

| | | | |
|-----------------|------------------------------------|--------------------|--------|
| MANUAL: | Emergency | Policy No.: | 5-A-10 |
| SECTION: | Code Orange- Disaster | | |
| SUBJECT: | Disaster Plan/Control Group | | |

POLICY: The Home shall have in place a disaster plan to save lives during disastrous events and an Emergency Operations Control Group which will coordinate the overall emergency response.

PURPOSE:

1. Reduce the risk to life and health of residents, staff, visitors, and clients.
2. To reduce the resulting damage to property/community.

AIM OF THIS DISASTER PLAN:

To make provision for the extraordinary arrangements and measures that may have to be taken to protect the residents, staff, visitors, clients, and community if a disaster occurs.

LOCATION OF THE EMERGENCY OPERATIONS CENTRE:

The Emergency Operations Centre will be located on site in the Boardroom or another designated location.

COMPOSITION OF CONTROL GROUP:

- Administrator
- Director of Care
- Manager of Resident Care
- IPAC Lead/Care Coordinator
- Medical Director
- Director of Finance
- HR Generalist
- Director of Facilities and Projects
- Director of Support Services/RD
- Director of Programs
- Quality Improvement Coordinator
- Day & Stay Manager
- Resident Relations Coordinator
- Brant County Health Unit Representative (as needed)
- Police and Fire Representatives often, the chief or delegate (as needed)
- Public Works Representative (as needed)

| | | | |
|-----------------|------------------------------------|--------------------|--------|
| SUBJECT: | Disaster Plan/Control Group | Policy No.: | 5-A-10 |
|-----------------|------------------------------------|--------------------|--------|

ROLE OF THE CONTROL GROUP:

1. To direct and coordinate the overall emergency response.
2. To delegate an Emergency Site Manager.
3. To develop strategies to deal with the disaster.

RESPONSIBILITIES OF THE CONTROL GROUP:

1. Notify the Ministry of Health and Long-Term Care & Ontario Health West if applicable that an emergency has been declared.
2. Order an evacuation, if necessary, as directed
3. Discontinue utilities or services if necessary
4. Direct the use of available municipal resources.
5. Arrange extra resources, human and material.
6. Liaise with other Long Term Care Homes and community partners
7. Ensuring a public information center is set-up to answer concerns of the community, family and friends.
8. Authorize the expenditure of money.
9. Maintain a log, outlining decisions made and actions taken.
10. Recommend termination of the state of emergency.
11. Return residents to the Home, or find the residents other long term care housing, if necessary.
12. Participate in the post-emergency debriefing.

| | | | |
|-----------------|------------------------------------|--------------------|--------|
| SUBJECT: | Disaster Plan/Control Group | Policy No.: | 5-A-10 |
|-----------------|------------------------------------|--------------------|--------|

COMMUNICATIONS:

- Under ideal circumstances, a communications room is set-up adjacent to the Emergency Operations Centre, to relay messages to the members of the Control Group from agencies such as fire, police, ambulance, public works
- Share communications with other members of the group by display board, regular meetings and one-on-one conversations.
- Regular briefings and/ or press conferences should be held.

POTENTIAL DISASTERS COULD INCLUDE:

- Severe bad weather, floods, storms, tornados, blizzards.
- Fire, explosions.
- Earthquakes.
- Epidemics.
- Power failures.
- Environmental incidents.
- Tornado

Refer to specific policies in the Emergency Plans manual depending on the nature of the disaster.

| | |
|-----------------------|---------------|
| DATE APPROVED: | November 2000 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | October 2024 |

| | | | |
|-----------------|--------------------------|--------------------|--------|
| MANUAL: | Emergency | Policy No.: | 5-A-30 |
| SECTION: | Code Orange- Disaster | | |
| SUBJECT: | Contingency Plans | | |

POLICY: The Home shall have in place contingency plans to maintain resident services and ensure resident safety in the event of any loss of essential services. The Administrator is responsible for the overall development and implementation of the plan. Our Home is designated as “priority response” per the Community Emergency Plan.

PURPOSE: To provide direction to staff in the event of any loss in essential services. To ensure the safety and comfort of all residents and staff in the event of any loss of an essential service.

Potential loss of essential services could include but are not limited to:

- Loss of power
- Loss of water
- Loss of heat
- Disruption of supply delivery
- Labour disruption

PROCEDURE:

Each department shall have in place a contingency plan including a list of Emergency Supplier/Services list to maintain resident services and protect resident safety in the event of any loss of essential services.

| | |
|-----------------------|---------------|
| DATE APPROVED: | July 2008 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | November 2018 |

| | | | |
|-----------------|-----------------------------------------|--------------------|--------|
| MANUAL: | Emergency | Policy No.: | 5-A-40 |
| SECTION: | Code Orange- Disaster | | |
| SUBJECT: | Contingency Plans: Loss of Power | | |

POLICY: The Home shall have contingency plans in place in the event of a loss of power.

PURPOSE: To provide direction to staff in the event of a loss in power to ensure resident safety and maintain services.

PROCEDURE: The facility is equipped with two generators which can maintain a supply of electricity to the Home. Not all systems/equipment receive generator power. Electrical outlets have been identified by the use of red plugs and staff are to be made aware of outlet locations.

Nursing and Personal Care:

- Relocate power on essential equipment to red plugs using extension cords
- Conserve usage of equipment requiring battery power
- Reduce linen usage
- Reduce personal clothing usage

Recreation:

- Help with other tasks when needed or directed.
- Increase participation with residents to reduce boredom, restlessness and agitation.

Nutrition Services:

- See policies 12-A-10 and 12-A-20.

Housekeeping:

- Avoid using red plugs
- Help with other tasks when needed or directed.

Laundry:

- Put all linen in system as need.

Maintenance:

- Switch to and maintain generator power.
- Contact supplier of generator fuel and ensure delivery and supply is maintained.
- Ensure Nutrition Services has an adequate supply of BBQ propane

| | | | |
|-----------------|-----------------------------------------|--------------------|--------|
| SUBJECT: | Contingency Plans: Loss of Power | Policy No.: | 5-A-40 |
|-----------------|-----------------------------------------|--------------------|--------|

- Maintain flashlights and headband lights with spare batteries on all units and ensure staff is aware of their location.
- Ensure each RHA is supplied with additional extension cords as required

Administration/Human Resources:

- Communicate with outside authorities
- Implement internal communication system
- Reduce/stop admissions
- Shut off all computers not required
- Turn out lights where not needed
- Avoid using red plugs
- Help with other task where needed or directed
- Implement extra staffing if required
- Purchase additional supplies as required

Day & Stay:

- Close program

| | |
|-----------------------|--------------|
| DATE APPROVED: | July 2008 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | October 2023 |

| | | |
|---------------------------------------------------|-----------------------------------------------------------------------|-----------------------------|
| JOHN NOBLE HOME Emergency Manual | DIVISION: Emergency CATEGORY: Disaster - Code Orange | POLICY NO: 5-A-50 |
| ISSUED BY: Emergency Planning Committee | SUBJECT: Contingency Plans: Loss of Water | PAGE NO: 1 of 3 |

POLICY: The Home shall have contingency plans in place in the event of loss of water.

PURPOSE: To provide direction to staff in the event of loss of water to ensure resident safety and provide resident services.

PROCEDURE: The facility has been assured of a constant 5 day water supply from the City of Brantford in the event of a community loss of hydro. The facility will prepare for some loss of water services by ensuring products are available to allow the home to reduce water consumption. The facility will prepare for a total loss of water supply.

Reduction of water consumption necessary:

Nursing and Personal Care:

- Contact supplier and establish delivery system to increase supply of incontinence products
- Nursing will be supplied with baby wipes, alcohol hand wash, soft paper towels, pericare wash and will reduce consumption of water as much as possible
- Do not flush toilets unless absolutely necessary
- Maintain safe infection control practices (Oxyvir wipes)
- Reduce linen usage
- Reduce personal clothing usage

Nutrition Services:

- Switch to disposable dishes, cutlery, etc.
- Maintain safe infection control practices
- Menu provides modified food service to residents to ensure nutritional and fluid requirements are met.

Housekeeping:

- Vacuum as usual
- Continue with dusting
- If notified – fill buckets and pails ahead of time, use only if needed
- Reduce water consumption as much as possible
- Do not flush toilets unless absolutely necessary
- Help with other tasks where needed or directed
- Contact supplier and establish delivery system to increase supply of garbage bags

| | |
|--------------------------------------------------|--------------------------|
| JOHN NOBLE HOME | POLICY NO: 5-A-50 |
| SUBJECT: Contingency Plans: Loss of Water | PAGE NO: 2 of 3 |

Housekeeping (continued):

- Use Oxyvir Wipes when sanitizing

Laundry:

- Put all linen in system

Maintenance:

- Contact alternate supply of water and establish delivery system and hookup to the facility
- Arrange for disposal of extra garbage

Administration/Human Resources:

- Communicate with outside authorities
- Implement internal communication system
- Reduce/stop admissions
- Do not flush toilets unless absolutely necessary
- Help with other tasks where needed or directed
- Implement extra staffing if required
- Purchase additional supplies as required

Total Loss of Water Supply:

Nursing and Personal Care:

- Contact supplier and establish delivery system to increase supply of incontinence products
- Implement use of baby wipes, alcohol hand wash, soft paper towels and pericare wash
- Maintain safe infection control practices (Oxyvir wipes)
- Reduce linen usage
- Reduce personal clothing usage

Nutrition Services:

- Contact food service supplier and establish delivery system of bottled water
- Supply units with alternative sources of water to ensure proper resident hydration e.g. bottled water
- Incorporate bulk water supply (delivery organized by maintenance) into the food production e.g. juice crystals
- Menu provides modified food service e.g. bottled water to residents, staff, volunteers and others to ensure nutritional and fluid requirements are met.
- Switch to disposable dishes and cutlery
- Maintain safe infection control practices

| | |
|--------------------------------------------------|---------------------------|
| JOHN NOBLE HOME | POLICY NO: 5-A- 50 |
| SUBJECT: Contingency Plans: Loss of Water | PAGE NO: 3 of 3 |

Housekeeping:

- Vacuum as usual
- Continue with dusting
- If notified of water disruption fill buckets and pails ahead of time, use only if needed
- Help with other tasks where needed or directed
- Use Oxyvir wipes when disinfecting
- Contact supplier and establish delivery system to increase supply of garbage bags

Laundry:

- Put all linen in system

Maintenance:

- Contact supplier of water and establish delivery system and hookup to the facility
- Contact supplier of porta potty and establish delivery system
- Arrange for disposal of extra garbage

Administration/Human Resources:

- Communicate with outside authorities
- Implement internal communication system
- Reduce/stop admissions
- Help with other tasks where needed or directed
- Implement extra staffing if required
- Purchase additional supplies as required
- Consider/prepare for possible evacuation

Day & Stay:

- Close program

DATE APPROVED: July 2008
DATE REVIEWED: March 2022
DATE REVISED: November 2018

| | | | |
|-----------------|----------------------------------------|--------------------|--------|
| MANUAL: | Emergency | Policy No.: | 5-A-60 |
| SECTION: | Code Orange- Disaster | | |
| SUBJECT: | Contingency Plans: Loss of Heat | | |

POLICY: The Home shall have contingency plans in the event of loss of heat

PURPOSE: To provide direction to staff in the event of loss of heat to ensure resident safety and provide resident services.

PROCEDURE: The facility will prepare for a total loss of heat and ensure resident safety, services and comfort is maintained. If heat loss is localized, move residents to an area that has heat. In the event that a loss of heat lasts longer than six (6) hours it is to be reported to the Ministry of Long-Term Care.

Nursing and Personal Care:

- Ensure residents have appropriate clothing and bedding to ensure comfort in the event of a temperature drop, such as: thermal socks, long underwear, hats, mitts, blankets.
- Initially keep residents in bed to keep warm.
- Close off unoccupied/unused areas.

Recreation:

- Adjust resident programming to activities that increase/maintain body temperature.

Nutrition Services:

- Provide additional hot beverages to residents/staff.

Laundry:

- Supply additional blankets and comforters to units.

Maintenance:

- Monitor temperatures of areas of the Home.
- Source and supply alternative heating sources such as electrical heaters.
- Stop any drafts by insulating as much as possible.
- Check and repair any door seals that are damaged or missing.



| | | | |
|-----------------|----------------------------------------|--------------------|--------|
| SUBJECT: | Contingency Plans: Loss of Heat | Policy No.: | 5-A-60 |
|-----------------|----------------------------------------|--------------------|--------|

Administration/Human Resources:

- Communicate with outside authorities.
- Implement internal communication system.
- Reduce/stop admissions.
- Help with other tasks where needed or directed.
- Implement extra staffing if required.
- Purchase additional supplies as required.
- Consider/prepare for possible evacuation.

Day & Stay:

- Close program.

| | |
|-----------------------|---------------|
| DATE APPROVED: | July 2008 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | November 2018 |



| | | | |
|-----------------|---------------------------------------------------------|--------------------|--------|
| MANUAL: | Emergency | Policy No.: | 5-A-70 |
| SECTION: | Disaster-Code Orange | | |
| SUBJECT: | Contingency Plans: Disruption of Supply Delivery | | |

POLICY: The Home shall have contingency plans in place in the event of a disruption of supply delivery.

PURPOSE: To immediately activate a plan of sourcing supplies should there be a disruption in delivery of supplies

PROCEDURE:

1. In the event of any loss or disruption in the delivery of an essential supply managers will source out an alternate provider.
2. Extra stock may be ordered in advance of any notification of a potential loss of delivery.

| | |
|-----------------------|--------------|
| DATE APPROVED: | July 2008 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | January 2017 |



| | | | |
|-----------------|--------------------------------------------------|--------------------|--------|
| MANUAL: | Emergency | Policy No.: | 5-A-80 |
| SECTION: | Disaster-Code Orange | | |
| SUBJECT: | Contingency Plans: Workforce Interruption | | |

POLICY: The Home shall have contingency plans in place in the event of a workforce interruption.

PURPOSE: The Home shall have in place contingency plans to maintain resident services and ensure resident safety in the event of a workforce interruption

PROCEDURE: The Home shall determine minimum staffing requirements in order to ensure the safety and comfort of all residents.

- Staff may be asked to stay on-site until a replacement staff arrives to ensure appropriate resident care
- Food supplies will be available for staff during the emergency period

In the event that minimum staffing requirements cannot be maintained due to a workforce interruption, the Administrator or designate shall determine if evacuation and provision for services at alternate sites by alternate service providers shall be implemented.

- The Administrator or designate shall be responsible for overall communication with outside Authorities as well as communication with residents, families and staff.
- The Home shall have in place an Emergency Shelter Plan detailing the assistance that other local facilities have agreed to provide in the event of an evacuation to alternative sites.

| | |
|-----------------------|--------------|
| DATE APPROVED: | July 2008 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | October 2024 |



| | | | |
|-----------------|----------------------------------------------------|--------------------|--------|
| MANUAL: | Emergency | Policy No.: | 5-A-90 |
| SECTION: | Disaster-Code Orange | | |
| SUBJECT: | Contingency Plans: Loss of Elevator Service | | |

POLICY: The Home shall have contingency plans in place in the event of a loss of elevator service.

PURPOSE: The Home shall have in place contingency plans to maintain resident services and ensure resident safety in the event of a shutdown of the Grand Terrace, Mohawk Terrace or the Tower elevator.

PROCEDURE: If possible, all supplies and deliveries will be rerouted to use the elevator at Bell Lane Terrace or the other operating elevator in the Home.

- All Visitors will be directed to use the stairs to access units.
- In the event an ambulance is required, notify ambulance at the time of the call that they will be required to access alternative. Staff will be directed to meet and assist the ambulance in finding their way to the unit requiring the ambulance.
- Housekeeping will be instructed to keep stairwell clean and free from debris and obstructions at all times.
- Signage will be posted throughout the Home.

| | |
|-----------------------|---------------|
| DATE APPROVED: | July 2008 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | November 2012 |



| | | | |
|-----------------|----------------------------------------------------------------------------------|--------------------|--------|
| MANUAL: | Emergency | Policy No.: | 5-A-95 |
| SECTION: | Code Orange-Disaster | | |
| SUBJECT: | Loss/Disruption of Essential Service-Fibre Connection for Phones/Internet | | |

POLICY: The John Noble Home shall have in place a procedure during the loss of an essential fibre service connection for the home’s telephone system and nurse documentation system

PURPOSE: To ensure emergency phone service is available during a disruption of the fibre connection utilized for the home’s telephone system is in place. To ensure that WIFI service is available during a disruption of the fibre connection for the Home’s nursing documentation system.

PROCEDURE:

1. At the time of a disruption in the fibre service which is essential in the operation of the home’s telephone and charting system the following backup is in place:
 - Registered Staff will utilize Cell Phones during an emergency.
 - Staff will be able to utilize floor to floor calling for all extension numbers during the loss of fibre connection, but will limit calling within the Home as much as possible to ensure availability of one outside line is maintained.
 - Staff will be able to utilize the Skylight Café WIFI service as an alternative for charting resident documentation.
 - Registered Staff in charge of the Home will notify Senior Administration/on call as soon as possible of the outage.
 - Senior Administration will manage any and all service calls required to ensure that down time of the system is minimized and that the proper authorities are informed of the required repairs.
 - The Home will ensure that it has put in place a separate connection through the telephone system to an outgoing land line that can be utilized to dial outgoing calls from any telephone within the Home

| | |
|-----------------------|---------------|
| DATE APPROVED: | February 2018 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | January 2023 |

| | | | |
|-----------------|---------------------------------------|--------------------|---------|
| MANUAL: | Emergency | Policy No.: | 5-A-100 |
| SECTION: | WHMIS | | |
| SUBJECT: | Spills of Hazardous Substances | | |

POLICY: The John Noble Home will prevent spills from occurring through training, provision of proper handling and storage, purchasing practices that reduce hazardous substance container size and use of user-friendly products minimizing risk. If a spill occurs, measures will be taken to protect residents, visitors, staff, the building environment and the external environment. There will be maintenance staff trained in containment and clean up available 24hr/day. In the case of a spill residents, visitors, volunteers and staff in the immediate area will be evacuated.

DEFINITION:

Minor Spill – A minor spill is small enough that it can be safely cleaned up using the emergency spill kit or materials on site.

Major Spill – A major spill is one that can not be contained safely with materials on site and/or threatens to enter the sewer system or travel beyond the boundaries of the building to endanger the environment.

PROCEDURE:

1. Upon discovering a hazardous substance spill, immediately notify your Manager/Supervisor or the RN in Charge (MT/GT/DC) that a chemical spill has occurred.
2. The Manager/Supervisor or RN in Charge will investigate the spill and determine if it is a Minor or Major spill.
3. If possible, identify the substance and obtain the Safety Data Sheet (SDS) accessed online via the homepage. Familiarize yourself with the risks and required Personal Protective Equipment required.
4. Following the information on the SDS sheet, rescue anyone in immediate danger and provide first aid to anyone who was affected by the spill. Note: A **CODE ORANGE** may be initiated at any time upon the direction of the Manager/Supervisor or RN in Charge.

| | |
|------------------------------------------------|----------------------------|
| SUBJECT: Spills of Hazardous Substances | Policy No.: 5-A-100 |
|------------------------------------------------|----------------------------|

5. Evacuate the immediate area and prevent anyone from entering the area.
6. Notify Maintenance to respond to the Hazardous Substance Spill. After hours call Maintenance on Call.
7. **FOR A MAJOR SPILL CALL THE FIRE DEPARTMENT 911**
8. If after hours, notify the Senior Administrator on Call.
9. Contain the Hazardous Substance Spill until Maintenance or the Fire Department arrive:
 - Shut off the source of the spill, if possible.
 - Control all ignition sources. The spill should be isolated from any ignition sources such as smoking, welding, electrical equipment and grinding.
 - Initiate ventilation measures. Ventilate the area to prevent vapours from settling on the floor, in pits, stairwells and trenches or other areas below the floor.
 - In case of fire, follow **CODE RED** policies.

MAINTENANCE STAFF

1. Maintenance staff who has received training on the control of Hazardous Substance Spills Training, will take control of the Hazardous Substance Spill when they arrive to the site of the spill.
2. Hazardous Substance Spills Training will include:
 - Hazardous materials and the risks associated with them.
 - The potential outcomes of an emergency when hazardous materials are present.
 - Recognition of the need for additional resources and appropriate notification.
 - Proper use and limitations of personal protective equipment.
 - Basic control, containment, confinement and stoppage operations.
 - Basic decontamination procedures.
 - Clean up and disposal procedures.
3. The Emergency Spill kit will be retrieved from the electrical room located off the Physiotherapy gym.
4. The Hazardous Substance Spill will be contained.
5. Clean up procedures from the Safety Data Sheet (SDS) will be reviewed and followed.
6. All reusable equipment will be decontaminated and cleaned before leaving the spill site.

| | | | |
|-----------------|---------------------------------------|--------------------|---------|
| SUBJECT: | Spills of Hazardous Substances | Policy No.: | 5-A-100 |
|-----------------|---------------------------------------|--------------------|---------|

7. All absorbent decontamination materials will be disposed of as hazardous waste according to the requirements of the Ministry of the Environment.
8. The Emergency Spill kit will be replenished following a cleanup procedure. Contents of the Spill kit include: Absorbent socks, Plastic shovel, Rubber boots, Squeegee, Caution Tape, Garbage bags, Goggles, Gloves and Floor signs.

The Emergency Spill Kit will be inspected once a month as part of the Health and Safety Inspections.

| | |
|-----------------------|--------------|
| DATE APPROVED: | January 2003 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | March 2024 |

| | | | |
|-----------------|-----------------------------|--------------------|---------|
| MANUAL: | Emergency | Policy No.: | 5-A-110 |
| SECTION: | Code Orange- Administration | | |
| SUBJECT: | Boil Water Advisory | | |

POLICY: The Home shall have a plan to implement in the event of a “boil water advisory” being issued.

PURPOSE:

- A boil water advisory is based on information other than bacteriological examination indicating that the water is not safe to drink (e.g. the lack or absence of disinfection residual in the drinking water).
- A boil water advisory may be based on bacteriological (microbial) examination, including the finding of bacteria or parasites.
- A boil water advisory may follow the occurrence of an outbreak of illness in the community that has been linked to consumption of the water.
- The extent of restriction on water use depends on the situation and the reason for issue a boil water advisory. Always follow Public Health’s recommendations on water use.

PROCEDURE:

- The City of Brantford/Public Health Department alerts the Home/Public that water in the Municipality is contaminated and a “Boil Water Advisory” is in force until further notice.
- Call “Code Orange” over the PA system to alert Leadership Team, Registered Nurses and Maintenance Department to the Board Room.
- All departments are notified via email/ memo/ message on Point Click Care homepage regarding the “Boil Water Advisory”.
- The Administrator or designate will coordinate notification of the Residents/POA’s that the Home is in a “Boil Water Advisory”.
- A Boil Water Advisory Alert notice will be placed at every entrance to the Home to alert visitors.

The Maintenance Department will:

1. Ice machines will be shut down for use. **“DO NOT USE”** signs to be placed on machines. All ice made previously is discarded and the ice machine is disinfected.
2. Water coolers will be disconnected supply lines to all sinks will be shut off.

| | | | |
|-----------------|----------------------------|------------------------|---------|
| SUBJECT: | Boil Water Advisory | Policy No.: | 5-A-110 |
|-----------------|----------------------------|------------------------|---------|

The Nutrition Services Department will:

1. Contact Grocery Supplier for bottled water.
2. Boil water to use for cooking. Water used for soups, hot cereal, stew, etc. must come to a full rolling boil for approximately 3 minutes in duration. The water must reach a temperature of 100C or 212F.
3. Ice machines will not be used. Any ice will be discarded.
4. Use milk in recipes, where appropriate.
5. Bottled water/boiled water to be used to clean vegetables, to mix juice crystals and as drinking water for staff and Residents.
6. Dishes may be washed in the dishwasher as long as final rinse temperature reaches 180 degrees F or above.
7. Pots may be washed using a manual sink method. **Test the sanitizer with test strips prior to use and every time the water is changed.** Ensure water is changed frequently. Let pots air dry.
8. Coffee machines and hot water towers will be shut down for use. **“DO NOT USE”** signs to be placed on machines. Boiled water or bottled water will be used to prepare instant coffee and tea or perked coffee using boiled or bottled water.
9. Counter tops/chopping boards should be washed with soap and bottled water first then disinfected with a bleach solution of ¼ cup (approximately 60ml) bleach in 1 gallon (4.5L) of water. Do not reuse or store this solution, make it fresh as needed.

The Laundry Department will:

Continue to wash linen and clothing per guidelines.

The Nursing Department will:

1. Follow guidelines specific to Public Health orders.
2. Obtain boiled water from dietary for washing/bathing purposes, if necessary. Adults can bath/shower in untreated water. Avoid face and/or swallowing water. Sponge bath as needed.

| | | | |
|-----------------|----------------------------|--------------------|---------|
| SUBJECT: | Boil Water Advisory | Policy No.: | 5-A-110 |
|-----------------|----------------------------|--------------------|---------|

3. Obtain boiled/bottled water for drinking purposes.
4. Obtain boiled/bottled water for brushing Resident’s teeth/oral care.
5. Contact all Residents and/or POAs to notify of activation of emergency plan and at the end of the emergency.

Hand Hygiene

For hand hygiene, antimicrobial products that do not require water (e.g. alcohol-based hand rubs) can be used until the boil water notice is cancelled. If hands are visible contaminated, bottled water and soap should be used for handwashing; if bottle water is not immediately available, an antiseptic towelette should be used.

If the “**Boil Water Advisory**” has been issued because of an Outbreak, water can be used for handwashing after the emergency water treatment: Please use 1.5oz (about 45ml) liquid household bleach in 10 gallons (45L) water. Mix and let stand for 10 minutes prior to use.

Note

*All water that has a chance of being ingested should be boiled and/or use bottled water.

After “Boil Water Advisory” is lifted:

1. An email will be sent out to notify all departments of the public health “Safe to Use” order that has been issued.

- Maintenance will drain hot water storage tanks and refill.
- Run cold water faucets for 2-3 minutes before using water.
- Drain and refill hot water heaters set below 45 C.
- Drain and flush all ice-making machines.
- Flush all garden hoses by running cold water through them for 1 minute.
- Run water softeners through a regeneration cycle.

Staff/Residents/Students/Volunteers will be debriefed following the end of the emergency.

This policy will be reviewed and updated annually, and within 30 days of the emergency being declared over. When the emergency plan is activated.

This emergency policy/plan will be tested annually. A written record of the testing and date will be kept along with who participated and a record of any changes made to improve the plan.

| | |
|-----------------------|---------------|
| DATE APPROVED: | June 2022 |
| DATE REVIEWED: | February 2025 |
| DATE REVISED: | February 2025 |



| | | | |
|-----------------|-----------------------------|--------------------|---------|
| MANUAL: | Emergency | Policy No.: | 5-A-120 |
| SECTION: | Plans-Natural Gas Emergency | | |
| SUBJECT: | Natural Gas Leak | | |

POLICY: The Home shall have a procedure for

NATURAL GAS EMERGENCY: A situation where all of the following conditions are present:

- I) A natural gas odor is persistent, i.e., continues to be detected via sense of smell as you walk from the area
- II) The odor continues to be substantial, i.e., does not decrease as you continue to walk; and
- III) The source of the odor cannot be readily identified

IF YOU SMELL GAS AND SUSPECT A LEAK INSIDE THE BUILDING:

1. Cease all operations immediately and **DO NOT** operate any electrical devices (electrical switches, electrical machines, etc.)
2. IF THE SMELL IS STRONG – EVACUATE THE AREA AND CALL 911. IF THE SMELL IS MINOR AND MEETS THE NATURAL GAS EMERGENCY DEFINITION ABOVE- EVACUATE THE AREA AND CALL MAINTENANCE ON CALL, ADMINISTRATOR ON CALL AND ENBRIDGE (1-877-969-0999)
3. If the smell is faint and/or intermittent call the maintenance technician on call.
4. DO NOT CALL FROM THE AFFECTED AREA, OR TURN ELECTRIC SWITCHES ON OR OFF (lights, phones or any other equipment that can create a source of ignition)
5. Open windows if safe and possible to do so quickly
6. DO NOT USE ELEVATORS.
7. Once outside, move everyone away from the building as far as possible. Keep driveways and sidewalks clear for emergency responders.



| | | | |
|-----------------|-------------------------|--------------------|----------------|
| SUBJECT: | Natural Gas Leak | Policy No.: | 5-A-120 |
|-----------------|-------------------------|--------------------|----------------|

8. DO NOT RETURN TO AREA OR BUILDING until instructed to by Emergency Services, Administration or Maintenance Personnel.

IF YOU SMELL GAS AND SUSPECT A LEAK OUTSIDE THE BUILDING:

1. If the smell is only detected outside the building, contact the RN (charge nurse).
2. RN should contact Maintenance/Maintenance on call, Administrator on call and ENBRIDGE (1-877-969-0999),
3. Keep staff/residents/visitors away from area.

| | |
|-----------------------|--------------|
| DATE APPROVED: | July 2022 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | |

| | | | |
|-----------------|----------------------------------|--------------------|---------|
| MANUAL: | Emergency | Policy No.: | 5-A-130 |
| SECTION: | Code Orange | | |
| SUBJECT: | Tornado Watch and Warning | | |

POLICY:

There will be an emergency plan in place providing direction to staff in the event of a Tornado Watch or Warning.

Tornado Watch is designated by the Environment Canada when a combination of weather conditions which may include thunder storms exist that are conducive to the creation of a tornado.

Tornado Warning as issued by the Environment Canada means that conditions are favorable for tornado activity and funnel clouds have been observed or have touched down in the area.

PROCEDURE:

Tornado Watch

1. In the event the Home is in a designated area for a Tornado Watch, the Administrator or designate will announce via the PA system that the Leadership staff including Registered Nurses (RN and RPN) and Maintenance staff in the building must meet in the Boardroom to inform them of the current Tornado Watch.
2. The Leadership team will inform their departments of the Tornado Watch.
3. All staff will remain inside the Home, on site and alert for further instructions.

Tornado Warning

1. In the event the Home is in an area where there is a Tornado Warning, the Administrator or designate (Charge Nurse) will notify staff and residents immediately using the PA system. State: *Tornado Warning in effect x 3*

| | | | |
|-----------------|----------------------------------|--------------------|---------|
| SUBJECT: | Tornado Watch and Warning | Policy No.: | 5-A-130 |
|-----------------|----------------------------------|--------------------|---------|

2. Staff will move Residents into hallways, staff corridors, shower rooms or to other internal areas where there are no windows.
3. Clear common areas with windows such as the Café, Solarium, Noble Lounge, Main Entrance, lounges on home areas, dining rooms, offices to internal hallways with no windows.
4. Pull blinds and close doors to resident rooms.
5. Where possible, position Residents with backs against the inside walls. Do not sit in front of doorways/windows.
6. If necessary, a resident can be moved into the hallway in their bed.
7. If time allows, provide each resident with a blanket for warmth and head and body protection.
8. Depending on the severity of the damage, a Code Orange or Code Green may need to be called.
9. Notify the Administrator or Admin on Call of the event.
10. Administrator or Admin on Call will notify the Ministry of Health if necessary.

| | |
|-----------------------|---------------|
| DATE APPROVED: | November 2023 |
| DATE REVIEWED: | October 2024 |
| DATE REVISED: | |