heat and air provided by our HVAC System and backup Emergency Generator for 72 hours.
- Medical attention. Arrangements will be in place.
- Medications where possible. Arrangements will be in place.
- Activities to keep people busy provided by staff and clients.
- Assuring support including Critical Incident Debriefing.
- Referrals out where appropriate by Staff on duty with others.
- Contact with families, POA if required.

# STAFF TRAINING-EMERGENCY PREPAREDNESS

## TRAINING CHECK LIST

- Emergency management-overview-In-service training
- Incident command-overview and details-In-service training
- Emergency announcement/warning systems-overview and details-In service training
- Personal protective equipment-details-In-service training
- Hazmat emergency response-In-service training
- Medical-first aid response-External
- Psychosocial response/critical incident debriefing for residents. In the case of staff-Employee Assistance Program available-In-service training
- Fire drills-Building Imaging-In service training
- Emergency Pack on Floor-In-service training
- Community response to us-our response to community response-In service training
- Evacuation procedure-Building Imaging exercises-Internal
- Shelter-in-place-In-service training

## TYPES OF EXERCISES

- **Full-Scale**. This is a comprehensive exercise involving off site responders. The purpose is to fully test and evaluate our emergency response plan and our capability to respond.
- **Functional Drills**. Designed to test and evaluate specific functional aspects of the plan, for example, the evacuation procedure. Then to further develop and maintain the plan and the personal skills of staff.
- **Tabletop Exercises**. Purpose is to do a step-by-step evaluation of response procedures and process flow. Idea is to problem solve, not to make quick decisions about a procedure or process. Validation of an individual's understanding of the plan and procedures is necessary.

## EMERGENCY RESPONSE EVALUATION CRITERIA

- Determine Level of Achievement of Objectives.
- Identify problem areas.
- Develop corrective actions.
- Make recommendations.
- Develop action plans.
- Access action plans and carry forward for continuous improvement.

See appendix 7 for Evaluation Form

# APPENDICESS

1. Client Profile.
2. Required Resource Categories - Internal.
3. Necessary Resources-External'
4. Bomb Threat Caller Information Form
5. Emergency Management Team Call List
6. Legal Basis.
7. Emergency Management Drill Evaluation Form.
8. Emergency first aid response protocols.
9. Ottawa Grace Manor Organizational chart.
10. Emergency Codes

# APPENDIX 1

## RESIDENT PROFILE

*Types of Illnesses*

Dementia
Depression
Arthritis
Parkinson's
MS
Diabetes
Stroke

*Age Range*

Most fall between 51 to over 100 years of age
Average age 80+

*Citizenship*

Most residents are Canadian-born, Caucasian
Several immigrants from Latin American countries and a few from Asia and Europe
Languages Spoken:
English
Spanish
Greek
French
Chinese

*Psycho-Social Status/Life Skills Range*

A number of residents are cognitively impaired, retired, frail, impaired mobility, wheel chair dependent, visually impaired, hearing impaired, and high fall risk

*Education*

Some have a High School Diploma or have not been able to complete High School. Few residents have attained a College or University Degree.

*Behaviors*

Dementia related responses/behaviors

*Medications*

A wide variety of medications such as: Anti-Psychotic drugs, mood stabilizers. Physical illnesses/heart medications, diabetes, anti-hypertensives, arthritis.

# APPENDIX2

REQUIRED RESOURCE CATEGORIES-INTERNAL

- Medical supplies-In place.
- Auxiliary communication equipment-In place.
- Power generators -In place.
- Mobile equipment-pending
- Emergency protective equipment-Personal Devices in place.
- Trained staff-Some staff already trained. Training plan in development.

# APPENDIX3

NECESSARY RESOURCESS-EXTERNAL

- Ottawa Fire Services-CALL 911
- Ottawa Emergency Medical Services-CALL 911
- Ottawa Police Services-CALL 911
- Bell Canada-Call 0
- Nuclear emergencies-CALL 911
- Power and Utility Services-CALL 311
- The Salvation Army Disaster Services

# Appendix 5

Ottawa Grace Manor
Emergency Contact List for Administration

| Name | 1st Contact | 2nd Contact | 3rd Contact |
|---|---|---|---|
| Cameron McCallum – Executive Director | 1-647-641-0218 | | |
| Fawn Furey – Director of Care | 613-898-4483 | | |
| Brenda Paul -Acting ADOC | 613-720-4404 | | |
| Harry Fishenden – Director of Operations | 613-327-1900 | 613-729-6676 | |
| Business Manager- Karen Minna | 613-806-3029 | | |
| Alifonso Hernandez- Food Service Manager | 613-700-2191 | 613-889-0796 | |
| Erin Verhey– Director of Spiritual Care | 613-402-6858 | | |
| Robyn Orazietti - Activity /Volunteer Manager | 613-808-8573 | | |
| Robyn Orazietti - Activity /Volunteer Manager | 613-808-8573 | | |
| | | | |

| | Emergency | Non-Emergency | |
|---|---|---|---|
| Police | 911 | 613-230-6211 | |
| Fire | 911 | 613-232-1551 | |
| Armstrong Communications Fire Monitoring (System # 25&26-01-1387) | 1-866-561-6433 | | |
| Emergency Measures Unit | 613-230-0583 | | |
| Local Spills Coordinator | 1-800-268-6060 | | |
| Hydro Ottawa | 613-738-6400 | 613-738-0188 | (Report Power Failure) |
| Ministry of Labour | 1-800-268-2966 | | |
| Natural Gas Supplier Enbridge | 613-745-9101 | 613-747-4039 | |
| Poison Information Centre | 613-737-1100 | | |
| Elevator Service – Elevations Elevator | 613-239-4164 | | |
| HVAC Service – Modern Niagara | 613-591-1338 | | |
| Generator Service Gentech | 613-742-8833 | | |
| Fire Alarm System – Secure Fire & Security Protection | 613-744-0722 | | |
| Hazardous Materials Removal | 613-521-3450 | | |
| Nurse Call System – RNA | 613-727-8340 | | |
| Dan Mansfield (Nurse Call System Failures/Mag locks) | 613-880-5944 | | |
| Plumber – Drain All | 613-739-1070 | | |
| Electrician Sega Electric Inc. | 613-835-9451 | | |
| Diesel Fuel – W.O. Stinson | 613-822-7400 | | |
| Health Care Linen – General Manager | 613-913-8798 | 613-842-3061 | |
| ECOLAB | 1-905-238-0171 | | |
| ARJO | 1-800-665-4831 | | |
| Snow Removal – Noels | 613-263-2363 | | |
| Waste Removal – Tomlinson | 613-820-0149 | | |
| On Call Pharmacist | 613-866-2068 | 1-866-494-3008 | |
| Aquascapes Unlimited-Fish Tanks | 613- 574- 2445 | 613-851-2445 | |

**Please do not give out these numbers as they are confidential** 06/03/2025Updated

# APPENDIX6

## Employment Standards Act, 2000

S.O. 2000, CHAPTER 41

Notice of Currency: This document is up to date.

*This notice is usually current to within two business days of accessing this document.
For more current amendment information, see the Table of Public Statutes- Legislative History Overview.

Amended by: 2001, c. 9, Sched. I, s, 1:2002, c. 18, Sched. J, s, 3: 2004, c. 15; 2004, c. 21; 2005, c. 5, s. 23.

### Exceptional circumstances

**19**. An emergency may require an employee to work more than the maximum number of hours permitted under section 17 or to work during a period that is required to be free from performing work under section 18 only as follows, but only so far as is necessary to avoid serious interference with the ordinary working of the employer's establishment or operations:

**1. To deal with an emergency**
**2.** If **something unforeseen occurs, to ensure the continued delivery of essential public services, regardless of who deliver those services.**
3. **If something unforeseen occurs, to ensure the that continuous processes or seasonal operation are not Interrupted.**
**4. To carry out urgent repair work to the employer's plant or equipment.**
**2000, c. 41, s. 19.**

**City of Ottawa By-law EMERGENCY MANAGEMENT By-law 2011-277**
**Canadian Centre for Occupational Health and Safety-Emergency Response Planning Guide, First edition (revised) 2000**

APPENDIX 7

EMERGENCY PLAN EXERCISE/DRILL EVALAUTION FORM

EMERGENCY PLANNING EXERCISE **(DRILLS)** REVIEW

EXERCISE TYPE _____ FUNCTION REVIEWED _____

DATE OF EXERCISE _____ TIME Of EXERCISE _____

STAFF PRESENT _____

Provide details about the issues identified, the consequences if these issues are not corrected, the itemized list of recommendations, person(s) responsible for action and a timeline and expected date of completion

Copies to _____

Reviewed by _____

APPENDIX 8

## During an Emergency

Caring for the injured:

If you encounter someone who is injured, with the exception of those affected by chemical agents or spills, the following six steps should guide your action. These principles are the basis of first aid and care in any emergency situation:

1. Survey the scene to make sure the scene is safe for you and others.
2. Check the victim for responsiveness. If the person does not respond, call for professional emergency medical assistance (i.e. -call 9-1-1, or other local emergency number).
3. Check and care for life-threatening problems; check the person's airway, breathing and circulation, attend to severe bleeding and shock.
4. When appropriate, check and care for additional problems such as burns and injuries to muscles, bones and joints.
5. Keep monitoring the person's condition for life threatening problems while waiting for medical assistance to arrive.
6. Help the person rest in the most comfortable position and provide reassurance.

These steps help keep you, the injured and other bystanders safe and increase the victim's chance of survival.

The following are some common injuries and the steps to take when providing care. Remember: Always apply the six emergency action principles (as explained above) for any injury or illness, throughout the care.

***Bleeding:***

Cover the wound with a dressing and place direct pressure on the wound. Elevate the injured area above the level of the heart if you do not suspect a broken bone. Cover the dressing with a roller bandage to hold the dressing. If the bleeding does not stop and blood soaks through the bandage, apply additional dressing, pads and bandages without removing any of the blood-soaked dressings/pads. Provide care for shock.

Help the victim maintain normal body temperature.

***Burns***

*Stop* the burning by cooling the burn with large amounts of clean, cool water. Cover the burn with dry, clean, non-stick dressings or cloth.

Do not break blisters.

***Injuries to Muscles, Bones and Joints:***

Rest the injured part.
Avoid any movements that cause pain.
Immobilize the injured part before moving the victim and giving additional care.
Apply ice or a cold pack to control swelling and reduce pain.
Elevate the injured area to help slow the flow of blood and reduce swelling.

Exposure ***to Chemical Agents:***

If it appears that chemical agents are involved, do not approach the situation, and leave the scene as quickly as possible. Leave this situation to the local authorities, which are better equipped to address and contain this type of accident or terrorist attack.

People who may be into contact with a biological or chemical agent may need to go through a decontamination procedure before receiving medical attention. Listen to the advice of local officials on the radio or television to determine what steps you will need to take to protect yourself and your family. Since emergency services will likely be overwhelmed, only call 9-11- about life-threatening emergencies.

***Reduce Caregivers Risks:***

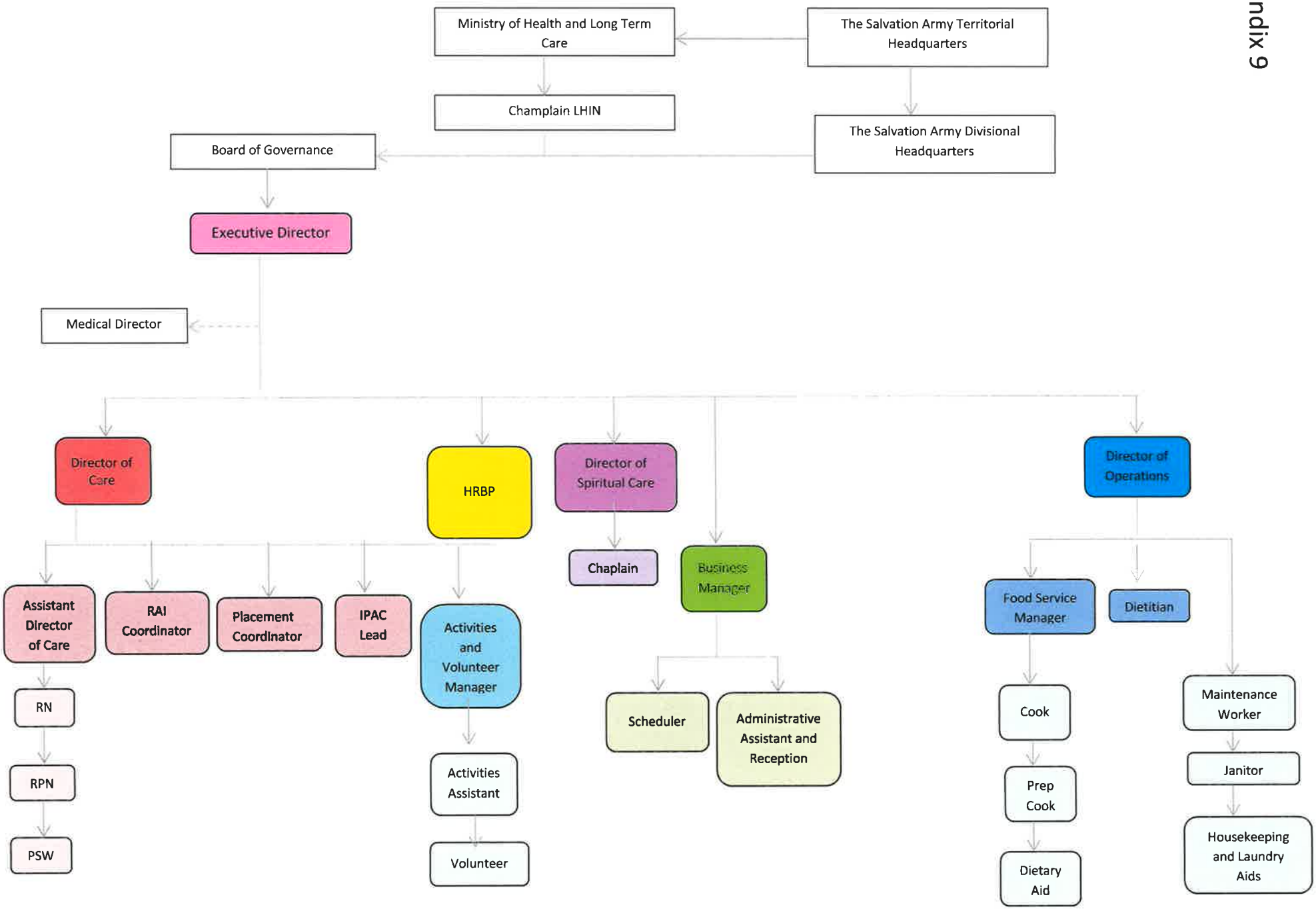
The risk of getting a disease while giving first aid is extremely rare. However, to reduce the risk even further;

Avoid direct contact with blood, other body fluids and wounds.

Thoroughly wash your hands with soap and water immediately after giving care. Use protective equipment, such as disposable gloves and breathing barriers. Be aware of biological/radiological exposure risks.

# Ottawa Grace Manor Organizational Chart

Appendix 9



Appendix 10

## Emergency Codes

- Code Black: Bomb Threat
- Code Blue: Medical Emergency
- Code Red: Fire
- Code Yellow: Missing Resident
- Code White: Violent Resident
- Code Orange: External Disaster
- Code Grey: Infrastructure Loss (Heat, Hydro)
- Code Green: Total Evacuation
- Code Green: Partial Evacuation

# EMERGENCY CODES

| | |
|---|---|
| CODE RED | Fire |
| CODE BLUE | Cardiac Arrest / Medical Emergency |
| CODE YELLOW | Missing Resident |
| CODE WHITE | Violent Person |
| CODE BLACK | Bomb Threat/Suspicious Item |
| CODE BROWN | Hazardous Chemical Spill |
| CODE ORANGE | External Disaster |
| CODE GREEN | Evacuation - Horizontal |
| CODE GREEN – STAT | Evacuation – Entire Facility |
| CODE SILVER | Shooter/Weapon |
| CODE GREY | Infrastructure Failure |

| | |
|---|---|
| | **OTTAWA GRACE MANOR**<br>**EMERGENCY PLAN MANUAL** |
| | **Policy # EPM-K-50** |

| | | |
|---|---|---|
| **SUBJECT:**<br>Quality Management<br>Distribution of<br>Emergency Plan | **EFFECTIVE:**<br>September 2002 | **PAGE:** Page 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>**January 2017**<br>Revised June 2022<br>August 2023 | **APPROVED BY:**<br>*Harry Fishenden*<br>**Department Manager**<br>*Cameron McCallum*<br>**Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

1. To ensure that there is a process in place and plan for emergency ·
2. To ensure all staff are aware of Emergency Plan
3. Is to provide all staff with the means and training to respond to an identified and declared emergency.

## APPLICATION OF POLICY

1. Each Manager will ensure that their staff has access to an Emergency Plan Manual
2. All new employees will receive education.
3. The emergency plan in the facility will be kept current by a designated staff.

**LOCATIONS**

4. There is a manual accessible to staff at reception
5. Administrator and Director of Operations will keep a copy of the Emergency Plan Manual and contact procedure lists offsite where these are readily accessible.

## OUTCOME

Access to the Emergency Plan Manual by all staff

| SUBJECT: Emergency Codes | EFFECTIVE: Sept 12, 2001 | PAGE: 2 of 2 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: November 2022 | APPROVED BY: Harry Fishenden<br>Department Manager<br>Cameron McCallum<br>Executive Director |
| Attachments: | References: | |

## STANDARD

1. All staff will have an orientation to universal codes.
2. All staff to achieve proficiency through provisions of ongoing education and practical application of universal codes.

## PROCEDURE

1. Education on universal emergency codes will be provided to all employees at a minimum annually.
2. A review of universal codes will be done as part of the employee performance review.
3. Introduction to universal codes will occur on admission to residents and families and during orientation to new employees.
4. Staff will have an opportunity to apply learned knowledge through testing of components of the emergency plan on an annual basis.
5. Universal codes will be used to announce the type of emergency over the communication system.
6. Color-coded key actions of all emergency codes will be posted in each home area/dept. for quick reference.
7. The following are standard codes by which specific disaster types are identifies:

| | |
|---|---|
| Code Black: | Bomb Threat |
| Code Blue: | Medical Emergency |
| Code Red: | Fire |
| Code Yellow: | Missing Resident |
| Code White: | Violent Resident |
| Code Orange: | External Disaster |
| Code Green: | Total Evacuation |
| Code Green Partial: | Partial Evacuation |

| | | |
|---|---|---|
| **SUBJECT:** Emergency Codes | **EFFECTIVE:** Sept 12, 2001 | **PAGE:** 2 of 2 |
| **DEPARTMENT:** All Departments | **REVISION:** November 2022 | **APPROVED BY:** Harry Fishenden<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

## OUTCOME

100% adherence to universal codes.

All new staff, residents and families have received orientation to Universal Codes.

## ADDITIONAL REFERENCES

1. Long Term Care Facilities Program Manual (0806-01, pg. 1-4, 1011-01, M 3.1)
2. Provincial Fire Codes
3. Facility Policies & Procedures

| SUBJECT: Code Red | EFFECTIVE: Sept. 2002 | PAGE: 3 of 3 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: October 2022 | APPROVED BY: *Harry Fishenden* Department Manager |
| Attachments: | References: | *Cameron McCallum* Executive Director |

## STANDARD

1. Emergency **Code Red** will be used:
   a) To alert all occupants when a fire is discovered.
   b) When conducting FIRE DRILLS.
   c) When there is a suspicious event that may lead to a fire (i.e., smoke, smelling something burning).

## PROCEDURE

### A. IF YOU DISCOVER A FIRE/SMOKE

**R E A C T:**
**R-** Remove Residents from immediate area;
**E-** Ensure windows and doors are closed;
**A-** Activate Alarm;
**C-** Call the Fire Department (RN responsibility);
**T-** Try to extinguish fire (if possible).

**PLEASE REMEMBER:**

**Pulling the alarm is the quickest way to get help**
**THE FIRST RESPONSIBILITY IS THE SAFETY OF THE RESIDENTS**

### B. IF YOU HEAR THE ALARM:

1. Check pull station locations and resident room fire alert lights above doors to see if activation is on your resident home area.
2. Clear corridors of all equipment.
3. Report to the RPN on the unit to receive emergency assignments.
4. Staffs that are not in their area must return to their assigned home areas after the code location is announced. **DO NOT USE ELEVATORS. DO NOT ENTER FIRE ZONE DIRECTLY FROM STAIRWELL.**
5. Initiate room-to-room search. Assign staff to each wing. All rooms to be checked as follows:

   - RPN to assign available staff to each wing. Whenever possible staff should work in teams of two on the wing in alarm, the floor above and the floor below. Rooms and

| SUBJECT: Code Red | EFFECTIVE: Sept. 2002 | PAGE: 3 of 3 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: October 2022 | APPROVED BY: Harry Fishenden Department Manager |
| Attachments: | References: | Cameron McCallum Executive Director |

corridors that are not in the above listed areas may be checked by the one person if staffing is limited.

- Preform standard room checks on all floors:
  - Close windows
  - Check closets
  - Check bathrooms
  - Close doors and set Evacuation markers
  - Note location on residents using the Resident Check List

6. Proceed with pre-planned fire procedures for your area. **Instructions to residents:** Remain where you are until directed by staff. **Do not block corridor areas.**
7. **Instructions to visitors:** Remain where you are until directed by staff. **Do not block corridor areas.** If possible, visitors should assist in moving the resident they are with to the safe side off the unit.
8. Prepare to assist with horizontal evacuation if so directed.

**C. YOU ARE LOOKING FOR SIGNS OF FIRE OR SMOKE:**

1. Check all areas to look for signs of fire or smoke.

2. When search is complete, continue to patrol halls looking for signs of fire or smoke and reassuring residents.

3. If you hear the alarm and are not in your area:
   - Listen for the fire location over the P.A. system;
   - Return to your area, using the stairs (opposite stairwell from the fire zone);
   - Follow directions of person in charge.

4. Registered Nurse or his/her designate is responsible for announcing of fire, and directing fire department to fire scene.

5. All areas in the home will:
   a) Resume normal duties/activities **only** after the 'all clear' is announced;
   b) In the absence of the On-Site Fire Marshal the RN in charge completes a FIRE DRILL report noting actions taken and areas that require follow up and forwards to the Director of Operations within 24 hrs.

6. Fire alarm monitoring by outside service to be suspended during a drill by authorized personnel **only.**

| SUBJECT: Code Red | EFFECTIVE: Sept. 2002 | PAGE: 3 of 3 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: October 2022 | APPROVED BY: *Harry Fishenden* Department Manager |
| Attachments: | References: | *Cameron McCallum* Executive Director |

7. In the event of a false alarm, **DO NOT RESET FIRE ALARM PANEL.** Fire Department will conduct total search and determine when to shut off the fire alarm.
8. The alarm system has two tones; these are:
    a) Unique to each stage – 1st stage general alarm (Slow Bong Sound over speakers).
    b) Continuous rapid sound – 2nd stage alarm which means prepare to evacuate (Temporal Pattern – 3 pulse phase followed by an off phase – repeating).

**OUTCOME**

Code Red is used each time there is a drill or fire.
A systematic check of each home area is conducted as per procedure every time there is a fire alarm. Staff will perform in a professional orderly fashion.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>EMERGENCY PLAN MANUAL | |
|---|---|
| | **Policy # EPM-G-01** |

| | | |
|---|---|---|
| **SUBJECT:**<br>Code Green - Evacuation | **EFFECTIVE:**<br>Sept 2002 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>October 2022 | **APPROVED BY:**<br>*Harry Fishenden*<br>**Department Manager**<br>*Cameron McCallum*<br>**Executive Director** |
| **Attachments:** | **References:** | |

## Page colour

1. To ensure that there is a systematic response to evacuate the building.
2. To enable the safe and effective evacuation of residents, staff and other occupants in the event of an immediate and/or impending disaster or emergency.
3. All employees are responsible and accountable for understanding the types of evacuations and the use of each type in a disaster/emergency situation.

## APPLICATION OF POLICY

There are two types of emergency evacuation procedures that can be initiated at The Salvation Army Ottawa Grace Manor and they are as follows:

TYPES OF EVACUATION:

1. CODE GREEN – PARTIAL EVACUATION – this includes the complete evacuation of the disaster area to an adjacent safe Fire Zone; either on the same floor and/or in a vertically downward direction. This evacuation will be announced on the emergency communication system as "CODE GREEN – PARTIAL EVACUATION' followed by location(s) to be evacuated. The annunciation of the first stage fire bell system will be heard.

2. CODE GREEN – TOTAL EVACUATION – this includes total evacuation of the building and all persons in the facility as necessary. This evacuation will be announced on the emergency communication system as "CODE GREEN – TOTAL EVACUATION". The annunciation of the second stage fire bell system will be heard.

## OUTCOME

All residents, staff and other occupants will be safely evacuated in the event of an immediate and/or impending disaster or emergency.

# THE SALVATION ARMY OTTAWA GRACE MANOR
# EMERENCY PLAN MANUAL

**Policy # EPM-G-02**

| | | |
|---|---|---|
| **SUBJECT:** Code Green – Evacuation Procedure | **EFFECTIVE:** Sept 2002 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** October 2022 | **APPROVED BY:** Harry Fishenden **Department Manager** Cameron McCallum **Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

To ensure that there is a process in place for the orderly, expedited and safe evacuation of all residents, staff and other occupants in the event of an immediate and/or impending disaster or emergency.

## APPLICATION OF POLICY

1. Whenever a room has been evacuated or vacated, the room rood should be closed and the evacuation marker flipped up against the doorframe to reveal the word "VACANT".

1.1. CODE GREEN – PARTIAL EVACUATION:

- 1.1.1. Partial Evacuation is initiated at the direction of any staff member of Salvation Army Ottawa Grace Manor or Ottawa Emergency Services.
- 1.1.2. A Partial Evacuation includes the complete evacuation of the disaster area to an adjacent safe Fire Zone; either on the same floor and/or in a vertically downward direction, beyond the fire separation doors.
- 1.1.3. The Registered Staff/Designate in charge of the home area will make every effort to remove the MAR/Tar, resident sign-out binder, and the Home Area Evacuation Kit.
- 1.1.4. All exits, which provide safe evacuation, will be utilized.
- 1.1.5. Once the area is evacuated, no one may re-enter until authorized by Ottawa Emergency Services/Evacuation Coordinator.

1.2. CODE GREEN – TOTAL EVACUATION:

- 1.2.1. Total Evacuation is initiated at the discretion of any staff member of Salvation Army Ottawa Grace Manor or Ottawa Emergency Services.
- 1.2.2. A Total Evacuation includes the complete evacuation of the building. Every effort will be made to assemble in the parking lot which is located on the east side of the building.
- 1.2.3. All exits, which provide safe evacuation, will be utilized.
- 1.2.4. The Registered Staff/Designate in charge of the home area will make every effort to remove the MAR/Tar, resident sign-out binder, and the Home Area Evacuation Kit.
- 1.2.5. Once the area is evacuated, no one may re-enter until authorized by Ottawa Emergency Services/Evacuation Coordinator.

2. Residents, families and all visitors are expected to take direction from staff in the event of a partial or total evacuation.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>EMERENCY PLAN MANUAL | |
|---|---|
| | **Policy # EPM-G-02** |

| | | |
|---|---|---|
| **SUBJECT:**<br>Code Green – Evacuation Procedure | **EFFECTIVE:**<br>Sept 2002 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>October 2022 | **APPROVED BY:**<br>*Harry Fishenden*<br>**Department Manager**<br>*Cameron McCallum*<br>**Executive Director** |
| **Attachments:** | **References:** | |

**OUTCOME**

The area/building will be evacuated in an orderly, timely, and safe manner.

# THE SALVATION ARMY OTTAWA GRACE MANOR
## EMERGENCY PLAN MANUAL

**Policy # EPM-G-07**

| | | |
|---|---|---|
| **SUBJECT:** Code Green – Communicating with Families | **EFFECTIVE:** Sept 2002 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** December 2020 | **APPROVED BY:** Brittaney Lee<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

To ensure there is a policy and practice for contact and communication with POA for Personal Care/SDM following an Evacuation.

## APPLICATION OF POLICY

1. Executive Director/Designate will delegate staff to make the necessary phone calls and establish a contact number for family inquiries.

2. Staff will use the Admission Record contact information to notify POA for Personal Care /SDM.

3. All attempts at communication are to be recorded on the back of the Admission Record Tool. This is to include the date, time and signature of the staff making contact.

4. When families are contacted (in a disaster/emergency situation) they have to be notifies of:
   a) Type of emergency;
   b) Time of emergency;
   c) Current status and/or location of resident;
   d) Contact number for family inquiries.

## OUTCOME

There will be established communication with POA for personal care/SDM following an Evacuation.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>EMERGENCY PLAN MANUAL | Policy # EPM-G-08 |
|---|---|

| | | |
|---|---|---|
| **SUBJECT:**<br>Code Green – RN Evacuation Responsibilities | **EFFECTIVE:**<br>Sept 2002 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>October 2022 | **APPROVED BY:**<br>Fawn Furey<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:**<br>Evacuation Outdoor Safe Zone Map | **References:** | |

## STATEMENT OF POLICY

To coordinate a safe evacuation of staff, visitors and residents from the Grace Manor.

## APPLICATION OF POLICY

1. RN-In-Charge/Designate will contact the Executive Director or Director of Care who will make the decision to implement and start the Staff Evacuation Call-back.
2. If the RN-In-Charge/Designate cannot contact the Executive Director and Director of Care; he/she will make the decision to implement and start the Staff Evacuation Call-back.
3. To activate the second stage alarm: 1) insert and turn the manual pull station key at any manual pull station or 2) depress the 'Total Evacuation' button on the main fire panel on the first floor, in the visitor entrance vestibule facing Wellington Street.
4. Using the enunciator panel, announce the type of evacuation three times.
5. Assign a staff member to go to the main entrance and wait for Emergency Services.
6. Go directly to the danger area and assist/direct with evacuation.
7. Give direction to staff to evacuate residents to their designated Evacuation Safe Zone.
8. Designate someone to direct the flow of traffic, to guide the residents to assemble by Home Area at the Evacuation Safe Zone.
9. Provide any necessary assistance to Emergency Services upon their arrival.
10. Upon arrival of the Executive Director/Designate the RN will report and release responsibility to him/her.

## OUTCOME

The residents, visitors and staff will be evacuated safely.

**THE SALVATION ARMY OTTAWA GRACE MANOR**

**EMERGENCY PLAN MANUAL**

**Policy # EPM-G-10**

| | | |
|---|---|---|
| **SUBJECT:** Code Green – All Support Staff/Volunteers/Contractors/Evacuation Responsibilities | **EFFECTIVE:** Sept 2002 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** October 2022 | **APPROVED BY:** Harry Fishenden<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

To support the Executive Director/Designate (evacuation Coordinator) in the safe evacuation of staff, visitors and residents from the Grace Manor.

## APPLICATION OF POLICY

1. PSW's, Housekeepers, Home Area Dietary Aids, Recreation Aide, Chaplains, Volunteers, and Contractors are to remain/report to assigned work area and await direction from the Evacuation Coordinator.
2. Main kitchen staff are to report to reception.
3. Janitors and maintenance workers will report to the danger zone and take direction from the Registered Staff.
4. Management Staff are to report to reception, or nearest nursing station when off the first floor.
5. Visitors will be viewed by staff as residents.

## OUTCOME

All support staff, residents, volunteers, visitors and contractors will be evacuated safely.

| SUBJECT: Missing Resident | EFFECTIVE: September 2002 | PAGE: Page 1 of 3 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: Aug. 2018 Feb 2022 | APPROVED BY: Fawn Fury Department Manager Cameron McCallum Executive Director |
| Attachments: Missing Resident Report, Time Line Report | References: Unusual Occurrence Report | |

## STATEMENT

An immediate and thorough search of the home, nearby environment and surrounding vicinity shall be conducted upon suspicion/notification that a resident is missing.

## APPLICATION

1. After a thorough check of the home area the RPN will notify the RN immediately of a suspected missing resident.
   PSW's will thoroughly check the following on the home area:
   Each resident's room, on/under bed, closet, bathroom.
   Each RPN will check common areas, utility rooms, laundry rooms, linen rooms and public washrooms and stairwells.
   All other available Staff will take direction from the RPN.
   Rooms that have been inspected will be identified by using the door fire tabs to indicate if a resident has entered the room following the inspection.

2. If the missing resident is not found, the RN will announce "Code Yellow, full name of resident and home area with room number". This is to be repeated three times. Example: Code Yellow, Mrs. Jane Smith, room 376 Rosemount House.

3. All staff on each home area will search their home area in an organized fashion.
   PSW's will thoroughly check the following on the home area:
   Each resident's room, on/under bed, closet, bathroom.
   Each RPN will check common areas, utility rooms, laundry rooms, linen rooms and public washrooms and stairwells.
   Housekeeping, Life Enrichment, Administration and Dietary Staff will take direction from the RPN.
   Janitor and Maintenance check basement
   All staff communicate o radio phones
   Rooms that have been inspected will be identified by using the door fire tabs to indicate if the resident has entered the room following inspection.

| SUBJECT: Missing Resident | EFFECTIVE: September 2002 | PAGE: Page 2 of 3 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: Aug. 2018 Feb 2022 | APPROVED BY: Fawn Fury Department Manager Cameron McCallum Executive Director |
| Attachments: Missing Resident Report, Time Line Report | References: Unusual Occurrence Report | |

4. After each home area has completed their search, the RPN will call the RN in charge promptly to indicate: search is completed, and resident is found/not found.

5. The RN will delegate two staff **who know the resident**, to check all rooms/areas on the main floor, including non-resident areas, and the basement.

6. The RN will delegate two staff **who know the resident**, to check outside the home and vicinity.

7. If the resident is not found the Director of Nursing and Personal Care/Designate is notified. In the event that the Director of Nursing and Personal Care/Designate is not available, the Executive Director will be contacted directly. The Time Line Report is initiated at this time by the RN.

8. The Director of Nursing and Personal Care/Designate will notify the Executive Director, Police, family, physician.

9. An aerial map of Grace Manor and the surrounding area is located in the Emergency evacuation kit at Reception and in the Executive Director's office to assist the Police in their search, if necessary.

10. The RN will ensure the resident's completed profile and picture is at the reception desk to be given to the Police.

11. The RN will complete the Missing Resident Report.

12. When the resident is found the Police, Director of Nursing and Personal Care, Executive Director, family and physician are notified.

13. When the resident is not found, the Executive Director will take action as recommended by the Police.

| SUBJECT: Missing Resident | EFFECTIVE: September 2002 | PAGE: Page 3 of 3 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: Aug. 2018 Feb 2022 | APPROVED BY: Fawn Fury Department Manager Cameron McCallum Executive Director |
| Attachments: Missing Resident Report, Time Line Report | References: Unusual Occurrence Report | |

14. The Executive Director/Director of Nursing and Personal Care will notify the Ministry of Health as applicable, using the Critical Incident Report.

15. The RN will document the details of the incident and action taken in the resident's chart in PointClickCare.

16. Following the incident a thorough investigation/evaluation will be led by the Director of Nursing and Personal Care, to debrief with staff, identify and address issues, with the goal of minimizing recurrence.

## OUTCOME

There is an organized plan of action for locating missing residents.

# Appendix 13

**Ottawa Grace Manor**

## CODE YELLOW REPORT

**Home Area Or Area Checked:** _____ **Resident Name:**
**Date:** _____
**Time Search Started:** _____
**Time Search Completed:** _____
**Total Time for Complete Exercise (ALL CLEAR)** _____

**Circle one:** **MISSING RESIDENT DRILL or MISSING RESIDENT**

**Was name of resident, unit and room number announced over the emergency P.A. system?**
<Code Yellow + name of Resident etc. (repeat 3 times)> **Yes / No**

**Was the Announcement Clear and Easily Understood by staff on your floor?** **Yes / No**

| **OBSERVER REPORT** | **COMMENTS** |
|---|---|
| • Staff are following correct procedures for checking all rooms in their search zone | |
| • All staff present in the home area participated | |
| • Staff seem comfortable with their role and know their responsibilities | |
| • Staff reported promptly to the person in charge in their home area | |
| • All staff are aware of the who they are looking for and have reported if they have seen this person resently | |
| • Staff person in charge demonstrated Leadership and used available staff effectively | |
| • **All doors are closed and Evacucheck indicators were set correctly for all doors.** | |

**In the event of an actual CODE YELLOW, all staff are expected to return to their unit or report to the Main Reception Desk for assignment.**

After the initial search on the Home Area where resident resides did the RPN contact the RN to report a possible Code Yellow **Yes / No/NA**

Area Check List completed and RN contacted as soon as completed **Yes / No/NA**

Has the RN contacted senior management to contact Police and Family **Yes / No/NA**

Is the residents profile and picture available at the front desk **Yes / No/NA**

Were normal duties resumed only after "all clear" was announced? **Yes / No**

Following each exercise, was a debriefing held with the Observer to discuss the event? **Yes / No/NA**

**This report is to be completed immediately after each Code Yellow Drill by the Observer or whenever an actual Code Yellow has been called. The Charge Nurse will complete this form for Night Drills.**
**This report when completed is to be placed in the Director of Environmental Services mailbox at reception desk.**

# THE SALVATION ARMY OTTAWA GRACE MANOR
## EMERGENCY PLAN MANUAL

**Policy # EPM-E-10**

| | | |
|---|---|---|
| **SUBJECT:** Code White - General | **EFFECTIVE:** Sept 2001 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** December 2006 | **APPROVED BY:** Fawn Fury<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

Emergency **Code White** will be used to attain immediate assistance in a situation related to violent/aggressive behaviors.

## APPLICATION OF POLICY

1. Call out "**Code White**". Unit staff to respond immediately to area of concern.
2. Remove Residents/Visitors from immediate area.
3. Page "**Code White**", floor number and location, e.g. "XX FLOOR, Room 220".
4. Return to resident, ensure environment is safe. Using principals noted in the aggressive policy attempt to diffuse the situation.
5. Charge Nurse must always respond to Code White.
6. Once situation is assessed then:
   a) If able to diffuse violent behaviors, stay with resident, provide reassurance and assess contributing factors. Document on MDPN's interventions and outcomes.
   b) If unable to diffuse violent behaviors, call 911 for emergency response. Notify physician, family, DOC/Administrator. Complete Unusual Occurrence report and document strategies on MDPN's

## OUTCOME

**Code White** is used every time immediate response is needed to manage violent/aggressive behaviors.

| | |
|---|---|
| | **OTTAWA GRACE MANOR**<br>**ADMINISTRATION MANUAL** |
| | **Policy #EPM -W-1** |

| | | |
|---|---|---|
| **SUBJECT:**<br>Code White | **EFFECTIVE:**<br>February 2016 | **PAGE:** Page 1 of 6 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>April 2023 | **APPROVED BY:**<br>Fawn Fury<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

**POLICY:**
The Ottawa Grace Manor is committed to creating and maintaining an environment free from threats of sexual, physical, verbal and psychological abuse, as is reasonably possible. Ottawa Grace Manor will not tolerate workplace violence, abusive or aggressive behavior of any kind and will deal with each and every incident of abuse and aggression that threatens the safety of anyone at Ottawa Grace Manor.

A Code White is activated when, in spite of alternative approaches, the resident, employee, physician, volunteer, caregiver, visitor becomes aggressive, threatening or violent or when behavior escalates putting him/herself or others at risk for harm.

The multidisciplinary team will:

- Identify residents who have the potential for aggressive behavior.
- Implement interventions to promote a safe environment for staff and residents.
- Ensure that when aggressive behavior is exhibited, it is managed quickly and effectively.
- Ensure staff working with the residents are aware of their behavior, to be reviewed and discussed at shift report. Patterns and recommended interventions and recognize this episode as having potential to be uncontrollable.
- Ensure that restraints are used appropriately as per the Minimizing Restraints Policy when a resident is shown to pose a clear and present danger to him/herself or others.
- Ensure staff is trained in Gentle Persuasive Approach (for Dementia Care).

| SUBJECT: Code White | EFFECTIVE: February 2016 | PAGE: Page 2 of 6 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: April 2023 | APPROVED BY: Fawn Fury<br>Department Manager<br>Cameron McCallum<br>Executive Director |
| Attachments: | References: | |

## Who Can Call a Code White

A Code White can be called by any staff who feels threatened or is in danger, or discovers that another residents, staff or visitor is in danger, because of the actions of another person, or that a violent action is taking place.

## Safety First

Persons directly involved should not create a threat to the violent person. They should give the violent person space and speak and behave in a calm, non-threatening manner.

## Supportive Action by Those not Directly Involved

Support starts by announcing Code White THREE times over the PA System. The caller should give the exact location of the situation, indicating if any weapon is involved. Any staff member will announce a Code White to initiate appropriate staff to respond. Police will be called ONLY if the situation warrants police involvement.

## Responsibilities during a Code White

1. Staff Identifying Code White
    a. Remove self and others from immediate danger.
2. Nursing Staff
    a. Announce Code White three times, stating the wing, unit and room number.
    b. Pause 30 seconds to 1 minute between announcing the Code White.
3. Response Team
    a. The following trained staff will go immediately to the location of the Code White:
        i. Nurse-in-Charge of the unit -- designated as the code leader
        ii. RN-in-charge of the building
        iii. BSO staff
        iv. All unit staff

| SUBJECT: Code White | EFFECTIVE: February 2016 | PAGE: Page 3 of 6 |
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| DEPARTMENT: All Departments | REVISION: April 2023 | APPROVED BY: Fawn Fury<br>Department Manager<br>Cameron McCallum<br>Executive Director |
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v. All Registered Practical Nurses
vi. Environmental Team
vii. Any physicians on site

4. Other Staff to Respond
   a. Other staff to respond are:
      i. Days: Director of Care/Assistant Director of Care/RN In Charge

      ii Evenings: Nurse-in-Charge/RN
         Environmental Service staff
      Iii Nights: Nurse-in-Charge/RN/RPN

- Dietary staff, housekeeping staff and Personal Support Workers on other units do NOT respond to code white*

5. Response Steps
   a. The Nurse in Charge will direct the responsible staff to bring the situation immediately under control.
      i. All staff assembled will receive/follow instructions from the Nurse in Charge.
      ii. **Only one person should speak with the resident, staff or visitor,** maintaining eye contact, speaking slowly, softly, calmly and firmly. Maintain conversation, provide reassurance and explain what is happening.
      iii. Settle the situation quickly. Use minimum interventions. Follow the normal protocols for the prevention and management of aggressive behavior.
      iv. No visitors during code, PSW directed to entrance of unit to reassure visitors.
      v. If the violence is escalating, the Nurse in Charge or delegate will identify this as an emergency and will **notify Police by calling "911"**
      vi. For residents:

| SUBJECT: Code White | EFFECTIVE: February 2016 | PAGE: Page 4 of 6 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: April 2023 | APPROVED BY: Fawn Fury<br>Department Manager<br>Cameron McCallum<br>Executive Director |
| Attachments: | References: | |

If there is no current order for physical restraints, but the physical safety of the resident or others is in jeopardy, the team will apply the most suitable and least restraint at the direction of the code leader. The physician will be contacted immediately for an assessment of the resident and an order for the restraint.

vii. The Nurse-in-Charge or the RN on the unit will administer medication, if ordered.
viii. The resident is monitored continuously by unit staff until the Nurse in Charge gives other directions.
ix. The Nurse in Charge, or RN cancels the Code White when appropriate.
x. The Response Team remains until dismissed by the Nurse in Charge.

6. Follow Up
   a. The Response Team will meet to debrief and review.
   b. The Code Team Leader or designate completes the *Code White Response: Quality Monitoring Tool*.
   c. RPN completes *Incident Report*.
   d. RPN completes Employee Incident Report if required.
   e. Unit RPN to Chart incident on Point Click Care.
   f. Referral to BSO Team, Family Physician/Psychogeriatric Doctor as needed

| SUBJECT: Code White | EFFECTIVE: February 2016 | PAGE: Page 5 of 6 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: April 2023 | APPROVED BY: Fawn Fury<br>Department Manager<br>Cameron McCallum<br>Executive Director |
| Attachments: | References: | |

Name of Team Member Completing Form:

_____ _____

_____ _____

_____ _____

_____

**Code Team Leader**

| | | Yes | No | Comments |
|---|---|---|---|---|
| 1. | Did the Code Leader clearly identify herself/himself? | | | |
| 2. | Was responsibility delegated clearly and concisely to the Response Team and unit staff? | | | |
| 3. | Was the Code Leader knowledgeable about Code White policy? | | | |
| 4. | Was an appropriate plan developed? | | | |
| 5. | Was there a brief post Code White meeting involving all Response Team and unit staff? Who responded? | | | |

| SUBJECT: Code White | EFFECTIVE: February 2016 | PAGE: Page 6 of 6 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: April 2023 | APPROVED BY: Fawn Fury<br>Department Manager<br>Cameron McCallum<br>Executive Director |
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| | | | | |
|---|---|---|---|---|
| 6. | Did the Code Team leader review the code? | | | |
| 7. | Did the Code Team Leader communicate with the unit staff and make further resident management suggestions? | | | |
| 8. | Did the Code Team Leader ensure that all appropriate forms were completed and forwarded? | | | |
| 9. | Was Code White marked in the *Actions Taken* box of the Incident form? | | | |

| **Response Team Members** | | | | |
|---|---|---|---|---|
| 1. | Were all Response Team members knowledgeable about Code White policies and procedures? | | | |
| 2. | Were all Response Team members skilled in non-violent physical intervention techniques? | | | |
| 3. | Did Response Team members follow directions of the team leader? | | | |
| 4. | Did all Response Team members fully contribute to the team? | | | |
| | Was the Code White Response satisfactory? | | | |

Recommendations for improvement:

| | | |
|---|---|---|
| **SUBJECT:** Code White | **EFFECTIVE:** February 2016 | **PAGE:** Page 7 of 6 |
| **DEPARTMENT:** All Departments | **REVISION:** April 2023 | **APPROVED BY:** Fawn Fury<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

Please return completed form to Director of Care

**THE SALVATION ARMY OTTAWA GRACE MANOR**

**EMERGENCY PLAN MANUAL**

**Policy # EPM-H-10**

| | | |
|---|---|---|
| **SUBJECT:** Code Orange - General | **EFFECTIVE:** Sept 2002 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** October 2022 | **APPROVED BY:** Harry Fishenden<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

1. Code Orange is paged to alert employees that the facility will be receiving an influx of residents as a result of an external disaster.

2. Notice of an external disaster will occur through the Ottawa Emergency Measures Unit.

## APPLICATION OF POLICY

1. The Executive Director/Designate will approve the receipt of residents from another facility or the community following an external disaster.

2. On request, the RN/designate will communicate "Code Orange Alert" to advise employees of a potential influx of residents. "Code Orange" or "Code Orange Confirmed" will be communicated to declare a confirmed influx of residents.

## OUTCOME

Code Orange is pages and the reception plan is implemented upon notification of an influx of residents subsequent to an external disaster.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>EMERGENCY PLAN MANUAL | Policy # EPM-H-20 |
|---|---|

| SUBJECT:<br>Code Orange | EFFECTIVE:<br>Sept 2002 | PAGE: 1 of 3 |
|---|---|---|
| DEPARTMENT:<br>All Departments | REVISION:<br>October 2022 | APPROVED BY:<br>Harry Fishenden<br>Department Manager<br>Cameron McCallum<br>Executive Director |
| Attachments: | References: | |

## STATEMENT OF POLICY

1. All employees are responsible and accountable for understanding and demonstrating ongoing competence in all relevant aspects of reception of residents from outside the organization in the event of a disaster/emergency.
2. Administrator/designate will make the decision to accept the evacuees, notifies the Ministry of Long-Term Care and maintains communication with appropriate agencies.
3. Priority will be given to corporate sister facilities and to those in out catchment area.
4. The criteria used to determine acceptance of evacuees will include some of, but is not limited to the following:
   a) Time/length of relocation required;
   b) Number of potential evacuees;
   c) Availability or resources (staffing from agency, transferring, equipment, etc.);
   d) Impact on our services (meals, resident programs, staffing, etc.);
   e) Ability to provide interim care to evacuees based on their care needs and available resources;
   f) Restrictions on space and other resource allocations due to legislative requirements.

## APPLICATION OF POLICY

1. Executive Director/Designate makes the decision to accept residents.
2. The Executive Director/Designate meets with the Management Team to:
   - Designate roles and responsibilities of team members;
   - Designate the responsibility to communicate with residents, families, staff of the plan to receive evacuees;
   - Establish scope, magnitude and impact of receiving evacuees.
3. Initiate fan-out based on current knowledge of facts:
   - Number of expected evacuees;
   - Care requirements;
   - Length of temporary evacuation required;
   - Impact on organizational service/program.
4. Prepare for reception of evacuees. Designate specific roles and responsibilities related to:
   a) Obtaining equipment and supplies (Nursing Department);
   b) Preparation of space;
   c) Adjustments to programs/services for our residents/staff;
   d) Coordination of food purchase (Dietary Department);
   e) Obtaining additional bedding, linen, etc. (Environmental Department);
   f) Obtaining mobility aids i.e. wheelchairs (Life Enrichment Department).

| SUBJECT: Code Orange | EFFECTIVE: Sept 2002 | PAGE: 1 of 3 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: October 2022 | APPROVED BY: Harry Fishenden<br>Department Manager<br>Cameron McCallum<br>Executive Director |
| Attachments: | References: | |

5. Executive Director/Designate designates specific individuals to:
   a) Contact evacuees and provide direction as to where to go (Reception);
   b) Screen incoming phone calls (Reception);
   c) Act as liaison between our facility and a representative of evacuees to review changes of status of evacuees (2nd person at reception – Executive Director/Director of Nursing/Nurse Manager);
   d) Assist with transporting evacuees to the Community Room or (Activity Rooms on the Home Areas);
   e) Provide support for evacuees and to assist in receiving them (Unit Supervisor/Nurse Manager).
6. Adjustments to the plan are made as necessary (i.e. food/meals, space, staffing support) based on new information (i.e. expected time of relocation, changes in health status of evacuees, etc.).
7. Develop a communication plan and post notices to the public, residents and families of having received evacuees.
8. Attempt to gather more information on the evacuees (names, address, diagnosis, age, sex, next of kin, and allergies) is this information is not already available. This should be done A.S.A.P.
9. Bracelets will be made for all evacuees.
10. Provide ongoing support to evacuees until such time that the disaster is over or that they are relocated elsewhere.
11. The Advisory and Attending Physicians will be available for emergencies.

## OUTCOME

To ensure there is a process and plan for the reception of residents outside the organization in the event of a disaster/emergency.

To ensure efficient and effective reception procedures.

| | |
|---|---|
| | **OTTAWA GRACE MANOR**<br>**Salvation Army Grace Manor** |
| | **Policy # 20** |

| | | |
|---|---|---|
| **SUBJECT:Natural Disasters(Tornado, Earthquake, Hurricane )** | **EFFECTIVE:** June 2022 | **PAGE:** Page 1 of 2 |
| **DEPARTMENT:** All Departments | **REVISION:** | **APPROVED BY:**<br>**Harry Fishenden**<br>**Department Manager**<br>**Cameron McCallum**<br>**Executive Director** |
| **Attachments:** | **References:** | |

## Statement:

To ensure all residents, staff and visitors are safe . An immediate and thorough search of the home and surrounding vicinity shall be conducted safely as soon as possible following notification of disaster.

## Application of Policy :

1. In the event of Natural Disaster the Executive Director /Designate is informed immediately.
2. All staff to take direction from Charge Nurse.
3. Registered Nurse to assign staff member to call 911
4 .Each resident location must be confirmed using the Fire Alarm Resident Check list
5. All Staff working on assigned units ( Nursing , dietary, recreation, housekeeping ) are to report to RPN
6. RN on duty precedes to Reception area and all non assigned staff ( cooks, reception, environmental staff report to RN )
7. Receptionist to check sign in log to account for all visitors and contractors
8 .An evacuation of the home will only occur with direction from Ottawa Emergency Services
9. If required : Environmental Services to turn of gas line located in basement room 104, turn off water located in basement room 108, Charge Nurse to ensure oxygen working for all residents that required
10.Communication to families
11.Director of Environmental Services will assess the building for structural damages reporting all findings to Ottawa Emergency Services immediately

| SUBJECT:Natural Disasters(Tornado, Earthquake, Hurricane ) | EFFECTIVE: June 2022 | PAGE: Page 2 of 2 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: | APPROVED BY: Harry Fishenden Department Manager |
| Attachments: | References: | Cameron McCallum Executive Director |

Goal : to ensure everyone is safe, and informed

# THE SALVATION ARMY OTTAWA GRACE MANOR
## EMERGENCY PLAN MANUAL
**Policy # EPM-External Air Contamination**

| | | |
|---|---|---|
| **SUBJECT:** External Air Contamination | **EFFECTIVE:** December 2010 | **PAGE:** 1 of 2 |
| **DEPARTMENT:** All Departments | **REVISION:** Aug. 2018<br>June 2022 | **APPROVED BY:** Harry Fishenden<br>**Department Manager** |
| **Attachments:** | **References: Emergency Plan Manual Code Green** | Cameron Mccallum<br>**Executive Director** |

## STATEMENT OF POLICY

A plan exists if there is a risk that contaminated air may enter the home (ex. External fire, external chemical spill or accidental release of noxious compounds).

## APPLICATION OF POLICY

1.1 Ottawa Grace Manor will rely primarily on Ottawa Emergency Services (police, fire, etc.) as notification for the location and severity of external contaminated air.

1.2 The staff member that received the notification will inform the Charge Nurse who will immediately inform the Executive Director/designate.

1.3 The Director of Environmental Services / designate will verify the details of the external contaminated air with Ottawa Emergency Services.

1.4 The Director of Environmental Services will be the Contact person for Ottawa Emergency Services and will log all activities and decisions.

1.5 The Charge Nurse will account for all residents.

1.6 The Executive Director/Designate will communicate the emergency to residents, staff, volunteers, families, and external stakeholders.

1.7 External air intake to the building may be limited to control contaminated air from entering the building. The building's main ventilation system (air handling units, exhaust fans, return air fans, and fume hoods) which draw external air may be shut off by the Director of Environmental Services.

1.8 Other utilities (gas, hydro, etc.) may be turned off, as advised by Ottawa Emergency Services.

1.9 The Director of Environmental Services will coordinate with the Charge Nurse to ensure that all windows and entrance doors are closed and locked.

1.10 Entry into the building will be restricted to the Wellingtons Street Entrance. All other doors will be locked. Anyone entering or exiting the building will ensure that the interior of exterior door is closed prior to opening the second door.

| SUBJECT: External Air Contamination | EFFECTIVE: December 2010 | PAGE: 1 of 2 |
|---|---|---|
| DEPARTMENT: All Departments | REVISION: Aug. 2018 | APPROVED BY: Harry Fishenden Department Manager |
| Attachments: | June 2022 References: Emergency Plan Manual Code Green | Cameron Mccallum Executive Director |

1.11 The Director of Environmental Services will follow direction from Ottawa Emergency Services in determining the need to evacuate the home.

1.12 Ottawa Emergency Services will determine when it is safe to end the protocol.

## OUTCOME

Ottawa Grace Manor will have an effective means in dealing with external air contamination to maximize the health and safety of the residents and staff.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>EMERGENCY PLAN MANUAL | |
|---|---|
| | **Policy # EPM-J-80** |

| | | |
|---|---|---|
| **SUBJECT:**<br>Emergency Procedures/Priority Codes - Flooding | **EFFECTIVE:**<br>Sept 2001 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>January 2017<br>June 2022 | **APPROVED BY:**<br>Harry Fishenden<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

There is a plan in place for dealing with the consequences of flooding.

## APPLICATION OF POLICY

1. **Flooding caused by a break or malfunction of plumbing equipment:**
   - i) Contact the Maintenance Department immediately and be prepared to give exact details of the flooding. If the Maintenance Department is unable to adequately stop the cause of the flooding, they will contact the Plumbing Contractor.
   - ii) If unable to read the Maintenance Department, contact the Plumbing Contractor (see Emergency Repair/Services Contractor phone list).

2. **Flooding caused by water leaking into the building due to a external disaster (i.e. extensive rainfall, spring thaw, burst water main):**
   - i) Remove anyone in immediate danger;
   - ii) If possible, slow down and/or confine the building as best as possible;
   - iii) Notify Maintenance and the Administrator immediately. If it is evident that the flooding is resulting from burst water main outside the building, notify the Public Works, Sewers/Roads.

3. Notify Elevator Contractor of flooding problem in order for service technicians to take precautionary measures to protect elevator equipment.

4. Ensure all electrical equipment is unplugged on the affected floor.

5. **In all cases of flooding, should the flooding be extensive, it may be necessary to:**
   - i) Evacuate residents from a certain area. The In-Charge Nurse may make this decision.
   - ii) Suspend service operations such as laundry and food service and make arrangements for these services to be provided by external sources (see Interruption of Dietary Services and Loss of Natural Gas). These arrangements shall be made by the Administrator/designate.
6. All staff to report to RN for instruction to ensure all staff and residents are safe.

**THE SALVATION ARMY OTTAWA GRACE MANOR**

**EMERGENCY PLAN MANUAL**

**Policy # EPM-J-80**

| | | |
|---|---|---|
| **SUBJECT:** Emergency Procedures/Priority Codes - Flooding | **EFFECTIVE:** Sept 2001 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** January 2017 June 2022 | **APPROVED BY:** Harry Fishenden<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

## OUTCOME

To provide a contingency plan in the event of extensive flooding in the building.

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|---|---|
| | **OTTAWA GRACE MANOR**<br>**Salvatio Army Grace Manor** |
| | **Policy # 21** |

| | | |
|---|---|---|
| **SUBJECT:**<br><br>**Boil Watery Advisories** | **EFFECTIVE:**<br>June 2022 | **PAGE:** Page 1 of 1 |
| **DEPARTMENT:**<br><br>All Departments | **REVISION:** | **APPROVED BY:**<br><br>**Harry Fishenden**<br>**Department Manager**<br><br>**Cameron McCallun**<br>**Executive Director** |
| **Attachments:** | **References:** | |

Statement:

To ensure all residents, staff and visitors have access to clean/ safe water.

Application :

1 .Upon notification of boil water advisories the Executive Director/Designate will be notified immediately by Charge Nurse.

2 .Inform all staff by announcement from fire panel of the advisory.

3. Environmental Staff to turn off individual taps in all Residents rooms and any taps accessible by residents.

4. Communication to family

5 .Ensure all water is brought to a visual boil for 2 min

6. Bottled water used for drinking
7. Continue with process until Advisory has ended

Goal: to prevent illness related to unsafe drinking water

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>PANDEMIC PREPARDNESS MANUAL<br>**Policy # PPM – Pandemic Period – Masks** | | |
|---|---|---|
| **SUBJECT:**<br>Pandemic Period - Masks | **EFFECTIVE:**<br>March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>March 6, 2020<br>Feb 2022 | **APPROVED BY:**<br>Jason Furey<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

Masks are an important measure in preventing the spread of disease. Masks with face shields or a mask and protective eye glasses should be worn when caring for a resident under droplet precautions.
N95 masks and eye protection worn when caring for any resident with Covid

## APPLICATION OF POLICY

- Staff, family and volunteers should wear masks covering the nose, and mouth when providing direct care for a resident with Influenza like or respiratory Illness.
- During Covid pandemic all staff and visitors are to wear a mask covering nose and mouth no cloth masks. Masks will be supplied by Grace Manor prior to anyone entering home
- Whenever a residents with Influenza like Illness is out of his/her room (e.g. during transfer to another facility), the resident should also wear a mask to prevent transmission to others.
- Masks should be changed if they become wet, or contaminated by secretions.
- When caring for resident with influenza Staff wearing masks must remove /change their mask before caring for another resident.
- With Covid outbreak all are to wear N95 when in the home
- Masks should be handled only by the strings/ties, to prevent contamination.
- Masks should be changes according to the manufacturer's recommendations.
- Hand washing is required after removing the mask and before putting on another fresh mask.
- Eye protection is worn when caring for any resident with Covid or respiratory symptoms

## OUTCOME

Staff, family and volunteers will use and dispose of their mask appropriately to prevent the spread of disease and protect themselves as much as possible.

**THE SALVATION ARMY OTTAWA GRACE MANOR**

**PANDEMIC PREPARDNESS MANUAL**

**Policy # PPM - Pandemic Period – Care of Deceased**

| | | |
|---|---|---|
| **SUBJECT:** Pandemic Period – Care of the Deceased | **EFFECTIVE:** March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** March 3, 2020 | **APPROVED BY:** Fawn Furey **Department Manager** Cameron McCallum **Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

All deaths during the Pandemic Influenza Outbreak will be dealt with in a dignified manner. Bodies will be stored in a temporary morgue awaiting direction from the coroner.

## APPLICATION OF POLICY

1. All confirmed or suspected deaths from pandemic influenza will be reported to Ottawa Public Health.and MOH
2. Directives on whom/how to pronounce death will be from the direction of the coroner's office and the College of Nurses of Ontario.
3. Death certificates will be completed and copy retained by the Grace Manor.
4. Under the direction of Public Health and the coroner's office will follow direction on where bodies would be placed until funeral home is available
5. Communication with POA
6. Spiritual assistance from director of Spiritual Care for all staff
7. Director of care to Keep Medical Director and Board informed of all resident and staff deaths related to pandemic

## OUTCOME

Grace Manor will be cognizant of respect and dignity for the body when making temporary arrangements for a morgue.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>PANDEMIC PREPARDNESS MANUAL<br>Policy # PPM - Pandemic Period – Cohort Staff | | |
|---|---|---|
| **SUBJECT:**<br>Pandemic Period – Cohort Staff | **EFFECTIVE:**<br>March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>March 2020<br>Feb 2022 | **APPROVED BY:**<br>Fawn Tracy<br>**Department Manager**<br>Executive Director |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

Movement of staff and volunteers in the home is to be minimized during a pandemic to prevent the spread of disease, especially if some units are unaffected.

Prevent spread from one home unit to another by restricting the movement of staff.

## APPLICATION OF POLICY

1. To protect staff, students and volunteer movement between floors/resident home areas will be restricted as much as possible.On going communication to keep everyone informed.

2. If there is significant staff shortages everyone may be needed to work. In this case, there may be a few restrictions on staff, students and volunteers.
3. Management team will be called on to assist with tray delivery, making beds, phone calls to family, visits with residents and enhanced cleaning.

4. Doors to units are closed staff and resident cohort

5. Staff cohort on unit recreation room is used as staff room supplied with Chairs, table, fridge microwave to allow staff a safe place to have break.

6. Audits and education on PPE/hand hygiene

## OUTCOME

The spread of disease will be minimized.

**THE SALVATION ARMY OTTAWA GRACE MANOR**

**PANDEMIC PREPARDNESS MANUAL**

**Policy # PPM – Pandemic Period - Gloving**

| | | |
|---|---|---|
| **SUBJECT:** Pandemic Period - Gloving | **EFFECTIVE:** March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** March 6, 2020 Feb 2022 | **APPROVED BY:** Department Manager |
| **Attachments:** | **References:** | Executive Director |

## STATEMENT OF POLICY

Gloves are an additional measure to prevent the spread of disease, and are not a substitute for proper hand hygiene.

## APPLICATION OF POLICY

- Gloves should be put on before entering and removed prior to leaving a resident's room.
- Gloves should fit the wearer to prevent cross contamination through contact.
- Gloves should be changed between procedures on the same resident (e.g. between open suctioning and remainder of care).
- Hands must be washed immediately after removing gloves.
- When a gown is worn, the cuff of the gloves must cover the cuffs of the gown.
- Single-use gloves should never be washed or reused.
- Gloves should be changed whenever a tear or leak is suspected.
- Gloves should not be carried around in staff member's pockets as this contaminates them with micro-organisms.

## OUTCOME

Staff and volunteers will use and dispose of gloves in an appropriate manner to prevent the risk of the spread of disease.

**THE SALVATION ARMY OTTAWA GRACE MANOR**

**PANDEMIC PREPARDNESS MANUAL**

**Policy # PPM - Pandemic Period – Essential Services**

| **SUBJECT:** Pandemic Period – Essential Services | **EFFECTIVE:** March 2006 | **PAGE:** 1 of 1 |
|---|---|---|
| **DEPARTMENT:** All Departments | **REVISION:** March 6, 2020 | **APPROVED BY:** Department Manager Cameron McCallum Executive Director |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

In an emergency situation services must be maintained to provide care and protect residents' health (Life-maintaining medications and treatments).

## APPLICATION OF POLICY

1. There is a 'Fan-out' strategy to notify management and staff that their assistance is required.
2. Staff will be redeployed when necessary. Staff may be required to take on roles that they traditionally do not do.
3. Training strategies and guidelines for staff and volunteers are in place so that each person knows what their responsibility or role is.

## OUTCOME

Essential services will be protected to maintain care services to residents.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>PANDEMIC PREPARDNESS MANUAL<br>Policy # PPM - Pandemic Period - Documentation | | |
|---|---|---|
| **SUBJECT:**<br>Pandemic Period - Documentation | **EFFECTIVE:**<br>March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>March 6, 2020<br>Feb 2022 | **APPROVED BY:**<br>Fawn Furey<br>**Department Manager** |
| **Attachments:** | **References:** | Cameron McCallum<br>**Executive Director** |

## STATEMENT OF POLICY

Documentation is very important due diligence needs to be exhibited to demonstrate standards of care.

## APPLICATION OF POLICY

1. Point Click Care will populate the Point of Care for PSWs to use in the delivery of care.
2. Care Plans will be completed on a priority bases.
3. Care summaries will be done in the progress notes on every affected resident each shift.
4. Line listing will be kept up to date and tracked as per Public Health recommendations.
5. RAI assessments will be completed on priority bases
6. Assessment and documentation of any resident that is ill with Resp symptoms
7. Critical Incident is sent to MOH and daily emails sent to MOH with updates on the outbreak
8. Care conferences completed on priority bases
9. Daily assessments from UDA will be completed on priority bases

## OUTCOME

Communication among care providers relating to resident needs is continue

**THE SALVATION ARMY OTTAWA GRACE MANOR**

**PANDEMIC PREPARDNESS MANUAL**

**Policy # PPM – Post Pandemic Period – Influenza & Pneumococcal Vaccine**

| | | |
|---|---|---|
| **SUBJECT:** Post Pandemic Period – Influenza & Pneumococcal Vaccine/Covid Vaccine | **EFFECTIVE:** March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** March 6, 2020 Feb 2022 | **APPROVED BY:** Department Manager Executive Director |
| **Attachments:** Pandemic Influenza Vaccine Consent Form, Pneumovax Consent Form | **References:** Infection Control Manual: Immunization Program | |

## STATEMENT OF POLICY

Maximizing vaccine coverage is an ongoing priority. Vulnerable groups must be vaccinated as a preventative measure. There is potential for residents and staff to acquire different strains of influenza/Covid
Director of Care to administer with Team all vaccinations recommended by Public Health to ensure the safety of all.

## APPLICATION OF POLICY

1. All staff will be offered the influenza vaccine each fall for influenza. Staff are encouraged to take the vaccine unless there is a contraindication that they should not .All staffwill be offered the doses of covid vaccine and administered when the consent is completed.
2. Staff who have an allergy to the vaccine are requested to submit a written note from their physician to be put on their file. staff that refuse influenza vaccine will sign declaration of refusal. Staff that refuse covid vaccine will be placed on LOA until proof of vaccine is given
3. Staffs who are vaccinated outside of the Grace Manor need to bring written proof of vaccination.
4. All residents will be vaccinated each fall for influenza unless contraindicated by the Grace Manor's Medical Advisor. This is to be documented on the residents file. Administration of influenza vaccine given once consent obtained.
5. All residents will be vaccinated for pneumonia upon admission if they have not already received it prior to admission. Residents who are contraindicated from taking the vaccine will have this documented in their chart.
6. Refer to the Immunization Program policy in the Infection Control Manual.

## OUTCOME

Residents and staff will receive vaccinations and remain safe

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>PANDEMIC PREPARDNESS MANUAL<br>**Policy # PPM – Post Pandemic Period – Declaring the Outbreak Over** | | |
|---|---|---|
| **SUBJECT:**<br>Post Pandemic Period – Declaring the Outbreak Over | **EFFECTIVE:**<br>March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>March 6, 2020 | **APPROVED BY:**<br>**Department Manager**<br>**Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

There will be a return to the Interpandemic period once declaration has been confirmed with Public Health that the Pandemic Period is over.

## APPLICATION OF POLICY

The length and time from the onset of symptoms of the first case until the outbreak is declared over will be one of the incubation period plus one period of communicability for the pandemic strain. This may be longer than 8 day period used for seasonal influenza.

The Outbreak Management Team will determine whether ongoing surveillance is required to:

- Maintain general infection prevention and control measures.
- Monitor the status of ill residents, update the line listing and communicate with Public Health.
- Monitor any deaths that occur, including whether individuals who die ad been line listed, and inform Public Health.

The Chair of the Outbreak Management Team will notify Public Health when Grace Manor has gone the recommended length of time without a new case. Public Health will be responsible for declaring the outbreak over. The Ministry of Health and Long-Term Care, care partners and other organizations in the community will be notified when the outbreak is declared over.

## OUTCOME

Declaration of the outbreak being over will be communicated in an efficient and effective manner.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>PANDEMIC PRPARDNESS MANUAL<br>**Policy # PPM- Pandemic Period - Gowning** | | |
|---|---|---|
| **SUBJECT:**<br>Pandemic Period - Gowning | **EFFECTIVE:**<br>March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>March 6, 2020<br>Feb 2022 | **APPROVED BY:**<br>Fiona Fiacy<br>**Department Manager**<br>Cameron McCallum<br>**Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

Gowns are recommended when it is anticipated that a procedure or care activity is likely to generate splashes or spraying of blood, body fluids, secretions, or excretions, or a resident is on contact or droplet/contact precautions and direct care will be provided.

## APPLICATION OF POLICY

- Long sleeved gowns should be worn during procedures when providing care for ill residents at risk of spreading pathogens as indicated above.
- When use of a gown is indicated, the gown should be put on immediately before the task and must be worn properly, i.e. tied at the top and around the waist.
- Remove the gown immediately after the task for which it has been used in a manner that prevents contamination of clothing or skin and prevents agitation of the gown.
- Discard gown immediately after removal into appropriate receptacle. Do not hang gowns for later use.
- Gowns should be removed before leaving the residents' room or dedicated space.
- Do not re-use gown. Do not go from resident to resident wearing the same gown.
- Handwashing will be performed after removal of the gown.
- It is important to remove (doff) PPE correctly (i.e. in the correct order) to prevent cross-contamination and the potential spread of infection from resident to resident. Doffing incorrectly also poses a risk of self-contamination.

## OUTCOME

Staff / family membersand volunteers will use and dispose of gowns in an appropriate manner to prevent the risk of the spread of disease.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>PANDEMIC PREPARDNESS MANUAL<br>**Policy # PPM – Post Pandemic Period – Review of Pandemic Outbreak** | | |
|---|---|---|
| **SUBJECT:**<br>Post Pandemic Period - Review of Pandemic Outbreak | **EFFECTIVE:**<br>March 2001 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>March 6 2020<br>Feb 2022 | **APPROVED BY:**<br>Department Manager<br>Executive Director |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

The course and management of the outbreak will be reviewed after it is over

## APPLICATION OF POLICY

When the pandemic is declared over there will be a meeting with Public Health, the Infection Control Committee to review how the pandemic was managed.
Areas for improvement will be documented in order to plan for future pandemics.

The Outbreak Management Team will submit the report to the Executive Director.

1. Review of any areas to improve
2. Review success of communication to staff/residents/family/
3. Review staff issues
4. Report to Board of Directors report
5. Review at PAC Meetings and discussion of areas to improve
6. Riew with family members and Family Council the course of outbreak
7. Director of Care will communicate to community partners that outbreak is complete ( Medigas, Lab, Phamacy, Hairdresser)

## OUTCOME

A review of the outbreak will be completed and corrective action will be followed up on if needed.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>PANDEMIC PREPARDNESS MANUAL<br>Policy # PPM - Pandemic Period – Visitor-Family Restrictions | | |
|---|---|---|
| **SUBJECT:**<br>Pandemic Period –<br>Visitor/Family Restrictions | **EFFECTIVE:**<br>March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>March 6, 2020<br>Feb 2022 | **APPROVED BY:**<br>Fawn Furey<br>**Department Manager**<br>**Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

During a pandemic outbreak families/POAs/visitor may be needed to assist with care.
However if a visitor using the screening tool is ill they will be restricted from entering the Grace Manor until they have recovered.
IF test positive on Rapid test will also be sent home with instructions to call Public Health and follow all recommendations from Public Health

## APPLICATION OF POLICY

All visitors/families that choose to visit during an outbreak and are not ill themselves shall;

- Practice excellence in Hand Hygiene
- Pass screening tool
- Receive a rapid test and wait in community room x 15 min for a negative result
- Use personal protective equipment as directed by staff.
- Visit only the residents as assigned
  Wear googles/PPE/mask when in room with resident. Must remain in room entire visit
  Education to caregivers on PPE and importance

## OUTCOME

By allowing controlled visitation there will not be any emotional hardship placed on the residents or visitors/families and infection control practices will be maintained

**THE SALVATION ARMY OTTAWA GRACE MANOR**

**PANDEMIC PREPARDNESS MANUAL**

**Policy # PPM – Pandemic Period-Implementation of Infection Control Measures**

| | | |
|---|---|---|
| **SUBJECT:** Pandemic Period - Implementation of Infection Control Measures/Droplet and Contact Precautions | **EFFECTIVE:** March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** **March 6, 2020** **Feb 2022** | **APPROVED BY:** **Department Manager** **Executive Director** |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

In Long-Term Care when there is an outbreak there is a higher risk for residents to become ill from other residents, visitors or staff. We can take measures to significantly reduce the risk of transmission by using precautions when care is provided to residents.

## APPLICATION OF POLICY

Droplet and contact precautions are implemented;

1. Hand hygiene according to the Four Moments of Care (i.e., using 90% alcohol-based hand sanitizer or washing hands; before seeing the resident; after seeing the resident and before touching your face; and after removing and disposing of Personal Protective Equipment.)
2. Education to staff, residents and caregivers on Hand Hygiene, how to wera a mask properly and PPE
3. Mask covering the worker's/visitor's nose and mouth when providing direct care within one meter of the resident.No cloth masks worn.
4. Audits done frequently on Hand Hygiene /Hand Hygiene Observation and audit Residents Hand Hygiene Protective eye wear when providing direct care within one meter of the resident when resident is on resperaitory precautions. N95 masks are worn by all for anyone on resp precautions with Covid.
5. Encourage social distance
6. Appropriate gloves when the worker is likely to have contact with body fluids or touch contaminated surfaces. Review Hand Hygiene education
7. Gowns during procedures and resident care activities where clothing may be contaminated.
8. Any communal or shared equipment must be cleaned and disinfected after each use.
9. Staff cohort and remain on the unit for entire shift
10. Residents have activities only on assigned unit
11. Residents are screened on day and evening shift
12. All staff and visitors are screened daily and entering only if pass all screening questions
13. Swabbing for residents/staff / visitors as per policy
14. Any resident ill or having resp symptoms are placed in room on resp precautions
15. Communication to resident and caregivers on all findings
16. Enhanced cleaning on all high touch surfaces

## OUTCOME

**THE SALVATION ARMY OTTAWA GRACE MANOR**

**PANDEMIC PREPARDNESS MANUAL**

**Policy # PPM – Pandemic Period-Implementation of Infection Control Measures**

| | | |
|---|---|---|
| **SUBJECT:** Pandemic Period – Implementation of Infection Control Measures/Droplet and Contact Precautions | **EFFECTIVE:** March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** **March 6, 2020** **Feb 2022** | **APPROVED BY:** **Department Manager** **Executive Director** |
| **Attachments:** | **References:** | |

Droplet and contact precautions will be followed by staff, visitors and volunteers to decrease the transmission of disease.

**THE SALVATION ARMY OTTAWA GRACE MANOR**

**PANDEMIC PREPARDNESS MANUAL**

**Policy # PPM - Pandemic Period – Communal Meetings/Outings**

| | | |
|---|---|---|
| **SUBJECT:** Pandemic Period – Communal Meetings/Outings | **EFFECTIVE:** March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:** All Departments | **REVISION:** March 2020 | **APPROVED BY:** Department Manager Executive Director |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

Movement within the home is to be minimized during a pandemic to prevent the spread of disease.

## APPLICATION OF POLICY

- All residents will be restricted to their units.
- Previously scheduled in house/outside group events shall be postponed.
- Outside groups coming into the home will be postponed.

## OUTCOME

The spread of disease will be minimized.

| THE SALVATION ARMY OTTAWA GRACE MANOR<br>PANDEMIC PREPARDNESS MANUAL<br>Policy # PPM – Pandemic Period – Eye Protection | | |
|---|---|---|
| **SUBJECT:**<br>Pandemic Period – Eye Protection | **EFFECTIVE:**<br>March 2006 | **PAGE:** 1 of 1 |
| **DEPARTMENT:**<br>All Departments | **REVISION:**<br>March 6, 2020<br>Feb 2022 | **APPROVED BY:**<br>Department Manager<br>Executive Director |
| **Attachments:** | **References:** | |

## STATEMENT OF POLICY

Eye protection is an important measure to prevent the spread of disease.

## APPLICATION OF POLICY

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

- Eye protection should be worn when providing direct care within one meter of a resident with Influenza like Illness.
- Safety glasses, goggles and face shields should be cleaned between uses according to the manufacturer's recommendations using a minimum low level disinfectant.
- To prevent self-contamination worker's should not touch their eyes during care of a resident.
- Eye protection is to be worn when the home is in Covid Outbreak by all that enter the home
-

## OUTCOME

Staff and volunteers will use and clean their eye protection appropriately to prevent the spread of disease and protect themselves as much as possible

| THE SALVATION ARMY<br>*Ottawa Grace Manor*<br><br>**EMERGENCY PLAN MANUAL** | | |
|---|---|---|
| **SUBJECT**:<br>CODE GREY | | **POLICY**:<br>EMP-GR-1 |
| **REVISED:**<br>January 2025 | **REVIEWED:** | **APPROVED BY**:<br>Leadership Team |

**APPLICATION:**

Code Grey is intended to outline the INITIAL actions to be taken when there is a loss of key pieces of infrastructure due to an external event or internal failure that poses a risk to residents, staff and visitors or significantly disrupts service delivery. These include outages to gas, hydro, telephone and internet services or failures to the internal physical plant.

1. **UPON IDENTIFICATION OF INFRASTRUCTURE LOSS**

   Any staff member who becomes aware of an issue with a key piece of infrastructure would notify the Executive Director/Designee who would assess the situation. After hours, the RN Nurse Designate would be notified.

2. **PLAN ACTIVATION: CODE GREY**

   If determined that the situation poses a potential risk due to scale or duration, a Code Grey plus the specific failure would be paged over the emergency paging system:

   **Code Grey – (heat, ventilation, hydro ) Failure – 3 times**

   For example – Code Grey – Hydro Failure

3. **EXECUTIVE DIRECTOR/DESIGNEE, DEPARTMENT HEADS, MANAGERS, RN NURSE DESIGNATE**

   - Prepare to communicate emergency plans and protocols directly with Department Heads
   - Department Heads/Charge Nurses will communicate with and provide directions to their direct reports and residents within their care.
   - Ensure emergency plans for core services and infrastructure are readied:
     - Water
     - Medications
     - Food
     - Communications
     - Power
     - Staffing

| **SUBJECT:** CODE GREY | | **POLICY:** EMP-GR-1 |
|---|---|---|
| **REVISED:** January 2025 | **REVIEWED:** | **APPROVED BY:** Leadership Team |

**4. ALL STAFF WITHIN THE FACILITY**

- Return to your designated work area and remain ready to receive further directions
- Assist residents to their resident home areas
- Directions will be provided by your direct supervisor

**I. LOSS OF ELECTRICAL POWER**

- There will be darkness for 10 seconds before generator will start
- Only emergency lighting will be available
- Some areas on the main floor
- Residential hallways
- Emergency power outlets ( grey outlets )
- Regular business phones will not function - connect the emergency phone at reception
- Elevators will still be in service
- Flashlights are available at reception and nursing dens/services
- The diesel fuel tank holds enough diesel fuel to last 72 hours
- Generator should be monitored every 8 to 12 hours and order fuel **(Stinson Fuels 613 822 7400)** if at **50% or below**
- Water supply pressure will be affected and limited

**DIRECTOR OF OPERATIONS OR RN NURSE/ DESIGNATE IF AFTER HOURS**

- Confirm that the emergency generator has initiated
- Re-set the MAGLOCK system at the front entrance
- Investigate source of outage
- **Initiate Essential Services Only;** housekeeping, laundry, maintenance, and clerical will be utilized to support the resident home areas
- Notify the Director of Operations if after hours
- Initiate reception to go to emergency phone status
- Contact **Ottawa Hydro** at 613 738 0188 to determine restore time

**MORE THAN 2 HOURS**

- Notify Food Services Manager/Designate for alternate meal preparation.
- Determine if additional staff is required. MORE THAN 12 HOURS

- Executive Director/Designate will notify Divisional Secretary for Social Mission
- Nursing will determine any residents that will need to be changed from toileting to incontinence product protocol
- Nursing will determine able body residents to go to SDM/POA homes if not affected by the power outage
- Executive Director/Designate will determine the need for having non-essential services staff on property
- Food Services Manager/Designate will assess refrigerated food on site to determine alternate cooking methods such as alternate building if not affected by outage or barbeque
- Food Service Manager/Designate will arrange additional water supply
- Alternative measures as per contingency plan will be in effect until power is restored
- Food Services Manager/Designate will contact emergency refrigerated trucks and external generators

## II. LOSS OF WATER

- Toilets will only have limited amount of normal function
- Toilet force flushing with pouring water into the tank or bowl may be required
- Cooking will be affected

**DIRECTOR OF OPERATIONS OR RN NURSE DESIGNATE IF AFTER HOURS**

- Investigate source of outage
- **Initiate Essential Services Only;** housekeeping, laundry, maintenance, and clerical will be utilized to support the resident home areas
- Notify the Director of Operations if after hours
- Assign staff to fill bathtubs with water

- Contact the Ottawa Public Works **(3-1-1)** for information regarding the severity and duration of the disruption

**MORE THAN 2 HOURS**

- Food Services Manager/Designate in preparation for alternate meal preparation.
- Determine if additional staff is required.

**MORE THAN 12 HOURS**

- Executive Director/Designate will determine the need for having non-essential services staff on property
- Food Services Manager/Designate will assess refrigerated food on site to determine alternate cooking methods such as alternate building if not affected by outage or barbeque
- Food Service Manager/Designate will arrange additional water supply
- Alternative measures will be in effect until services is restored

- **Bottled Water Suppliers**
- Canadian Springs: 613-729-9289
- Culligan of Ottawa: 613-225-9175
- Vaporel Plus 819-772-8832

**Portable Toilets**

- Tomlinsons: 613-822-6844
- Purle Potties: 1-833-768-8948

**Water Tanker Services**

- Russ Keenan Enterprises: 613-822-4733
- W&K Water Supply: 613-298-4055

## III. LOSS OF HVAC (HEATING, VENTILATION & AIR CONDITIONING)

**Heating Failure with Risk of Temperature Drop Below 22C**

**ENVIRONMENTAL SERVICES MANAGER OR RN NURSE DESIGNATE IF AFTER HOURS**

- Investigate source of the issue
- Notify the Director of Operations and Director of Nursing if after hours
- Provide extra blankets from the laundry stock (storage room)
- Ensure all curtains and blinds are closed
- Limit exterior door use
- Move residents into a lounge or other room where multiple people will provide warmth
- Move residents to another home area where heat is functional
- Determine if additional staff is required.
- Discharge appropriate residents to family until the heat is restored
- Initiate resident evacuation in situations where the temperature becomes a health or safety risk

**Cooling Failure with Risk of Temperature Exceeding 26-degree Celsius**

- Investigate source of the issue
- Notify the Director of Operations and Director of Nursing if after hours
- Ensure all curtains and blinds are closed
- Close windows if temperatures are above 26
- Limit exterior door use
- Move residents to another home area where cooling is functional
- Discharge appropriate residents to family until the cooling is restored
- Initiate resident evacuation in situations where the temperature becomes a health or safety risk

## 6. EMERGENCY DECLARED OVER

**CODE GREY is declared over when it has been determined that it is safe to resume regular operations**

**The code is cleared by the Executive Director/Designee**

- Announce 3 times over the paging system.

  **Code Grey All Clear**

  **Code Grey All Clear**

  **Code Grey All Clear**

**RN NURSE DESIGNATE**

Will notify:

- The Director of Operations if after hours

**EXECUTIVE DIRECTOR/DESIGNEE**

Will ensure the following notifications take place:

- Divisional Secretary for Social Mission
- Ministry of Long-Term Care if the Code Grey lasted 6 hours or more
- Resident SDMs/POAs

## 7. RECOVERY PLAN

Recovery may take several hours to several days or longer depending on the severity of the event:

- Charge Nurses will conduct a head count and assessment of residents. DOC/RN Nurse Designate will triage
- Charge Nurses/ Supervisors/RN Nurse Designate will check with staff to ensure they are able to return to their assigned duties. Any staff who need to be excused to rest will replaced as per the call-in process and **Staffing Contingency Plan if necessary**
- Workers should speak with their supervisor regarding any specific concerns, needs, or considerations

## 8. DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so, an initial debrief will be held
- Incident report will be initiated by the Executive Director/Designee or by the RN Nurse

- Designate if the disaster event occurred after hours
- All staff will be encouraged to document their experiences when able to do so to capture all challenges, outcomes, and learnings for future planning
- Forms and statements will be collected by the Executive Director/Designee on site

## 9. EVALUATION OF CODE GREY

- This emergency code will be reviewed annually unless initiated during the calendar year
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Interdisciplinary Quality Improvement Committee to coordinate revision of the Code Grey emergency plan as required

# Heating, Ventilation, & Air Conditioning Loss – Procedure/Checklist

**DATE** _____ **TIME** _____

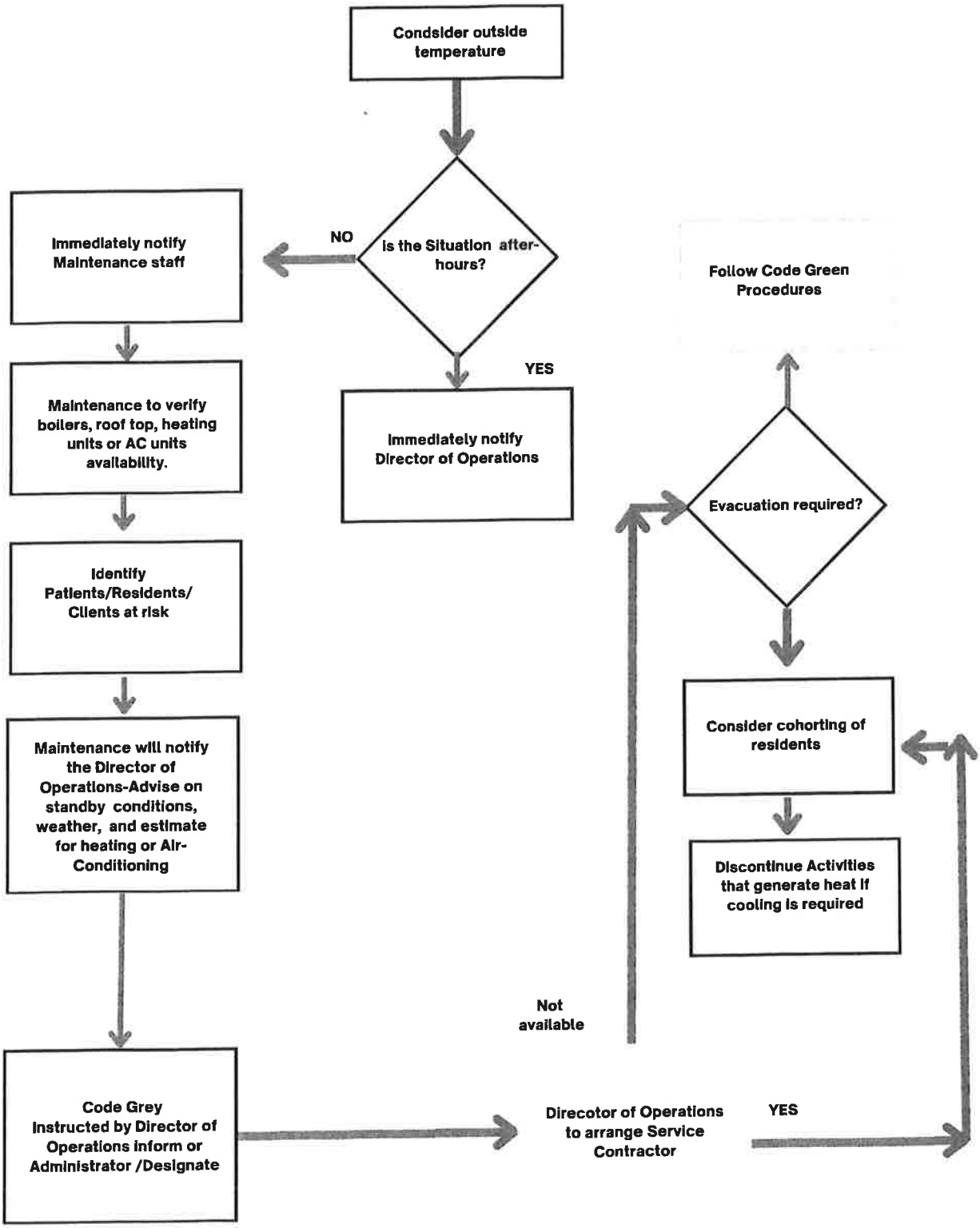
**LOCATION** _____ **COMPLETED BY** _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

**The Acting Incident Manager Shall:**

| TIME | INIT | ACTIONS |
|---|---|---|
| | | 1. Identify the weather forecast and outside temperatures for determine risks of the situation. |
| | | 2. If after-hours, notify Director of Operations otherwise contact Maintenance Staff with the situation. |
| | | 3. Maintenance to identify extent of the failure, verify operation of Boilers or Roof Top units. |
| | | 4. Maintenance to inform Director of Operations of the failure, advise on back-up alternatives, weather, and estimate for repairs or outside resources. |
| | | 5. Maintenance or Designate to Page Code Grey - Heat Loss {3x) on Fire Panel PA System if directed by Director of Operations . |
| | | 6. Director of Operations to determine availability and arrival time, length of repairs and inform Executive Director (or designate) of the situation. |
| | | 7. Maintenance to advise Nursing Staff. Nursing Staff to identify Patients, Residents, Clients, Visitors, and Staff at risk. |
| | | 8. If required, Director of Operations to contact:<br>a. Modern Niagara **613-519-1338** for heat and air conditioning<br>b. Sega Electric Inc **613-835-9451,** for electrical |
| | | 9. Director of Operations, Director of Care , Administrator(or designate), to determine need {timing) to evacuate the Facility. |
| | | a. If Evacuation, Page Code Green and follow Code Green procedures |
| | | b. If no Evacuation, implement cohorting of Residents, Visitors, and Staff with alternate heating and cooling. Discontinue activities which generate heat if cooling required (i.e., Laundry & Cooking), prepare alternate food plans. |

# Heating, Ventilation, & Air- conditioning Failure- Algorithm



**NOTE: ALL STAFF ARE REQUIRED TO SIGN THE ATTENDANCE RECORD BELOW**

## ATTENDANCE RECORD

| NAME (PRINT) | SIGNATURE | DEPARTMENT |
|---|---|---|
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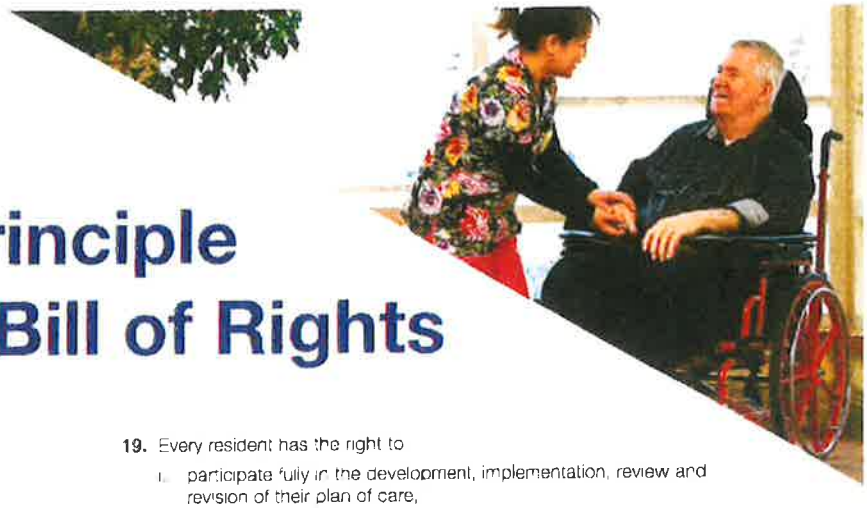
***Immediate Action Form* to be completed on back of this form for any *No* answer requiring immediate attention, along with any positive comments recorded in this report. ALL STAFF ATTENDING TO SIGN ON BACK**

**Date:** _____ _____
Signature of Observer

**Date:** _____ _____
Signature Director Environmental Services

**Date:** _____ _____
Signature Executive Director



# Fundamental Principle and Residents' Bill of Rights

## Fundamental Principle

### Fixing Long-Term Care Act, 2021
### Home: the fundamental principle

1. The fundamental principle to be applied in the interpretation of this Act and anything required or permitted under this Act is that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.

## Residents' Bill of Rights

3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted.

### Right to Be Treated With Respect

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity gender expression, age, marital status, family status or disability.
2. Every resident has the right to have their lifestyle and choices respected.
3. Every resident has the right to have their participation in decision-making respected.

### Right to Freedom From Abuse and Neglect

4. Every resident has the right to freedom from abuse.
5. Every resident has the right to freedom from neglect by the licensee and staff.

### Right to An Optimal Quality Of Life

6. Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.
7. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
8. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
9. Every resident has the right to meet privately with their spouse or another person in a room that assures privacy.
10. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop their potential and to be given reasonable assistance by the licensee to pursue these interests and to develop their potential.
11. Every resident has the right to live in a safe and clean environment.
12. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
13. Every resident has the right to keep and display personal possessions, pictures and furnishings in their room subject to safety requirements and the rights of other residents.
14. Every resident has the right to manage their own financial affairs unless the resident lacks the legal capacity to do so.
15. Every resident has the right to exercise the rights of a citizen.

### Right to Quality Care and Self-Determination

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.
17. Every resident has the right to be told both who is responsible for and who is providing the resident's direct care.
18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.
19. Every resident has the right to
    i. participate fully in the development, implementation, review and revision of their plan of care,
    ii. give or refuse consent to any treatment, care or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent,
    iii. participate fully in making any decision concerning any aspect of their care, including any decision concerning their admission, discharge or transfer to or from a long-term care home and to obtain an independent opinion with regard to any of those matters, and
    iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.
20. Every resident has a right to ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life and to assistance in contacting a caregiver or other person to support their needs.
21. Every resident has the right to have any friend, family member, caregiver or other person of importance to the resident attend any meeting with the licensee or the staff of the home.
22. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
23. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
24. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
25. Every resident has the right to be provided with care and services based on a palliative care philosophy.
26. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

### Right to Be Informed, Participate, and Make a Complaint

27. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
28. Every resident has the right to participate in the Residents' Council.
29. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else:
    i. the Residents' Council,
    ii. the Family Council,
    iii. the licensee and, if the licensee is a corporation, the directors and officers of the corporation and, in the case of a home approved under Part IX, a member of the committee of management for the home under section 135 or of the board of management for the home under section 128 or 132,
    iv. staff members,
    v. government officials,
    vi. any other person inside or outside the long-term care home.

**Enforcement by the resident**

(3) A resident may enforce the Residents' Bill of Rights against the licensee as though the resident and the licensee had entered into a contract under which the licensee had agreed to fully respect and promote all of the rights set out in the Residents' Bill of Rights.

https://www.ontario.ca/laws/statute/21f39#BK6

AdvantAge Ontario

## THINGS TO DO IN ANY EMERGENCY

When a disaster strikes, some of us do not react in a calm and reasonable manner. **To help protect yourself and others around you in an emergency situation, responding responsibly requires good common sense**. Here are some helpful reminders to keep you on track.

- Follow the advice of local emergency officials. Listen to your radio or television for news and instructions.
- If the disaster occurs near you, check for injuries – your-self and others (tend to your own well-being first). Give first aid if you are trained to do so and get help for anyone seriously injured.
- If the emergency occurs near your home while you are there, check for damage using a flashlight. Do not light matches or candles or turn on electrical switches. Check for fires, fire hazards and other household hazards.
- Sniff for gas leaks, starting at the water heater or furnace. If you smell gas or suspect a leak, turn off the main gas valve, open windows and get everyone outside quickly.
- Shut off any other damaged utilities. Notify the utility company of the problem.
- Confine or secure your pets.
- Call your family contact. Do not use the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially those who are elderly or disabled.
- Don't use the telephone unless it is absolutely necessary. Emergency crews will need all available lines.

# MEDIA RELATIONS - TALKING TO THE PRESS

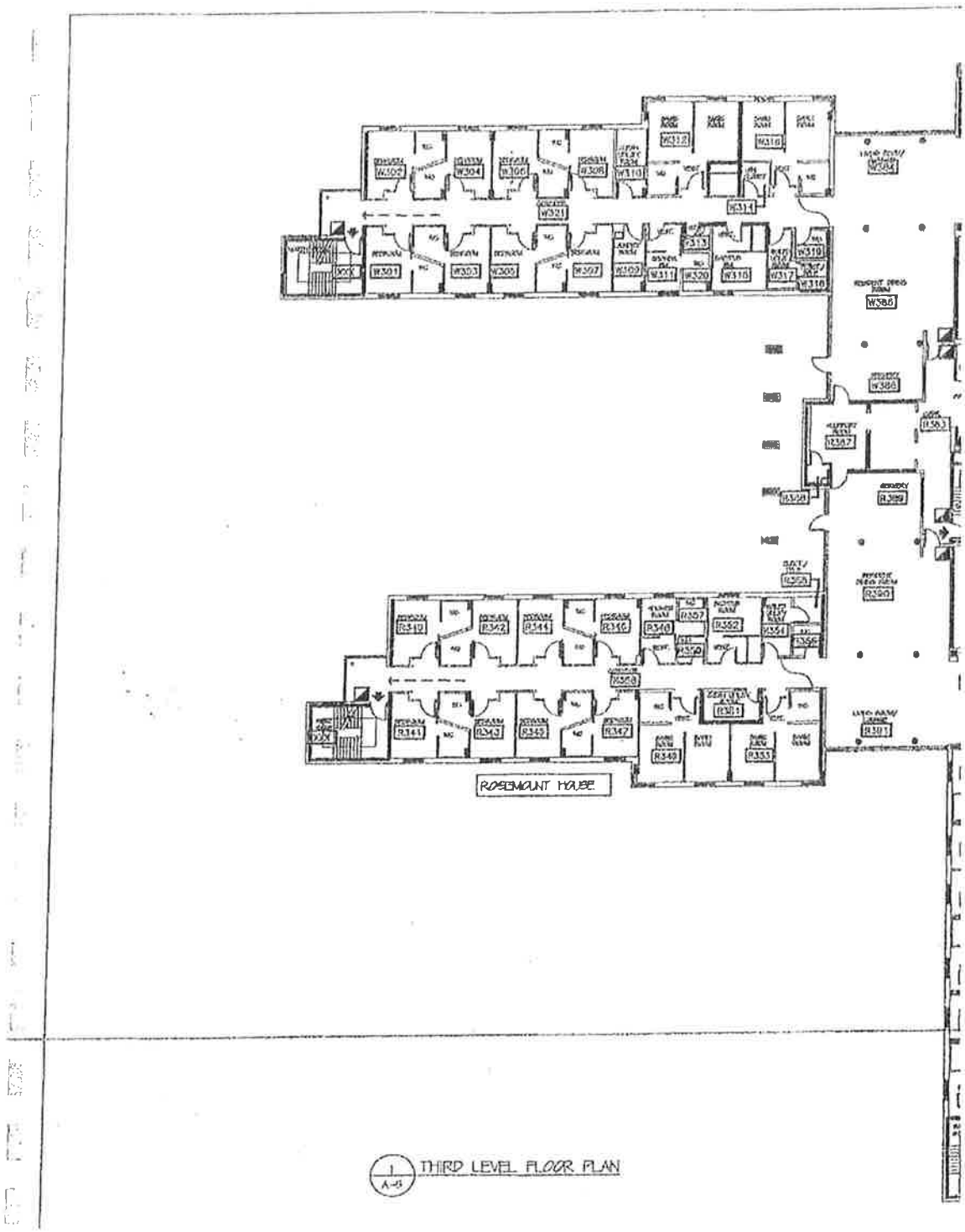
- The Executive Director or his/her designate are the only people authorized to speak with any persons asking questions about the home, the staff, and/or the residents.

- If you are asked for "a comment" or asked to give an opinion, you are required to refer people to the Executive Director and/or his/her designate.

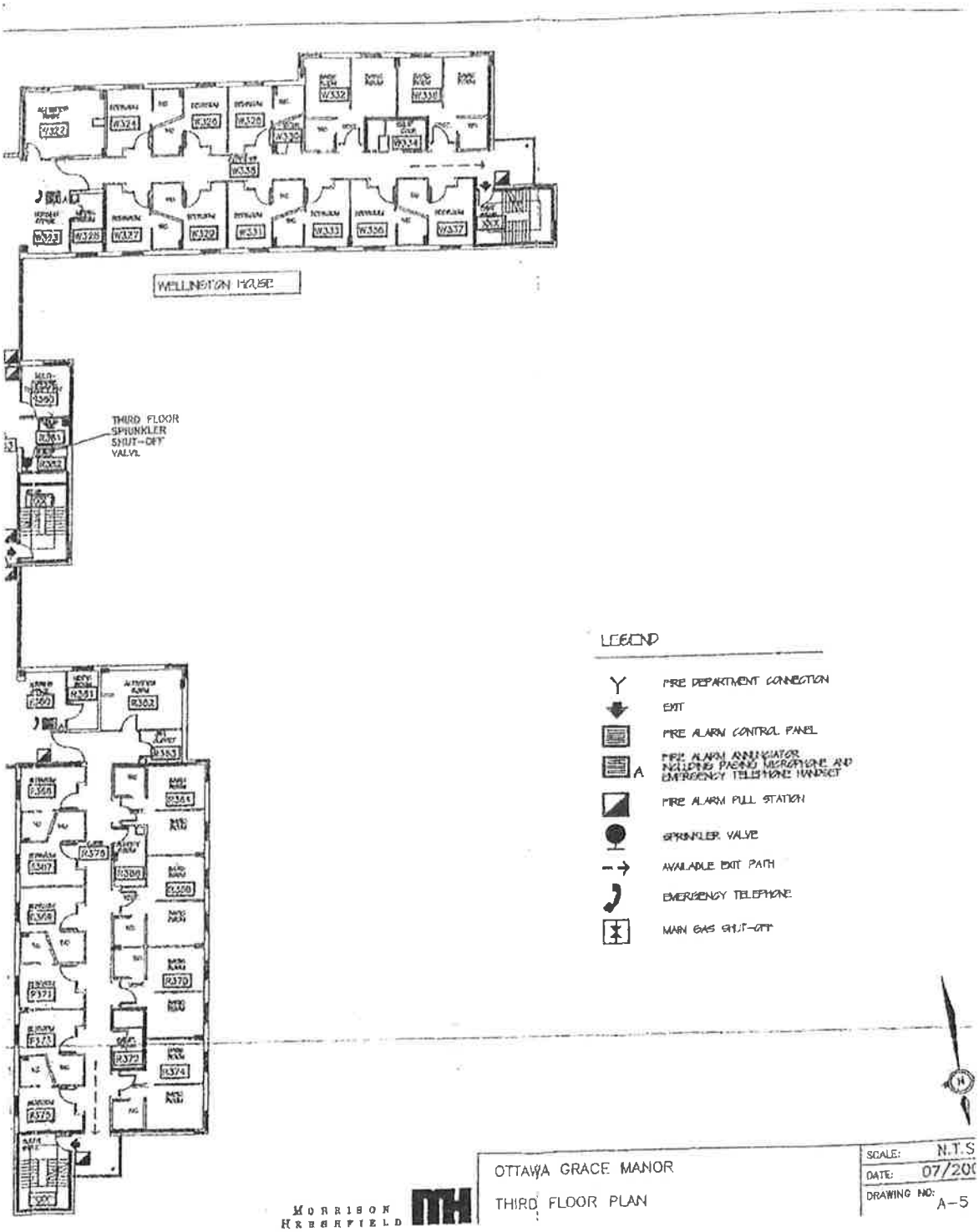
- The Executive Director or his/her designate will coordinate any information required by and given to the public, or others, with Divisional Headquarters Public Relations Department.

- Staff can be our eyes and ears. Please listen for misinformation or wrong information and bring it to the attention of the Executive Director so that we can provide correct information.

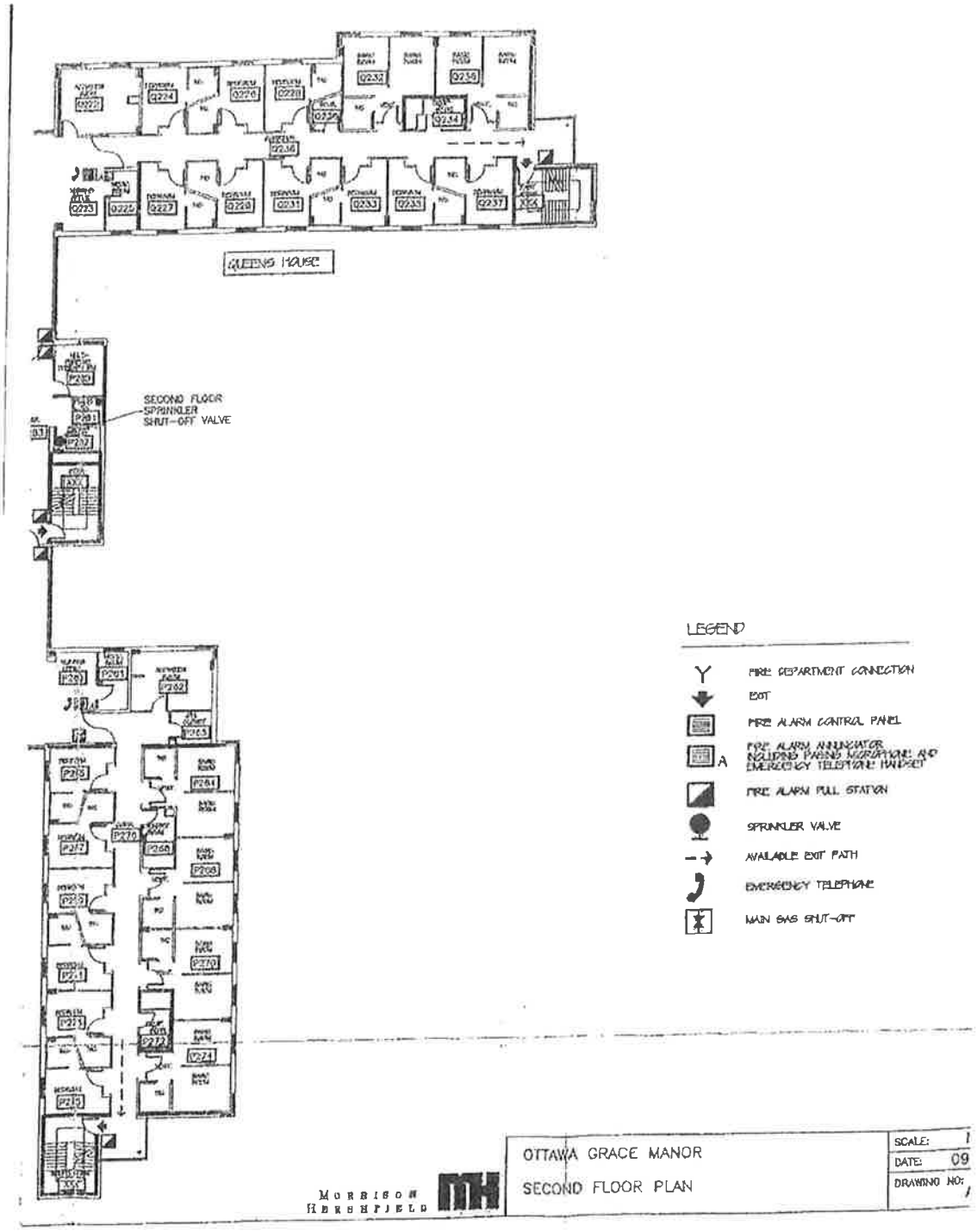
# Floor Plans Rosemount



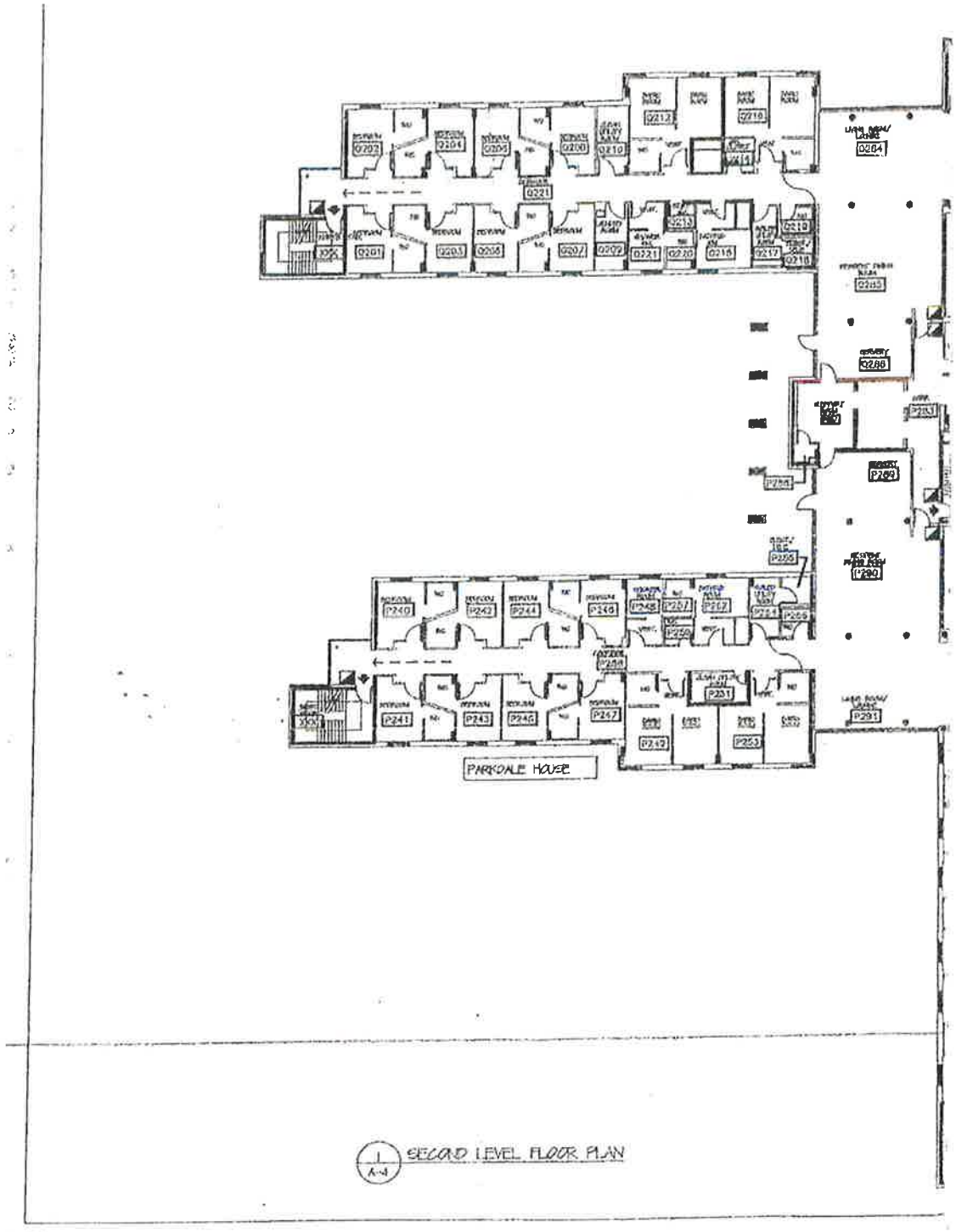
# Floor Plans Wellington



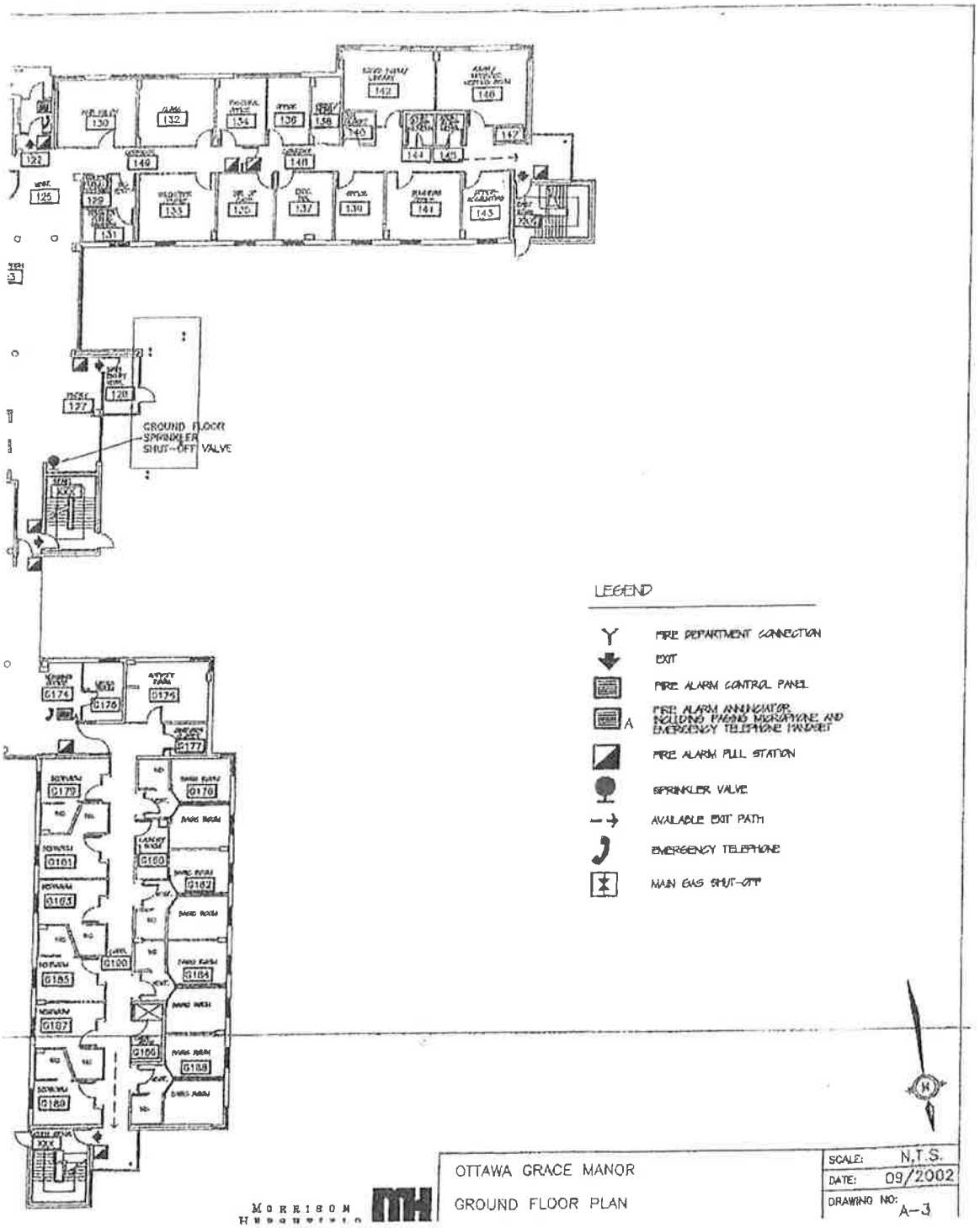
# Floor Plans Queens



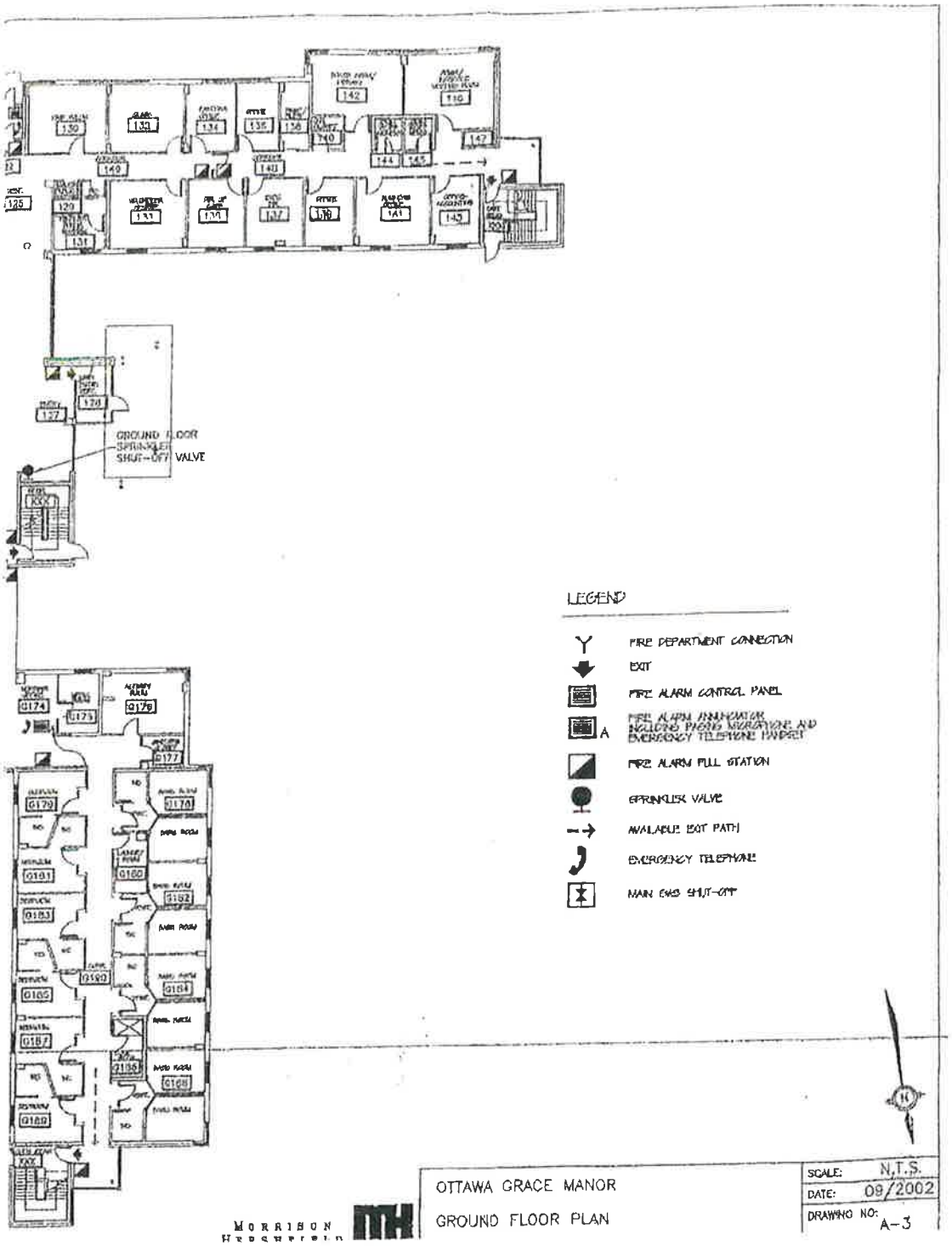
# Floor Plans Parkdale



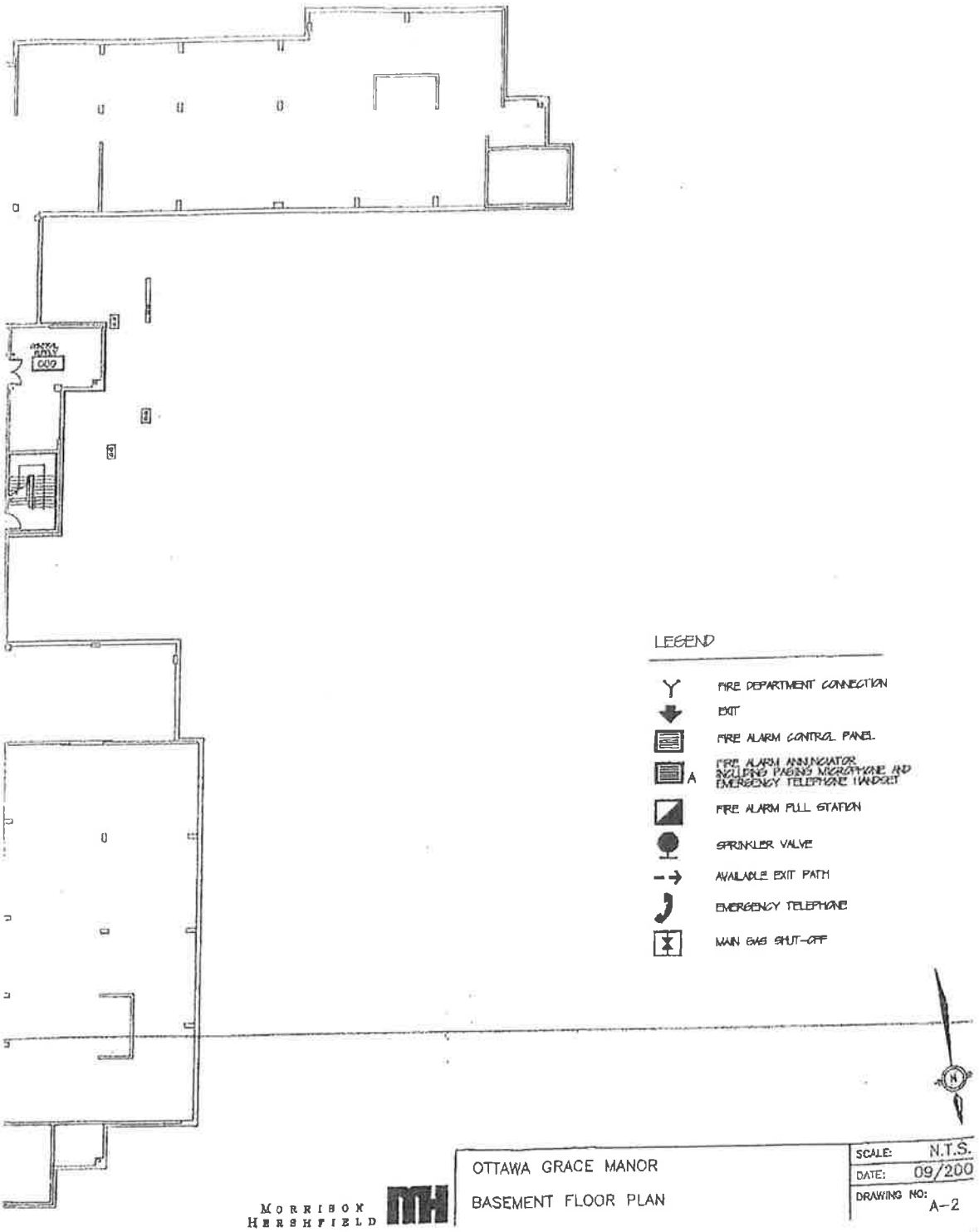
# Floor Plans Administration



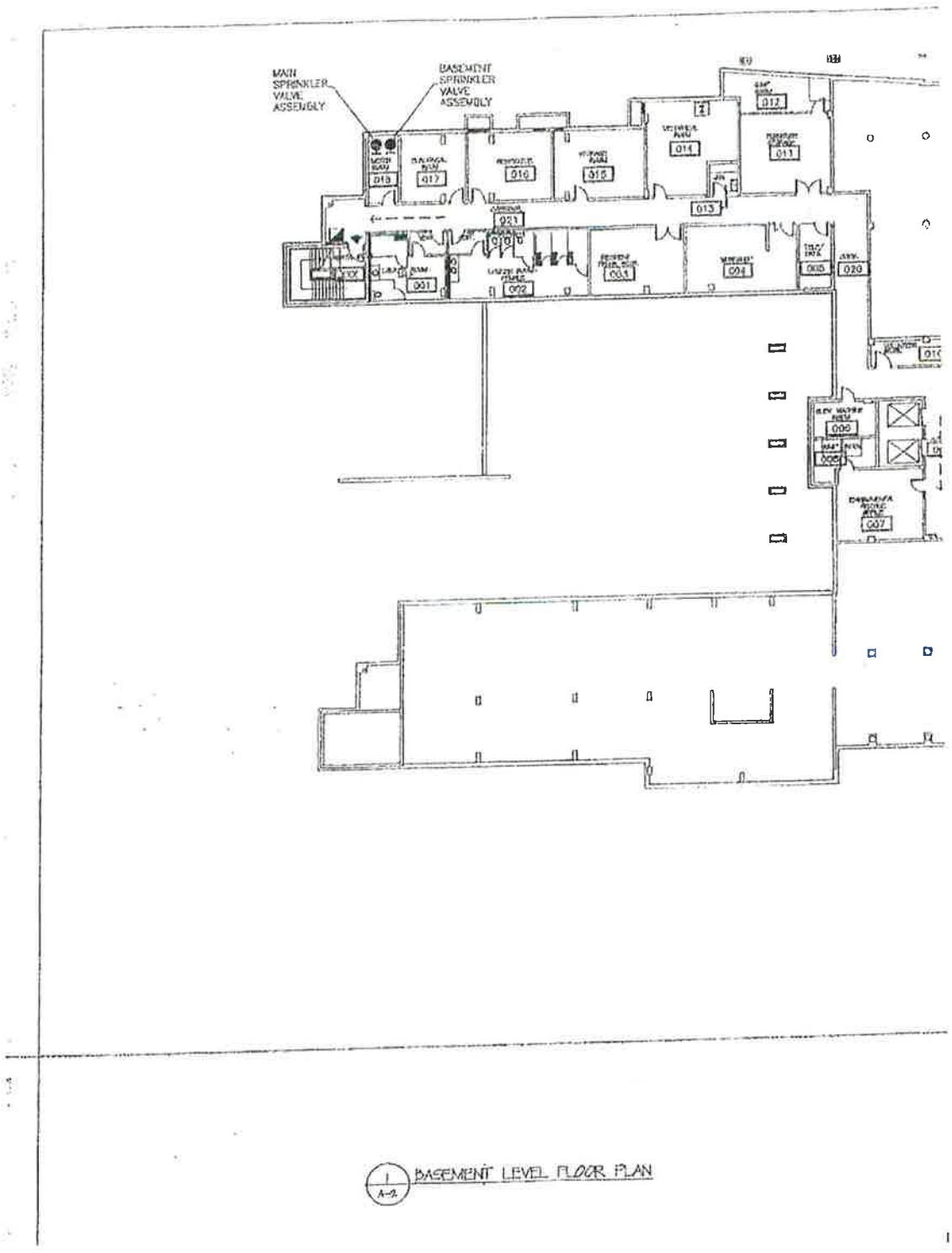
# Floor Plans Gladstone



# Floor Plans Basement



# Floor Plans Basement



CODE YELLOW REPORT

## Immediate Action Form Completed By Observer

***Immediate Action Form*** **to be completed for any *No* answer recorded in this report or when the Observer reports a condition that requires immediate attention or follow-up**

**Observers Signature:**