

GOLDEN PLOUGH LODGE EMERGENCY MEASURES MANUAL

Table of Contents

Section 1: Code Red Fire	3
Section 2: Code Green Evacuation	66
Section 3: Loss of Essential Services.....	85
Section 4: Code Orange Natural Disasters.....	94
Section 5: Code Brown Hazardous Spills	97
Section 6: Code Yellow Missing Resident	98
Section 7: Code White Violent Resident.....	101
Section 8: Code Silver Armed Person/Weapons Related	106
Section 9: Code Black Bomb Threat	110
Section 10: GPL Call Out Plan.....	122
Section 11: Building Information.....	127
Section 12: Community Partners/Agreements	131
Section 13: Emergency Planning Committee Chart.....	152
Section 14: Medical Policies	152
Section 15: Code Grey Gas Leak.....	193

Section 1: Code Red Fire

STAFF SAFETY TRAINING

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title Staff Safety Training

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The Golden Plough Lodge endeavours to ensure that all staff is instructed to work safely and to understand:

- WHMIS
- Fire procedures
- Safety Systems at the lodge
- Evacuation Procedures
- How to deal with aggressive Residents
- Practices that ensure infection control measures are undertaken.

Procedure

1. All staff will be acquainted with health and safety practices and manuals during the orientation period.
2. At annual evaluations, health and safety policies will be reviewed.
3. Any new policies developed are posted and staff sign to indicate that the policy has been read and understood.

FIRE PANEL

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Fire Panel

Policy Number: AHS 60.11

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Procedure

Fire Panel

Evacuation	Zone 3 McMillan Garden North	Zone 6 McMillan 1 North	Zone 8 Blacklock 1 & Symons 2 Dining room	Zone 9 Symons 2	MAC ROOF AMU
Zone 1 Symons/Blacklock Ground	Zone 4 Blacklock 1, Aud. & Fire Place Lounge	Zone 7 McMillan 1 Southwest	Zone 9 Symons 2 and Link	Zone 10 Penthouse	MAC ROOF AMU
Zone 1 Symons/Blacklock Ground	Zone 5 Symons 1	Zone 7	Zone 9 Symons 2 and Link	Zone 10 Penthouse	MAC ROOF AMU
Zone 1 Symons/Blacklock Ground	Zone 5 Symons 1	Zone 8 Blacklock 2 & Symons 2 Dining room	Zone 9 Symons 2 and Link	Zone 10 Penthouse	

Zone 2 Southwest McMillan Garden area	Zone 6 McMillan 1 North	Zone 8 Blacklock 2 & Symons 2 Dining room	Zone 9 Symons 2 and Link	Zone 10 Penthouse	
----------------------------------------------------------------------------	----------------------------------------------------	------------------------------------------------------------------------------------	-----------------------------------------------------	------------------------------------	--

Location

- Symons Ground – Control Panel

Annunciator Panels

- Main Lobby
- Symons 2
- McMillan

Corporation of Northumberland Golden Plough Instructions to Re-set the Fire Alarm Panel

- 1- Press Signal Silence (this will turn off the Bells)**
- 2- Press Reset (this will clear the alarm)**
- 3- Using the key marked maglocks on the McMillan Cottage RN keys, insert key in the key slot marked maglocks and turn the key to the rights; then turn key to center position and remove the key**
- 4- Go to the Freezer room. There is a key pad which will be beeping**
- 5- Enter the code 1234; Re-set complete.**

Monitoring Company

Trent Security – 1-800-481-4654 - Account # 4679

**Fire Alarm Systems & Pull Station Service Troy Life & Fire
Safety Ltd. 1-877-441-8769 1-905-725-5553 (After Hours)**

RN Fire Panel Duties for False Alarms

RN Fire Panel Duties

1. When alarm sounds, if in vicinity of the Fire Panels (Ground Floor, or McMillan Cottage Nursing Station) check for location of fire. Otherwise, listen for announcement over walkie-talkie or overhead paging system.
2. Proceed to area to verify that a fire is in progress.

If There is No Fire (False Alarm)

- Phone the Fire Department to let them know there is no fire.
- If the Fire Department is NOT on route, then silence the bells by pushing the “signal silence” button on the panel.

Follow the Re-Set Fire Alarm Panel instructions.

- If the Fire Department is on route, DO NOT silence the alarm; wait for Fire Department to arrive and escort them to the area where the alarm was triggered. Wait till you are instructed by the Fire Commander to silence the alarm.

Follow the Re-Set Fire Alarm Panel instructions.

- After either one of the above scenarios, and following the instructions for paging overhead on the phone beside the Fire panel, announce 4 times clearly that the “drill/false alarm/fire” is over and “ALL CLEAR, MAG LOCKS HAVE BEEN RE-SET”.

Introduction

The Ontario Fire Code, Section 2.8 requires the implementation of a fire safety plan for Golden Plough Lodge because the facility is classified in accordance with the Building Code as a B2 occupancy.

The implementation of the fire safety plan helps to ensure effective utilization of life safety features in a building to protect people from fire. The fire safety plan should be designed to suit the resources of each individual building or complex of buildings. It is the responsibility of the owner to ensure that the information contained within the fire safety plan is accurate and complete.

The Fire Protection and Prevention Act Part VII, Section 28, states that in the case of an offence for contravention of the Ontario Fire Code, a corporation is liable to a fine of not more than \$100,000 and an individual is liable to a fine of not more than \$50,000 or imprisonment for a term of not more than one year or both.

This official document is to be kept readily available at all times for use by designated fire safety supervisory staff and fire officials in the event of an emergency.

The Fire Safety Plan approved location is Main Office, Administrator's office, DOC, ADOC, HR offices McMillan Cottage Nurses Station, Manager of Environmental Services office, McMillan Gardens, Symons Cottage, Symons House, Blacklock Cottage and Blacklock House Nursing Stations, Dietary Department, Outside Laundry Area and Sewing Room.

Submission Procedures

At least two (2) copies of the Plan (8 ½ x 11 format) must be submitted to the Fire Department, plus an electronic version preferably in Microsoft Word format. Upon approval, one copy will be returned to the owner/manager and one copy will be retained by the Fire Department.



Plan Reviews and Amendments

In accordance with Subsection 2.8.2 of the Fire Code, this plan shall be reviewed as often as necessary, but at intervals not greater than 12 months. The Cobourg Fire Department must be notified regarding any subsequent changes in the approved Fire Safety Plan and provided with the details of the change(s).

Internal Plan Distribution

Copies of this Plan shall be distributed to all designated Fire Safety Supervisory Staff.

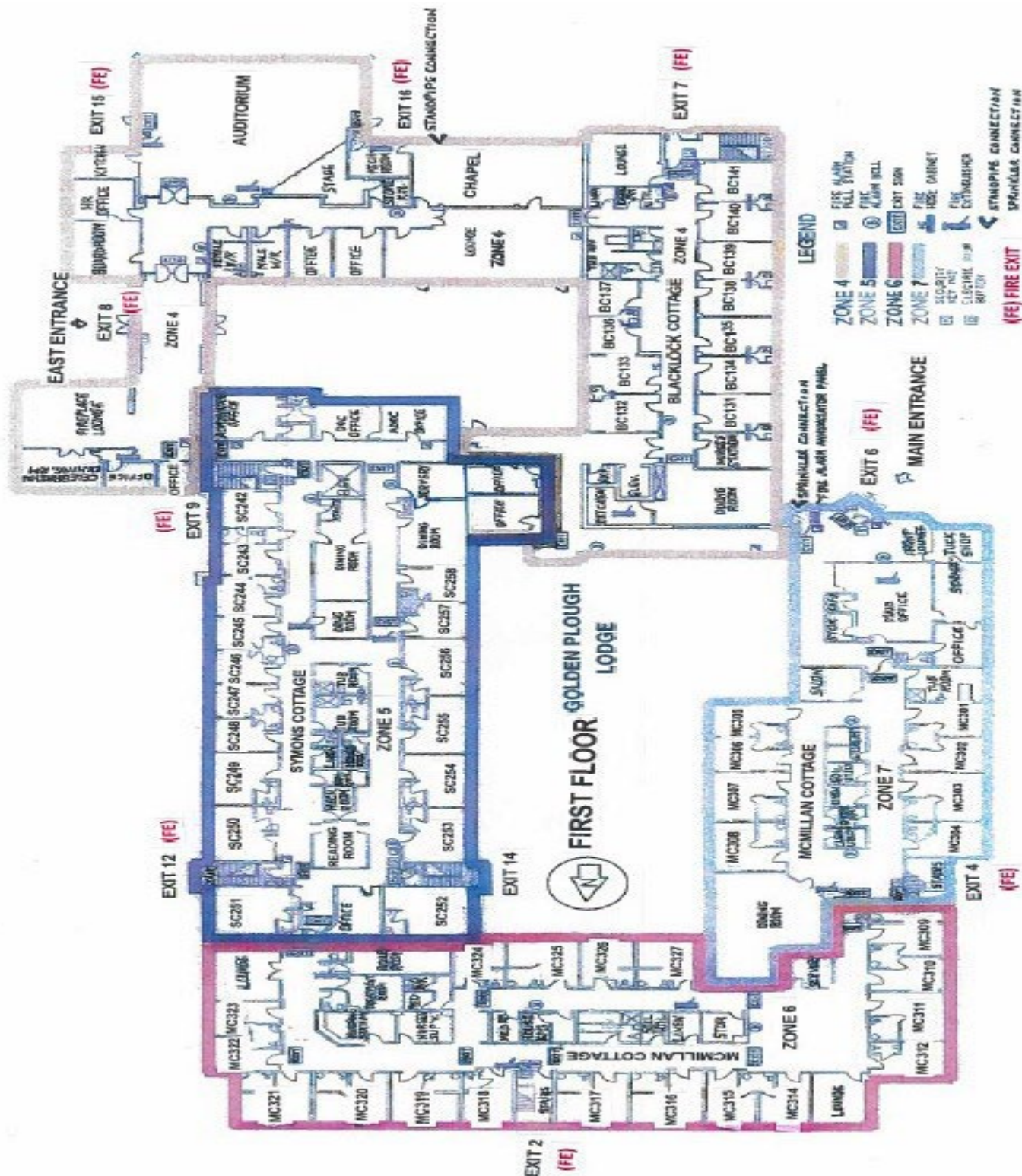
Fire Route

Bylaw Schedule #10
Golden Plough Lodge
Fire Route – 983
Burnham Street

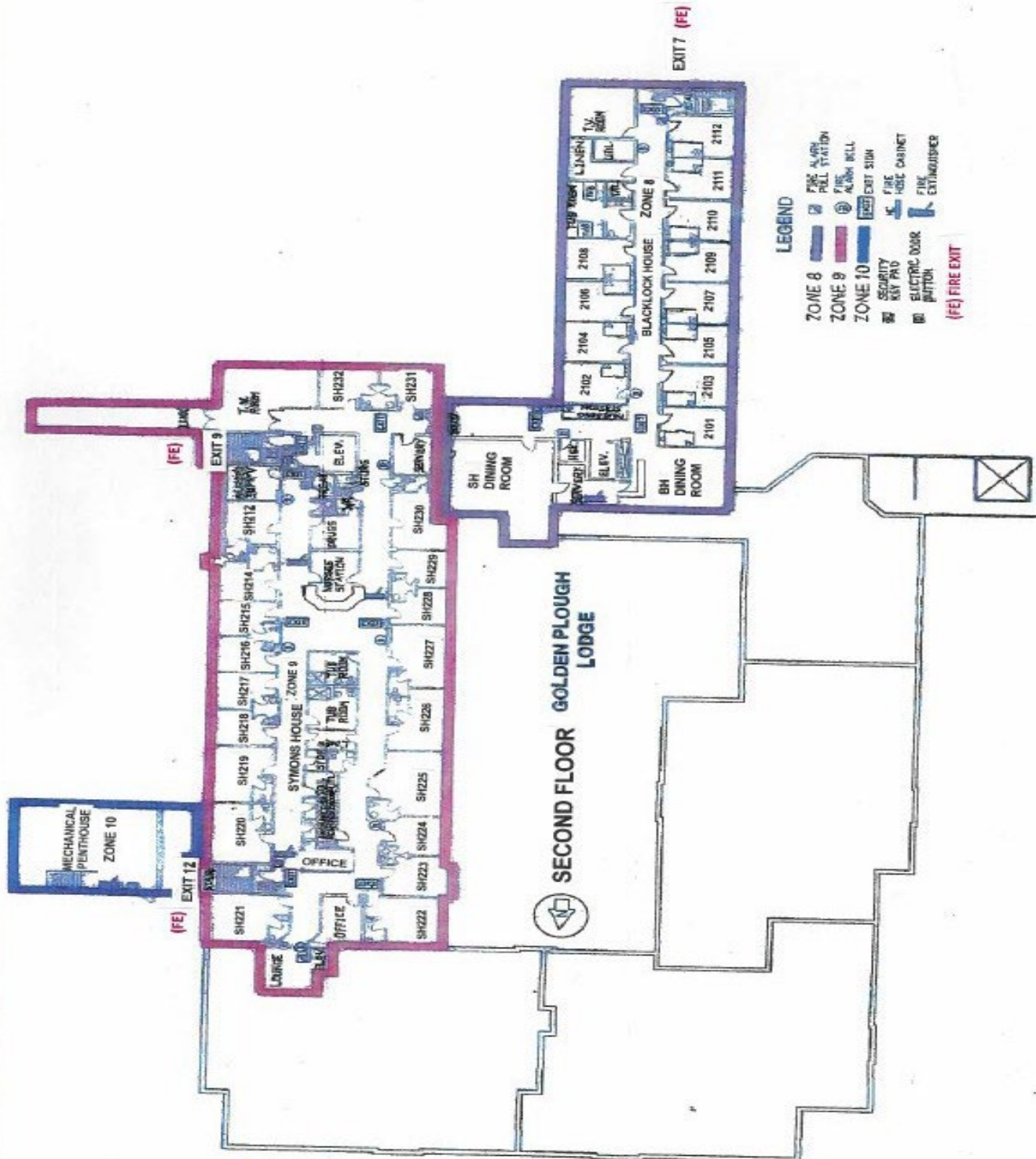




First Floor Map



Second Floor Map



Locate Fire

If You Locate a Fire

- Using the closest safe phone to the fire, announce that the alarm is not a drill and tell staff to proceed with Building Fire Procedures.
- DO NOT reset the Fire Alarm without the permission of the Fire Department.
- Have a staff person at the main entrance to meet the Fire Department and take them to the location of the fire if requested.
- Follow the procedures set out in the Emergency Measures Manual.
- When the “**ALL CLEAR**” IS GIVEN FROM THE Fire Department, then proceed with the instructions below:
- Push the system reset button on the panel to reset the Fire System. After pushing the button, wait 10-15 seconds to make sure the panel sets back into normal mode. If not, then repeat the procedure again.
- Once system is back into normal operation, reset the magnetic locks by placing the key in the cylinder located above the panel labeled “**MAG LOCKS**”. Turn the key to reset locks.
- Reset the Trent Security Monitoring System located in the freezer room to the right of the main panel. Inside the room will be a panel on the right side of the door. Push buttons 1234 to reset the panel and you are finished.
- Using the phone beside the panel, announce 4 times clearly on the building paging system that it’s “**ALL CLEAR, MAG LOCKS HAVE BEEN RESET**”.

BUILDING RESOURCES

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Building Resources

Policy Number: AES 20.0

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

Type of Building

Long Term Care Facility

Number of Stories

2 and 3 storey wings

1. Fire department and access routes:

- Elgin Street to Courthouse Road: to main entrance, south side.
- Burnham Street to north side.
- East side is accessible through north entrance.

2. Siamese fire connectors are located on the south side of the building near the auditorium.

3. Fire alarm system

- Manufacturer: MIRCOM Model: FX 2000
- TWO STAGE

4. Fire System monitoring is done by Trent Security



- Dial 1-800-461-4654 and quote system #4679 and it connects the lodge directly to the monitoring system.

5. Main Fire Control Panel is located on the ground floor near exit #9 (south end of Symons Elevator).

6. There are three annunciator panels:

- Lobby by main office
- McMillan 1 Nursing station
- Symons 2 Nursing station

7. An intercom system covers the building and is accessed through any telephone in the building: select Page then number 9, make announcement. If it's an analog phone, press 3006, then number 9, wait 10 seconds and then make announcement.

Note: there is no paging during power failure.

8. There is a wet sprinkler system that covers the McMillan, Symons, Blacklock wings as well as storage and mechanical rooms. Only the Blacklock wing has a standpipe and hose system.

9. McMillan sprinkler shut off valves are located in the sprinkler room, ground level, south end of the building –
(see floor plan page 9)

- Blacklock shut offs are located in the Blacklock Housekeeping Room.
- Blacklock stand pipes shut off in main boiler room on east wall.
- Symons sprinkler shut offs are in garbage room near kitchen.

(see floor plan page 9)

10. Emergency power is supplied by a diesel driven generator located in the generator room Ground floor, east side of exit #10 –

(see floor plan page 9)

11. There are three (3) elevators: McMillan, Symons & Blacklock; all three have emergency phones:

- The McMillan and Symons elevators are the only elevators with Fire Service.
- The McMillan elevator automatically goes to ground floor when the fire alarm sounds.
- The Blacklock elevator does not have the Fire feature.

Locations

- McMillan Elevator - North

- Symons Elevator - South West
- Blacklock Elevator - South east

12. Portable fire extinguishers are located throughout as per fire code, and are checked and serviced by schedule. The monthly inspection book is located in the Environmental Services Clerks office.

13. Main kitchen is serviced by a dry chemical system for the range exhaust hood bi-annually.

13b. See photo below

14. Heat/smoke detectors monitor all general use areas.

15. Location of exits: see Floor Maps for 14 exits (page 9, 10, 11)

(13b)



Dry chemical system for the range exhaust hood

SAFETY SYSTEMS IN PLACE

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Safety Systems in Place

Policy Number: AHS 20.0

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Procedure

1. Sprinkler / Smoke Detectors

- McMillan and Symons, Blacklock wings are equipped with a sprinkler system and smoke detectors.

2. Extinguishers / Fire Hoses

- McMillan, Symons, Blacklock wings have fire extinguishers on the walls every 50 feet.
- Blacklock has fire hoses. This equipment is to be used by the fire department ONLY. For small fire staff is instructed to use extinguishers.

3. Manual Pull Stations

- All areas of the home are equipped with manual pull stations

4. Fire Doors

- Fire doors, strategically located, automatically close when the fire alarm sounds. These doors help confine the fire area and should not be opened during a fire except to admit staff and fire personnel or to remove residents from immediate danger.

5. Locked Areas

- The alarm panel also control the locked areas of the home, automatically releasing the closing devices so as not to trap anyone inside such an area.

6. Fire Station Connection: **Golden Plough Lodge is NOT connected directly to the Fire Station.**



- Trent Security (Monitoring Co.) will call the Fire department
- Golden Plough staff is also assigned each shift to call the Fire department.

7. Fire Station Location

- The Fire department is located at 111 Elgin Street East. Cobourg.

AUDIT OF HUMAN RESOURCES

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Audit of Human Resources

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Fire Systems Control Panel

The panel is located on ground level by Symons elevator and stairwell.

Annunciate Panels

Three annunciate panels indicate in which area of the home the manual pull station has been pulled.

- by the main entrance door
- in McMillan Cottage nursing station
- Symons House

Main Door Key

A special key box at the main entrance allows fire fighters to enter the building at any time of day or night if the door is locked and staff have not yet arrived to let them in.

This Box Contains:

- 1 general master key

1 generator room key
1 maintenance key
1 elevator control Symons
1 elevator control McMillan

Emergency Calling List

A	Cobourg Fire Department	Emergency: 911 Administration: 905-372-0255
B	Monitoring Company: Trent	1-800-481-4654 Account #4679
C	Union Gas	905-372-2141
D	P.U.C. (Water, Hydro, Sewers)	905-372- 2193
E	Ontario Hydro (press 9 for life threatening emergency)	1-800-461-1922
F	Manager of Environmental Services	H: C:
G	Administrator Alanna Clark	C:905-376-0035

H	Elevator Repair Company Otis Elevator	1-800-233-6847
I	Air Conditioning, Boilers Superior Plumbing and Heating	905-372-6666
J	Electrical Service Canadian Industrial Supply	905-372-8333 Will go directly to on call during off hours.
K	Refrigeration Service Simpson's Refrigeration	905-372-1632
L	Fire Alarm Service Troy Life & Fire Safety Ltd.	1-877-441-8769 1-905-725-5553 (after hours)
M	Generators Service Canadian Industrial Services	905-372-8333

Audit Of Human Resources

Facility Owner	County Of Northumberland 555 Courthouse Rd Cobourg, Ontario K9A 5J6 905-372-3329
----------------	-----------------------------------------------------------------------------------------------------------------------

Facility Administrator	Alanna Clark Cell: 905-376-0035
Director of Care	Catherine Galbraith Cell: 905-376-3925
Associate DOC	Kim McCoy Cell: 905-376-2686 Home: 613-848-572 Janet Mooers Cell: 905-375-5081 Home: 905-373-1755
Environmental Services Manager	
Human Resources	Kirsty Brown Cell: 905-376-0122 Home: 905-355-9967
Dietary Services Manager	Stephen Phillips Cell: 905-376-0997 Home: 905-396-1521



Resident & Family Services Manager	Leyla Attis Cell: 905-375-8027 Home: 249-353-4539
------------------------------------	------------------------------------------------------------------------------

Number of Residents 151

Number of Bedrooms 109

General Fire Procedures

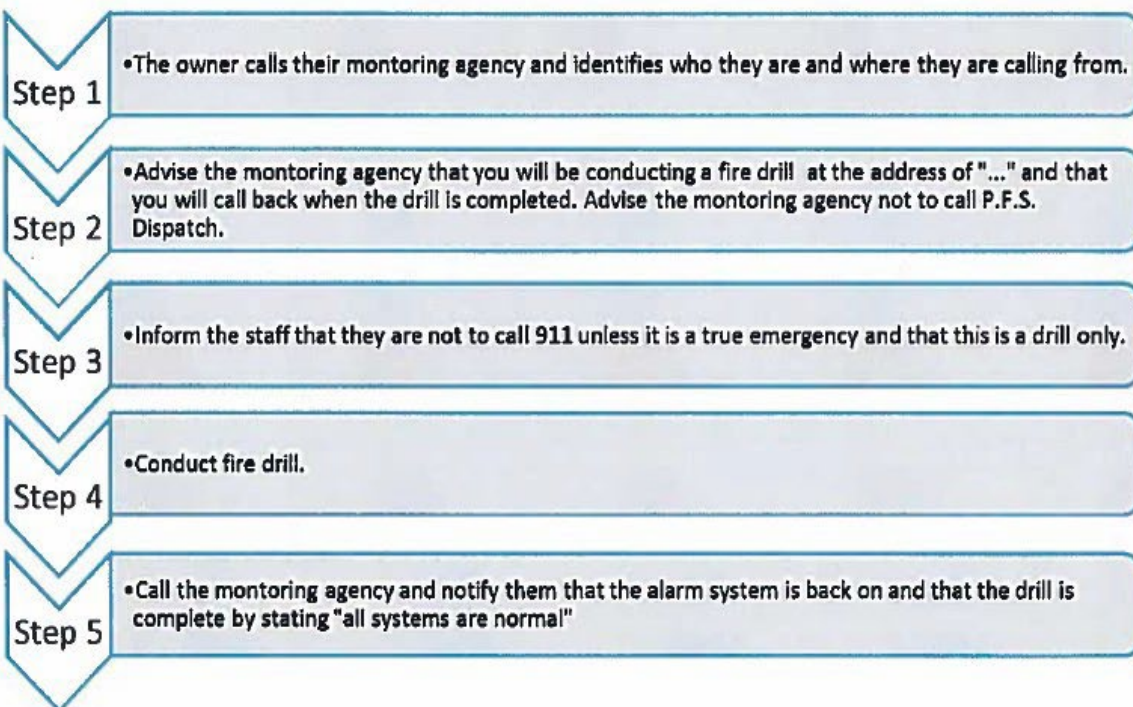


THE CORPORATION OF THE TOWN OF COBOURG

COBOURG FIRE DEPARTMENT
111 ELGIN STREET EAST
COBOURG, ONTARIO, K9A 1A1

Telephone: (905) 372-9789
Fax: (905) 372-0869
Email: fire@cobourg.ca
www.cobourg.ca

Monthly Fire Drill



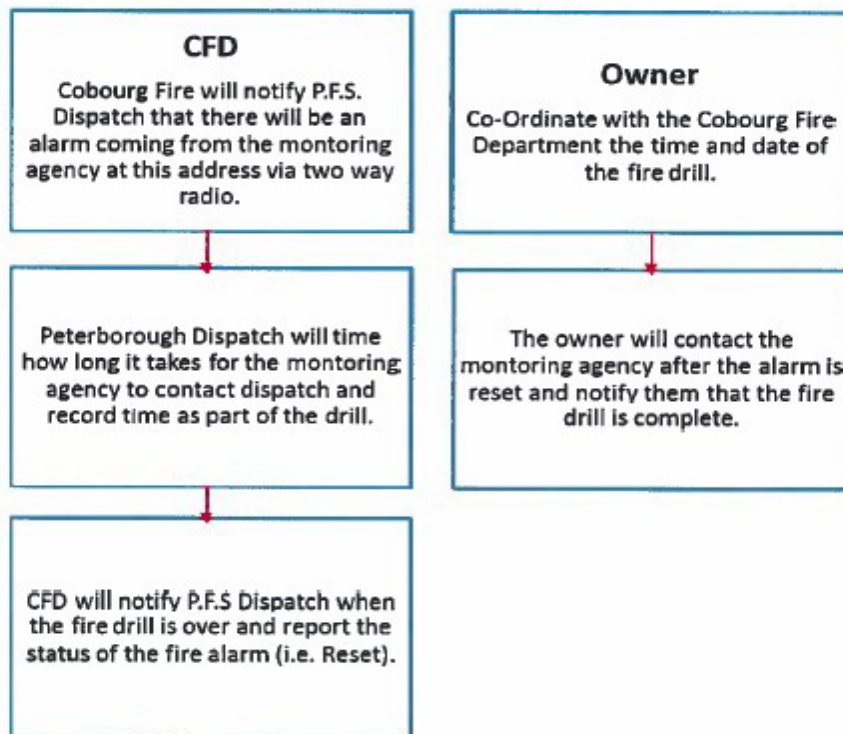


THE CORPORATION OF THE TOWN OF COBOURG

COBOURG FIRE DEPARTMENT
111 ELGIN STREET EAST
COBOURG, ONTARIO, K9A 1A1

Telephone: (905) 372-9789
Fax: (905) 372-0869
Email: fire@cobourg.ca
www.cobourg.ca

Annual Fire Drill



Fire Safety - A Family Affair!

FIRE DRILL SCHEDULE

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Fire Drill Schedule

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

It is the policy of Golden Plough Lodge to hold three fire drills monthly, one per shift, to ensure staff are orientated and well educated on the required procedures to follow in the event a real fire should break out in the Lodge.

Procedure

Manager of Environmental Services and the drill monitor will pre plan three fire drills monthly. these drills shall occur as follows:

- 1 for day shift (7:00 a.m. – 3:00 p.m.)
- 1 for afternoon shifts (3:00 p.m. – 11:00 p.m.)
- 1 for morning shift which will be a silent drill (11:00 p.m. – 7:00 a.m.)

Note: Following will be suggested rotation schedule of areas to ensure all areas of the home are included in this process.

Month	Days	Afternoons	Midnights
January	Zone 1	Zone 2	Zone 3
February	Zone 4	Zone 5	Zone 6
March	Zone 7	Zone 8	Zone 9
April	Zone 10	Zone 1	Zone 2
May	Zone 3	Zone 4	Zone 5
June	Zone 6	Zone 7	Zone 8
July	Zone 9	Zone 10	Zone 1

August	Zone 2	Zone 3	Zone 4
September	Zone 5	Zone 6	Zone 7
October	Zone 8	Zone 9	Zone 10
November	Zone 1	Zone 2	Zone 3
December	Zone 4	Zone 5	Zone 6

Note: Please change location of fire drill each time conducted: i.e. Zone 1 – maintenance room; kitchen; paper store room; Café etc.

FIRE DRILL PROCEDURES FOR ALL STAFF

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Fire Drill Procedures For All Staff

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

It is the policy of Golden Plough Lodge to hold three fire drills monthly, one per shift, to ensure staff are orientated and well educated on the required procedures to follow in the event a real fire should break out in the Lodge.

Procedures

1. Manager of Environmental Services and the drill monitor will pre plan three (3) fire drills monthly.

These drills shall occur as follows;

- 1 for day shift (6:00 a.m. – 2:00 p.m.)
- 1 for afternoon shifts (2:00 p.m. – 10:00 p.m.)
- 1 for morning shift which will be a silent drill (10:00 p.m. – 6:00 a.m.)

2. The Manager of Environmental Services or delegate will telephone the alarm company at Trent Monitor Company 1-800-481-4654 and quote account number# 4679 to inform them we will be conducting a fire drill.

3. The drill monitor will stay in the vicinity of the fire cone and give staff instructions as per how they should be responding to the drill.

- removing residents from rooms
- going through an area evacuation etc.
- the staff member on McMillan Cottage assigned to be the “Pager” will go into the Nursing station, look at the annunciator panel and see which zone is ringing; they will go to phone and announce location three (3) times
- one (1) staff member from Symons Cottage to go down to Fire Panel near Symons Cottage elevator and push the Acknowledgment button.

4. Whoever discovers the fire (fire cone) while searching the zone that was announced, will then overhead page the exact location of the fire (fire cone). The RN in charge will then report to the location of the fire (fire cone). **(Listen for overhead page for location of fire)**

5. Staff will respond / follow instructions of Policy – “When Fire is Discovered” and follow direction of the RN in charge.

6. Once the R.N. in charge is satisfied that the drill is over, they will then go to the fire control panel located by Symons Elevator and press the signal silence button, then press the reset button and hold for three seconds to reset the fire panel.

7. Then go into the Symons elevator room (use push button code) and reset the Monitoring Alarm. To perform this task they must find the main panel located inside of the door to the left and put in 1234#. This will silence and reset the alarm.

8. Then take identified key and reset “**MAG LOCKS**”. Then use phone (follow instructions for paging) to announce a “**This has been a drill; all clear, mag locks have been reset**”. Make announcement 3 times.

9. RN in charge will remind registered staff to fill out the yellow Compliance Fire form and submit it to the Manager of Environmental Services.

10. RN in charge will follow through with staff regarding any issues that may have occurred during the drill.

FIRE DRILL DURING NIGHTS

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Fire Drill During Nights

Policy Number:



Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The Golden Plough Lodge will conduct 1 fire drill monthly at night to acquaint staff and residents with the proper procedures and to test equipment.

Rational: In order to conduct drills for the Night shift without disturbing the sleep of the residents it is necessary to hold silent alarms.

Drill Procedure

1. The drill monitor (R.N. on Duty) will place the fire indicator in a specific location. The R.N. on Duty will then hold a “silent drill” for the night exercise. The drill will be announced on the 2-way radios to all night staff during the exercise.

2. When the area is entered and the fire is found the staff member will be asked to take the following actions:

- If room is empty – close the door then, activate the appropriate pull station.
- If possible evacuate the resident, then go to nearest pull station and activate it.
- Close the door leaving resident in the room and then activate the nearest pull station.

3. Once action has been taken and the Fire Department alerted, staff will proceed as per procedure “When the Fire System is activated during Night Shift- Nursing”.

4. The monitor will review with staff after the “all clear” has been announced of what was done and what could be done to improve reactions and procedures. Feedback from staff will be requested.

Staff will have the opportunity to practice the drills alternately.

The fire drill is intended to be regarded as a real fire.

Definition: Fire Indicator – An object meant to represent the fire in a drill situation.

FIRE DRILL COMPLIANCE REPORT

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Fire Drill Compliance Report



Policy Number: (P111-5)

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

All Registered Staff on all units are to fill this out immediately after drill/fire and submit to Manager of Environmental Services. (Put on clipboard in RN office or take to Reception to be put in his mailbox)

COMPLIANCE FIRE REPORT

FALSE ALARM ☐ FIRE DRILL ☐ FIRE ☐

Report of: _____ Reported by: _____
UNIT OR DEPARTMENT SIGNATURE

Date: _____ Time: _____ am/pm

ALL DEPARTMENTS ANSWER A, B, C & D

A. In the area covered by this report:

	Y	N
- fire doors closed properly	<input type="checkbox"/>	<input type="checkbox"/>
- announcements were heard	<input type="checkbox"/>	<input type="checkbox"/>
- the elevator (if there is one) was locked	<input type="checkbox"/>	<input type="checkbox"/>
- staff responded as per procedures	<input type="checkbox"/>	<input type="checkbox"/>

B. Problems encountered:

C. Suggestions/Comments:

D. Personnel Present:

Page 1 of 2

FIRE DRILL TRAINING

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Fire Drill Training

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The Golden Plough Lodge will conduct 3 fire drills monthly, 1 per shift in order to acquaint staff and residents with the proper procedures and to test equipment.

Rational – in order to anticipate situations the drill will take various forms.
Staff will have the opportunity to practice the drills alternately.

The fire drill is intended to be regarded as a real fire.

Definition: Fire Indication – An object meant to represent the fire in a drill situation.

Procedure

Drill “A”

1. The drill monitor (P.M.) (Education or Manager of Environmental Services) will place the fire indicator in a specific location.
2. When the area is entered and the fire is found the staff member will be asked to take the following actions:
 - if room is empty – close the door then, activate the appropriate pull station.
 - If possible evacuate the resident then go to nearest pull station and activate it.
 - Close the door leaving resident in the room and then activate the nearest pull station.
3. Once action has been taken and the Fire department alerted, staff will proceed as per procedure when “Fire System is Activated”.

4. The monitor will review the staff after the all clear has been announced what was done and what could be done to improve reactions and procedure. Feedback from staff will be requested.

Drill “B”

1. The monitor will start the Fire System by activating the smoke detector system in a specific area. He/she will leave the fire indicator in place then wait and watch as staff locate the fire and act appropriately.
2. Staff should commence the actions as per policy “When Fire System is Activated”.
3. The monitor will review with staff after the all clear has been announced what was done and what could be done to improve reactions and procedure. Feedback from staff will be requested.

Drill “C”

1. The drill monitor will initiate the fire drill by activating the pull station after placing the fire indicator.
2. The monitor will wait and watch staff locate the fire and act as per the procedure “when fire system is activated”.
3. The monitor will review with staff after the all clear has been announced what was done and what could be done to improve reactions and procedure. Feedback from staff will be requested.

Drill “D” (Silent Alarm)

Note: Staff will inform RN by use of intercom the location of the fire.

Rational – In order to conduct drills for the morning shift without disturbing the sleep of the residents it is necessary to hold silent alarms.

1. The monitor will choose the drill scenario from the above listed type.
2. Fire systems will not be activated but the monitor will use the public address system to raise the alarm. The monitor will state Fire Drill taking place, which will indicate the alarm is set. Staff will proceed as per policy, “When the Fire System is Activated”.
3. Horizontal evacuation will be under taken in the area of the fire by representation and discussion with the monitor.
4. The monitor will review with staff after the “ALL CLEAR” has been announced what was done and what could be done to improve reactions and procedure. Feed back from staff will be requested.
5. All fire drill records will be kept in the Environmental Services Clerks office.
6. Drills are done once a month for each shift following the monthly list for zones located on the schedule.

Note: The Fire Department and Alarm company will **NOT** be notified of silent drills.

FIRE DRILL NIGHT TRAINING

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Fire Drill Night Training

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Drill "Night" (Silent Alarm)

Note: Staff will inform RN by use of Walkie Talkies of the location of the fire.

1. The monitor will choose the drill scenario from the fire drill options listed as indicated in the daytime drill options.
2. Fire systems will not be activated but the monitor will use the Walkie Talkie system to raise the alarm. The monitor will state Fire Drill taking place, which will indicate the alarm is set. Staff will proceed as per policy "When the Fire System is activated"
3. The R.N. will assign staff to call the D.O.C. or alternate as required. The D.O.C. will activate the "Manager Call List". (*Manager's in the event of a real fire will call in staff as required to deal with the situation.)

FALSE ALARM

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: False Alarm

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The staff will attempt to avoid the instigation of false alarms. However, when they occur, a specific procedure will be followed.

Procedure

1. Staff must always assume that the sound of the fire alarm indicates an actual emergency. They will therefore, follow the directions designed to each department.
2. The fire department will respond to all alarms that have been pre-arranged by way of a fire drill procedure.
3. If the cause is found, and not an emergency, the Fire Department should be called so they don't have to run red lights.
4. If the staff is satisfied that an alarm has been falsely set. McMillan 1 R.N. will announce an "all clear" and silence the alarm but not reset the panel until the Fire department have the opportunity to view the panel. The Fire personnel will not reset the panel but will observe the R.N. do so.

WHEN THE FIRE OR SPRINKLER SYSTEM IS OUT OF ORDER

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When the Fire or Sprinkler System is Out Of Order

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The staff will attempt to ensure the safety of residents at all times.

Procedure

1. The manual pull station system, sprinkler system or Fire Alarm System may become out of order for several reasons:

- Electrical failure
- Mechanical defect
- System maintenance

2. As soon as the system is found to be non-functioning:

- The Fire department and monitoring company will be informed by either the manager of environmental Services, the Administrator or by the registered nurse in charge of McMillan 1, depending upon the time of the occurrence.
- During evening and night hours the RN will assign the security guard and one staff person per floor to walk the area, inspecting for the possibility of fire, until the problem is resolved. **Extra staff may be called in if necessary for Fire Watch.**
- The RN will also contact the Manager of Environmental Services and the Director of Nursing to inform them of the situation. At this point more staff may be authorized.
- During the day shift, the maintenance person and a handy person will monitor the building until the problem is resolved.

3. On weekends the Manager of Environmental Services and the Director of Nursing or their representatives' on-call will be contacted to inform them of the situation. More staff may be authorized if necessary and the situation will be monitored.

4. During the time when the fire system is out of order a Fire Check Sheet will be filled out by each area and handed in to the Manager of Environmental Services once the system is on line. These forms are located in Nursing Stations in each area of the home. See section 15 "Forms"

5. Once the problem has been resolved, the Fire department and the fire monitoring company will be informed.

Note: In case of mechanical defect the Manager of Environmental Services or designate will contact the appropriate company to deal with the problem.

When Fire is Discovered on Days or Evening Shifts WHEN FIRE SYSTEM IS ACTIVATED - OFFICE STAFF

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated - Office Staff



Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Procedure

DO NOT USE ELEVATORS

This procedure only applies when the office is open

When a fire is discovered, activate the nearest manual pull station.

When the alarm is heard:

1. Receptionist informs people in the lobby to stay where they are until fire announcements have been made and all is clear. Staff will save all work and Log off the computers.
2. Receptionist on duty will switch the telephone system to night service and go to McMillan Cottage nursing station to manage incoming calls.
3. Reception and Resident Accounts Clerk will collect back-up ledgers, books of accounts, and any cash from office and put into safe box and then secure the safe room.
4. Other staff will remain by the front of the building and await further instruction.
5. **Scheduling Clerk** will collect the Call In Book & Phone List and go to the Boardroom/East Entrance area. The Clerk will remind visitors & residents in the area of the entrance to wait where they are until further instructions are received. During Evacuation the Scheduling Clerk will go to the designated area that **called in** staff will be reporting to.
6. When **evening/weekend receptionist** is on duty, he/she will turn the switchboard telephone system to night service, set computer to login, turn off all electrical units (i.e. fan) and proceed to McMillan Cottage to manage telephones.
7. In case of call-in to assist with any disaster, all office staff will report to Administration at the Board room or alternate designated area.

WHEN FIRE SYSTEM IS ACTIVATED - NURSING

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated - Nursing

Policy Number: AHS 60.2

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Procedure

At the beginning of each shift for McMillan Cottage & Symons Cottage, the registered staff in charge will:

- Assign staff and back-up to call the Fire department
- If RN in charge requires more time to investigate the fire, assigned staff from Symons Cottage will proceed to the Main Fire Panel on Symons Ground and push the Acknowledgement Button. The RN will use the key in the nearest pull station to start the evacuation bells, if required.
- Assign staff and back-up to meet Fire department at the Main entrance to take them to location of the fire.
- Assign staff to announce the fire location.

When a fire is discovered, activate the nearest manual pull station.

DO NOT USE ELEVATORS

When the alarm is heard

1. If on a break, in staff lounge, lunchroom, etc. all staff must return immediately to assigned working area by the safest route.
2. The R.N. on McMillan Cottage will go to the location of the fire to coordinate the activities of other staff. Fire procedures are carried out under the direction of the registered Nurse in charge (RN McMillan Cottage), who may utilize all staff available as required.
3. Designated staff from McMillan Cottage will immediately go to enunciator panel closest to his/her present location and will calmly announce, at least 4 (four) times, the location of the fire.
4. Office staff, if on duty will turn telephone to "night service", enabling all incoming calls to go directly to McMillan Cottage Nursing Station. Assigned office staff will then proceed to McMillan Cottage to manage phones. (After hours assigned nursing staff to assume phone duty).
5. The McMillan Garden staff will collect visitor sign in sheets from the Front Reception & East Entrance.

6. R.P.Ns. or R.Ns. with special fire duties will not take time to remove drug carts to storage. Rather they will lock carts and push out of the way into a utility room or non resident room area.

AT THE SOUND OF THE ALARM

1. Staff assigned to specific jobs should assume those duties. Unassigned staff should: be prepared to follow instructions from RN, start room to room check. closing windows, turning off lights and electrical equipment, O² Put resident on O² portable checking the bathroom, closet, underneath bed and behind door for evidence of fire.

- reassuring residents and close door on completion
- pillows are placed leaning against the door of an unoccupied room (occupied room – no pillow) or evacucheck will be used if available.

2. Listen to the P.A. to locate the area of the fire.

Staff Duties in the Fire Area

1. Look for the exact location of the fire within the area that has been announced.

2. First remove to safety any residents from the room which the fire is burning. **If it is not safe, then you must close the door without entering the room.**

3. **Go to the nearest phone, press 3006, wait 10 seconds, dial 9, then state exact location of fire 3 times.**

4. Then remove residents from the room on each side and from the room opposite that in which the fire is located. (horizontal evacuation) When removing residents from fire area they must be taken beyond the nearest fire doors without passing in front of fire location. RN will assign other staff beyond fire area to move residents to a safer area.

5. Inform other residents to remain where they are and residents in common areas should stay where they are and instructions should not attempt to return

5a. In common areas (i.e. lounges, dining rooms etc.)

- tell residents to stay calm and remain where they are until further instruction.
- Shut windows and turn off any electrical equipment.

6. Remain calm and continue to follow direction, evacuation of the fire zone, or follow the instruction of the RN until the all clear is announced, or you are instructed otherwise.

7. In the case of a Fire drill or False alarm, the RN in charge will turn off the alarm bells, reset the fire control panel at Symons Ground then announce the **“all clear”** this has been a drill/false alarm. (She/he will reset the Symons elevator and Mag locks at this time.)

7a. In the case of an actual working fire, the RN in charge will wait until given instructions by the Commander of the Fire Department, to reset the fire system.

8. Complete yellow fire compliance report on all units. See section 15 “Forms”.

9. Staff in areas other than the fire location should:

- Remain calm and reassure residents.
- Continue to be vigilant and watch for further indication of fire in their areas.
- Be prepared to receive residents being evacuated from other areas of the facility.
- Listen for further instructions from the RN in charge.

Note: Staff in areas other than the fire area should **NOT** proceed with normal care

Staff that are bathing residents: (applies to days and evenings)

1. If the staff is in the process of bathing – drain the water from the tub, cover & reassure the resident. If resident is deemed to be capable of being left alone in tub room, then continue with #2. If not, then get attention of RPN to inform them of the situation.

2. Check in with unit RPN and assist with room checks. After the announcement of the fire location return to the resident in the tub room, get them out of the tub and await instructions.

3. If the alarm sounds during a meal time, remain in dining room while unit staff starts the room to room search.

Day Admission & Documentation RPN

1. The RPN will report to the RN in charge at the fire area for assigned duties.

Note: The above instructions apply to on-duty staff. In case of call-ins to assist with any disaster, please report to administrator near or at the auditorium.

WHEN FIRE SYSTEM IS ACTIVATED – LIFE ENRICHMENT

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated – Life Enrichment

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Procedure

DO NOT USE ELEVATORS

When a fire is discovered, activate the nearest manual pull station.

When the alarm is heard

1. If on break in staff lounge, lunch room etc. staff must immediately return to assigned working area by the safest route.
2. If currently assigned to Blacklock Cottage, remain where you are to assist nursing staff maintain order while the electro-magnetically operated doors are open.
3. If working with a group of residents (i.e., in auditorium, Café, chapel, etc.) remain with those residents. Ask residents to stay where they are until receiving further instructions.
4. Turn off any equipment and lights and shut windows in the area where you are.
5. If the fire is in any of the mentioned areas above, follow general fire procedures where you are.
6. Evening and weekend Life Enrichment staff should proceed to Blacklock Cottage.
7. In case of evacuation of the building Life Enrichment staff will be assigned to the evacuation area to assist with the orderly processing of residents being taken from the area by families, emergency vehicles etc. as designated by the RN in charge.

WHEN FIRE SYSTEM IS ACTIVATED – DIETARY AIDES & COOKS

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated – Dietary Aides & Cooks

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Procedure

DO NOT USE ELEVATORS

When fire is discovered, activate the nearest manual pull station.

When the alarm is heard

1. If on break in staff lounge, lunch room etc, staff must return immediately to assigned working areas.
2. Remove dietary carts (from hallways to nearest safe place (i.e. utility cupboard, residents room)
3. The cook and dietary aide performing porter duties will remain in the kitchen. Turning off equipment, check all areas on the zone for indication of fire even those outside the kitchen proper, closing windows and doors.
4. The dietary aid in the EAG and LAG ground positions will go to the staff entrance and provide information as to the fire location to staff re-entering the building.
5. The dietary aid in the EA 1 & 2 and LA 1 & 2 positions will go to Blacklock Cottage to assist with door security at the entrances.
6. The dietary aide in the EFL and LFL positions will report to the fire area and follow the instructions of the R.N. in charge.

Note

- The above instructions apply to on-duty staff.
- In case of call-in to assist with any disaster, report a manager near or at the Auditorium.

WHEN FIRE SYSTEM IS ACTIVATED – HOUSEKEEPING AIDES

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated – Housekeeping Aides

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Procedure

DO NOT USE ELEVATORS

When fire is discovered, activate the nearest manual pull station.

When the alarm is heard

1. If on break in staff lounge, lunch room etc, staff must return immediately to assigned working areas.
2. Remove housekeeping carts (locked, from hallways to nearest safe place (i.e. utility cupboard, residents room)
3. Proceed to your assigned cleaning areas; report to registered staff in charge to receive instructions. If during a meal period report to dining room assigned unit Symons House /Symons Cottage/McMillan Cottage/Gardens Cottage. Afternoon Housekeeping Aide report to Blacklock Cottage dining room.
4. Listen for any special instructions on the P.A. Follow instructions from R.N. in charge.

Note

- The above instructions apply to on-duty staff.
- In case of call-in to assist with any disaster, report to a Manager near or at the Auditorium.

WHEN FIRE SYSTEM IS ACTIVATED – LAUNDRY

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated – Laundry

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Procedure

DO NOT USE ELEVATORS

When a fire is discovered, activate the nearest manual pull station

When the alarm is heard

1. If on break in staff lounge, lunch room etc., staff must return immediately to laundry room.
2. Shut down equipment; close windows; close doors as you leave the laundry; shut off air conditioner (if appropriate.)
3. If making linen deliveries, exit elevator as soon as possible. Move cart out of corridor at first opportunity. Days (L1 & L2) or Afternoon L3 aides will report to Blacklock Cottage area using the stairs to assist with door security unless told otherwise.
4. Listen for any special instructions from charge RN over P.A. system.
5. Be prepared to follow instructions of R.N. in charge of building.

Note

- The above instructions apply to on-duty staff.
- In case of call-in to assist with any disaster, report to a Manager at or near the Auditorium.

WHEN FIRE SYSTEM IS ACTIVATED – PHYSIOTHERAPY

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated – Physiotherapy

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Procedure

DO NOT USE ELEVATORS

When a fire is discovered, activate the nearest manual pull station

When the alarm is heard

1. If on break, return to assigned area immediately
2. If working on assigned area, move cart to nearest safe location



3. When working with a resident, move resident to a safe area, stay calm
4. Reassure resident and ask them to stay and wait until further instruction
5. If in elevator, exit elevator as soon as possible
6. Listen for any special instructions over P.A. system
7. Go to RN and follow instructions given.

Note

- The above instructions apply to on-duty staff.
- In case of call-in to assist any disaster, report to a Manager at or near the Auditorium.

WHEN FIRE SYSTEM IS ACTIVATED – SUPPORT/HANDY PERSON

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated – Support/Handy Person

Policy Number: AHS 60.7

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Procedure

DO NOT USE ELEVATORS

When fire is discovered, activate the nearest manual pull station.

When the alarm is heard:

1. If on break in lounge, lunch room etc, staff must return immediately to assigned working area.
2. Remain in the area of the alarm to offer assistance and take direction from the RN in charge or the Fire department. The Manager of Environmental Services or Maintenance Supervisor are available to assist FDIC.
3. Ensure the air make-up units are OFF



4. Do not isolate sprinklers until directed by the Fire department or determination of the fire.

Note

- The above instructions apply to on-duty staff.
- In case of call-in to assist with any disaster, report to the a Manager at or near the Auditorium.

WHEN FIRE SYSTEM IS ACTIVATED – AUXILIARY/VOLUNTEERS

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated – Auxiliary/Volunteers

Policy Number: AHS 60.10

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The Golden plough lodge will attempt, in every way possible, to protect visitors to the Lodge, as well as residents, in any emergency.

Procedure

DO NOT USE ELEVATORS

1. Auxiliary members and volunteers in the lodge are required to sign in and out when visiting the home. In this way, in any emergency, we will know exactly who is in the building. Sign in sheets are at the Main Office in a binder on sign in desk.
2. When a fire alarm is heard, auxiliary members and volunteers are asked to remain where they are.
3. If operating electrical equipment, turn off or unplug the item.
4. If operating carts or other items of equipment or walking with an resident(s), anything that might impede the fire department or restrict easy movement in hallways, push equipment into a nearby room and take the residents out of hallways.
5. Do not leave one area of the building through closed fire doors to enter another area.



6. Wait for instructions from the Fire department or lodge staff before attempting to assist.

7. If you are the one who discovers a fire:

- Activate the nearest manual pull station.
- If safe for yourself, remove any residents from the fire area.
- Wait for further instructions from the charge RN

WHEN FIRE SYSTEM IS ACTIVATED – RESIDENTS/FAMILIES

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated – Residents/Families

Policy Number: AHS 60.2

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The burden of responsibility for Resident's safety falls unto the staff and fire officials. It is imperative that instructions of the charge RN be followed.

Procedures

WHEN THE ALARM SOUNDS-DO NOT USE ELEVATORS

1. An information booklet given to all new Residents and/or their families states the policy regarding smoking, and explains fire and safety systems.
2. By means of the Residents' Council and Residents' newsletter, Residents are reminded of fire and emergency procedures.
3. Any appliances (i.e. televisions, radios, etc.) brought to the home by and for Residents **must** be checked for safety by the Maintenance Department staff before use in the home.
4. When the fire alarm sounds, Residents are instructed to;
 - Remain where they are;
 - Refrain from going through exit doors;

- Wait for instructions from staff and fire officials.

5. Staff have very explicit instructions, practiced at each fire drill assisting residents in an actual emergency. Residents will know that staff do rounds throughout the building twenty-four hours a day.

6. Families are asked to remain where they are until fire alarms are complete. Please **do not** pass through closed fire doors until the all clear is given or you are instructed to do so.

7. Please follow the “REACT” sign instructions which are located by each pull station when a fire occurs.

When Fire is Discovered on Night Shift (Minimum Staff Working) WHEN FIRE SYSTEM IS ACTIVATED DURING NIGHT SHIFT – NURSING (MINIMUM STAFF WORKING)

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: When Fire System Is Activated During Night Shift – Nursing (Minimum Staff Working)

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

AT THE SOUND OF THE ALARM

1. Staff assigned to specific jobs should assume those duties.

PSW

- Go immediately to McMillan Cottage Nursing Station call 911: Confirm that fire alarm is ringing and which zone it is
- If zone is McMillan Garden or kitchen/laundry, tell 911 to send Fire Department to the Staff Entrance: North Door (Exit #1)

- If zone is other area of the building, tell 911 to send Fire Department to the Front door (Exit #6)
- Go to fire area with RN to find fire and to assist in moving residents to safe area if necessary.

Unassigned staff should: be prepared to follow instructions from RN, start room to room check. Closing windows, turning off lights and electrical equipment, portable O². Put resident on portable O², checking the bathroom, closet, underneath bed and behind door for evidence of fire.

- reassuring residents and close door on completion
- Pillows are placed leaning against the door of an unoccupied room (occupied room – no pillow) or evacucheck will be used if available.

2. Listen to the P.A. to locate the area of the fire.

Staff Duties in the Fire Area

1. Look for the exact location of the fire within the area that has been announced.
2. First remove to safety any resident from the room which the fire is burning. **If it is not safe, then you must close the door without entering the room.**
3. Go to the nearest phone, press 3006, wait 10 seconds, dial 9, then state exact location of fire 3 times.
4. Then remove residents from the room on each side and from the room opposite that in which the fire is located. (Horizontal evacuation) When removing residents from fire area they must be taken beyond the nearest fire doors without passing in front of fire location. RN will assign other staff beyond fire area to move residents to a safer area.
5. Inform other residents to remain where they are and wait. Residents in common areas should stay where they are and instructions should not attempt to return to their rooms, or go through fire doors if they are not in the area of the fire
- 5a. In common areas (i.e. lounges, dining rooms etc.)
 - tell residents to stay calm and remain where they are until further instruction.
 - Shut windows and turn off any electrical equipment.
6. Remain calm and continue to follow direction, evacuation of the fire zone, or follow the instruction of the RN until the all clear is announced, or you are instructed otherwise.
7. In the case of a Fire drill or False alarm, the RN in charge will turn off the alarm bells, reset the fire control panel at Symons Ground then announce the **“all clear”** this has been a drill/false alarm. (She/he will reset the Symons elevator and Mag locks at this time.)
- 7b. In the case of an actual working fire, the RN in charge will wait until given instructions by the Commander of the Fire Department, to reset the fire system.



8. Complete yellow fire compliance report (P111-5) on all units.

9. Staff in areas other than the fire location should:

- Remain calm and reassure residents.
- Continue to be vigilant and watch for further indication of fire in their areas.
- Be prepared to receive residents being evacuated from other areas of the facility.
- Listen for further instructions from the RN in charge.

Staff in areas other than the fire area should **NOT** proceed with normal care. Make sure Residents are in their room until the R.N. or Incident Commander gives instructions

The RPN will report to the RN in charge at the fire area for assigned duties.

Note

- The above instructions apply to on-duty staff. Staff and Managers who are called in to assist with any disaster will report to the R.N. in Charge for instructions
- All staff should complete the yellow fire compliance report (P111-5) if the alarm is a Drill (See Section 15 “Forms”)

FIRE PREVENTION & SAFETY MEASURES

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Fire Prevention & Safety Measures

Policy Number: AHS 60.1

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The Home will avoid as much as possible, allowing fire an opportunity to start through:

- Preventative maintenance
- Adherence to policies and procedures
- Training to staff and residents

We are under the auspices of the ministry of Health Long Term Care facilities and abide by the provincial and local bylaws.

Procedure

1. The Maintenance Department will have in place an operating preventative maintenance program for all mechanical and electrical equipment in the Home.
2. Housekeeping procedures will ensure a clean and orderly building at all times.
3. Every department in the Home will develop and adhere to procedures which encourage a safe working environment.
4. All staff will receive orientation and annual review of all fire safety policies and procedures.
5. Staff will receive training on the use of or otherwise fire equipment within the building (manual pull down stations, fire panel, fire extinguishers, fire doors, etc.)
6. Residents Council will review fire drill procedures annually.
7. Volunteer orientation will include a session of fire safety.
8. Smoking for residents will only take place at the assigned smoking area located at the far end of the Main Entrance closest to Halcyon Place. No smoking will be permitted anywhere else within the building.
9. In case of actual fire or other evacuation procedure, when staff have completed their duties in assisting residents, they are requested to report to the RN in charge before leaving the area or the building. They will then receive instructions to proceed to a designated instruction area.

FIRE PROTECTION MAINTENANCE PROCEDURES

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Fire Protection Maintenance Procedures

Policy Number: AHS 60.2

Cross Reference:

Issued by: Environmental Services Manager



Approved By: Administrator

Review Date: December 2023

Policy

The Golden Plough Lodge will see that all required system checks, testing, and any subsequent repairs are done in a timely fashion according to the fire code. Although the Administrator has ultimate responsibility to see that such checks are done, it is the job of the director of the

Environmental Services to initiate and to record all such activity, and to follow through with the correction of any deficiencies.

Procedure

1. An official log of Fire Code requirements is maintained in the office located beside the Manager of Environmental Services.
2. All procedures – tests and checks – able to be undertaken by the maintenance department will be done as required by code. Each undertaking will be recorded, dated and initiated by the person doing the work, and checked for accuracy by the supervisor. All such records will be retained for a period of at least two 2 years.
3. For those inspections for which more qualified persons are required the Manager of Environmental Services will contract with such companies or individuals to do the inspections as per code, and will maintain a record of all such inspections and any work completed as a result of such inspections. These records will be available for Fire Department inspection in the office of the Manager Environmental Services.

BUILDING SECURITY

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Building Security

Policy Number: AHS 30

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

For the protection of residents, staff, resident and staff property, and the building itself, every reasonable precaution will be taken.

Procedure

1. A minimum of one registered nurse in charge is in the building at all times.

2. A bonded security guard is in the building from Monday to Friday 9:00 pm-2:00 am and on Weekends from 7:00 pm to Midnight, following a designated security check routine.
3. The reception staff are at the front desk Monday to Friday 7:30 am - 10:00 pm and on Weekends 8:30 am - 4:30 pm to monitor persons leaving and /or entering the building.
4. Every external door (except the garbage room and general receiving) is equipped with a buzzer which rings through an enunciator panel at the McMillan 1 nursing station.
5. The reception desk is equipped with a monitor and system which communicates with the staff door, the east entrance and the south entrance by means of a video camera. All visitor entrances are monitored. Entrance is only possible when the receptionist is convinced that the person wishing entry is appropriate.
6. In Blacklock Cottage – a combination electro- magnetic and key pad system is in use for the protection of cognitively impaired residents who might otherwise wander away and come to harm.
7. Fire procedures are in place for each department. Fire drills take place monthly. Residents are instructed as per the policies, Resident Orientation package and Monthly drills. Staff receive orientation to the procedures as well as practice in them at each fire drill. Managers of each area are responsible to make sure they monitor and train their own staff for each area.
8. Designated smoking areas are outside for staff, residents, volunteers and visitors and are strictly enforced.
9. All external areas of the building – especially the staff parking lot, are illuminated at night.
10. All staff hired is subject to a security check by the Ontario Provincial Police.
11. The fire system is connected to the alarm company. The Cobourg Fire Department has a floor plan of the building. A fire key is available to Fire Department in a special box at the front door & at the Courthouse Entrance.
12. Two emergency phones (Cell, and Phone at McMillan Nursing Station) are available for the R.N., should the telephone system go down.
13. An emergency generator ensures light and heat for a given time in an emergency.
14. Lockers are provided for staff belongings.
15. Residents are discouraged from keeping money and valuables about their rooms. The office will hold valuables in the safe. These items are signed in and out either by the resident or by the appropriate next of kin. etc.
16. Swiping in and out is to be done by staff. Residents, Volunteers, and Contractors sign in a book, enabling a knowledge of who is in the building at any given time.

SAFETY & SECURITY

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Safety & Security

Policy Number: AHS 10.0

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The most safe and secure environment possible will be provided for residents and staff.

Procedure

1. Policies and Procedures address the following areas specific to safety.
 - Occupational Health and Safety Committee
 - Infection Control Committee
 - Medical Advisory
 - WHMIS 2015 training
 - Security Systems – Physical Plant
 - Security Service
 - Criminal Reference – Hiring
 - Fire Procedures
 - Disaster planning
 - Preventive maintenance
2. As a component of orientation, new staff and volunteers will be made aware of the aforementioned policies and procedures.
3. Safety and Security policies and procedures will be reviewed as appropriate with current staff – union and management.
4. Committees concerned with safety and security issues will meet as designated for each committee.



WHMIS – ALL STAFF

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: WHMIS – All Staff

Policy Number: AHS 90.0

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

It is the policy of Golden Plough Lodge that through training/education, all staff recognizes and understands the correct methods in dealing with hazardous materials in the work environment (WHMIS 2015)

All Golden plough staff will attend a WHMIS 2015 training seminar as part of their employment orientation and attend and update/review session annually.

Note: See Administrative Policy and Procedures for WHMIS 2015 for training information.

Location of S.D.S. Books

Full Books

Reception, MC Nursing Station, Outside Laundry Room, Shipping/Receiving, Environmental Managers Office, Dietary (Main Kitchen)

Partial Books

Housekeeping Stations, Boiler Room, Dietary

ELECTRICAL EQUIPMENT FOR RESIDENTS

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Electrical Equipment for Residents

Policy Number: AHS 64.0

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

Any electrical equipment brought to the Golden Plough Lodge by residents must be safe for use.

Procedure

1. All electrical equipment brought to Golden Plough Lodge for resident use must be brought to the main office. This includes, but is not limited to:

- TVs
- Radios
- Hair dryers
- Fans
- Shavers
- Electrical clocks
- Air conditioners
- Personal Fridge

2. Maintenance will inspect the equipment as soon as possible to check for the CSA or ESA approval and soundness of the wiring. The equipment will be tested for its proper operational ability.

3. Once checked by maintenance, a small label will be attached to indicate the date of the inspection and by who inspected.

4. Any equipment found to be defective will be given to the family to be removed from the building.

5. Any equipment suspected of requiring repair will be given to the family to be repaired or replaced.

6. Items NOT permitted in resident rooms regardless of state of repair:

- electric kettles
- electric blankets
- heating pads

- portable heaters
- hot steam vaporizers or humidifiers

7. New items (e.g. TVs) just delivered from the store or manufacturer are not subject to this policy. All devices must be approved to enter the building for use by the Manager of Environmental Services or approved alternate.

OCCUPATIONAL HEALTH AND SAFETY

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Occupational Health and Safety

Policy Number: AHS 50.0

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

It is the policy of Golden Plough Lodge to assist in providing and maintaining a safe and healthy work environment through Health & Safety Committee meetings, departmental inspection and resulting recommendations to management, and establishing operating practices which effectively minimize injury and illness.

Program

Golden Plough lodge commitment to worker health and safety is accomplished through a variety of programs:

- Joint occupational health and safety committee
- Worker training (e.g. back care, WHMIS, aggressive residents-code white).
- Workplace inspections and hazards analysis.
- Analysis of the accidents and illness occurring at the workplace.
- A health & safety budget.
- A formal means of communication to address promptly the concerns of workers (Health & Safety Incident reports).

- Material- handling practices and procedures (i.e. sharps, mercury, etc.)
- Emergency procedures (i.e. Fire policy & Procedures).
- Personal and protective equipment.

Procedure

Committee

The committee consists of members of both Union & Management. A list of members shall be posted.

- From within the committee the members will choose Joint Chairpersons, one from the Employer, one from the Union, who shall alternate as chair of meetings.
- Meetings shall be held at least quarterly or more often if required. The agenda will be issued at least 48 hours before the meeting.
- The secretary shall be appointed from within the committee. Copies of the minutes may be distributed by the secretary as soon as practical after each meeting.
- A copy of the inspection report shall be attached to each copy for corrective action by designated personnel. A copy shall be posted on the Health & Safety bulletin board.

Department Managers

The Health & Safety Committee recommends that the department Managers:

- Be sensitive to Health and Safety issues within their department.
- Encourage staff input for safety aspects throughout the home.

Hazard Recognition / Inspection

The joint Health and Safety Committee must:

- Investigate, review, record and reply to all incident report forms submitted.
- Identify any hazardous situation before it results in damage or injury/illness and remove the cause where possible.
- Perform inspections on a regularly scheduled basis.
- All inspection teams will be comprised of both management and non-management staff.
- An inspection team will inspect each area of the facility twice a year, and preferably more often.

Administrator

In order to comply with the aforementioned policy the Administrator will demonstrate:

- Interest in and support for the Occupational Health & Safety Program.
- Will require reporting of Health & Safety activities.
- Respond to recommendations made by the Joint Health & Safety Committee.
- Support education and training programs.

It is in the best interest of all staff to consider Health and Safety in every activity. Every worker must protect his or her own health and safety by working in compliance with the law and with safe work practices and procedures established by Golden Plough Lodge.

STAFF SAFETY TRAINING

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Fire

Policy Title: Staff Safety Training

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Suggested Operation of Portable Fire Extinguishers

Remember the (PASS)

P - Pull the safety pin

A - Aim the nozzle

S - Squeeze the trigger handle

S - Sweep from side to side (watch for fire restarting)

Never re-hang extinguishers after use. Ensure they are properly recharged by a person that is qualified to service portable fire extinguishers and that a replacement extinguisher is provided.

Keep extinguishers in a visible area without obstructions around them.

Fire Hazards

In order to avoid fire hazards in the building, occupants are advised to:

- Not put burning materials such as cigarettes and ashes into garbage cans.
- Not dispose of flammable liquids or aerosol cans in these garbage cans or in the in the main garbage containers outside the building.
- Clean lint traps in laundry equipment in order to prevent the excessive accumulation of lint.
- Avoid unsafe cooking practices including, but not limited to, deep fat frying, excessive heat, unattended stoves, loosely hanging sleeves.

Fire Check Sheet

House: _____ House: _____ House: _____

Shift: Nights

Shift: Days

Shift: Evenings

TIME	INITIALS		TIME	INITIALS		TIME	INITIALS
23:00			7:00			15:00	
23:15			7:15			15:15	
23:30			7:30			15:30	
23:45			7:45			15:45	
0:00			8:00			16:00	
0:15			8:15			16:15	
0:30			8:30			16:30	
0:45			8:45			16:45	
1:00			9:00			17:00	
1:15			9:15			17:15	
1:30			9:30			17:30	
1:45			9:45			17:45	
2:00			10:00			18:00	
2:15			10:15			18:15	
2:30			10:30			18:30	
2:45			10:45			18:45	
3:00			11:00			19:00	

3:15			11:15			19:15	
3:30			11:30			19:30	
3:45			11:45			19:45	
4:00			12:00			20:00	
4:15			12:15			20:15	
4:30			12:30			20:30	
4:45			12:45			20:45	
5:00			13:00			21:00	
5:15			13:15			21:15	
5:30			13:30			21:30	
5:45			13:45			21:45	
6:00			14:00			22:00	
6:15			14:15			22:15	
6:30			14:30			22:30	
6:45			14:45			22:45	

To be filled out daily when alarm is not working

If smoke or fire are discovered, call 911 then notify the building occupants

Compliance Fire Report

False Alarm

Fire Drill

Fire

Report of:

Reported by:

Date:

Time:

All Departments Answer A, B, C and D

A) In the area covered by this report

- fire doors closed properly: Y N



- announcements were heard: Y N





- the elevator (if there is one) was locked: Y N
- staff responded as per procedures: Y N

B) Problems Encounter

C)

D)

Nurse in Charge (McMillan 1)

Fire Department responded appropriately: Y N

Answer I or II or III

I. Location of false alarm:

The false alarm may have been set off by:

OR

II. The fire drill occurred:

OR

III. An actual fire occurred:

.....

Forward:



To Department Head

Date & Signature

To Administrator

Date & Signature

ADMINISTRATIVE FOLLOW-UP / ACTION REQUIRED:

To be done by: _____

Completion Date:

Signature:

Return to Administrator

Date:

Initial:

Section 2: Code Green Evacuation

EMERGENCY EVACUATION INCIDENT MANAGEMENT MODEL – DAY SHIFT FULL STAFFING

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

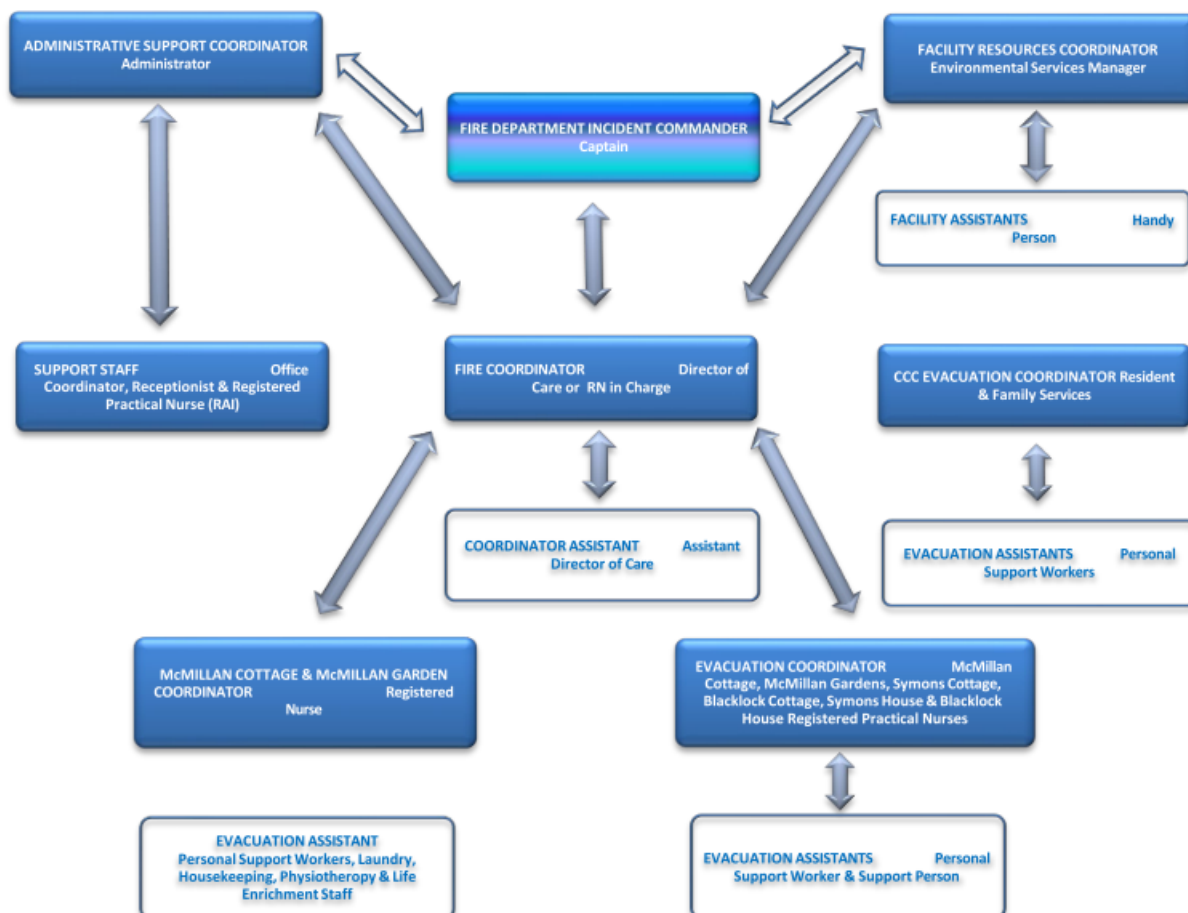
Policy Title: Emergency Evacuation Incident Management Model – Day Shift Full Staffing

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator



EMERGENCY EVACUATION INCIDENT MANAGEMENT MODEL – AFTERNOON SHIFT

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Emergency Evacuation Incident Management Model – Afternoon Shift

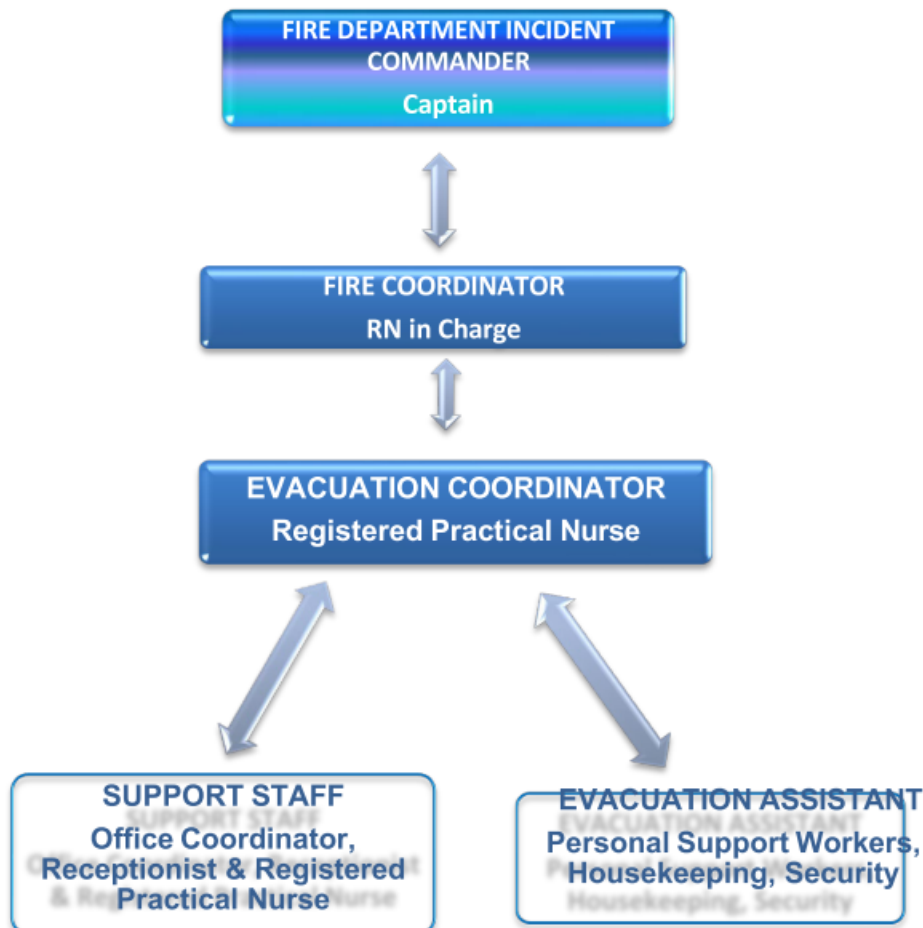
Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023



EMERGENCY EVACUATION INCIDENT MANAGEMENT MODEL – NIGHT SHIFT

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Emergency Evacuation Incident Management Model – Night Shift

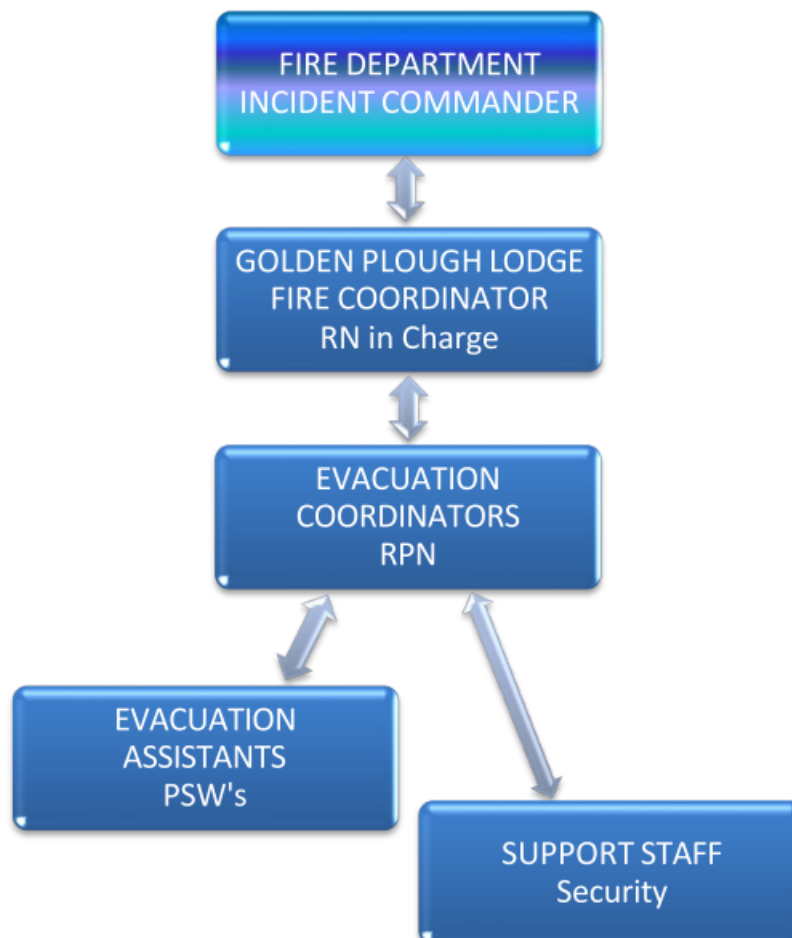
Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023





EMERGENCY EVACUATION TECHNIQUES – ALL STAFF

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Emergency Evacuation Techniques – All Staff

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Elevators

All elevator maintenance, checks, tests and repairs shall be done in accordance with the most current edition of the “Technical Standards and Safety Act”.

Name of elevator Service Company: Otis elevator

Phone number: 1-800-233-6847 ID# FAP306839

Location of the elevator control room

1. Behind each elevator shaft:

- Identify the main disconnect power supply for the elevator;
 - MacMillan Elevator main shut off is in the McMillan Elevator service room located ground floor behind the elevator shaft.

2. Symons Elevator power supply is located on the ground floor behind the elevator shaft.

3. BlackLock Elevator power supply is located in the Blacklock Maintenance room located behind the elevator shaft.

The elevator is: ☐ Electric/cable

X Firefighter (FF) Elevator

(Red helmet designation Only on Symons)



Automatic Recall: X No Yes

Manual Recall: No X Yes

Total Number of Elevators: 3

Total Number of FF Elevators: 1 (Symons)

FF Elevator Location: Symons Elevator

Floors Served by FF Elevator: 3

Location of recall/operating keys: Main Office/ Environmental Service Manager's office

Operating Instructions: All posted in each elevator

Policy

Rational – All staff should be aware of how to use emergency evacuation techniques. Training will be provided and an opportunity to practice the technique will be given.

Remember to assess the limitations of the resident and recognize your personal limitations (ask for help if necessary).

Procedure

The following techniques for emergency evacuation will be considered.

- a. Side by side (semi ambulatory)
- b. Bear hug (semi ambulatory)
- c. Cradle drop (non ambulatory)
- d. Swing carry (non ambulatory – can be used on stairs)
- e. Extremity carry (non ambulatory – can be used on stairs)
- f. Equipment may be used to assist vertical evacuation such as
 1. (four) wheel walkers with seats, wheel chairs, geri chairs and
 2. EZ Glide Stair Chairs. There is an EZ Glide Stair Chair located in the
 3. Blacklock south stairway, McMillan Stairway and 1(one) in the
 4. Symons south stairway.

- g. An emergency stretcher is located on M1 in the storage room at the north end across from the M1 server. The second stretcher is located in the link on Symons House area.

Instructions for Side by Side (Semi-Ambulatory)

- Stand beside the resident
- Secure the resident's arm around the rescuer and hold the resident's wrist or hand if possible
- Snug the person close to you
- Keep the resident calm and focused if possible
- Walk to a safe area



Instruction for Bear Hug (Semi-Ambulatory)

- Stand behind the person
- Place arms under the person's armpits
- Rescuer's head should be kept off to one side
- Grasp person's left and right wrists
- Cross the arms in front
- Gently prod the person to walk to a safe area or to a place where another rescuer can help (two person technique)



Instructions for Cradle Drop (Non-Ambulatory)

- Ensure the bed will not move by locking the breaks or moving the bed against the wall
- Put bed at lowest position
- Place a blanket on the floor partially under the bed and past the head of the resident (**Image 1**)
- Grip resident under the knees and shoulders (**Image 2**)
- Kneel beside the bed with one leg raised closest to the resident's head
- Lean back, sliding the resident off the bed
- Control the resident's descent onto your lap and then onto the floor while protecting the head (**Image 3**)
- Fold the blanket around the resident
- Drag the resident, head first, to a safe area (**Image 4**)

Image 1



Image 3



Image 2



Image 4

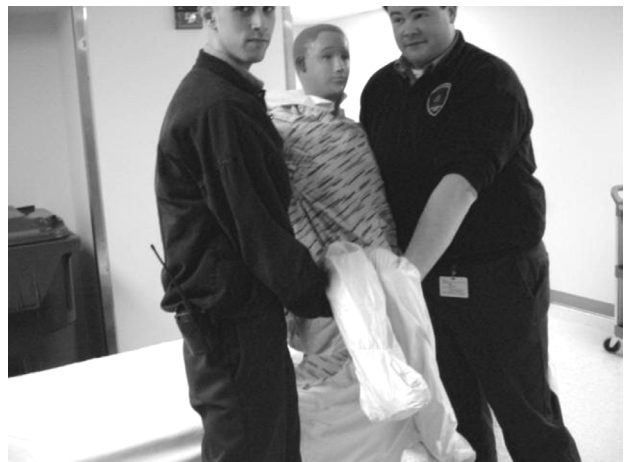


Instructions for Swing Carry (Non-Ambulatory)

- Requires two (2) rescuers
- Can be used on stairs
- First rescuer raises the resident to a sitting position
- Second rescuer moves the resident's legs over the side of the bed
- One rescuer must maintain control of the resident at all times to prevent the resident from falling to the floor
- Rescuers sit on each side of the resident
- The resident's arms are placed on the rescuers shoulders
- Rescuers secure their arms around the resident's back and grasp each other's arm
- Rescuers pass other hand under residents knees locking hands or wrists
- Simultaneously lift patient and remove to a safe area

Lowering Technique

- Lower resident to the sitting position by kneeling down with leg closest to the resident
- Lower the resident from the sitting position to the lying position while protecting the head



Instructions for Extremity Carry (Non-Ambulatory)

- Requires two (2) rescuers
- Can be used on stairs
- Standing between the resident's legs, one rescuer grasps the resident's legs just above the ankles or under the knees
- The second rescuer places their arms under the resident's arms and clasps their hands on the resident's chest

- Both rescuers holding the resident firmly, lift the resident simultaneously and move to a safe area
- Used for a lighter resident who is non combative

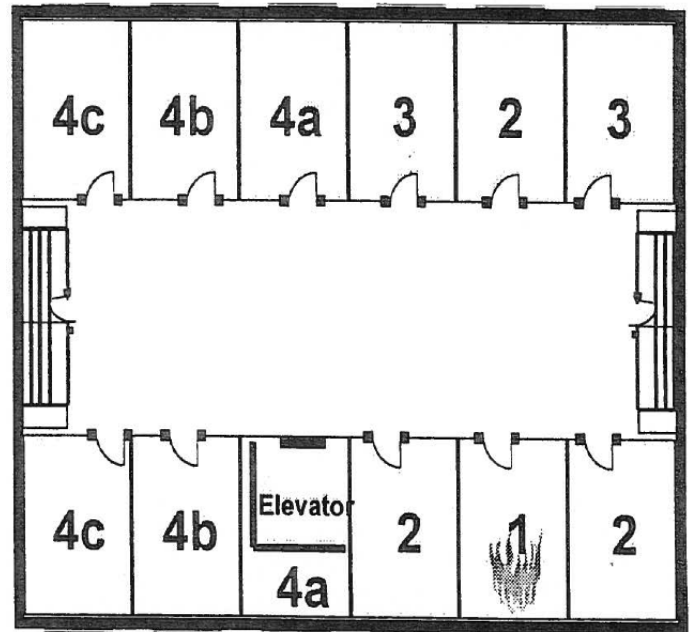
Sequence of Evacuation

1 Room of Fire Origin

2 Room next to and opposite room of fire origin

3-4 Continue evacuation

Evacuating easiest people first



HORIZONTAL EVACUATION – ALL STAFF

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Horizontal Evacuation – All Staff

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

Rational – in order to ensure an orderly consistent evacuation the procedure for horizontal (on one level) evacuation has been developed.

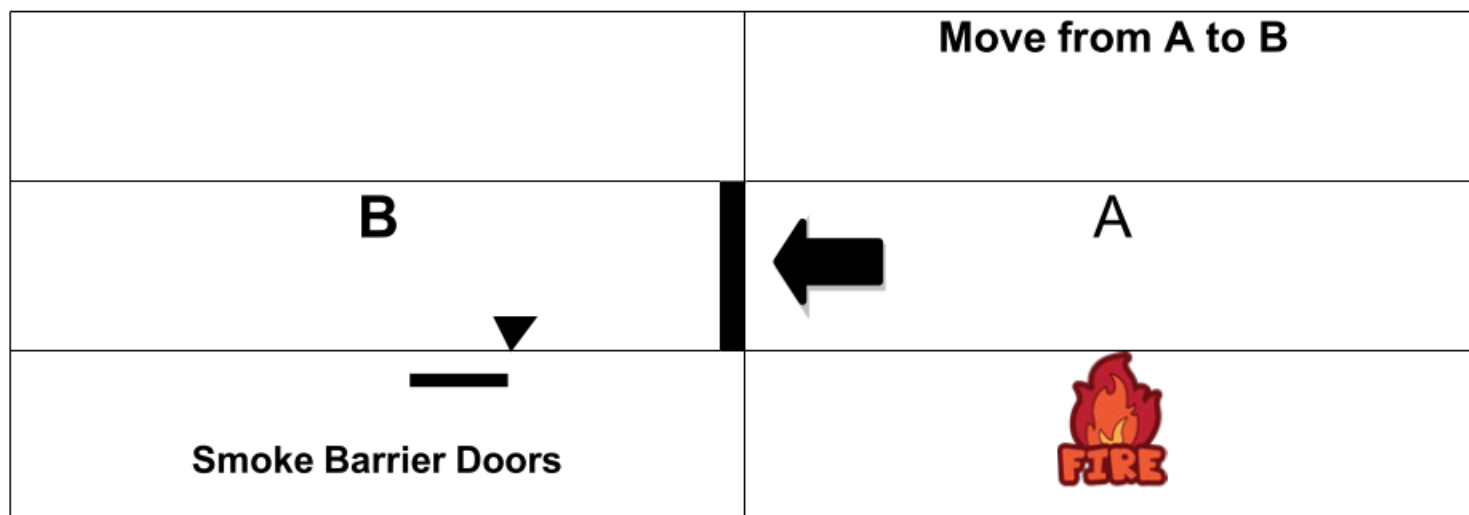
Procedure

1. Starting with the room where the fire was discovered residents will be moved from the fire area to a location beyond the fire doors.
2. The rooms on either side of the fire location are the second rooms evacuated.
3. The rooms across the hall are the next to be evacuated.
4. All rooms will be evacuated in this manner until all rooms in the fire areas between fire doors are evacuated.

Note: For drill purposes it may be noted that residents may not be disturbed if it would be disruptive but indication should be given to the monitor that staff are aware that this resident should be removed.

5. Residents not in wheel chairs or able to walk who are deemed bed care only should be removed by means of an emergency technique after assessing the persons limitation and arecognition of staff's own limitations.

Horizontal Evacuation



- Move persons beyond Smoke Barrier Door
- Rescuers returns to evacuate others

Evacuation is fast because it does not involve stairs

VERTICAL EVACUATION – ALL STAFF

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Vertical Evacuation – All Staff

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

In order to ensure an orderly consistent evacuation the procedure for vertical (up or down) evacuation has been developed.

Procedure

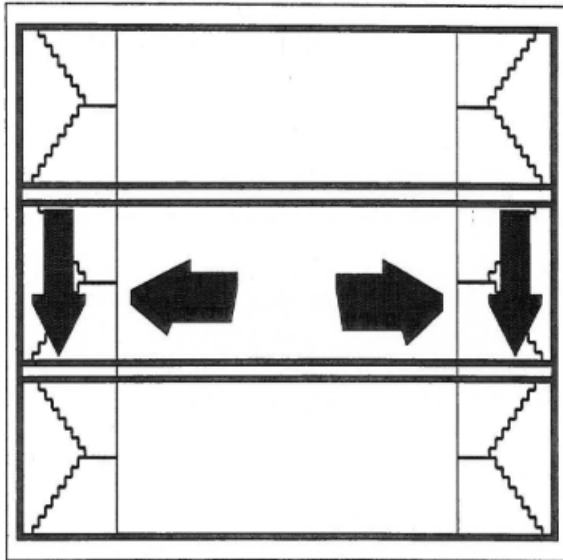
1. Horizontal evacuation should be followed as Policy if it is determined necessary by the RN in charge, residents will be evacuated vertically.
2. Once in the stairwell residents will be transported down or up the stairs as required by means of an appropriate emergency evacuation technique i.e. swing carry, emergency stretcher, or stair chair.
3. Only take residents up if there is no alternative and an emergency exit is close by the stairwell.
4. Do not use elevators unless instructed by Fire Fighters.
5. Organize teams:
 - Carry teams (off unit to stairwell)
 - Stairwell teams (down the stairs)
 - Recovering and transport teams (away from stairs to gathering point.)

Do not take wheelchairs down the stairs because they are not rated for stair use.

Do not block stairwells with slower walking residents.

Vertical Evacuation

Evacuate down to a storey below the Fire floor or to the exterior of the building (Vertical evacuation is slow and labour intensive)



EVACUATION RE FIRE ALARM

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Evacuation Re Fire Alarm

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

In general, when the fire alarm is activated, it is not required that the alarm automatically progress into the evacuation mode. Only the Fire Department Incident Commander (FDIC) or his designate should determine that an evacuation take place.

Procedure

To Engage Evacuation Mode

If whole home evacuation is required, the RN in charge may in consultation with the FDIC make the decision to do so. The RN will inform the assigned person from McMillan Cottage nursing station to turn the key to evacuation mode at the fire panel as per usual procedure, or pull a second “pull station” which will automatically set the fire system into Evacuation Mode.

To Avoid Evacuation Mode

1. Designated HCA/PSW from Symons Cottage pushes the acknowledge button #1 on the main fire panel as per usual procedure.
2. In the case of a Fire drill or False alarm, the RN in charge will turn off the alarm bells, reset the fire control panel at Symons Ground then announce the “**all clear**” this has been a drill/false alarm. (She/he will reset the Symons elevator and Mag locks at this time.)
- 2a. In the case of an actual working fire, the RN in charge will wait until given instructions by the Commander of the Fire Department, to reset the fire system.

In Case of Evacuation-Residents, Families and Visitors

When the fire alarm sounds and is in Evacuation Mode, Residents, Family and Visitors are instructed to;

- a. Remain where they are;
- b. Refrain from going through exit doors;
- c. Wait for instructions from staff and fire officials.

Visitors must remain where they are until fire alarms are complete (unless otherwise instructed by officials).

Do not pass through closed fire doors until the “all clear” is given.

EVACUATION – ALL STAFF

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Evacuation – All Staff

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

Unless instructed to do so by the Fire department, no complete building evacuation will be undertaken. If an evacuation is warranted, the GPL will always evacuate to the Cobourg Community Centre (CCC). If medical attention is required then those residents will go to Northumberland Hills Hospital (NHH). Council Chambers at the Northumberland County Headquarters are available as a staging area if the Auditorium is not able to be used.

If an emergency occurs (i.e. fire, flood, smoke, noxious odours, chemical spills, gas leak, loss of one or more essential services, etc.) which requires evacuation of certain residents or certain areas of the Home, just the affected residents areas will be evacuated.

Procedure

1. If it is deemed by the Administrator, or designate, or by civic authorities some parts of the building require evacuation of residents, the area to which residents will be evacuated will be determined by the most senior staff person present. If the occurrence happens after office hours, the telephone call out will be initiated by the RN in charge.
2. It is preferable to move residents from the problem area to the closest safe area within the building. For example affected residents might be moved to the auditorium.
3. If F.D.I.C. determines that a total building evacuation is required, it will be the decision of fire officials in which order floors will be evacuated, depending upon the reason for the evacuation.
4. The nursing staff will ensure that an updated census from each unit is taken from the unit to the area where evacuees are being taken or outside as applicable in order to ensure that everyone has been removed from the building.
5. Nursing staff will ensure that accurate records are kept of each resident. This will ensure the identification of each resident during an evacuation. A computer in the Boardroom and a laptop are available for access to Resident information.

6. If it is possible to use the intercom system, announcements will be made as to the order in which Units will be evacuated.

- **Blacklock House** will be evacuated by the south door (exit 7). Residents will be assembled on the lawn area south of the building.
- **Symons Cottage** will be evacuated by the east door (exit 8). Residents will be assembled on the south lawn of the building, then proceed to Auditorium, unless Fire Department gives other instructions.
- **McMillan Cottage** will be evacuated by the main south west entrance (exit 6) and will be kept in the lawn circle.
- **Blacklock Cottage:** As these are residents prone to wandering, please ask R.N. on duty for extra staff to relocate residents to a safe area.
- **Gardens Cottage** will be evacuated by exit 1, waiting on the north lawn for further instructions.
- **Symons House** will be evacuated by the south stairwell to exit 9 or to exit 8 and wait on the north east lawn for further instructions. If safe to do so, Symons House will use Symons elevator and exit through the east doors (exit 8) to wait on the east lawn, and then proceed to Auditorium unless Fire Department gives other instructions.

Evacuation techniques

1. Those residents who are mobile on their own will be reminded where to go and be assisted by staff assigned to their areas.
2. Residents on the ground floor and first floors who are easily placed in close-by wheel chairs will be wheeled by staff and others to appropriate exits and waiting areas.
3. Residents confined to beds will be placed on a blanket and dragged to the appropriate waiting area.
 - Residents from Blacklock House and Symons House who are bedridden will require assistance from (two) 2 staff/officials to be taken to the main floor by blanket or stretcher.
4. All staff, regardless of department or classification will assist with removing residents from areas of the building.
 - The use of volunteers to assist will be assessed at the time of the occurrence.



Once out of the building

Removing residents from the Auditorium and outside the Home becomes a joint responsibility with the Northumberland County Emergency Control Group, Golden Plough Lodge, Ministry of Health Long Term Care, and the Civic Authorities.

It is expected that the majority would require ambulance transfer. Others could be moved by the Lodge van and by Town of Cobourg buses.

Depending upon the circumstances, some would be taken to Northumberland Hills Hospital. Others may be able to be taken home with relatives. In the event of a total evacuation of the building the main evacuation location is the **Cobourg Community Center**. If necessary the County Building 555 Courthouse Road may also be required.

An emergency kit is available in the Boardroom. Also the Emergency EOC kit will be located in the Boardroom.

A staff member or civic authority must be assigned to each transporting vehicle to:

- list the residents' names
- note the destination of the vehicle
- give the completed list to the Administrator or designate

A record must also be kept of the name of each resident who leaves the area with a relative. The relative must be able to identify him/her self to the satisfaction of those in charge and must leave a name address and telephone number where the resident is going.

A staff person (more if available) will accompany the resident(s) on any transporting vehicle being used for evacuation and will remain at the destination with the residents until further notice.

Once every resident has been safely removed from the area, lists of where residents are shall be properly assembled. Nursing staff will review medication requirements and make arrangements with **CareRx** to attend to the needs where residents are.

Staff will be specifically assigned to the various temporary locations where residents have been taken to either relieve or assist staff already there. This will continue until residents are returned to the Home or more permanent arrangements are made. Senior nursing staff will be assigned to visit all receiving hospitals and other facilities.

Appendix 1

Emergency Transportation Protocol

1. Golden Plough Lodge Van

- Can accommodate 4 wheel chairs and 8 seated residents per trip.
- Could accommodate 3 “bed patients” lying on the floor instead of 4 wheel chairs.

Keys to van are:

- At the main office
- With the Manager Resident & Family Service
- Emergency kit located in the Boardroom

2. Cobourg Transit (Coach Canada)

- 905-373-0582
- 2 wheel chair vans could accommodate a total of 10 wheel chairs or 20 seated residents.

3. Ambulance Services

- 911
- **Ambulance dispatch will determine vehicles required**
- Golden Plough Lodge to ensure directions to place of refuge and number of residents requiring ambulance service.

EMERGENCY KIT

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Emergency Kit

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

An emergency kit will be available in case of an emergency.

Procedure

1. An emergency kit will be kept in the boardroom for easy access at all times of emergency.
2. The kit will contain the following:
 - Pads of paper with carbon or receipt book
 - Pencils
 - A key to the van
 - Toe tags
 - Plastic wrist bands
 - Antiseptic
 - Bandages and gauze
 - Scissors
 - A copy of the fire / emergency procedures.
3. The kit will be examined at each Health and Safety committee meeting to ensure an up-to-date call-in list and a workable flashlight.

Section 3: Loss of Essential Services

LOSS OF UTILITY-POWER

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Loss of Utility-Power

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Summary

In the event of a power outage, the emergency generator will supply emergency lighting. If emergency generator is not working and the outage will be for a short period, Portable lighting can be found in the Nursing Stations throughout the Home.

Loss of emergency power supply may result in failure of facility systems such as loss of:

GPL Generator loss can effect

- Computer system
- Use of nursing equipment (oxygen, concentrators, etc.)
- Nurse call system, door security, magnetic door hold open devices
- Wandering patient systems
- CCTV cameras
- Any building systems dependent on power generated pumps
- Ventilation system

Essential Services

- Use of laundry equipment
- Use of dietary equipment
- Elevator service
- Heat
- Air Conditioning
- Lighting

Office/ Fire Monitoring Systems

- Telephone system
- Fire alarm system

The Emergency Coordinator is the **Registered Nurse in charge**

Roles/Responsibilities of the Emergency Coordinator

- Send a runner for the Nursing Emergency Supply Kit
- Delegate Bodies to Watch Doors in secured unit
- Ensure management has been called
- Contact management and maintenance personnel

- Send a runner to inform main kitchen and laundry staff
- Duties as assigned
- Medications that require refrigeration will be transferred to the main kitchen refrigeration unit and/or kept in cooler bags with ice packs or coolers.
- **Residents on oxygen and compressed air ventilators** will require transfer to hospital.

Roles/Responsibilities of the RPN's on each Neighbourhood

- Distribute flashlights.
- Delegate staff to cover all exterior exits/stairwells and secure outside doors as required.

Roles/Responsibilities of the PSWs

- Keep residents calm and informed.
- Check residents with high-low mattresses

Roles/Responsibilities of the Activation Staff/Volunteers

- Keep residents calm and informed.
- Take direction as needed
- Provide programming to each floor

Roles/Responsibilities of the Dietary Staff (Aides)

- Take direction from Food Services Manager/Supervisor.
- Report to RN in Charge for direction.

Roles of Main Kitchen Staff (Cooks)

- Report to RN in Charge for direction.
- Return to normal duties if not needed.

Roles/Responsibilities of the Housekeeping Staff

- Take direction from Environmental Services Manager/Supervisor.
- Report to RN in Charge for direction.

Roles/Responsibilities of the Laundry Staff

- Take direction from Environmental Services Manager/Supervisor.
- Return to normal duties if not needed.

Roles/Responsibilities of the Maintenance Staff

- Investigate generator issues.
- Distribute flashlights.
- Distribute extension cords if required.
- Call in Contractor for repair of generator if required.

Roles/Responsibilities of the Administration Staff

- Take direction from RN in Charge

Roles/Responsibilities of the Hairdresser and Service Providers

- Services will be suspended

Roles/Responsibilities of the Director/or Designate of Long Term Care Services/Site Manager

- Report to the Ministry of Health and Long Term Care, CAO of the County of Northumberland.
- Prepare for possible evacuation if required.

Roles/Responsibilities of the Director of Nursing

- Oversee resident care.
- Prepare for possible evacuation if required.

Roles/Responsibilities of the Safety Officer (Environmental Services Manager)/Environmental Services Supervisor

- Assess estimated time of repair to generator.
- Provide Support services as required.

Roles/Responsibilities of All Managers and Supervisors

- Call in additional staff if needed.
- Support for Evacuation, if required.

LOSS OF UTILITY-HEATING

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Loss of Utility-Heating

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

PSW, Dietary, Housekeeping and Activation

- Check the windows – make sure they are closed.
- Notify registered staff.
- Offer blankets, sweaters.
- Keep residents members informed of what is going on (i.e., having problems with heat but we are working on it).
- Offer comfort and reassurance to residents.

Registered Staff

- Monitor residents notably affected by cold.
- Put interventions in place.
- Notify RN in Charge.
- Move resident to a warmer area if needed.
- Keep PSWs informed.

RN in Charge

- Notify the DOC/ or use on call system for Nursing.
- Notify Maintenance/ or use Maintenance on call system.
- Request extra blankets from Laundry.
- Keep Registered Staff (on affected neighbourhoods(s)) informed.

Maintenance

- Increase temperature in other unit and open doors between fire zones to allow heat to move into affected areas.
- Offer micro furnaces to RN in Charge for neighbourhood affected.
- Deliver micro furnaces to areas where needed.
- Check other areas temperatures to make sure additional heat is not required.
- Notify ESM.
- Keep RN in Charge informed.

Laundry

- During Working Hours – notify supervisor or Maintenance.
- Deliver extra blankets to areas where needed.
- After Hours – notify RN in charge.

Note: A controlled evacuation may be necessary if the building cannot be maintained at 22 degrees Celsius. This will be at the direction of senior management when to evacuate.

LOSS OF UTILITY-COOLING

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Loss of Utility-Cooling

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

PSW, Dietary, Housekeeping and Life Enrichment

- Check the windows – make sure they are closed.
- Check the drapes-make sure they are closed
- Notify registered staff.
- Offer to move residents to common areas which have air conditioning such as dining rooms and Lounges in each area.
- Keep residents members informed of what is going on (i.e., having problems with cooling but we are working on it).
- Offer comfort and reassurance to residents.

Registered Staff

- Monitor residents notably affected by heat.
- Put interventions in place. (Have staff move resident to common area with AC)
- Offer extra fluids.
- Notify RN in Charge.
- Move resident to a cooler area if needed.
- Keep PSWs informed.

RN in Charge

- Notify the DOC/ or use on call system for Nursing.
- Notify Maintenance/ or use Maintenance on call system.
- Keep Registered Staff (on affected neighbourhoods(s)) informed.

Maintenance

- Decrease temperature in other unit and open doors between fire zones to allow cooling from other neighbourhoods to move into affected areas.
- Call contractor to service damaged equipment.
- Set up additional cooling areas with portable units if required.
- Check other areas temperatures to make sure additional cooling is not required.
- Notify ESM.
- Keep RN in Charge informed.



ELEVATOR FAILURE

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Elevator Failure

Policy Number: AHS 130.8

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Purpose

To outline the procedure to follow should there be an elevator failure particularly if someone is caught on a non-operating elevator, and especially if no maintenance personnel are in the building.

Procedure

To reset electrical feeds, the levers on the elevator boxes must be pulled to “OFF” position – count to ten (10), push lever to “ON” position.

If other elevators are operating wait until staff are in on regular hours.

If necessary the call in procedure should be followed:

1. Environmental Services Manager/Supervisor (use “On Call” list)
2. Call the Elevator Service Company and ask for a Service Technician to come and rescue anyone in the elevator. In the event the person becomes panicked or is non-responsive please call 911 and ask for the Fire Departments help.

Elevator rooms are accessible by master key.

McMillan Elevator (Northern Most)

The elevator room is the room next to the elevator on McMillan Ground. The elevator control box is the middle box on the north wall.

Symons Elevator (East)

The elevator room is located in the alcove to the south of the washroom and the Café kitchen. The large box to the left of the door beside the light switch is the reset.

Blacklock Elevator (West)

The elevator room is located beside the Blacklock elevator. The reset lever is on the mechanical box inside the cage. Procedure remains the same – push “OFF” count 10, push “ON”

Master key also opens the padlock on the cage.

AVAILABILITY OF WATER

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Evacuation

Policy Title: Availability of Water

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The residents should expect that clean water will be available at all times.

Urgent Need On Demand That Could Occur:

- Water distribution problems within the town of Cobourg
- Contamination of town water supply.
- Burst pipe / water mains.

Procedure

1. Generally it is the responsibility of the Public Utilities Commission of the town of Cobourg to supply adequate, potable water to the building.



2. Should the system break down for a period of time, call:

McCRACKEN WATER INC.

30 Veronica St.

Cobourg, ON K9A 4J9

905-352-2030

905-372-1611

McCRACKENS have agreed to provide a tanker of portable water. It is also possible for that company to acquire, on short notice, tanks to place within the lodge that could be supplied with water as needed.

3. In the case of contamination reported in the water, no water should be used in the Lodge without direction of the Health Unit. It may be their advice that only boiled water may be used, and that baths should be stopped until the contamination is controlled. It would be appropriate to call MCCRACKEN WATER INC as in #2.

Section 4: Code Orange Natural Disasters

NATURAL DISASTERS

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Natural Disasters

Policy Title: Natural Disasters

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

In the event of a situation involving severe weather, the Natural Disaster procedure will be activated and followed.

Purpose

To outline the procedures for Natural Disasters to follow should there be a weather warning issued.

Procedure

Natural Disasters entail severe weather such as heavy winds, funnel clouds, tornados and hurricanes. When a severe weather warning has been identified as active in our area, staff will be notified and instructed to follow this policy.

- Staff will be asked to move residents from their rooms and any areas where
- there are windows, to common hallway areas.
- Ensure that all windows are closed throughout the facility and any doors leading
- out of the facility should be closed and secured.
- Staff should obtain flashlights, in case of power failure.
- All essential equipment should be plugged into the orange/red outlets to be powered by the backup generator.
- When staff completes the above tasks, they should wait for further instructions from the RN in charge.

If the building has been damaged directly during this event, then follow the evacuation procedures outlined in Section 2 of this manual. The RN in charge will evaluate the damaged areas and utilize the procedures of that plan as required.

INTERNAL/EXTERNAL FLOOD

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Natural Disasters

Policy Title: Internal/External Flood

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Summary

The purpose of the Internal / External Flood Emergency Response Plan is to afford the maximum protection to Residents, staff, visitors, the Golden Plough Lodge and its contents. The Golden Plough Lodge internal flooding evacuation plan is intended to help protect staff and the facility during a flood. During an extreme internal flood, a partial or complete evacuation of the facility may be needed. With this, safe resident care and environmental management need to remain intact.

Plan Activation (Decisions and actions taken to implement the plan)

- The most serious decision in the event of an internal flood is partial or full-evacuation of the Home. Usually during any internal flood, unless there is a direct threat to residents or staff in other areas of the Home, only the affected area will be evacuated.
- If there is a direct threat to the safety and/or life of individuals in the area, then staff should initiate evacuation of the area immediately.
- During an internal flood, general evacuation procedures should be followed and the Operations Centre will be activated.
- If there is no immediate danger, the extent of damage and threat will be assessed by the Environmental Services Department staff and evacuation may eventually become necessary.
- This should be a joint decision made by the RN in charge and the GPL Management team.

Communication Plan

All media and communication will be handled by the Director of Communications for the County of Northumberland, or the CAO or delegate.

Immediate Response to Code

The Environmental Services Manager/Supervisor will coordinate with the other Managers to secure facility areas as needed during an internal flood.

The RN in Charge with support from the Managers will continue to assess the current threat and damage regularly and will initiate **partial horizontal or vertical evacuation** of the Homes departments and Home areas as seen necessary. The Environmental Services Manager or designate should stay in close contact with the maintenance staff on the floor during an internal-flood emergency to quickly respond when asked. If a department or area will be “likely evacuated,” general preparation for evacuation shall be initiated for smooth and timely evacuation response if needed. If a

department or area will be “likely surged with additional residents, staff or visitors” (e.g. taking residents, staff, visitors in from another area) general preparation for resident, staff, visitor surge should be taken.

Golden Plough Lodge has access to equipment to address flooding and measures to prevent water from flowing into the facility. Facility equipment for this type of incident is listed below:

- Pumps (United Rentals / Battlefield Equipment Rentals)
- Equipment from the Northumberland Public Works Team

Section 5: Code Brown Hazardous Spills

INTERNAL/EXTERNAL HAZARDOUS CHEMICAL SPILL

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Hazardous Spills

Policy Title: Internal/External Hazardous Chemical Spill

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

In the event of a chemical spill in or around the Golden Plough Lodge, the Internal/External Hazardous Chemical Spill policy will be activated and followed.

Procedure

The following procedure will be followed to ensure a timely and coordinated clean up:

Internal Hazardous Chemical Spill

- Safely evacuate persons from the affected area and report to Nurse in Charge if first aid is required.

- Prevent the spread of fumes by closing doors, if possible.
- Report the spill to Management and Maintenance immediately
- Eliminate source of spill, if safe to do so.
- Prevent spill from entering any sanitary or storm water drains by blocking the flow, if possible to do so.
- Clean up spill following WHMIS and MSDS procedures.
- Clean all equipment and floors.
- Label and dispose of all waste in accordance with regulations

After the cleanup has taken place and area is clear for use, an Incident Report will be filled out by the Nurse in Charge.

External Hazardous Chemical Spill

- Call 911
- Safely evacuate persons from area and report to the Nurse in Charge, should first aid be required.
- Cordon off affected area.
- Report spill to Maintenance and Management.
- Containment is the priority if you know what the Chemical is and you have referred to the SDS to confirm chemical safety on clean up.
- Do not touch any electrical equipment, appliances, switches, etc.
- If chemical safety cannot be determined, have MSDS binder ready to gather further information for Emergency Responders when they arrive.

After the cleanup has taken place and area is clear for use, an Incident Report and a Health & Safety report will be filled out by the Nurse in Charge.

Section 6: Code Yellow Missing Resident

MISSING RESIDENT

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Code Yellow

Policy Title: Missing Resident

Policy Number:



Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

Residents are encouraged to move freely about the Home except in areas which are considered hazardous. It is recognized, however, that certain Residents must be closely monitored for risk of wandering and shall not be able to leave the area in which they reside unless accompanied by a responsible individual. Occasionally however, and in spite of this supervision, residents may exit the home. Consequently, as soon as a Resident is discovered missing, the Nursing Staff shall commence a systematic and efficient search of the Home and grounds of the home to locate the resident.

Procedure

1. Staff is to notify the Nurse in Charge of the Resident's Home Area.
2. The Registered Staff are to then check the Sign In/Out Books to determine if the Resident has left the building with a responsible person.
3. If the Resident has not left the Home with a responsible person, the Registered Staff are to then obtain a description of the Resident, including what they are wearing, and a copy of the Resident's photograph.
4. The Registered Staff shall then page the Resident's name on the overhead system accompanied by the announcement "please return to your room."
5. At this point, all Departments are to conduct an organized search of their departments and report their findings to the Nurse in Charge.
6. If the resident is not found within 10 minutes of the initial page, the Charge Nurse will make another announcement on the overhead page system stating "Code Yellow", (name of resident, first and last), and (Resident Home Area)".
7. Care Staff in each Resident Home Area will systematically search assigned rooms and check each bed (including under the bed), clothes closets and bathrooms for the Resident.
8. They shall then check all other areas (i.e. utility rooms, tub and shower rooms, lounges and stairwells) for the Resident and report findings to the Nurse in Charge.

9. If the Resident cannot be located, the Nurse in Charge or designated Registered Nurse shall contact the Resident's family or substitute decision-maker to inform them of the incident and to gain suggestions of areas the Resident may visit.
10. If the Resident is not located within the Home, the Nurse in Charge or delegate will designate staff to begin a search of the grounds and parking area which is to include back seats of cars. Once complete, staff is to report finding to the Nurse in Charge.
11. The Nurse in Charge shall then notify the Director of Care, or delegate, who will in turn notify the Administrator of the missing Resident.
12. If the search is unsuccessful, the Nurse in Charge shall contact the local police department notifying them of the missing Resident and provide them with a description of the Resident, clothes worn and picture as required.
13. The Nurse in Charge shall also contact the Resident's Attending Physician to inform them of the missing Resident.
14. Registered Staff are to maintain contact with the Resident's family and/or substitute decision-maker, local police, the Director of Care or designate while the search is taking place and are to notify them of their findings.
15. The Director of Care or designate shall notify the Administrator and contact the Ministry of Health and Long-Term Care where applicable.

When the Resident is Found

1. When the Resident is found, the RN in Charge will cancel the alert by announcing the Resident's name and "Code Yellow complete; Resident has returned to their room" on the overhead system.
2. A Registered Staff member is then to assess the Resident's condition taking the necessary steps to ensure their safety and comfort. The Registered Staff member shall contact the Resident's Attending Physician as necessary.
3. A member of the Registered Staff shall also notify the Resident's family or substitute decision-maker, the Administrator, the Director of Care, the Resident's Attending Physician (if not already notified), and the local police (if found by someone other than police) that the Resident has been located.
4. The Director of Care or designate shall notify the Ministry of Health and Long-Term Care as appropriate.

Documentation

Registered Staff are to maintain an accurate record of the search and outcome by documenting it in the Resident's progress notes. A member of the Registered staff is to initiate a Critical Incident Report as necessary and submit it to the Director of Care or designate.

Missing Resident Description Form

Code Yellow

Unit of Missing Resident:

Extension:

1. First Name:
2. Height:
3. Weight:
4. Age:
5. Hair Colour:
6. Gender:
7. Race:
8. Clothing:
9. Behaviours:
10. High Risk Level: Yes/No:
11. Identifying Characteristics:

Section 7: Code White Violent Resident

VIOLENT RESIDENT

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Code White



Policy Title: Violent Resident

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

The management of the Golden Plough Lodge recognizes the potential for violence in the workplace and will make every reasonable effort to identify all potential sources of violence and eliminate or minimize these risks. The Golden Plough Lodge is committed to providing a safe work environment that is free from any form of aggression or violence.

Purpose

The purpose of this policy is to provide a safe environment for Residents, Staff and Visitors and to prevent self-injury or injury to another person.

Procedure

Identification and communication

- Any resident that has been identified at risk for aggressive behavior or has a past history of aggressive behavior shall have this information clearly identified in the Resident's care plan. The plan shall include identified triggers, warning signs and interventions to prevent or manage the behavior (refer to P&P EC17-01 Responsive Behaviors)
- This information shall be communicated to all care partners, that will be involved in the
- Residents ADLS, through shift to shift report, BSO white board and or verbal report to non-nursing care partners
- Staff working with Residents identified at high risk for aggression shall be alert for warning signals and if identified communicate this information to RPN and co-workers

Personal Protection Device

At the beginning of each shift each nursing staff member will make sure that they have their Personal Protection Device on them during their shift. This device is an essential tool to assist in summoning assistance.

RPN Duties

- That all members of the team are in possession of their Personal Protection Device
- That staff know how to operate said device
- That they communicate to the RN the presence of non-functioning devices.

PSW Duties

- That they have their Personal Protective Devices on them at all times during their shift
- That they are aware of whom they are working with and to listen for the alarm from the Personal Protective Device.

Responding to High-Risk Aggressive Behaviors

When a resident displays aggressive behavior that puts staff or others at risk of harm, first reduce the immediate risks by:

- Moving other Residents and visitors away from the aggressive Resident
- Remove any potentially dangerous objects from the area if possible
- Identify the nearest exit from the room and keep exit clear of obstacles
- Reduce noise level- turn off radios, TVs
- Monitor the aggressive Resident from a safe distance

Code White Intervention

- Call for assistance if there is a real or perceived risk of physical harm to another resident, staff or the property
- Pull the cord on their Personal Protective Devices to summon help

- Staff go to the nearest phone and press number “9”, wait 10 seconds and clearly state “code white” and the location of the incident
- If unable to access a phone or no one is responding to the alarm from their PPD, call out in a **loud forceful voice** “code white” and your location
- Ensure own and if present co-worker safety (may need to leave the area until sufficient resources are available to assist)

When assistance arrives

- Communicate to the staff responding what has happened, what triggered it if known and what interventions have been tried
- Continue to monitor from a safe distance and keep other Residents away; allow the aggressive Resident time to calm down
- If the risk persists, the RN responsible for the home area shall be contacted immediately
 - The RN shall assess the situation and at her/his discretion and may call for additional resources. If nursing senior leadership is present in the building they can be summoned. If there is a male staff in the home he may be called upon-often just a male presence will diffuse the situation. After hours and at night the security guard may be summoned.
- The RN will develop strategies including non-violent crisis interventions, communicate them and provide directions to staff in an attempt to de-escalate the situation
- In the event that medication is required and not ordered the attending physician shall be contacted by the RN to obtain an order
- The RN shall assign team members to a specific task or position and ensure all staff members are ready before taking action- e.g. medication is ready
- If physical interventions are required they shall be non-violent
- safety priority occurs starting with the staff involved, then the Residents and visitors and then the environment
- Staff must not intervene in any situation that may pose a risk beyond their resources to intervene safely



When a Code White intervention becomes a 911 Call

- Whenever there is a real or perceived threat that lives are in danger
- When the RN and staff involved feel that the situation is beyond their abilities and resources
- Whenever an “edged” weapon is involved or anything that can be used as a weapon e.g. fork, cane

When the police arrive

Prior to the police arrival they will require information from the RN regarding the incident, where it occurred, if there is a weapon involved, if anyone was injured, how many people are/were involved and a description of the aggressive Resident.

- The police will assume control of the scene and will direct staff as necessary
- The RN shall ask the responding officer for their name and badge number – for contact purposes and for record keeping
- The RN shall notify the DOC or her designate when the police are involved or when she/he requires support

After the Incident

- If any staff member has been injured the RN shall ensure that the member seeks and obtains first aid
- RN/RPN ensures that the Resident’s POA/SDM is aware of the incident
- RN notifies the Resident’s attending physician to determine if any medical treatments or medications should be altered
- RN/RPN ensures that the Residents care plan is reviewed and updated to reflect changes made to address any known triggers that may precipitate aggressive behaviors
- RN and RPN ensure all appropriate documentation is completed e.g. progress notes
- If police, fire, and/or EMS are involved or an Resident is injured, a CIS form and investigation shall be initiated by the RN including witness statements from staff and visitors
- If a staff member is injured, WSIB forms shall be initiated by the RN and an appropriate internal investigation initiated by members of the JH&S committee

- RN ensures that all staff involved are aware that support is available (EAP) if needed

Debriefing/Evaluating

The RN shall meet with all staff involved as soon as possible after the incident to review:

- what happened;
- if there were any warning signs or triggers;
- how the incident was managed;
- what interventions were effective or not
- what can be done to prevent reoccurrences

The new interventions shall be documented in the Resident's care plan and communicated to all staff via shift to shift report, the BSO white board and/or verbal communication to all non-nursing care partners

Section 8: Code Silver Armed Person/Weapons Related

ARMED PERSON/WEAPONS RELATED EXTERNAL

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Code Silver

Policy Title: Armed Person/Weapons Related External

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

In the event of a situation involving an external threat of violence where weapons are a factor, the

Armed Person/Weapons Related policy will be activated and followed. For the purpose of this code, a weapon” can be any device used in a potential attack or used to inflict bodily harm) e.g. gun, knife, sword, tazer, brass knuckles, brick etc.)

Purpose

The purpose of this policy is to ensure that the steps required protecting residents, staff, volunteers and visitors are taken promptly.

Procedure

Where a staff member identifies or has been made aware that a person with a weapon is on the premises

1. If possible, call RN in Charge to inform of situation.
2. If time does not allow, dial 911 and inform the Police of the following:
 - a. Description of person;
 - b. Type of weapon(s)
 - c. Last known location of the person(s)
 - d. Any comments or demands from the individual(s)
 - e. Information on any victims or hostages
3. Dial 0 and inform Reception of the following:
 - a. Description of person;
 - b. Type of weapon(s)
 - c. Last known location of the person(s)
 - d. Any comments or demands from the individual(s)
 - e. Information on any victims or hostages
 - f. That 911 has been contacted

Roles and Responsibilities

Reception Will

1. Dial 911 (if they have not been called by RN in Charge or delegate) and advise of all information on the incident.
2. Announce Code Silver over the public address system (and specify location if known). The announcement will be made **three (3)** times.
3. Remain on the line to provide police dispatch updates if reported
4. Notify Director on call immediately after Code Silver and 911 call is placed

The RN in Charge or delegate (days, weekends, evenings, nights)

1. Ensure access to the building is controlled
2. Notify the Director or designate
3. Liaise with the Police, until the Director or designate is on site
4. Assess the need to establish a Command Centre in the Boardroom
5. Keep the Director or designate informed of developments
6. Determine the need for increased communication, e.g. every 15 minutes “please stand by for further information”

Staff Will

1. Stop what they are doing, leave the affected area if possible, safely evacuating as many residents as possible from the area
2. Remain calm and listen for instructions as delivered over the PA system
3. When leaving, please redirect those who may be entering the area
4. If you cannot leave, make every effort to protect individuals in your area. This can be done by closing doors, barricading you and others, silencing personal electronic devices, radios, televisions. Remain as quiet as possible until you hear “all clear” announced three (3) times by the RN in Charge or delegate on PA system. (If barricaded in an area or room, when possible turn off all lighting and computer screens to minimize backlighting.)

5. Disengage all calls and use the telephone only if it is related to the Code Silver incident. Movement around the facility during this time must be approved by Police i.e. responding to other codes for example.
6. If the armed person enters your area, call 0 and advise reception of this if safe to do so.
7. Residents and visitors should not be informed of what the Code Silver means. If they find out, staff should attempt to calm and reassure residents.

Security (If threat happens between 2100 – 0200 hours)

1. Upon hearing the Code Silver announcement, prepare to meet the Police upon their arrival.
2. Have the Fire Safety plan ready for the Police to review site plans (available in the Emergency kit in the Boardroom)
3. Staff should monitor the location of the individual
4. RN should provide a situation report to the Police upon their arrival and assist Police with all requests.
5. Take attendance of the affected area including staff, family members, and contractors (if applicable), to determine if anyone is unaccounted for.

Note: If security is not present, Police will request information from RN in Charge or delegate.

Clearing Code Silver

Clearing the Code Silver will be done under the direction of the Police. Once the direction has been given, the RN in charge or designate will announce **three times (3) “all clear”**.

Follow-up

Following the resolution of the Code Silver, a debriefing session will be completed with staff and the managers on scene. All documentation pertaining to the incident and procedures followed should be forwarded to the Director of the GPL.

The RN in charge will give information to the Director so that a Serious Incident Report can be sent to the MOLTC.

Note: An incident report must be filed using Awareness to Action.

Section 9: Code Black Bomb Threat

BOMB THREAT

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Code Black

Policy Title: Bomb Threat

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

In the event of a situation involving a bomb threat within the GPL or on GPL grounds, the Code Black procedure will be activated and followed.

Purpose

The purpose of this policy is to ensure the protection of residents, visitors, staff and property while providing a thorough and efficient mechanism for searching the premises.

When to Use Code Black

Code Black is to be used when a bomb and/or extortion threat is made via telephone, in writing or by any other means. In all cases of a Code Black the Administrator of the GPL or most responsible person must liaise with the police to determine the appropriate course of action.

Procedure

Methods by Which a Bomb Threat can be Made

Telephone or Verbal Threat

1. If a bomb threat is received by telephone or in person, the person receiving the call should:



- Listen carefully
- Make notes as the caller talks. If possible, use the Code Black Report but DO NOT ask the person to wait while searching for a pen, paper or the report.
- Be calm and courteous.
- Do not interrupt the caller.
- Attempt to keep the caller talking as long as possible so the maximum amount of information can be obtained and recorded.

2. During or immediately after the conversation, the person receiving the threat should use the Code Black Report to try to record as much of the following additional information as possible to assist the Police in their investigation:

- date, time and approximate length of the call the exact wording of the threat
- any identifying characteristics of the caller (i.e., sex, estimated age, accent, tone of voice, speech, mannerisms)
- anything familiar about the voice
- any background noises
- whether the caller seemed to be familiar with the area or building
- on which particular line the call was received

Written Threat

1. The document must be handled very carefully in order to preserve any evidence (i.e., fingerprints markings etc.) put in a large manila envelope and handed over to the police.
2. Accompanying envelopes should also be secured
3. If the note/letter was hand-delivered, the person who accepted the note/letter should be contacted for questioning as to what he/she can recall of the deliverer. The Code Black Report form can be used to record information in this situation.

Roles and Responsibilities

RN in charge will announce Code Black and deliver messages to each neighborhood by overhead paging system, phone system or delegated runners.

Person Receiving Threat

Once a bomb threat has been received and documented, the person receiving the threat (verbally or in writing) will notify the most responsible person on duty. The following list outlines in order, the most responsible person in the facility.

1. Administrator of GPL or designate (Monday to Friday)
2. RN in charge (Afternoons/Nights)

The RN in Charge Will

Liaise with the Police and Fire Departments and determine the most appropriate search protocol to be used under the circumstances.

Note: Once the Police and Fire Departments (emergency services) are on site, they are in charge of the situation and all staff shall take direction from them.

1. Notify the Administrator of GPL
2. Liaise with the Police, Fire Department until the Administrator of GPL is on site
3. Offer directions to Reception regarding overhead paging of the Code
4. Assess the need to establish a Command Centre in the Boardroom
5. Keep the Administrator informed of developments
6. Ensure access to the building is controlled
7. Determine the need for increased communication e.g. every 15 minutes "Code Black is being investigated; please stand by for further information"

Reception/Evening/Weekends/Nights RN in Charge

1. At the direction of the most responsible person, announce Code Black over the PA system. The announcement will be made three (3) times. If a search is to be conducted, it should be stated at this time. (e.g. Code Black. Please undertake search protocol. All staff return to your department and all visitors please remain where you are. (Repeat 3 times)
2. As directed, every 15 minutes announce "Code Black is being investigated; please stand by for further information".
3. Notify the Police Department and Fire Department (911) as directed by the RN in Charge or delegate.

Staff

1. Stop what they are doing, remain in their area or report back to their area, and follow instructions as delivered over the PA system. **do not use elevators.**
2. Remain calm. Residents and visitors should not be informed of what the Code Black means, however, if they find out, staff should attempt to calm and reassure residents and visitors.
3. Post staff members at public entrances to restrict access to building.

RN in charge will proceed to the Command Centre, located in the Boardroom to obtain directions regarding a search. If a search is conducted, the same employee shall return to the Command Centre to indicate the department and areas searched and sign the map obtained from the Emergency kit.

Search Protocol

The Administrator or delegate and the RN in charge will collaborate with the Police and Fire Departments to determine the most appropriate search protocol to be used depending on whether the threat is specific (i.e. info re location, detonation time, etc.) or non-specific (vague reference to something happening, no location, time etc. given).

Once Administration, the Police and Fire Departments have decided on a search protocol, staff will be informed as to their involvement.

With regard to searches, there are two options

1. A general search by staff, however resident care shall continue; or
2. A comprehensive search involving all levels of staff. One person on each unit shall be Nursing to continue with resident care. The remaining staff will continue with the search of the area.

Search Guidelines

1. The person dispatched to the Control Centre will communicate the requirements for the search to the Department.
2. Once the search is called, staff should stop, listen and look for anything suspicious.
3. If at all possible, searchers will be alerted to what they are looking for (i.e., if a description is known).
4. The search will be conducted in a manner that is calm and as least disruptive as possible.

5. A quick visual check of the area should be conducted to look for obvious signs of disturbance, (staff is not expected to look through garbage containers)
6. If the caller identified the location of the bomb, then search efforts will first concentrate on that location.
7. The searchers should not touch anything that appears suspicious, but should report their findings to the Command Centre and be prepared to show the Police or Fire Department the location of the suspicious item/package.
8. Staff should search their immediate area, since they are most familiar with it and, hence, most likely to notice strange or out-of-place items.
9. Areas that the public has easy access should receive early search attention. These areas include public washrooms, waiting areas, dining rooms and lounge areas. Places of easy concealment should be checked such as large flower pots, garbage containers and book cases.
10. Personal property such as lunch containers, purses and briefcases that may contain a bomb should be checked. These personal items should be examined and removed by the owners to save the search team time.
11. Cabinets, drawers and file cabinets should be unlocked for the search team.
12. Stairwells, lockers and other remote areas should be inspected.
13. Special attention should be given to closed areas, areas under construction, and other unstaffed areas where a bomber could work undetected.
14. Staff can assist the Police by identifying and reporting strange or out-of-place articles but should never approach any suspect item.

Areas of Responsibilities for Searching

1. During regular working hours, each department is responsible for searching its own area and the areas adjacent to the department (i.e. washrooms, storage areas, lounges, etc.)
2. On evenings, nights and weekends, staff in each area are responsible for searching their own areas and areas adjacent to the department as per the directions from the Command Centre. The RN in charge or delegate will ask staff to search areas not staffed during these times.

Suspicious Objects

If a suspicious object is located:

- It must never be touched, moved or opened. Residents, staff or others must be evacuated from the area and the area secured to prevent entry into the area. This includes the floors immediately above, below and beside the located device.
- It must never be assumed that this is the only device. Continue the search until all areas have been cleared.
- The police should be notified immediately including a report of the location and description of the object.

Reporting on Search Status

It is important that there be timely searches and communication during a Code Black. Each area search should take no more than 10 minutes.

As each area is searched and cleared, the designated staff member from each department will report to the Command Centre and identify the areas searched. The Command Centre will maintain a record of the calls, the time of the call and the name of the caller using the Code Black Search Checklist. The Command Centre will be located in the Boardroom.

Evacuation

The decision to evacuate will be made in consultation with the Police and Fire Departments. Evacuation will be conducted in accordance with the Evacuation plan. When evacuating persons from the areas, they should be removed at least 350 feet from any suspect object or device and sheltered from any post-blast debris or projectiles.

Follow-up

Following the resolution of the Code Black, each department is responsible for completing the Code Black Area Report and forwarding it to the Manager of Environmental Services. All documentation pertaining to the bomb threat and procedures followed should be forwarded to the Manager of Environmental Services.

Code Black (Bomb Threat) Responsibility Guide

Once a "Code Black begin search" is announced, stop, look and listen!

During a Code Black, **Staff** shall:

Responsibility	Completed
Return to your area and follow directions. If you are not involved with resident care, begin to search in a calm and non-disruptive manner and according to directions	
Review Areas in the Following Order:	
1. Areas to which the public has easy access, this includes public washrooms, waiting areas, dining rooms and lounge areas.	
2.Places of easy concealment should be checked such as large flower pots, ceiling tiles, garbage containers and book cases.	
3.Stairwells, lockers and other remote areas should be inspected	
4.Owners should check personal property	
5. Cabinets, drawers and file cabinets should be unlocked for the search team.	
6. Once the area is searched, the staff member should report to their unit the area searched and the results of that search	
One person from each unit shall proceed to the Command Centre to review and validate areas searched.	

During a Code Black, the **Administrator or delegate** will:

Responsibility	Completed
1. Contact the RN in charge	
2. Confirm that Police and Fire Department were contacted and liaise with the Police and Fire Department	
3. Review the need to develop a Command Centre and assign a employee to the Command Post in the Boardroom	
4. Based on discussions with the Police and Fire Department, determine the best course of action. Notify Reception if a search is required.	
5. Delegate responsibility as required to complete the search.	

During a Code Black, **Reception** will:

Responsibility	Completed
1. At the Direction of the RN in charge or delegate, announce "Code Black" over the PA system 3 times	
2. Announce "Begin Search" at the direction of the RN in charge or delegate	
3. Notify Police and Fire (911) as directed	
4. Direct inquiries and feedback to the Command Centre	

During a Code Black the delegate that oversees the Command Centre will:

Responsibility	Completed
1. Establish a Command Centre under the direction of the RN in Charge	

2. Obtain maps from the Emergency Box	
3. As staff arrive , have them sign a map indicating the areas searched	
4. Review maps at regular intervals and notify staff of areas that remain outstanding	
5. Notify the RN in Charge if an area has not responded	
6. Forward suspicious reports to persons in charge i.e. ceiling tiles askew	

Code Black (Bomb Threat) Caller Report

When a Bomb Threat is Received

1. Stay on the phone; do not hang up, even after the caller does.
2. Cease all radio communication
3. Listen carefully
4. Be calm and courteous
5. Do not interrupt the caller
6. Obtain as much information as possible
7. Using a pre-arranged signal to notify your supervisor while the call is still ongoing
8. Complete this form and present it to your supervisor

Details to be Recorded

Date:

Time:

Duration of call:

Exact Wording of the Threat:

Ask the following questions in a calm and courteous manner **and do not interrupt:**

1. Where is the bomb (exact location)?



2. What does the bomb look like?
3. When is the bomb going to explode?
4. What will make the bomb explode?
5. Why was the bomb put there?
6. How do you know so much about the bomb?
7. Where are you now?
8. What is your name?
9. Where do you live (address)?

Description of the Caller

Sex:

Estimated Age:

Voice Characteristics

Loud / Soft / Other

Speech/Dictation

Fast / Slow / Other

Command of Language

Good / Articulate / Poor / Words out of context / Mispronunciation

Manner

Calm / Emotional / Angry / Vulgar / Other

Mannerisms

Pet Phrases-Specify:

Uncommon words used-Specify:



Background Noises

Factory Machines / Office Machines / Traffic / Trains / Planes / Mixed / Voices / Animals / Music / Quiet

Other-Specify:

Did the caller seem familiar with area or building?

Any additional information:

Code Black (Bomb Threat) Search Checklist

General Instructions: This checklist is to be used by searchers to guide the search and ensure all areas are checked. Employees are expected to search the areas where they work and should proceed to search other locations, if there is not available personnel working in that department. All adjacent areas should be checked including staff and resident washrooms, housekeeping closets, utility rooms and the general vicinity. Checklist is to be used by the Command Centre to record search status. Forward the completed search checklist to the RN in Charge.

ZONE	NEIGHBORHOOD	RESPONSIBLE STAFF	TIME ALL CLEAR CALLED IN	CALLED IN BY
1	Kitchen Areas	Kitchen staff, Dietary Manager, Dietary Supervisor		
2/3	McMillan Garden	Nursing Staff, Hsk. Staff		
3	Laundry and Surrounding Areas	Laundry Staff, Assigned Staff		
4	Blacklock Cottage to Fire Doors Symons Cottage	Nursing Staff, RAI Staff, Scheduling Clerk		
5	Symons Cottage	Nursing Staff, Admin Staff, Hsk. Staff		

6	McMillan Cottage	Nursing Staff, Hsk. Staff		
7	McMillan Cottage Dining Room to Main Entrance	Nursing Staff, Office Staff, Hsk. Staff		
8	Blacklock House	Nursing Staff, Hsk. Staff		
9	Symons House	Nursing Staff, Physio, Hsk. Staff		

Code Black (Bomb Threat) Area Report

General Instructions

To be completed by each area following resolution of a Code Black situation. To be submitted to the Manager of Environmental Services.

1. Number of:

- Staff on duty:
- Residents:
- Visitors:

2. Did all staff in your area hear the Code Black announcement?

3. What action was taken upon hearing the Code Black announcement?

4. Was your area thoroughly searched?

5. Amount of time required searching your area?

6. Suggestions for improvement to the Code Black procedure:

7. Additional Comments:

Report Completed by:

Date:

Section 10: GPL Call Out Plan

Audit Of Human Resources

Facility Owner	County Of Northumberland 555 Courthouse Rd Cobourg, Ontario K9A 5J6 905-372-3329
Facility Administrator	Alanna Clark Cell: 905-376-0035
Director of Care	Catherine Galbraith Cell: 905-376-3925
Associate DOC	Kim McCoy Cell: 905-376-2686 Home: 613-848-572 Janet Mooers Cell: 905-375-5081 Home: 905-373-1755

Environmental Services Manager	
Human Resources	Kirsty Brown Cell: 905-376-0122 Home: 905-355-9967
Dietary Services Manager	Stephen Phillips Cell: 905-376-0997 Home: 905-396-1521
Resident & Family Services Manager	Leyla Attis Cell: 905-375-8027 Home: 249-353-4539

Number of Residents 151

Number of Bedrooms 109

Call Out Plan

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: GPL Call Out Plan

Policy Title: Call Out Plan

Policy Number:

Cross Reference:

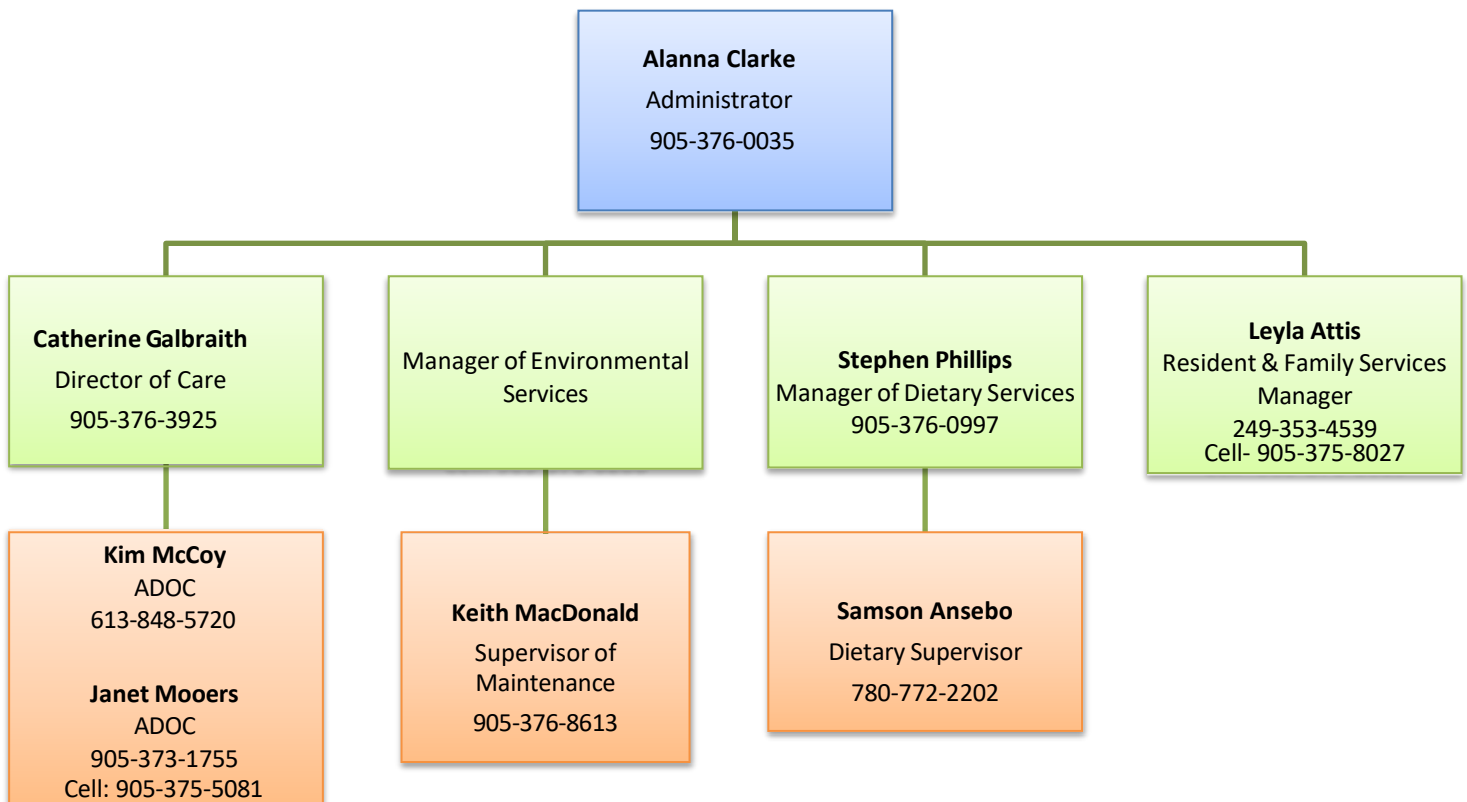
Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

As Golden Plough Lodge is staffed 24 hours per day, there is always a Registered Nurse in Charge of the building when other staff is unavailable.

The call out plan would be as follows:





SUPERVISORY DUTIES IN CASE OF FIRE

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: GPL Call Out Plan

Policy Title: Supervisory Duties in Case of Fire

Policy Number: AHS 10.2

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

Supervisors in all departments are expected to maintain a leadership role in any emergency. In the event of a fire the RN on shift will assume the head role and act as leader for staff and a bridge between the Captain of the Fire Department and staff to evacuate or move residents in the building as the Captain communicates. RN will immediately take instructions from the fire department when they arrive on scene.

Procedure

As the operation of Golden Plough Lodge is a 24-hour day situation, there are many times when department Managers would not be present in the building. Therefore, the supervisory duties during fire or other emergency are designated in two ways:

- a. During “office” hours, (7:00am-9:00pm) and
- b. All other times

In addition, all managers have a call out responsibility and must maintain a current staff list both at work and at home for reference.

All duties listed herein are subject to the direction of the Fire Department Incident Commander (FDIC) or other civil authorities should the occasion arise.

During Office Hours

CAO

- All responsibility for the co-ordination of activity and Personnel during the emergency.
- Co-ordination with fire and other authorities.
- Informing County of Northumberland staff and politicians, including the Warden.
- The Director of Communications will be dealing with questions from the press
- Co-ordinating with receiving facilities if evacuation is required.
- Informing the Ministry of Health and Long-Term Care.

Director of Care

- assigning duties to nursing staff to ensure best coverage for the well being of the residents.
- acting on behalf of the Administrator should he/she be unavailable.
- handling questions from families;
- assist with GPL's E.O.C.

A.D.O.C. (2 positions)

- same as #2 with special emphasis on the secured area.
- act on behalf of D.O.C. in her absence.
- assist with GPL's E.O.C.

Manager of Environmental Services

- working with emergency crews identifying various areas of the building, and the machinery, electrical rooms etc. as required.
- assisting with the deployment of staff.
- assisting in keeping the roadway clear for emergency vehicles.
- assisting other managers as appropriate.
- assist Incident Commander and act as a communication bridge for the GPL's E.O.C.

Manager of Dietary Services

- ensuring the continuity of food services for the residents in the facility as well as those required to relocation during evacuation.
- providing refreshments to residents and emergency crews as appropriate.
- assisting other department managers as directed by the E.O.C.
- ensuring that a minimum three day food supply is available at all times in the facility.

- assist with GPL's E.O.C.

Resident & Family Service Manager

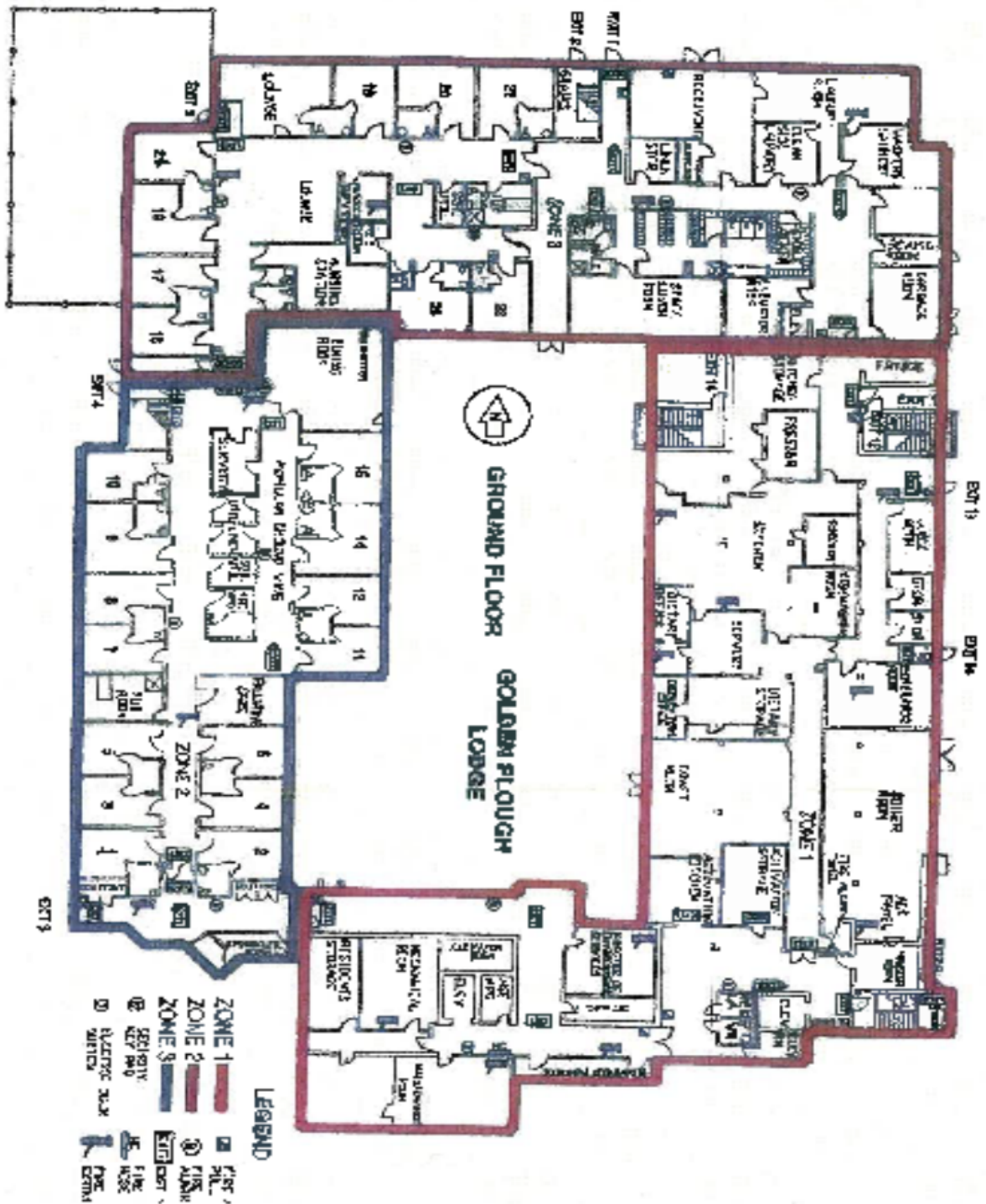
- taking responsibility for residents who must be displaced from their area (i.e. listing the whereabouts of residents for family information.)
- Assigning Activation staff and volunteers appropriate functions.
- assist with GPL's E.O.C.

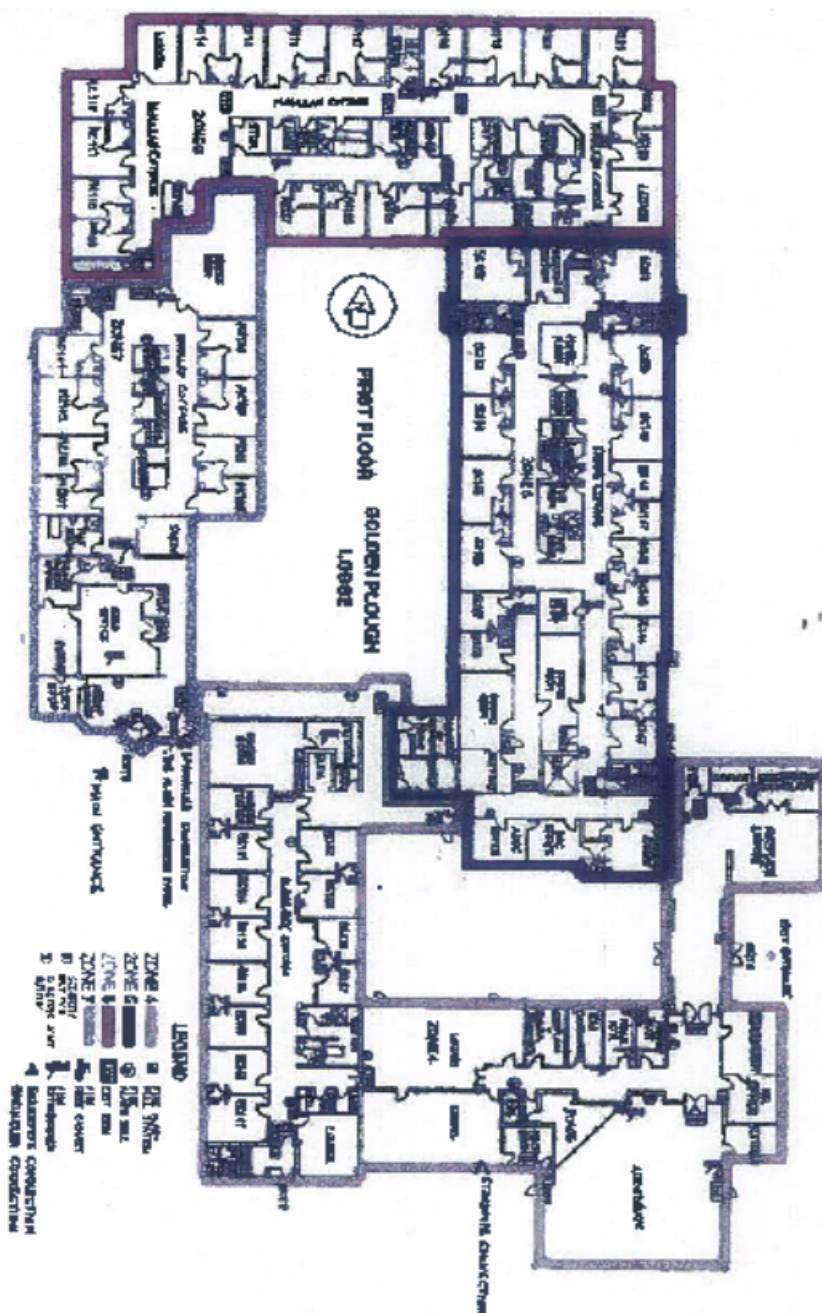
Section 11: Building Information

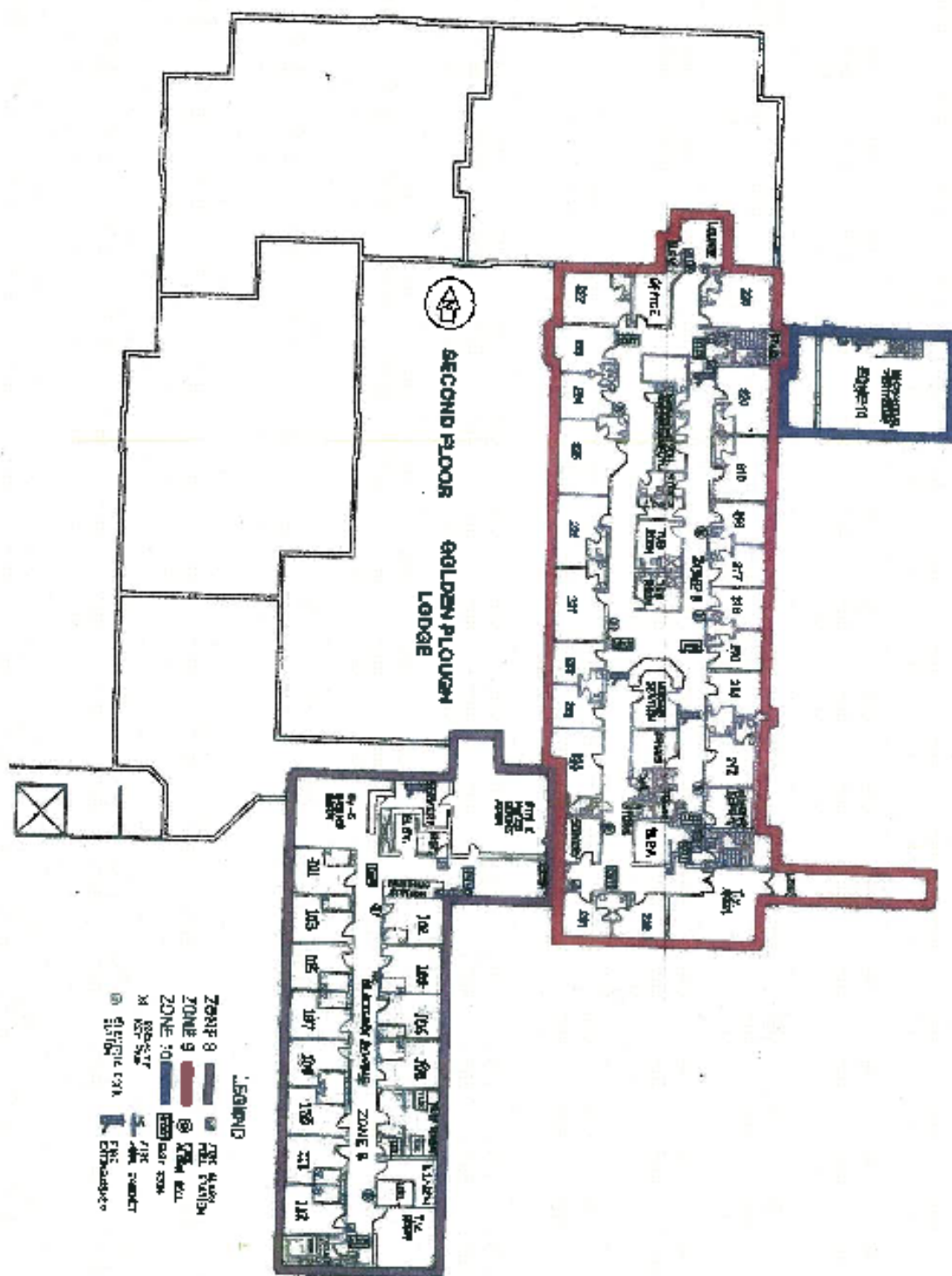
Bylaw Schedule #10 Golden Plough Lodge Fire Route – 983 Burnham Street



Ground Floor Map







Section 12: Community Partners/Agreements

EMERGENCY RESPONSE EXTERNAL RELOCATION

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Community Partners/Agreements

Policy Title: Emergency Response External Relocation

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

Policy

A plan is applied to disasters that are external to the home such as natural disasters, or an internal disaster in another facility or organization. All staff will assist in the receiving, accommodating, and caring of **stable** evacuees in a temporary setting.

Procedure

When contacted by the facility in distress or Northumberland County Emergency Services or CCAC.

CAO or Delegate Assumes Overall Responsibility

- Notify Senior Management Staff to establish Emergency Operation Centre to organize the receiving of the evacuees
- Notifies Ministry of Health and Long Term Care
- Notifies the current residents and staff about Relocation

Facts to Release

- Statement assuring residents' safety and comfort
- Time of initial response
- Consequences of disaster
- Nature of disaster
- Number of casualties/seriously injured
- Number of persons transferred for treatment
- Steps being taken to cope with disaster

Facts not to Release

- Cause of disaster (i.e. negligence)
- Possible liability of any party
- Confidential assessment/diagnostic
- Information which may infringe on person's right to privacy
 - Reviews if additional staff should be notified
 - Assigns staff members to set up command post location e.g., Boardroom
 - Meets incoming commanding officer (could be from facility or emergency service etc.)
 - Arranges response to incoming facility's needs – transportation, security/care of residents, nursing supplies
 - Communicates appropriate information via emergency radio (walkie talkie)
- Discuss operational planning for current emergency
- Complete summary report when **disaster/emergency situation declared ended** in consultation with external emergency support groups

CAO or Director of Communication of Northumberland County

- Makes announcement for the media

Director of Nursing (DOC) or Delegate

- Will aid the RN in Charge to get equipment and supplies as required
- Delegate Staff and notify the Medical Director
- Meet with Management Staff to determine location of Reception areas
- May assume overall command of Medical/Nursing Staff if required



- Assist set-up for Assessment area
- Assign staff to work with incoming personnel at designated entrance
- Tagging (check resident I.D.); Logging (note who, where, etc.); Keep counts accurate
- Assess if additional staff is necessary
- Oversee staff in co-operation and assign staff from other facility to duties

Registered Staff

- Set up holding and registration area with assistance from Environmental Services
- With the assistance of incoming personnel, **ensure all residents are tagged**
 - **Complete** tag information
 - Create **24hr** Care Plan
 - **Transfer** client to holding area
 - **Keep track** of movement of all evacuees

Ward Clerk

- Advise Registered Staff of the number of beds available
- Advise Housekeeping staff of number of sleeping areas needed
- Work with Nurses logging to keep track of residents movements
- Advise Kitchen Staff of extra meals/nourishments

PSW's/Life Enrichment Staff

- Monitor and reassure evacuees
- Administer nourishments and documentation
- Nursing care and equipment set up as required (toilet evacuees, etc. in conjunction with the facility's staff)

Housekeeping Staff

- Access pandemic supplies
- Set up linen carts
- Assist as needed with initial activity areas

Laundry Staff

- Document and label each resident's inventory of clothing and linens as necessary



- Aid in the distribution of extra linen as required

Maintenance Staff

- Assist with pandemic supplies
- Bring cots to Auditorium which will be provided from external Community Partners
- **Go to designated entrance**
 - Allow only staff, evacuees, and emergency support staff to enter
 - Direct to command post
 - Direct media to an area, as designated by the Director of Communications or delegate
 - Assist as needed with initial activity areas

Front Office Staff

- Incoming calls should be forwarded to the RN in Charge or delegate
 - STAFF - To Department
 - MEDIA - To Director of Communication
- Perform other duties as required

Dietary

- Dietician and Food Service Supervisor will determine a delivery system
- Prepare for extra meal service and supplies

All Staff

- **When announcement made** return to own department
- Reassure residents
- Perform duties as assigned
- Report to alternate work area as assigned
- Remain "on call" if additional assistance required
- All Staff are expected to support the efforts in place to accommodate the short-term placement, while continuing to provide the necessary care for the permanent residents and tenants



EMERGENCY SUPPORT

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Community Partners/Agreements

Policy Title: Emergency Support

Policy Number:

Cross Reference:

Issued by: Environmental Services Manager

Approved By: Administrator

Review Date: December 2023

See below the agreement from the Cobourg Lions Centre

CLC Primary Contact: Carol Banks, Manager

905-372-6217

905-372-8531

lionscentre@cobourglions.com

www.cobourglionscommunitycentre.com

Alternate Contact:

A copy of The Cobourg Lions Centre **Shelter/Reception Centre Survey** with all the information about the Evacuation Site is located in the EOC Emergency Kit in the Boardroom

County of Northumberland Agreement for the Emergency Use of the Lion's Community Centre, Town of Cobourg, Ontario

An agreement to authorize the emergency use of the Lions Community Centre, 157 Elgin Street East, Cobourg, Ontario:

The purpose of this agreement is to establish the framework through which the Corporation of the County of Northumberland will have access to 157 Elgin Street, Town of Cobourg as an emergency reception/evacuation centre for residents of the Golden Plough Lodge. This location will be used as a community focal point for registration and inquiry of evacuees and/or for the purpose of accommodation of a duration pending the conditions of the emergency.

This **agreement** made this _____ day of _____, 20__ between:

The County of Northumberland

The Lions Community Centre (Lion's Club)



Definition

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

Notification

In the event of an emergency or an impending emergency, the County of Northumberland will advise the Lions Community Centre of the requirement to use the facility by notifying the respective director, or her/his designated alternate. Notification may include methods as established through the County of Northumberland Emergency Management Plan. Notification arrangements shall be mutually agreed to from time to time, and these arrangements shall be reviewed and tested annually.

Liaison

On request for activation of an evacuation shelter, Northumberland County will supply, but not be limited to, a member from the County’s Health Safety and Emergency Planning Department or Emergency Social Service Staff to help manage the activities in the facility along with a liaison from the Lion’s Club team.

Use of Facility

In the event of a required evacuation of the Golden Plough Lodge. The Lions Club agrees to make available to the County of Northumberland as much of the Lions Community Centre as may be needed. The County and the Lions Club will give due consideration to the requirements of the facility for safe accommodation of staff.

Notwithstanding the above paragraph and following the declaration of a local state of emergency to exist, final authority for the use and control of the facility shall rest with the County under the terms of the Province of Ontario Emergency Management and Civil Protection Act, Sections 3 and 9.

Staffing

The Lion’s Club shall have one or more members on the facility premises to assist with the operation and maintenance of the facility as required.

Northumberland County shall always have one or more members of its staff on the facility premises to assist with the operation and maintenance of the activities for the evacuees and volunteer people working under the direction of Northumberland County.

Diligence and Care

The County of Northumberland and other parties having authority to use the facility shall exercise due diligence and care and shall not interfere with any of the facility activities unless deemed necessary



as part of the response to the emergency.

Prior to the use of such facility, a duly authorized representative of the facility and duly authorized representative of the County shall jointly inspect the facility or equipment to be used. A memorandum will then be signed by both parties outlining any pre-use damage or deficiencies.

Upon termination of use by the County, both parties shall again inspect the facility to make not of any damage, deficiencies or other such factors resulting from the County's use of said facility.

Indemnity

The County of Northumberland hereby agrees to save harmless and indemnify the Lion's Club, its Officers, and Employees from and against all claims, demands or causes of action whether a law or in equity, in respect of its use of the said facility as herein provided, and from and against all damages, losses, costs, charges and expenses which the facility may sustain or incur or be liable for in consequence of such claims or demands or causes of action, whether in negligence or otherwise, from any source whatsoever, including but not necessarily limited to:

- claims, demands, or causes of action by, or on behalf of, any officers of the County or its agents, employees, or representatives.
- claims, demands, or causes of action by any other person or persons using the facility pursuant to this agreement.

Insurance

The parties hereto further covenant and agree that their public liability insurer(s) have been presented a copy of this agreement. The said insurer(s) will confirm full coverage under existing policies to include usage of the facility by officers and representatives of the parties hereto, their employees and agents and members of the public pursuant to the provisions of this agreement.

In addition, the parties further covenant to provide to the other party hereto a confirmation letter from its insurer(s). The letter will confirm receipt of the agreement and confirms and acknowledges its liability coverage for those individuals utilizing the facility as set out in this clause and pursuant to the provisions of the agreement.

Costs

The County of Northumberland hereby agrees to reimburse the Lions Club for any costs arising from the County's use of the facility or equipment. Such costs may include, but are not limited to, the actual costs of supplies, overtime wages or salaries paid to facility employees, additional utility costs for heating and lighting, additional expenses incurred in cleaning the premises, additional security costs, and long-distance telephone charges. Such payment(s) will be made within 60 days of the submission of an invoice to the County.



Volunteers

Individual volunteers, or volunteer groups and agencies who are engaged by the County to manage or assist with the operation of reception centers in the facility, shall be considered as agents of the County.

Conduct on Facility Premises

The County agrees to take all reasonable precaution against vandalism, mischief, or behavior contrary to provincial or federal statutes by any party or parties who are accommodated in the facility, or who makes use of the facility equipment.

If required, the Lion's Club may request that the local police or security service be present at such facility to maintain order.

Kitchen/Equipment

The County of Northumberland will need to have the use of the kitchen area by County staff for food preparation for residents. No stoves or other cooking devices other than those normally and permanently installed by the Lion's Club in the facility shall be used.

Return of Equipment and Supplies

The County of Northumberland shall be responsible for removing borrowed, donated, or purchased equipment (including but not limited to mattresses, beds, furniture, recreational equipment, and clothing) from the facility upon closer of need as an evacuation shelter..

Termination

This agreement may be terminated by any of the parties hereto, by 60 days notice given in writing to the other parties by delivering the same in person or by ordinary mail. Any notice shall be deemed to have been given on the third business day following the date on which it was mailed.

Successors and Assigns

This agreement shall inure to the benefit of and be binding upon the parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF the parties hereto have hereunto affixed their seals attested by the proper officers in that behalf.



Signatures

Warden, Corporation of the County of Northumberland:

Date:

Chief Administrative Officer, Corporation of the County of Northumberland:

Date:

Chairperson, The Lion's Community Centre:

Date:

Director, The Lion's Community Centre:

Date:



See below the agreement from the Cobourg Community Centre

C C C Primary Contact: Theresa Behan, Facilities Manager, 905-372-7371 ext. 8400

Alternate Contact: Jason Johns, CAO 905-372-7371

A copy of The Cobourg Community Centre **Shelter/Reception Centre Survey** with all the information about the Evacuation Site is located in the EOC Emergency Kit in the Boardroom

**COUNTY OF NORTHUMBERLAND AGREEMENT
FOR THE EMERGENCY USE OF
THE COBOURG COMMUNITY CENTRE, TOWN OF COBOURG, ONTARIO**

An agreement to authorize the emergency use of The Cobourg Community Centre, 750 D'Arcy Street, Cobourg, Ontario:

The purpose of this agreement is to establish the framework through which the County of Northumberland will have access to 750 D'Arcy Street, Town of Cobourg under emergency conditions. This location will be used as a community focal point for registration and inquiry of evacuees and/or for the purpose of accommodation of a duration pending the conditions of the emergency.

This Agreement made this 31 day of May, A.D. 2022 between:

The County of Northumberland
The Town of Cobourg

WHEREAS, the Province of Ontario has passed an act which provides for the formulation and implementation of emergency plans "The Emergency Management and Civil Protection Act, R.S.O. 1990 Chapter E.9" by the county with the approval of constituent municipalities;

AND WHEREAS, the councils of constituent municipalities of Northumberland County have authorized the County's participation in the planning and response activities necessary during an emergency;

AND WHEREAS, the act makes provision for the council of a municipality to enter into an agreement with the council of any other municipality or with any person for the provision of any personnel, service, equipment, or materials during an emergency;

AND WHEREAS, the County of Northumberland has developed an Emergency Management Program designed to provide staff with guidelines to effectively manage the four distinct phases of the program, e.g. mitigation of hazards, preparing for an emergency, responding to an emergency, and recovery of an emergency;

AND WHEREAS, the County of Northumberland has established as a priority the health, safety, welfare of people, and protection of property and the environment in the event of an emergency;

AND WHEREAS, the County of Northumberland is responsible for the reception and care of evacuees including the provision of emergency clothing, feeding, lodging, registration and inquiry, and personal services;

NOW THEREFORE, the parties hereby agree to the following:

DEFINITIONS

In this agreement:

- a) **"Town of Cobourg"** means The Town of Cobourg residing in Northumberland County;
- b) **"County"** means the Corporation of the County of Northumberland;
- c) **"Facility"** means any building, grounds, apparatus, equipment, vehicles owned or under the control of 750 D'Arcy Street, Town of Cobourg, Ontario;
- d) **"Emergency"** means a declared emergency by the County or one of the lower tier municipalities within the County of Northumberland and includes a situation or an impending situation caused by the forces of nature, an accident, an intentional act or otherwise that constitutes a danger of major proportions to life or property. These situations could threaten public safety, public health, the environment, property, critical infrastructure, and economic development;
- e) **"Industry"** means any industry or commercial enterprise located within the boundaries of the County of Northumberland;
- f) **"Municipality"** means any municipality, town, village or township located within the County of Northumberland;
- g) **"Community and Social Service"** means the Northumberland County Community and Social Services.

NOTIFICATION

In the event of an emergency or an impending emergency, the County of Northumberland will advise The Town of Cobourg of the requirement to use the facility by notifying the respective

director, or her/his designated alternate. Notification may include methods as established through the Town of Cobourg Emergency Management Plan. Notification arrangements shall be mutually agreed to from time to time, and these arrangements shall be reviewed and tested annually.

LIAISON

On request for the activation of an evacuation shelter, Northumberland County will supply, but not be limited to, a Community and Social Service Staff member to manage the activities in the facility. On receipt of an emergency advisory from the County of Northumberland, The Town of Cobourg shall be prepared to provide a facility liaison person to advise the members of the County Community and Social Service Staff.

The liaison person will be expected to provide the Emergency Control Group with information related to measures being employed to safeguard staff, and to protect the facility. A request for assistance made by facility director will be made through the County Community and Social Services Staff manager.

USE OF FACILITY

In the event of an emergency, The Town of Cobourg agrees to make available to the County of Northumberland as much of the facility as may be needed. The County and The Town of Cobourg will give due consideration to the requirements of the facility for safe accommodation of staff.

Notwithstanding the above paragraph and following the declaration of a local state of emergency to exist, final authority for the use and control of the facility shall rest with the County under the terms of the Province of Ontario Emergency Management Act.

STAFFING

The Town of Cobourg shall have one or more members of its staff on the facility premises at all times to assist with the operation and maintenance of the facility.

Northumberland County shall have one or more members of its staff on the facility premises at all times to assist with the operation and maintenance of the activities for the evacuees and volunteer people working under the direction of Northumberland County.

DILIGENCE AND CARE

The County of Northumberland and other parties having authority to use the facility shall exercise due diligence and care and shall not interfere with any of the facility activities unless deemed necessary as part of the response to the emergency.

Prior to the use of such facility, a duly authorized representative of the facility and a duly authorized representative of the County shall jointly inspect the facility or equipment to be used. A memorandum will then be signed by both parties outlining any pre-use damage or deficiencies.

Upon termination of use by the County, both parties shall again inspect the facility and make note of any damage, deficiencies or other such factors resulting from the County's use of said facility.

INDEMNITY

The County of Northumberland hereby agrees to save harmless and indemnify The Town of Cobourg, its Officers, and Employees from and against all claims, demands or causes of action whether at law or in equity, in respect of its use of the said facility as herein provided, and from and against all damages, losses, costs, charges and expenses which the facility may sustain or incur or be liable for in consequence of such claims or demands or causes of action, whether in negligence or otherwise, from any source whatsoever, including but not necessarily limited to:

- a) claims, demands or causes of action by, or on behalf of, any officers of the County or its agents, employees or representative;
- b) claims, demands or causes of action by any other person or persons using the facility pursuant to this agreement.

INSURANCE

The parties hereto further covenant and agree that their public liability insurer(s) have been presented a copy of this agreement. The said insurer(s) will confirm full coverage under existing

policies to include usage of the facility by officers and representatives of the parties hereto, their employees and agents and members of the public pursuant to the provisions of this agreement.

In addition, the parties further covenant to provide to the other party hereto a confirmation letter from its insurer(s). The letter will confirm receipt of the agreement and confirms and acknowledges its liability coverage for those individuals utilizing the facility as set out in this clause and pursuant to the provisions of the agreement.

COSTS

The County of Northumberland hereby agrees to reimburse The Town of Cobourg for any extraordinary costs arising from the County's use of the facility or equipment. Such costs may include, but are not limited to, the actual costs of supplies, overtime wages or salaries paid to facility employees, additional utility costs for heating and lighting, additional expenses incurred in cleaning the premises, additional security costs, and long distance telephone charges.

Where possible, agreement shall be sought by The Town of Cobourg from the County before such extraordinary expenditures are made by The Town of Cobourg.

Such payment will be made within 60 days of the submission of an invoice to the County.

Nothing in this agreement shall preclude the County from taking action to recover such costs paid to The Town of Cobourg from such person or agency as may be found responsible for causing the emergency, or from seeking federal or provincial funding to cover any or all costs incurred by the County.

Upon payment by the County to The Town of Cobourg, The Town of Cobourg relinquishes all rights to seek damages or compensation from such person or agency as may be found responsible for causing the emergency, or from federal or provincial sources.

VOLUNTEERS

Individual volunteers, or volunteer groups and agencies such as amateur radio, Red Cross, Salvation Army, or St. John Ambulance who are engaged by the County to manage or assist with the operation of reception centers on the facility shall be considered as agents of the County.

CONDUCT ON FACILITY PREMISES

The County agrees to take all reasonable precaution against vandalism, mischief or behavior contrary to provincial or federal statutes by any party or parties who are accommodated in the facility, or who make use of the facility or equipment.

If required, The Town of Cobourg may request that the local police service be present at such facility to maintain order.

FEEDING

No food preparation or consumption will be carried out on the facility in locations other than those normally set aside for such activities. No stoves or other cooking devices other than those normally and permanently installed by The Town of Cobourg on such facility shall be used.

RETURN OF EQUIPMENT AND SUPPLIES

The County of Northumberland shall be responsible for removing borrowed, donated or purchased equipment (including but not limited to mattresses, beds, furniture, recreational equipment, clothing, and baby supplies) from the facility upon termination of the emergency.

CONTROL OF EXISTING CONTRACTS

Notwithstanding agreements which The Town of Cobourg may have with suppliers of goods and services (including but not limited to contracts for bulk supply of food, and contracts for bus services), The Town of Cobourg shall assign their enjoyment of such supplies or services to the County in time of an emergency.

PETS

Pets that have been evacuated with their owners shall not be allowed inside the building.

Subject to space and security, such pets may be accommodated on outdoor property or facilities owned by or under control of The Town of Cobourg.

All such pets shall be leashed or caged at all times, and a "stoop and scoop" policy shall be in effect.

LEGAL RELATIONSHIP

The parties hereto agree that the legal relationship between the County, its representatives, officers, employees and agents and members of the public, on the one behalf, and The Town of Cobourg on the other behalf, shall be that of Licensee and Licensor and that no estate, right title or interest in the lands or property of the facility is hereby intended to be created or conveyed.

TERMINATION

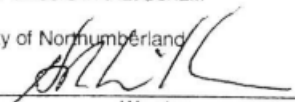
This agreement may be terminated by any of the parties hereto, by 60 days notice given in writing to the other parties by delivering the same in person or by ordinary mail. Any notice shall be deemed to have been given on the third business day following the date on which it was mailed.

SUCCESSORS AND ASSIGNS

This agreement shall inure to the benefit of and be binding upon the parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF the parties hereto have hereunto affixed their seals attested by the proper officers in that behalf.

County of Northumberland



Warden




Chief Administrative Officer

The Cobourg Community Centre

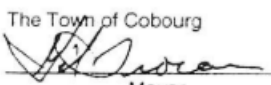


Chairperson/Councillor Sherwin



Director Bill Watson

The Town of Cobourg



Mayor



Chief Administrative Officer

May 14, 2019

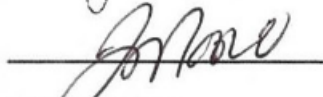
This letter is to confirm an Emergency Mutual Aid agreement between the Golden Plough Lodge and the Northumberland Hills Hospital and is entered into voluntarily by both parties for the purpose of providing mutual aid at the time of an emergency community event or facility failure. This letter is a voluntary agreement based on the belief and commitment of the Golden Plough Lodge and Northumberland Hills Hospital that as a result of any community emergency or disaster, regardless of cause, which exceed the effective response capabilities of either facility, the affected party may request assistance from the other facility for temporary shelter, or services. This document is intended to be a letter of agreement in addition to each party's Emergency plan and supplements the rules and procedures governing interaction between both facilities during a disaster.

In the event of an emergency both parties shall provide temporary lodging, the use of equipment and services such as patient lifts, and other services required. If required the effected party will reimburse the host lending its personnel for the actual salaries and benefits of such personnel and services provided. The "transferred" personnel will be required to present their identification badge from their employer at the check-in site designated by the receiving facility's command center. The effected facility will be responsible for the following: Meeting the "transferred" personnel (usually by the effected facility's security department or designated employee) and providing adequate identification, e.g., "employee personnel" badge, to the "transferred" personnel.

The supply-sharing will occur, in cooperation between the both facility's Command Centers, at the involved location. Requests initially can be made verbally but must be followed up with a written request. The transferring facility is responsible for tracking the destination of all patients transferred out. The transferring facility is responsible for notifying both the patient's family and guardian and the patient's attending physician.

For purposes of this agreement, the disaster may be an "external" or "internal" event and requires the activation of the effected facility's emergency management plan being fully implemented.

Date: June 11 / 2019



Golden Plough Lodge

Elizabeth Vopshuh U.P. Corp. Service

Northumberland Hills Hospital



January 16, 2019

Golden Plough Lodge

983 Burnham Street

Cobourg, ON

K9A 5J6

Attention: Mike Banks

RE: HVAC Maintenance Inspection

This letter is to confirm that Carmichael completed a full heating inspection on the equipment listed in our Maintenance Agreement in August of 2018.

A full cooling inspection on the equipment listed in our Maintenance contract is scheduled to be completed in April 2019.

If any time Golden Plough Lodge requires services or assistance, we are available 24 hours a day, 7 days a week, 365 days a year. We can be reached at (705)740-2000 they may speak with our service coordinator Leanne Knox, after regular business they will reach the answering service and at which time they will dispatch the technician on call.

I trust this information is satisfactory, if you require any further information please do not hesitate to contact me at (705A)740-2000.

Regards,

Sandra Ansell

Account Manager



COOK'S FUELS

*o/b 1131467 Ontario Limited
4272 Rice Lake Drive South
PORT HOPE, Ontario
L1A 3V6*



Telephone#: **905-797-2429**

Fax#: **905-797-3835**

E-mail: **cooksfuels@gmail.com**

June 18, 2019

BY E-MAIL: **banksm@northumberlandcounty.ca**

GOLDEN PLOUGH LODGE
Long Term Care Home
983 Burnham Street
COBOURG, Ontario
K9A 5J6

ATTENTION: Mike Banks
Environmental Services Manager

Dear Mr. Banks:-

Further to your e-mail request of June 17th, 2019, this will confirm that we are your current supplier of fuel at the Golden Plough Lodge Long Term Care Home, in Cobourg, and have been supplying fuel for the generator since December, 2015.

This will further confirm for your records, that we are available to supply fuel to the generator at any given time in the event of an emergency.

I trust the above is what you require, however, if any other issues or questions arise, please do not hesitate to give us a call at 905-797-2429. We can also be contacted after hours at the main office telephone number or you can contact me at my cell number **905-377-5003 for emergency purposes.**

Regards,



Doug Cook



30 Veronica St.
Cobourg, Ont.
K9A 4K8

Northumberland County
Golden Plough Lodge
983 Burnham Street
Cobourg, Ontario
K9A 5J6

May 21, 2019

This letter is to confirm that should the system break down for a period of time and in the event that the Golden Plough Lodge has an urgent need of demand that could occur such as:

- Water distribution problems within the town of Cobourg
- Contamination of town water supply
- Burst pipe / water mains.

McCracken Water Inc. 30 Veronica St. Cobourg, Ont. K9A 4K8 (905-352-2030 or 905-372-1611) would agree to provide a tanker of potable water during the period municipal water was not available. It is also possible for our company to acquire, on short notice, tanks to place within the Golden Plough Lodge that could be supplied with water as needed.

Date _____ Signature _____



90 University Ave. West • Cobourg, ON K9A 2G8
Telephone (905) 372-6666
Fax (905) 372-1261

Jan 15th, 2019

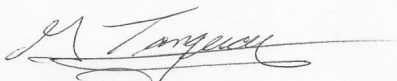
Northumberland County
555 Courthouse Rd
Cobourg, Ont
K9A 5J6

Re: Golden Plough

Att: Mike Banks

This letter is to confirm that we have been responding and will continue responding to all your heating, air-conditioning and plumbing needs. We have 24 hour service and respond to all calls within 2 hours maximum – usually it is within the hour
I trust you will continue using our services in the future

Yours Sincerely



Gerald Tanguay
President



CANADIAN INDUSTRIAL SERVICES
Electrical Contracting



#7000130

www.esaecra.info



January 15, 2019

Northumberland County
555 Courthouse Road
Cobourg, Ontario
K9A 5J6

Re: Golden Plough Lodge

Attention: Mike Banks

This letter serves to confirm that Canadian Industrial Services has been, for many years, your electrical contractor. Canadian Industrial Services is a full service, twenty-four, three hundred and sixty five day a year service company. We have a full time, after hour answering service that will contact our on call electrician immediately upon request day or night.

We will respond to your call in a timely manner, as we always do.

Regards



Tina Murray
Operations Manager

Banks, Mike

From: Shawn.Parks@securitas.ca
Sent: Thursday, January 04, 2018 3:18 PM
To: Banks, Mike
Subject: Security Service Supplier
Attachments: ATT00002.txt; ATT00003.htm

This is to confirm that Securitas Canada is contracted to provide on site Security Guard services 7 days per week, 365 days per year.

In addition to our regular service we provide emergency response via our mobile security team. Should an emergency occur at the Golden Plough our Field Supervisor will respond with a fully marked car to provide assistance to our Guard and the Golden Plough staff.

Securitas will also provide on site Security Guards as requested by Golden Plough lodge on an as needed basis to assist with emergencies or security concerns.

Please do not hesitate to contact me should you have any additional questions.

Thank you,

Shawn Parks | Client Service Manager Durham Peterborough and Quinte Regions
Securitas Canada Limited
Durham: T: 888-825-6922
Peterborough T: 705-743-8026 | C: 1-705-768-5421 | F: 705-743-3043
Belleville: T: 613-966-3690 | F: 613-966-2885
285A Aylmer Street North, Peterborough ON K9J 7M4
199 Front Street Suite #103 Belleville, ON K8N 5H5
E: shawn.parks@securitas.ca | W: www.securitas.ca



Securitas Canada is a knowledge leader in security. From a broad range of services of specialized guarding, technology solutions and consulting and investigations, we customize offerings that are suited to the individual customer's needs, in order to deliver the most effective security solutions. Providing valuable services in a variety of sectors, from small local businesses to large national organizations, our 9,000 employees are making a difference.



Life & Fire Safety Ltd.

January 12, 2018

Northumberland County
555 Courthouse Rd
Cobourg, ON
K9A 5J6

Attention: Mike Banks

Subject: **SERVICE AGREEMENT TEST AND MAINTENANCE INSPECTION**

Location: **Golden Plough Lodge**
- 983 Burnham Street, Cobourg
Contract#: 268212

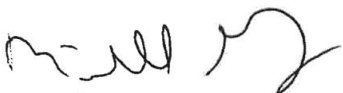
Dear Mike:

Troy Life & Fire Safety Ltd is under contract to perform Annual Life Safety Inspections including Fire Alarm and 24/7 service for Life Safety Systems at Golden Plough Lodge, Cobourg. We have on call technicians able to respond 24 hours a day for any emergency service work that may be required on Life Safety Systems.

Our 24/7 Emergency Number is 1-877-441-8769 or 905-725-5553.

Should you require additional information service regarding our service / contract, we would welcome the opportunity to assist you.

Yours truly,
TROY Life & Fire Safety Ltd.



Michelle Guernsey
Service Manager

*All fire equipment testing done in accordance with the Ontario Fire Code Sections 6.3 and U.L.C. S536-04, Section 6.4, Section 6.5, Section 6.2, NFPA 25 and O. Reg. 67/8711, Section 2.7.3.3.

Oshawa Office

555 Wentworth St. E., Unit 7, Oshawa, ON, Canada, L1H 3V8 • T 905 725 5553 • 877 441 8769 • F 905 725 4294
FIRE ALARM • SPRINKLER • MARINE FIRE & SAFETY • FIRE PUMPS • HYDRANTS • SPECIAL HAZARDS
STANDPIPE • BACKFLOWS • FIREHOSE • 24 HR. SERVICE • SECURITY • SIGNALING DEVICES • NURSE CALL

Section 13: Emergency Planning Committee Chart

ADMINISTRATOR	MANAGER OF ENVIRONMENTAL SERVICES	DIRECTOR OF CARE	ASSOCIATE D.O.C	MANAGER DIETARY SERVICES	MANAGER OF RESIDENT & FAMILY SERVICES
---------------	--------------------------------------------	---------------------	--------------------	--------------------------------	------------------------------------------------

It is the responsibility of this committee to:

- Develop a comprehensive plan for each of the emergencies identified as manageable within the framework of Golden Plough Lodge staff.
- Review and update the plan yearly
- Ensure that all staff are familiar with the emergency plans
- See that actions, materials, procedures, etc. as identified in each plan are in place and updated annually as required
- Be familiar with the overall Emergency plans of the County of Northumberland and the Town of Cobourg
- Ensure that the Health and Safety manual has an updated copy of the Golden Plough Lodge Emergency Plan on behalf of the County's Emergency Planning Team.
- Co-ordinate Golden Plough Lodge plans, as appropriate, with other local disaster planning.

Section 14: Medical Policies

Introduction

Pandemics spread around the world. A pandemic is distinguished by its scope. It becomes a worldwide epidemic, or pandemic, when a disease spreads easily and rapidly through many countries and regions of the world and affects a large percentage of the population where it spreads.

Epidemics are an unexpected increase of a specific illness within a community or region.

Pandemics are when an epidemic occurs worldwide, crossing international borders and affecting a large number of people.

A pandemic starts when a new virus emerges that is different from common strains. Because people have no immunity to the new virus, it can spread quickly and infect hundreds of thousands of people. Pandemic viral infections often develop when an animal or bird virus is transmitted to humans and then the virus develops so that it can travel from human to human. The novel virus will have to be studied to determine the incubation period and how virulent the virus is. The length of time that the

virus is contagious will vary as well.

A pandemic virus can appear very similar to seasonal infections that already occur in our populations. Because people may have little or no immunity to this novel virus, the spread of the disease can occur with devastating effects on the population. The symptoms can be similar to influenza: fever, headache, aches and pains, chills, fatigue, stuffy nose, sneezing, sore throat and cough.

An acute respiratory illness (ARI) is spread when someone with the infection coughs or sneezes, and droplets containing the virus come in contact with another person's nose, mouth or eyes. It can also be spread by coughing or sneezing into their hands and contaminate things they touch, such as a door handle. Other people can become infected if they touch the same object and then touch their face.

As we know, a pandemic may last globally as long as eighteen months in several waves with mortality and morbidity increasing/decreasing sporadically. Waves of severe disease may last for up to 4 months.

Influenza Pandemic Versus Seasonal Influenza

Influenza Pandemic	Seasonal Influenza
Caused by a new strain of Influenza A that can easily spread from person to person	Caused by a known circulating strain of Influenza A virus
Can occur any time of the year, and could emerge anywhere in the world, including Ontario	Occurs during Flu season, usually noted as November to April

Pandemic virus behaves like seasonal influenza viruses in significant ways, including the incubation period, period of communicability and methods of transmission	Seasonal influenza viruses behave like pandemic viruses in significant ways, including the incubation period, period of communicability and methods of transmission
Pandemic strain primarily community spread; that is, transmitted from person to person in the community as well as in institutional settings	Community spread

May strike in two or more waves, or intense periods, several months apart; each wave can last two or three months	Peaks for a few months, followed by a decline
Will take at least 4 to 5 months after the pandemic strain is identified to develop a vaccine	Annual vaccines are available and will provide some protection against circulating strains
Could infect between 30% and 50% of the population	Infects 10% to 20% of the population yearly
Most people will have little or no immunity to the new virus, so there will be more serious illness and a greater number of deaths	A portion of the population will have some immunity either through previous exposure or immunization with the annual flu vaccine; most people will not become seriously ill, and few will die
Could affect anyone, including health care providers and their families, severely disrupting the health care system	Affects mainly the very young and very old, and people who are immunocompromised; does not usually the health system's ability to provide care
Could also affect other essential service workers and their families, and could disrupt those services	Does not usually disrupt a community's ability to provide essential services

Interactions With Community Partners

According to the Ontario Health Plan for an Influenza Pandemic (March 2013), “all health system partners have a role to play during the response to an influenza pandemic”, from the World Health Organization internationally to the health sector employers and health workers at the community level.

Long-term care homes are responsible to report respiratory infection outbreaks and laboratory-confirmed cases of influenza to the Medical Officer of Health as required by the Health Protection and

Promotion Act, as well to the Director of the MOHLTC's Performance Improvement and Compliance Branch as required by the Long-Term Care Homes Act.

The Golden Plough Lodge will be responsible for caring for ill residents infected with influenza in the facility. Transfer to the hospital sector will be required if:

- a. A resident requires care involving equipment and/or skill sets not available in the facility or that cannot be brought to the facility.
- b. A resident requires care involving supplies not available in the facility.
- c. Surgery is likely to be required to address care needs.
- d. A bone fracture is suspected and requires assessment and/or treatment.
- e. A resident is not palliative but has experienced a life-threatening event.
- f. The Medical Director determines that transfer to hospital is necessary.

The Golden Plough Lodge may be required to admit non-acute patients from the hospital sector to free up acute care beds, at the direction of the Ministry of Health and Long-Term Care and the Haliburton Kawartha Pine Ridge Health Unit.

The Community Care Access Centre (CCAC) will continue in its role as conduit for access to long-term care services during the time of the influenza pandemic. The Golden Plough Lodge will manage outbreaks as per its internal policy. The Public Health Unit may give assistance in the following situations:

- a. Communication to the Medical Director and Infection Control Practitioner about the model of care to be followed (e.g., clearing symptomatic residents after 3-5 days)
- b. Case definition
- c. Assistance in facilitation of diagnosis if needed
- d. Direction provided on the use of antivirals (duration) and information disseminated by the Health Unit to the general public, including Golden Plough Lodge families, on public health direction and management of pandemic influenza

Vaccines and Antivirals

"The Ministry of Health and Long-Term Care maintains a stockpile of antivirals to provide free treatment for eligible Ontarians during an influenza pandemic; due to logistical challenges, the MOHLTC is unable to provide all outpatient care and treatment settings across the province with antivirals from its stockpile" (Ontario Health Plan for an Influenza Pandemic, March 2013). Hence distribution of a vaccine for an influenza pandemic may not be prioritized in the same manner as a vaccine for seasonal influenza.

The efficacy and dose requirements of antivirals are not known until the pandemic begins and may differ from that of seasonal influenza; hence, recommendations may change. Vaccine will be made

available in time to have an impact on the overall pandemic; however, it is not available for the first wave.

Golden Plough Lodge will only administer a vaccine to its residents and staff during this time.

Family members and volunteers providing direct resident care will be directed to Public Health Unit Immunization Clinics in their home areas to receive vaccine/antivirals.

Golden Plough Lodge is responsible for the security of its vaccine and antiviral supplies.

Golden Plough Lodge staff will manage the distribution of antivirals to residents and staff; antivirals may not be available for prophylaxis.

Human Resources

Golden Plough Lodge may experience a reduction in the availability of part time and/or casual health care workers who may favour alternate employment during the pandemic. Hence staffing will be a critical issue for Golden Plough Lodge. There will be no restrictions from prohibiting staff to work at multiple sites unless otherwise specified by the local public health unit.

Compensation will be addressed by the Human Resource Department following the contracts in place. Golden Plough Lodge will endeavor to provide care using existing staffing resources.

To this end, families, visitors, and volunteers may play a greater role in providing personal care and support to the residents. Families, Visitors and Volunteers Emergency Assistance Sign Up Sheet will be utilized to determine commitment for additional support from these resources.

Golden Plough Lodge will disseminate information provided by the local health unit to its stakeholders as well as education on pandemic influenza, self-care and caring for others. Visitors who are not engaged in provision of care will be limited **during** an influenza pandemic.

Supplies and Stockpiling

Access to essential supplies may be disrupted during a pandemic.

Golden Plough Lodge will maintain a two-week supply of essential infection control supplies. Golden Plough Lodge will maintain a seven-day inventory of current census of food and water, PPE, and other medical supplies, such as incontinence products.

Authority and Legislation

The Incident Management System (IMS) is an international emergency structure that has been adopted by the Ministry Emergency Operations Centre (MEOC) as an operational framework for emergency management for the Government of Ontario. The system defines the roles and responsibilities to be assumed by personnel and the operating procedures to be used in the management and direction of emergency operations.

Roles and Responsibilities

World Health Organization (WHO)

- Coordinates international response activities under the International Health Regulations
- Performs international surveillance and provides an early assessment of pandemic severity
- Declares an influenza pandemic
- Selects the pandemic vaccine strain
- Determines the time to begin the production of the pandemic vaccine

Government of Canada

- Liaises with WHO and other national/international organizations to co-ordinate the nation- wide pandemic response

Government of Ontario: Ministry of Health and Long-Term Care (MOHLTC)

- MOHLTC leads the Government of Ontario's response to an influenza pandemic through health system coordination and direction
- Collaborates with Public Health Ontario (PHO) to use surveillance information to determine severity
- Develops recommendations and provincial response strategies for provincial health system
- Communicates with provincial health system partners through situation reports
- Develops and issue directives, orders and requests as per Health Protection and Promotion Act (HPPA), Long-Term Care Homes Act and other relevant legislation
- Communicates with the public through media briefings, website, and other methods
- Deploys supplies and equipment from the MOHLTC stockpile to health workers and health sector employers

County of Northumberland

- Responsible for the overall coordination of emergency response activities in the County of Northumberland
- Health, Safety, and Emergency Planning Manager is contact
- Preparation of media messages for public consumption

Haliburton Kawartha Pine Ridge Health Unit (HKPR)

- Follows MOHLTC recommendations directives, orders and requests
- Develop and issue orders made by MOH and public health inspectors as per the HPPA

- Leads local implementation of the surveillance strategy and immunization
- Participates in the coordination of local care and treatment
- Leads local implementation of public health measures
- Continues to provide other public health services

Golden Plough Lodge (GPL)

- Responsible for conducting facility specific pandemic planning and for developing our response plan
- Required to follow MOHLTC recommendations, directives, orders and requests
- Follow Public Health Unit orders
- Continue to provide safe and effective care to residents, both affected and non-affected by the pandemic influenza
- May also be expected to participate in the coordination of local care and treatment as appropriate
- Participate in research and surveillance activities
- Practice and role model appropriate behaviour to protect residents and prevent further spread of influenza (e.g., get immunized, practice respiratory etiquette and hand hygiene; stay home when sick)

GPL Outbreak Management Team

Organize available human resources and coordinate the facility's pandemic response activities in accordance with the Infection Prevention and Control Policy and Procedure Manual, the OMT will include but not be limited to, the following members:

- Administrator
- Infection Control Practitioner (ICP)
- Director of Care
- Dietary Service Manager
- Environmental Service Manager
- Resident and Family Service Manager
- Medical Director
- Health Unit Representative

Will be responsible for overseeing, directing staff ensuring the outbreak practices and procedures, as recommended by Public Health Agency of Canada guidelines and MOHLTC directives and standards, are initiated and followed by all staff in GPL

Golden Plough Lodge Staff Responsibilities by Phases of Pandemic In

Canada From The Public Health Agency of Canada (PHAC) Guidance

No Activity

Note: No activity noted in Canada, Ontario, or County of Northumberland; may be observed internationally

Outbreak Management Team (OMT)

- Ensure that hand sanitizer and signing books are available at both entrances
- Ensure that staff, visitors, volunteers, families, and others who enter GPL are aware of the signs and symptoms of febrile respiratory/influenza like illness
- Review the requirements for screening on regular basis
- DOC have staff initiate appropriate components of the Pandemic process
- Follow screening protocol

Registered Staff

- College of Nurses of Ontario (CNO)
- Registered Nurses are expected to fulfill their commitments to residents, the profession, and the public by providing nursing care within their individual professional competencies
- Registered Nurses are expected to keep informed about pandemic plans and public health communication systems

All Staff

- Report illness to the designated person responsible for staffing
- Ill staff are to take direction from the ICP and/or designate regarding return to work
- Follow directions as provided by the OMT

Visitor(s)

- Follow directions of the OMT for the duration of the outbreak
- Visitors should wash their hands on arrival, before leaving the resident's room and before departing GPL

Low Activity

Note: Pandemic activity observed in Canada and/or Ontario, but no activity in County of Northumberland

Outbreak Management Team (OMT)

- Continue activities as noted in **No Activity**

Registered Staff

- Follow direction from OMT
- Continue activities as noted in **No Activity**
- Ensure increased surveillance in Resident Home Areas for signs of FRI/ILI
- Residents returning from any stay outside GPL must be screened for FRI/ILI

All Staff

- Follow direction from OMT
- Continue activities as noted in **No Activity**

Higher Activity

Note: Pandemic activity observed in County of Northumberland

Outbreak Management Team (OMT)

- Continue activities as noted in **No Activity**
- Assign staff to complete telephone calls to families, students, and volunteers to inform them of precautions being implemented in GPL
- Ensure that all exits to the facility, except the designated entrance, are locked
- Ensure that staff, visitors, volunteers, families, and others who enter GPL are screened for FRI/ILI; those who meet these requirements will be allowed into GPL
- Suppliers will be notified that access to GPL will be denied until they have successfully completed the screening process at the designated point of access
- All department supervisors to inform their respective employees to initiate appropriate components of the Pandemic Plan
- Post signage at all entrances, exits, elevators, and resident home areas and department bulletin boards indicating the Health Unit has declared the start of influenza pandemic in the community

Screeners

- The screener will be required to always wear adequate personal protective equipment; includes medical mask and protective eye wear if not behind a barrier and access to a hand hygiene station
- Complete screening forms and issue passes; those who have received clearance for entry can be easily identified as per ministry recommendation
- Those who fail the screening will be denied access; the screener will inform the ICP of all ill staff, visitors, and/or volunteers as necessary
- Will ensure all staff, visitors, and volunteers sanitize their hands upon entry and exit

- Ensure that visitation is restricted to one visitor per resident with exception for palliative residents
- Will follow the direction of the OMT regarding visitor restrictions

Registered Staff

- RNs will cancel all planned resident outside visits and/or appointments
- Residents are to remain in their Resident Home Areas at all times and all activities will be neighborhood based
- Should any resident need to be transferred to another facility all transfer protocols will be followed e.g., MT numbers and the receiving institution will be informed of the transfer and the current infection control status of the resident; the RN will record the name of the person to whom the information is given and record it in the resident's Progress Notes
- All staff are expected to assist with housekeeping and laundry duties when there is a staff shortage in those departments and when not attending to the residents' needs
- Follow direction from OMT and continue activities as noted in **No Activity** and **Low Activity**

All Staff

- Follow direction from OMT and continue activities as noted in **No Activity** and **Low Activity**

Surveillance

Communicable disease surveillance is the collection, analysis and dissemination of information about infectious diseases like influenza.

Surveillance data is used to determine when, where and which infectious agents are circulating, and the patterns and severity of the illness. Surveillance data is used to guide interventions and determine an effective response.

The goal of surveillance in the Golden Plough Lodge is to ensure early identification of a potential outbreak or an outbreak in its early stages so control measures can be instituted as soon as possible to protect residents and staff.

The Infection Control Practitioner (ICP) is responsible for overseeing surveillance and outbreak management activities. On the ICP's absence, a designate will be appointed.

Surveillance Objectives

Phases 1 & 2: Interpandemic Period

- To assess for seasonal influenza
- To detect cluster cases of FRI/ILI
- To report the condition of any staff who develops FRI/ILI symptoms to ICP/DOC/Designates

- To ensure staff are aware that return to work is for 5 days from onset of symptoms or until a physician's note states that person is free from contagion and is fit to return to GPL
- To alert HKPR Health Unit of clusters in staff, report to the Ministry of Labour and JOHSC any staff with infectious symptoms (responsibility of IPC)
- To implement management of respiratory outbreaks as required and treat influenza cases as per outbreak control measures
- To provide annual education and seasonal influenza vaccine to residents and staff
- To report statistics and adverse reactions to HKPR Health Unit
- To promote respiratory (cough) etiquette and hand hygiene with residents and staff to notify HKPR Health Unit of suspected outbreak activity when there are two or more residents in the same RHA with similar symptoms within a given timeframe and initiate institutional outbreak reports to public health as per their requirements
- To communicate updates to residents, families, volunteers, vendors/contractors, and staff
- To implement passive FRI screening measures for visitors, vendors, contractors, and family members

Phase 3: Pandemic Alert Period

- To implement active surveillance measures for FRI/ILI screening for visitors, vendors, contractors, and family members
- To report the condition of any staff who develops FRI/ILI symptoms to ICP/DOC/Designates
- To alert HKPR Health Unit of clusters in staff, report to the Ministry of Labour and JOHSC any staff with infectious symptoms (responsibility of IPC)
- To implement management of respiratory outbreaks as required for suspected outbreak activity when there are two or more residents in the same RHA with similar symptoms within a given timeframe and initiate institutional outbreak reports to public health as per their requirements

Note: ICP/Designate will actively monitor residents for signs and symptoms by conducting RHA rounds; reviewing shift reports; auditing and reviewing physician and nursing progress notes; reviewing lab reports; and communicated with registered staff about their clinical observations.

Phases 4 & 5: Pandemic Alert Period

- To activate the Pandemic Plan and Emergency Plan (as needed)
- To maintain active surveillance for monitoring of FRI/ILI in residents and staff
- To finalize plans for pandemic storage and security
- To develop plans for antiviral storage, storage, security, and administration, including staff prophylactic treatments in collaboration with HKPR Health Unit
- To follow guidelines for pandemic flu and provide education and training to staff for personal preparedness, resident care, and pandemic influenza management to ensure the availability of a two-week stockpile of equipment and supplies for GPL

- To provide educational material and in-services (e.g., coping with stress, cross training, hand hygiene, MOHLTC Fact Sheets); posters designed to inform residents, families, vendors, staff, and visitors; and to heighten awareness and understanding of personal and facility management during a pandemic outbreak

Phase 6: Pandemic Period

- To implement measures for suspected and confirmed pandemic strain in GPL
- To implement mandatory active screening of residents, families, vendors, staff, and visitors
- To determine if staff who have been ill but who are not fully recovered are fit to return to work with restrictions and/or allowances made for reassignment of duties to decrease the risk of infection within GPL; this decision will be made by ICP, JOHSC and OMT and is implemented due to an anticipated staff shortage during a pandemic influenza outbreak
- To implement heightened surveillance of residents and staff illness for symptoms of the pandemic influenza as directed by public health
- To implement control and support measures for residents, families, staff, and visitors
- To implement access restrictions for residents, families, vendors, staff, volunteers, and visitors
- To implement strict isolation for ill residents
- To implement visitation restrictions for ill residents
- To recommend one contact per visit for each resident; exception will be discussed with DOC in the event of palliative residents or unpredicted sudden illness
- To direct staff to remain in their RHA as much as possible
- To administer antivirals as directed by the provincial and local policies for antiviral distribution
- To distribute and administer vaccines as directed by public health and the MOHLTC
- To report adverse effects to the public health
- To investigate and review the outbreak
- To maintain receipts and strict accounting of additional costs

Infection Prevention and Control/Occupational Health and Safety

Role of Joint Health and Safety Committee (JOHSC)

According to the “Act”, the general duties of the Joint Occupational Health and Safety Committee are to identify situations that may be a source of danger or hazard to workers and make recommendations for the improvement of worker’s health and safety.

The Ministry of Health and Long-Term Care identifies that in Ontario, both workers and employers share the responsibility for occupational health and safety. The Occupational Health and Safety Act

states that there are several provisions of the Act that are designed to foster the internal responsibility system, including the requirement for employers to have a safety policy and program.

The Joint Health and Safety Committee in conjunction with the ICP will be responsible to identify and implement measures to protect workers from the risk of health care acquired pandemic influenza. Therefore, it is imperative that a risk assessment be conducted to determine the probability of risk to health care workers and the potential consequences of that exposure. The results of the risk assessment will then be used to make informed action plans for appropriate protection of the health care workers (i.e. infection control measures, PPE, education and training). These measures should be updated at least annually based on the re-assessment of risk.

Health workers who become ill with the pandemic strain of Influenza as a result of working at GPL will be required to report their illness to their supervisor/designate. The supervisor/designate will ensure that proper documentation is completed to inform the Occupational Health Nurse, JOHSC, Ministry of Labour (MOL) and the union within four days. Staff providing work restrictions will provide medical instructions to demonstrate their limitations and action will be taken to accommodate the staff member where appropriate.

Occupational Health and Infection Control Practices during the Pandemic Period include the following:

Ongoing Activities:

- Provide accessible hand hygiene
- Provide consistent use of droplet and contact precautions
- Provide accessible personal protective equipment
- Implement reporting requirements
- Complete risk assessments
- Postpone elective high-risk procedures; use appropriate equipment and precautions for high-risk procedures
- Implement precautions for cleaning/disposing of equipment and cleaning the environment
- Implement Respiratory Hygiene programs
- Provide accurate, complete, timely information about the pandemic
- Review in collaboration with the public health and Regional Infection Control Networks, updates and scientific data on the pandemic influenza viral transmission and update PPE to prevent the spread of the infection and illness **Activities Reduced and/or**

Curtailed:

- Initiate attendance management policies to encourage employees to stay home when ill
- Suspend annual influenza immunization

Initiate FRI Case Finding Surveillance New Activities:

- Implement secure access to the pandemic vaccine and antivirals
- Establish criteria to assess staff who are "fit to work"
- Employ practices to limit contact with influenza

Role of the Infection Control Committee

The Infection Prevention and Control Committee (IPACC) is responsible to provide and maintain an effective, well managed Infection Prevention and Control (IPAC) Program to recognize, help prevent and/or control the development and spread of infectious diseases, promote wellness and maintain quality of life for residents and staff.

The role of the ICC is multifaceted and involves activities such as planning, monitoring, evaluating, and updating and providing education as required. The ICC ensures adherence to current infection control policies and procedures and provides management guidelines for specific control issues during Pandemic Planning for Phases 3 to 6, the IPACC would be responsible for the following functions:

- Meet quarterly to discuss and update pertinent information
- Ensure best practices and current guidelines in regard to an influenza pandemic are incorporated into educational training in the facility
- Ensure influenza and pneumococcal vaccinations are promoted and up to date statistics are available
- Provide plans for the provisions to administer antiviral drugs to residents, staff, and volunteers for treatment, outbreak control and prophylaxis as per provincial policy
- Collaborate with HKPR Health Unit and provide guidelines for the provision of the vaccinations of residents, staff, and volunteers when the vaccine is available
- Ensure that during the pandemic influenza outbreak, the GPL adheres to recommendations for housekeeping, laundry, and waste management as outlined in the Health Canada Infection Control Guidelines

Personal Protective Equipment (PPE)

The Golden Plough Lodge will provide an adequate supply of PPEs to staff, family, volunteers, and students.

The PPEs are readily available to staff at all times during suspected outbreak, heightened surveillance and declared outbreaks. There will be a two-week stockpile of PPEs and during the pandemic outbreak, GPL will have access to the MOHLTC PPE stockpile by initiating contact with the Ministry Emergency Operations Center.

The ICP, DOC/Designate will closely monitor the use of supplies and ensure adequate replenishment of PPE stock is done routinely. Education and training will be provided as to the proper use and application of PPE in the regular influenza season and enhances training and monitoring during the pandemic influenza outbreak. The goal of the training is to increase the safety of the LTC work

environment, promote resident safety through proper use and application of PPEs and hand hygiene, hence reinforcing safe practices and limiting the transmission of infections.

To protect worker from the risk of occupational exposure to the pandemic influenza strain, OHPIP recommends that precautions usually used with influenza include hand hygiene, routine practices, droplet and contact precautions for routine care and airborne precautions when performing aerosol-generating procedures. In addition to droplet precautions, the use of N95 respirators (instead of surgical masks) are recommended in a room/ area with an influenza resident. These include the use of N95 respirator, together with eye protection, and gloves and gown as necessary, for health care encounters within one meter of the influenza resident.

Staff who are within two meters of the resident, exhibiting symptoms of ILI and staff who are exposed to aerosol generated treatments, are required to wear an N95 respirator. GPL will implement respirator fit testing to be repeated every two years and a record of the recommended respirator fit will be maintained by the ICP and/or DOC. The GPL will follow the County of Northumberland Respirator Fit Program. Education will be provided and support to properly apply and remove fit tested respirators.

Updated Federal and Provincial guidelines for PPEs will be incorporated into this plan as these become available.

Hand Hygiene

Hand Hygiene will follow the recommendations of the Provincial Infectious Diseases Advisory Committee (PIDAC) document: Best Practices for Hand Hygiene in All Health Care Settings (4th Edition, April 2014).

The current hand hygiene policy and procedure will be reviewed and updated at least annually to reflect the following:

- Indications for hand hygiene
- How to perform hand hygiene
- Selection of products for use in hand hygiene
- Management of product dispensing containers
- Use of alcohol-based hand rubs with appropriate placement of product
- Hand hygiene compliance and feedback

The following recommendations from this document related to hand hygiene will be adhered to by all staff, residents, visitors and volunteers:

1. BEFORE initial resident/resident environment contact
2. BEFORE aseptic procedure
3. AFTER body fluid exposure risk
4. AFTER resident/resident environment contact

In addition to the Four Moments for Hand Hygiene in All Health Care Settings, residents will

be expected to perform and/or be assisted to perform hand hygiene after toileting, before leaving their room and prior to any nourishment and mealtimes.

Staff Education and Training

Golden Plough Lodge in consultation with the Infection Control Practitioner and the Joint Occupational Health and Safety Committee will ensure the following:

- All staff are trained and knowledgeable regarding principles and procedures for infection control
- Training needs are assessed
- Appropriate training and retraining are provided
- Impact of training is monitored and reviewed

Recommendations for infection prevention and control education programs will reflect the following learning objectives for Pandemic Influenza training as outlined in Ontario Health Plan for an Influenza Pandemic (March 2013); these learning objectives should include but are not limited to

- Influenza Pandemic background
- Personal and Family Care
- System Planning and Business Continuity in an Influenza Pandemic
- Advanced Infection Control
- Occupational Health and Safety
- Business continuity
- Communication Strategies
- Clinical Care

Education will be provided to staff, residents and families using approved Fact Sheets and resources provided by public health and the MOHLTC, both before and during a pandemic. In the event of a more highly infectious and transmittable pandemic flu strain, it is expected that GPL will follow the advice on required precautions and training as set forth by the MOHLTC and the MOL.

Resident Care

The registered staff will ensure that the basic care is given to each resident according to their established care plan. The registered staff will continue to update the care plans during a pandemic outbreak. The DOC and registered staff will collaborate to identify care needs.

Resident Care Objectives

Phases 1 & 2: Interpandemic Period

Objective: To provide and maintain an optimum level of care for all residents

- Maintain adherence to current GPL policies and procedures
- Provide each resident with the care and services consistent with his/her plan of care in accordance with the Resident's Bill of Rights, the Health Care Consent Act and/or the Substitute Decision Act
- Employ continuous surveillance for FRI/ILI to provide a baseline for seasonal influenza vs. pandemic influenza\initiate planning for resident care during a pandemic
- Encourage eligible residents to receive the annual Influenza and Pneumococcal Vaccinations

Phase 3: Pandemic Alert Period

Objective: To continue to provide and maintain an optimum level of care for all residents

- Maintain adherence to current GPL policies and procedures
- Initiate education for residents/families regarding Pandemic Influenza
- Encourage eligible residents to receive the annual Influenza and Pneumococcal Vaccinations
- Develop a written plan for a pandemic including how to manage residents if the hospital is unable to accept residents from LTC

Phases 4 & 5: Pandemic Alert Period

Objective: To continue to provide and maintain an optimum level of care for all residents

- New Admissions and residents returning from hospital will be closely screened and monitored for FRI/ILI symptoms
- Prepare plans to cohort ill residents to their rooms and units, limiting movement within the GPL
- The OMT will identify units or designated areas used by residents experiencing pandemic influenza symptoms. If residents have shared accommodations, the roommate will be treated as a close contact and placed on precautions
- The ICP/DOC will ensure that staff receive specific information on how to care for ill residents and provide refresher infection control measures and updates. Active screening for staff, visitor, family members, students and volunteers will be implemented

Phase 6: Pandemic Period

Objective: To minimize serious illness and overall deaths in GPL

- Identify residents who could go to family temporarily; who could be discharged home temporarily; and who must continue to be cared for in GPL

- Resident Transfers to another LTC Home are not recommended at this time; GPL will collaborate with the CCAC regarding any potential transfers

Note: The level of care will be provided to residents during a pandemic dependent on the staffing levels available. The minimum basic care will be provided as follows:

- Essential personal care: essential bathing limited to baths/showers as needed only; face hand and perineum twice daily and as needed to maintain skin integrity
- Medication Administration
- Personal hygiene and grooming may be modified depending on staff availability; care of fingernails and feet may not be available
- Oral Care twice a day
- Ongoing assessment of care needs
- Clothing and bedding will be changed only as needed
- Routine toileting and continence care will be assessed upon the resident's need to maintain skin integrity
- Skin and wound management including routine aseptic dressings and sterile dressings, and colostomy care will be maintained
- Assistance with eating as needed; G-tube feedings and maintenance will be maintained as ordered
- Oxygen therapy as required (a one-month stockpile of oxygen supplies will be available for use)
- Bedridden residents will be repositioned every two hours
- Maintain regular communication with the relatives/substitute decision makers of residents in GPL to keep them updated and reassured about situations and discourage unwarranted visitation
- Non urgent medical appointments will be cancelled and rescheduled
- Residents with ILI/Pandemic strain of Influenza will automatically be placed on Additional Precautions, isolated in a designated area and cohorted in a room/unit with residents exhibiting like symptoms
- All residents with ILI symptoms will be restricted to their rooms with no exceptions
- Ensure that appropriate Respiratory Outbreak signage indicating additional precautions and updates are posted for staff, family, visitors, and other services
- The OMT will decide which resident-based contract services/activities will be curtailed during the pandemic flu outbreak (e.g., foot care, hairdressing, life enrichment programs, physiotherapy, psychiatric visits, etc.)
- The DOC/Designate will ensure that resident prescriptions for pandemic influenza vaccine are obtained from the attending physicians or the Medical Director

- Registered staff will ensure consent for administration of antivirals and pandemic influenza vaccine are obtained from the residents or SDM
- Ensure advanced directives are updated with the SDM of residents who are ill and appropriate changes are made

Influenza Care

The interventions for Influenza care will be administered and managed as outlined in Ontario Health Plan for an Influenza Pandemic (Ministry of Health and Long-Term Care, March 2013) and Keys to Successful Management of Outbreaks in Long-Term care Homes (Haliburton, Kawartha, Pineridge District Health Unit: Respiratory Outbreak Management). Further modifications for influenza pandemic care will be implemented as per directions given by public health.

Educational training will be provided to the staff pertaining to the clinical care of residents with FRI/ILI and pandemic influenza. The training program will include, but not be limited to, the following:

- Definition of FRI/ILI
- Passive and Active Screening
- Clinical pathway of the pandemic flu strain when information is available
- Pandemic Influenza vaccinations and antiviral administration for residents and staff
- Ethical issues with mass casualties
- MOHLTC/HKPR Health Unit directions □ Management of well residents □ Infection Prevention and Control.

The ICP/Designate will monitor for updates provided on the MOHLTC website (<https://www.health.gov.on.ca/>) and provide education to the staff accordingly.

Triage

The OMT will decide whether there will be movement of the ill residents to cohort them in their rooms or assign specific areas for the ill resident:

- Residents returning from hospital and new admissions will be screened and monitored closely for FRI/ILI symptoms
- The RN will follow the Outbreak Policy (IC-04-02) to guide decision making regarding ongoing infections
- The RN will initiate the Outbreak Line Listing and notify the ICP.

Criteria for Relocation

An assessment of care needs will determine where the residents will be best cared for. Residents requiring extraordinary care e.g., renal dialysis, emergency orthopedic surgery, will be evaluated to determine the best location to meet their care needs.

If a resident has been determined eligible to go home temporarily with family members, the GPL's multidisciplinary team will

- Provide support, education, medication, and personal care items to facilitate transfer of care activity to the community setting
- Collaboration with the CCAC to determine eligibility for home care services
- The temporary transfer will not be considered a discharge unless the resident/family wishes it to be permanent.

Resident, Family and Volunteer Education

The ICP and designates will collaborate to deliver education to residents, families, and volunteers. Education will include but not be limited to:

- Hand Hygiene
- Cough Etiquette
- Infection Prevention and Control Measures
- Donning and Removing PPE
- Pandemic Influenza (historical and current facts)
- Altered role and assistance with Activities of Daily Living
- Feeding Programs
- Personal and Family Care Model

Education can be presented at Residents' Council Meetings, Family Council Meetings, and family education events. Appropriate signage and posters will be displayed through out

Antiviral and Vaccine Medication Management

Distribution

HKPR Health Unit will be responsible for the release of vaccine to health care facilities to administer to the vaccine to their residents and staff. Antiviral and vaccine medications, if available, will be distributed according to government directives. To be effective, antiviral medications must be taken within 48 hours after the onset of influenza-like symptoms; to be most effective, medication should be taken within 12-24 hours.

The Medical Directives for the administration of vaccine and antiviral medications and the administration of epinephrine, if needed due to adverse reaction, will be obtained from the Medical Officer of Health in Phases 5-6. Family members, friends or volunteers who are assisting with resident care will receive antiviral medication through HKPR Public Health Clinics.

Distribution within Golden Plough Lodge

The enumeration list for antiviral distribution to staff is maintained by the ICP/Designate. The current list of non-immunized staff is also maintained by the ICP/Designate. Tracking sheets to monitor staff antiviral and/or vaccine uptake will be maintained by the ICP/Designate using the facilities Staff Pandemic Antiviral and Staff Pandemic Influenza Tracking sheets.

The DOC and ICP/Designates will sign out vaccine/antivirals using a designated double sign out sheet from the locked storage area. Similarly, they will sign out vaccine/antiviral medications to all the resident home areas and oversee the administration of the antiviral/Pandemic Influenza vaccine by the registered nurses.

A policy for prophylactic use of antiviral medication during a pandemic will be used as per MOHLTC policy.

Influenza/Pandemic Influenza consent forms will be developed and signed by all residents currently residing in GPL or by Substitute Decision Makers; this extends to new admissions.

Storage and Tracking

The GPL will designate a locked area to accommodate vaccines and antiviral medications in Phase 3 as per public health requirements.

In Phase 3 there must be a designated cold chain storage location monitored by a data logger to ensure viability of the vaccine. The vaccine refrigerator temperature will be monitored twice per week by the DOC/ICP/Designate in Phases 3-5 and monitored daily when vaccines are made available in Phase 6.

Vaccine refrigerator must maintain temperatures in the range of two to eight degrees Celsius.

Ensure the vaccine refrigerator is connected to an emergency outlet to avoid cold chain failure in the event of a power outage.

An emergency generator is maintained at GPL. During a pandemic, there may be multiple disruptions in service, some of which may be for extended periods of time. It is also possible refueling may not occur as normal. Therefore, the generator will only be used for essential resident and staff safety.

The pharmacy will provide sufficient supply of Epinephrine 1:1000 to be stored in the Emergency Medication box for the treatment of anaphylaxis post administration of Pandemic antiviral/vaccine medications.

Immunization cards will be available for staff tracking their own immunization record.

The ICP/Designate will receive, store, and track the administration of Antivirals and influenza vaccine.

Monitoring of Adverse Response to Medications

The ICP/Designate will provide informed consent prior to administration of either the influenza vaccine or the antiviral; and reinforce the importance of reporting any adverse effects post administration.

Adverse reactions and resistance will be monitored using the MOHLTC Adverse Events Following Immunization form.

Adverse reactions will be reported to the ICP/Designate and to the Medical Director.

Human Resources Management

Policy Issues

In the event of a pandemic outbreak, labour legislation (e.g., Employment Standards Act of Ontario) and collective agreements will continue to guide decisions. In the absence of any agreement between the employer and the union, the provisions in the collective agreement shall be enforced unless they are superseded by legislation.

Unions within the GPL will be consulted with respect to labour issues impacted by pandemic influenza; it is expected that the following issues may need to be addressed:

- Absenteeism
- Refusal to Work
- Leave of Absence
- Compassionate Leave
- Overtime
- Sick Leave
- Return to Work
- Compensation
- Cross Training of Staff
- Redeployment of Staff
- Vacation
- Entitlement

Contingency Staffing

It is the expectation that all staff will continue to report to their normal duties unless specific directions are given otherwise. All staff, volunteers, family members and students will be mobilized to assist with

essential duties to provide care to the residents and maintain the facility. The Golden Plough Lodge is committed to providing optimal service delivery during a pandemic.

Use of Volunteers and Family Members

The OMT will oversee the redeployment, education, and cross training of available staff, volunteers, family members and students. A policy regarding minimal staffing levels will be developed as part of the GPL Emergency Plan.

GPL will collaborate with the Human Resources Department to ensure adherence to legal and legislative considerations and to discuss staffing challenges.

Listing of Cross Trained Staff

The OMT will maintain the list of cross trained staff. Specific services and programs may be suspended to make additional staff available to assist with essential duties.

Agency Staff

Agency staff may be utilized to fill staffing vacancies as required. Considerations will be given to altering work assignments as deemed necessary to maintain essential services.

Self and Family Care Guidelines

Education will be provided to the staff and family members to ensure good practices for personal preparedness and family care. It is expected staff will make every effort to secure childcare, elder care and transportation arrangements to enable them to continue to work without disruptions.

Staff Support Services

The OMT will decide the availability of support staff including but not limited to the following:

- Onsite Child Care
- Transportation Assistance
- Meals
- Overnight Accommodation
- Rest Areas between overtime shifts

The County of Northumberland Employee Assistance Program provides the following services for Pandemic Influenza assistance:

- 24 hour/day service
- Provision of on-site counselling services during critical incidences

- Provision of telephone counselling, email counselling and teleconferences
- Any manager/supervisor can call to set up critical incident counselling

Volunteer Management

Volunteers will be trained to assist limited aspects of care and steps will be taken to ensure they are not functioning beyond their capabilities.

Additional volunteers may be recruited as deemed necessary.

Volunteers who present to the facility unsolicited will be screened for suitability and placed according to the needs of the facility.

Communication

Internal Communication

Roles	Responsibilities
Administrator/Designate	<ul style="list-style-type: none"> • Ensure that GPL Pandemic Influenza Plan is communicated and implemented • Communicate to the County of Northumberland CEO re: pandemic • Provide daily status report to CEO
Medical Director(s) & Attending Physicians	<ul style="list-style-type: none"> • Notified in the event of a Pandemic Influenza Outbreak

Outbreak Management Team (OMT)	<ul style="list-style-type: none"> • Meet twice a week in designated command center that has teleconference capability and computer network access
	<ul style="list-style-type: none"> • Will maintain Minutes of all meetings • Will update pandemic information as received from the MOHLTC and HKPR Medical Officer of Health • Will post updated pandemic information in visible locations that are accessible to all staff and on the Infection Control Notice Board
Supervisors and Clinical Coordinators	<ul style="list-style-type: none"> • Communicate vital information to their staff upon advisement of OMT
	<ul style="list-style-type: none"> • Work schedules and alternate assignments will be posted daily at Reception for Volunteers and family members who have volunteered to assist • A voluntary list of staff email addresses will be maintained for those who wish to receive updated pandemic information during the outbreak

ICP	<ul style="list-style-type: none"> • Postage of signage at entrances to inform staff of outbreak status • Postage of signage promoting hand hygiene, cough etiquette, proper use of PPE and social distancing throughout GPL as applicable
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

External Communication

Roles	Responsibilities
HKPR Health Unit	<ul style="list-style-type: none"> • All media and general inquiries regarding pandemic directed to Health Unit
OMT	<ul style="list-style-type: none"> • Will give direction as to the content of the external telephone greeting if during Phase 6 there is an outbreak in GPL
MOHLTC	<ul style="list-style-type: none"> • Fact Sheets available for distribution to family, visitors, staff and volunteers in regard to pandemic Available on website
Registered Nurse/Designate for each Home Area	<ul style="list-style-type: none"> • Responsible for contacting and responding to family questions and concerns regarding residents' condition and changes of treatment

Emergency Planning

Supply Chain Capacity and Stockpiling of Essential Supplies

During an influenza outbreak, health care settings will need large quantities of equipment and supplies to provide care and to protect the health care workers. It is anticipated that the demand will be high worldwide and traditional supply chains may break down.

In preparation for a pandemic, the following measures will be instituted:

- GPL will have a 2-week stockpile of essential supplies as determined
- The formula for calculating quantities of gloves and PPEs is as follows: 25 staff encounter per resident per day x 31 days x 35%
- A seven-day stockpile of non-perishable food items for residents will be included in the list of essential supplies
- There should be a 24-hour supply of potable water for residents and staff
- All supplies are to be checked for expiration dates and rotated on a regular basis to prevent stock expiration; department managers will determine the frequency of stock rotation
- Department managers will make recommendations for appropriate secure storage for the 31-day stockpile of essential supplies

Building Security and Traffic Flow

Existing security measures within GPL will remain and the following additional procedures will be implemented in a pandemic outbreak:

- The OMT will decide how to lock down the entrances and exit to GPL to control points of access and maintain security
- GPL will test lock down process to ensure feasibility of the plan
- Signage will be posted to direct staff and visitors to the screening station and provide information about the screening process and the outbreak status as provided by communication from the OMT
- A screener will in place for all individuals entering and exiting GPL and will be responsible to screen for infectious status and monitor the identification of all parties entering and exiting GPL
- The reception area staff will direct emergency services personnel as required in the event of an emergency
- The OMT will assist with accommodations that may be required to maintain access and building security
- The scheduling clerk will be required to have verification of agency staff credentials during a pandemic outbreak
- Steps will be initiated to minimize staff and resident movement throughout GPL; all activities will be restricted to the individual resident home areas
- All delivery persons will be directed to the common entrance to be screened and granted access to deliver goods and/or supplies to designated areas

Visitor Management

Notifying Visitors and Volunteers

The GPL will activate its pandemic/emergency communication plan and activities in Phase 3 of the Pandemic. Signs will be posted at all entrances indicating the situation (e.g., pandemic activity in the community and/or pandemic activity within GPL).

Visitors will be advised of the potential risk of either introducing influenza into GPL or acquiring influenza within GPL, and of the visiting restrictions, if applicable.

In the event of an outbreak within GPL, family members of ill residents and residents on the affected Resident Home will be contacted immediately. Other Communication systems will be used to convey information as appropriate to maintain communication with families and visitors.

Screening of Visitors

- All visitors are required to be screened to enter GPL
- One person will visit each resident at a time
- Refer to Surveillance Screener Responsibilities

Visitor Restrictions

Visitors are encouraged to postpone visits whenever possible. However, all visitors who choose to visit during an outbreak shall be required to do the following:

- Perform hand hygiene on arrival, before leaving the resident's room and before leaving GPL
- Use PPE as instructed by the staff
- Visit only one resident and exit GPL immediately after the visit. If they are assisting in providing care for residents, they will be instructed to perform hand hygiene between residents.

The OMT will evaluate the need to restrict visitors based on the nature of the pandemic. Visiting restrictions will be discussed by the OMT, at which time the recommendations of one visitor per resident at a time will be considered.

Restrictions on Ill Visitors

Under the FRI screening protocol, ill visitors are asked not to enter GPL until they have recovered. During an Influenza Pandemic, if there are severe staff shortages, visitors with Influenza Like Illness (ILI) may be allowed to enter GPL to assist in providing care for residents before they are fully recovered. If this is necessary, they will be restricted to assisting with non-direct care or to working with residents with symptoms of ILI and will use appropriate PPE.

Visiting Ill Residents

The screener will direct the visitors to see the registered staff before visiting. There will be additional precaution signage on the entrance of the resident's room. The registered staff will advise visitors of any restrictions and instruct them on proper use of PPE, if required. Ill residents and their visitors should remain in the resident's room throughout the visit. It is recommended that visitors do not visit other residents unless otherwise directed by registered staff.

Communal and Other Activities

Visits by outside groups shall not be permitted. Visits to multiple residents will be restricted unless the visitor is assisting with care and activities of daily living.

A staff member/pastoral care/volunteer will be made available to assist managing and controlling issues that may arise with visitors to GPL during the pandemic (i.e., emotional situations, resulting from anxiety or shock due to pandemic situations and illness and death of a loved one).

It may be necessary to have a 24-hour security guard to control disgruntled visitors. The OMT will evaluate the need at the time of the Pandemic.

Mass Fatality Management

Death Pronouncement

According to the College of Nurses of Ontario (CNO), the College's practice standard for Resuscitation states a nurse may pronounce death in situations of expected death, meaning the resident is terminally ill and there is no available treatment to restore health, or the resident refuses the available treatment.

Pronouncing death is to declare death has occurred. There is no legal definition of pronouncing death and no legal requirement that a physician pronounces death.

When deciding if it is appropriate for nurses to pronounce death within a particular setting, consideration must be given to the resident population, benefit to the resident's family and friends, and any potential restrictions in policy and legislation. In a pandemic outbreak, it may be anticipated that a RN will pronounce death as per policy.

Death Certificate

At present, only a physician may certify the death of a resident. The Coroners' Act includes circumstances in which a nurse would need to report the death to the coroner for investigation. At present it is the routine practice to report every 10th death, however in a pandemic outbreak, this reporting may be altered.

Direction will be taken from the Medical Officer of health to guide the reporting process.

Temporary Morgue Site

The Administrator and OMT will determine a location within GPL that will be determined to be a temporary Morgue if the need arises.

Safekeeping of Personal Belongings after Death

At present, the Power of Attorney and/or family are required to remove the personal belongings within 24 hours following the death of a resident.

GPL will advise of the need to pick up the belongings as soon as possible. However, during a pandemic outbreak, GPL will provide storage for up to 30 days and will communicate with the family for required support with the process of removing items from GPL as needed.

GPL will adhere to the families' direction for disposal of personal belongings and/or donations. The items will be stored up to 30 days after which time they will be disposed.

Faith Practices and Consideration for Dying Residents

The Golden Plough Lodge has a religiously diverse resident population.

It is recognized that some faith-based groups have special considerations when dealing with dying and death. Should a Pandemic Influenza result in additional deaths over and above the number of deaths expected from all causes occurring in the pandemic period, special consideration may need to be given to ensure these practices are adhered to as much as possible while dealing with the surge.

It is expected that many deaths in a pandemic would not require an autopsy since an autopsy is not needed to confirm influenza as the cause of death.

Where faith-based practices dictate how a deceased body should be handled, the wishes of the family will be adhered to. If the family will not be available for consultation, local religious and ethnic communities may be consulted to obtain information and guidance.

It is important to recognize that there may be a significant loss of people and expertise/skill sets within the faith community during a pandemic as a result of staff/volunteer absences and increased demand for faith groups and faith-based organizations to provide mental/spiritual health and social services. Further there may be a need for faith leaders to address rumours, misinformation, fear, and anxiety. These factors may impact the availability of faith-based support from external resources.

The Palliative Care Committee will provide information and support in regard to special considerations for faith-based groups. The health care team will be encouraged to consult with the

Chaplain or members of the Palliative Care Committee to ensure that residents are treated with respect and dignity in the process of dying and death according to their chosen faiths.

Recovery and Business Continuity

Post Pandemic Recovery Activities: “Return to Normal”

The aim of the recovery is to allow the Golden Plough Lodge to emerge from a pandemic and return to a healthy state as it was prior to the pandemic. As the outbreak will likely come in waves, every attempt must be made to balance the available resources, both physical and human, to expedite recovery while preparing for the next wave.

Key Actions

Priority	Key Actions
Immediate	<ul style="list-style-type: none"> • Debrief • Assess resources and re-stock supplies and equipment • Evaluate individual and economic costs of the pandemic (consider overtime, workdays lost, additional supplies) • Resume routine surveillance and normal work schedules • Provide updates (written) to staff, residents, families, and volunteers

Intermediate	<ul style="list-style-type: none"> • Review data for information such as age specific, mortality, morbidity and attack rates, vaccine efficiency, antiviral efficiency, and community containment measures • Return to routine Influenza surveillance • Evaluate lessons learned
Gradual	<ul style="list-style-type: none"> • Maintain communication with local partners • Assess and rebuild infrastructure (e.g., volunteer reserves) • Revise competencies/key skills for volunteers as necessary to support job functions based on what was learned during pandemic • Revise the Pandemic, Emergency and Business Continuity Plans as appropriate

OUTBREAK POLICY IC-04-02

Manual: Infection Prevention and Control

Section: Outbreak Management

Policy Title: Outbreak Policy

Policy Number: IC-04-02

Cross Reference:

Issued by: Infection Prevention and Control Coordinator

Approved By: Administrator

Approval Date: November 2010

Review Date: July 2022

Policy

Golden Plough Lodge will manage all infectious disease outbreaks through infection prevention and control measures and protocols as well as identify a possible outbreak and notify the local public health authority and other regulatory bodies where required. The Outbreak Management Team (OMT) will provide oversight, guidance, and direction with respect to all aspects of home operations during a suspected or declared outbreak, including following specific public health authority directives to stop the spread of infection.

Declaring An Outbreak

Golden Plough Lodge must review all signs and symptoms throughout the home on every shift. The IPAC Coordinator must be aware of case definitions and declare a possible outbreak when symptoms meet the criteria of a potential outbreak. Upon declaration of an outbreak all measures must be put in place to prevent the spread of infection.

Procedures for Registered Staff

1. Implement appropriate control measures if an assessment determines that a resident may have a communicable illness. These measures are determined by the presenting symptoms and may include additional precautions such as contact precautions, droplet precautions or airborne precautions. (Refer to Surveillance Program Within the Home Policy).
2. Restrict a potentially infected resident to their room, where possible. Post Public Health Ontario's appropriate precaution signage outside the affected room to notify anyone entering about required precautions and necessary personal protective equipment (PPE).
3. Initiate a line listing to begin tracking residents with the date and time of onset of symptoms. Initiate, on the same, line list staff with similar symptoms. The link to access the line list is S:\NURSING\Infection Prevention and Control\infection control line list.
4. Implement further control measures based on the symptoms and the possible mode of transmission on a suspected outbreak if another resident becomes ill with similar symptoms within 24 hours. These measures include, but are not limited to:
 - a. Restricting visitors' activities in the home area;
 - b. Isolating residents in their rooms; and
 - c. Posting HKPR health unit outbreak signage at the east and staff entrance to the home area advising of the need for hand hygiene or other precautions.

Procedures for IPAC Coordinator

1. Arrange for an Outbreak Team Meeting (OMT) to:
 - a. Update all team members of the infection activity in the home;
 - b. Review the data collected to date;
 - c. Derive a suspected case definition, or notify staff of the case definition as defined by the public health authority;
 - d. Implement an action plan related to control measures for the affected area(s) and / or the entire home.

- e. Inform the local public health authority of the suspected outbreak immediately and follow all their directives. If an outbreak is confirmed, the local public health authority will provide an outbreak number or reference for tracking and referral purposes.
 - f. Notify the Medical Director of the home of the confirmation of the outbreak.
2. Notify the following of a confirmed outbreak:
- a. Health and Safety Director;
 - b. Ministry of Health and Ministry of Labour when required; and
 - c. Ministry of Long-Term Care

Note: The Outbreak Management Team (OMT) will meet once a week or more often if necessary to carry out responsibilities for the duration of the outbreak.

Managing An Outbreak

Golden Plough Lodge will immediately manage outbreaks to prevent the spread of an infection.

Procedures for All Staff

1. Identify any new symptoms displayed by residents and report to the registered staff in charge of the home area.
2. Follow the communicated protocols for outbreak control and prevention of spread.
3. Provide care by immunized staff only to affected residents where applicable and in accordance with any local public health directives.
4. Provide resident care or other services such as recreation or physiotherapy by immunized staff only within two (2) metres of an affected resident, where applicable and in accordance with any local Public Health Authority directives.

Procedures for Administrator

1. Supervise and monitor all outbreak management activities directly.
2. Review the communication plan and follow protocol for media contact.
3. Consult with Northumberland Counties' communications department as required.
4. Participate in all OMT meetings.
5. Monitor communication between physicians/nurse practitioners, residents, families, staff, hospitals and support services.

Procedures for Director of Care

1. Attend OMT meetings or meet with IPAC Coordinator and charge nurses to review status of outbreak, including:

- a. Number of residents and staff affected, including their status;
 - b. Presenting symptoms and/or case definition as assigned by the local public health authority;
 - c. Number of residents in hospital and on leave of absence;
 - d. Number of resident deaths;
 - e. Tests performed, including results if available;
 - f. Additional precautions, and outbreak control measures;
 - g. Antiviral protocol implementation (if confirmed influenza virus as causative organism); and
 - h. Local public health authority recommendations.
1. Oversee reporting and documentation requirements.
 2. Confirm notification of physicians/nurse practitioners and families of all affected residents.
 3. Review staffing, nursing protocols, job routines and staff assignments for revision(s) if needed.

Procedures for IPAC Coordinator

1. Chair OMT meetings.
2. Implement and monitor all procedures to contain/control the outbreak (as recommended by the OMT and HKPR health unit).
3. Provide a 24-Hour report to the Director of Care and the Administrator.
4. Liaise with the HKPR health unit and follow any direction with response and cohorting decisions in the home.
5. Maintain the resident and staff line lists.
6. Provide education regarding the appropriate control measures implemented, including the use of PPE.
7. Maintain all data collected regarding the outbreak.
8. Prepare information updates for staff and families (memo)
9. Visit affected home areas to observe and assess application of control measures.

Procedure for Life Enrichment

1. Review and reschedule programs as required. Local public health authority written directions are to be followed with respect to planned programs especially where there is community involvement. Organize recreational activities by cohorted areas and exclude symptomatic residents from participating in group activities.

Procedures for Dietary Manager

1. Review alternate meal service.
2. Confirm number of residents requiring tray service.
3. Review and revise dietary protocols as required.

Procedures for Environmental Manager

1. Review cleaning procedures and products with special attention to all high touch areas.
2. Review frequency of cleaning with all housekeeping staff.
3. Maintain sufficient supplies for cleaning and disinfection.
4. Monitor appropriate collection and handling of soiled linen including use of PPE where applicable.

Procedure for Office Manager

1. Review the communication plan with the IPAC Coordinator and assist with communications as required.

INFECTIONS AND COMMUNICABLE DISEASES I.C.-02-03

Manual: Infection Prevention and Control

Section: Infection Prevention

Policy Title: Infections and Communicable Diseases

Policy Number: I.C.-02-03

Cross Reference:

Issued by:

Approved By: Infection Prevention and Control Coordinator

Approval Date: September 2005

Review Date: June 2022

Purpose

The Public Health Agency of Canada requires the reporting of specific infectious diseases. This list is updated regularly, and it is also a requirement through provincial legislation. Public Health Authorities may impose certain directives for specific infections to reduce the risk of spreading them.

Policy

Golden Plough Lodge will have a list of reportable/notifiable diseases provided by the Haliburton Kawartha Pine Ridge Health Unit and report all designated infections immediately.

Procedures for IPAC Coordinator

1. Ensure staff has access to a current master list of specific reportable/notifiable diseases as defined by the area in which Golden Plough Lodge is situated (HKPR Health unit);
2. Confirm implementation of any required additional precautions;
3. Follow local reporting protocols for reporting infections to the HKPR health unit and follow their guidelines.

Procedures for Registered Staff

1. Report any resident with a confirmed reportable/notifiable disease to the ICP;
2. Report the presence of this infection to the attending physician/nurse practitioner and follow through with all required medication, treatment or diagnostic orders;
3. Inform staff of any specifics relating to care including additional precautions;
4. Use Infection Control Surveillance Monitoring on Point Click Care (PCC) and Infection Control note on PCC to document all actions taken with respect to the infectious disease including what was reported and to whom;
5. Inform the family/substitute decision-maker (SDM) where applicable.

Procedures for All Staff

1. Staff must notify their department supervisor of their symptoms of the communicable disease or infection.
2. The Staff should seek immediate medical attention from their family physician or consult the IPAC Coordinator.
3. The IPAC Coordinator in consultation with the immediate supervisor, Administrator and/or HKPR Health unit must immediately determine if the staff must remain off work or continue regular duty based on the communicable disease determined in addition to a date of return to duties.
4. Approval for the staff to return to work must be given by the IPAC Coordinator. Staff manifesting symptoms of any communicable disease or infection (especially those listed below) must notify their department supervisor of their condition. A Staff may be required to remain off work until the symptoms have subsided, especially food handlers and those who have regular direct resident contact during their duties.
 - Respiratory Tract Infections
 - Influenza
 - Gastro-enteritis (Diarrhea for 2 or more consecutive days)
 - Scabies (Mites)
 - Herpes Simplex I (most commonly seen as cold sores)
 - COVID-19

The following are included specifications of when to return to work:

- Gastro-enteritis - off duty until symptom free for 48 hrs.; in the case of diarrhea caused by salmonella.
- Scabies - off duty until the affected areas are free from parasites and their eggs.
- Herpes Simplex I - off duty until all weeping lesions have dried or covered weeping lesions
- Influenza – off duty until 6 days after the onset of symptoms.
- COVID 19 – off duty until 5 days after the onset of symptoms or positive PCR laboratory test whichever is earlier.

Appendix A - Diseases of Public Health Significance

These diseases are to be reported to the local Medical Officer of Health (Ontario Regulations 135/18 and amendments under the Health Protection and Promotion Act).



When to report:

During business hours (Monday to Friday, 8:30am – 4:30pm) all diseases must be reported to the Health Unit immediately.

PHONE: 1-866-888-4577 ext. 1232

FAX: 1-905-885-9554

Outside of business hours (including weekends and holidays), only the diseases with an * must be reported immediately by phone to the on-call staff at 1-888-255-7839. All other diseases can be reported next business day.

-
- Acquired Immunodeficiency Syndrome (AIDS)
 - Acute Flaccid Paralysis
 - Adverse Events Following Immunization (AEFIs)
 - Amebiasis
 - *Anthrax
 - Blastomycosis
 - *Botulism
 - *Brucellosis
 - Campylobacter enteritis

- Carbapenemase – producing-Enterobacteriaceae (CPE)
- Chancroid
- Chickenpox (Varicella)
- Chlamydia trachomatis infections
- *Cholera
- *Clostridium difficile infection (CDI) outbreaks in public hospitals
- *Creutzfeldt-Jakob Disease, all types
- Cryptosporidiosis
- Cyclosporiasis
- *Diphtheria
- Echinococcus multilocularis infection
- Encephalitis:
 1. Primary, viral
 2. Post-infectious
 3. Vaccine-related
 4. Subacute sclerosing panencephalitis
 5. Unspecified
- *Food poisoning, all causes
- *Gastroenteritis, outbreaks in institutions and public hospitals Giardiasis Gonorrhoea
- *Group A, Streptococcal disease, invasive (iGAS) Group B, Streptococcal disease, neonatal
- *Haemophilus influenzae, all types, invasive *Hantavirus Pulmonary Syndrome *Hemorrhagic fevers, including:
 1. *Ebola virus disease
 2. *Marburg virus disease
 3. *Lassa Fever

4. *Other viral causes

- *Hepatitis A, viral
- Hepatitis B, viral
- Influenza
- Legionellosis
- Leprosy
- Listeriosis
- Lyme Disease
- *Measles
- *Meningitis, acute, including:
 1. Bacterial
 2. Viral
 3. Other
- *Meningococcal disease, invasive
- Mumps
- Ophthalmia neonatorum
- *Paralytic Shellfish Poisoning
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- *Plague
- Pneumococcal disease, invasive
- *Poliomyelitis, acute
- Psittacosis/Ornithosis
- *Q Fever
- *Rabies
- *Respiratory infection outbreaks in institutions and public hospitals

- Rubella
- Rubella, congenital syndrome
- Salmonellosis
- *Severe Acute Respiratory Syndrome (SARS)
- *Shigellosis
- *Smallpox
- Syphilis
- Tetanus
- Trichinosis
- *Tuberculosis
- *Tularemia
- Typhoid Fever
- *Verotoxin-producing E. coli infection, including Haemolytic Uraemic Syndrome (HUS)
- West Nile Virus Illness
- Yersiniosis

Section 15: Code Grey Gas Leak

STAFF SAFETY TRAINING

Manual: Golden Plough Lodge Emergency and Fire Procedures

Section: Code Grey

Policy Title Code Grey Gas Leak

Policy Number:

Cross Reference:

Issued by:

Approved By: Administrator

Review Date: December 2023

Policy

To ensure the safety and continued provision of services for residents, a long-term care home (LTCH) will follow the Code Grey Building Emergency CO (Carbon Monoxide)/Gas Leak procedures.

Description

Carbon monoxide is a colourless, odourless, tasteless, toxic gas; usually the product of incomplete combustion from a fuel fired appliance.

Natural gas is odourless in its pure state. An odorant is added to give natural gas a distinctive rotten egg smell.

Symptoms of carbon monoxide and/or natural gas exposure

Exposure to CO or natural gas can cause a number of serious symptoms including flu-like symptoms such as headaches, nausea and dizziness, as well as confusion, drowsiness, loss of consciousness and even death.

Signs of a natural gas leak

Sight – Damaged connections to natural gas appliances.

Sound – Hissing or whistling.

Smell – A distinctive rotten egg or sulphur-like odour.

Ventilation

During a Code Grey it is important to OPEN windows and doors. This will ventilate the area.

Carbon Monoxide Detectors

Carbon monoxide detectors have been installed in areas of the home where fuel burning appliances/equipment are located and adjacent resident sleeping areas.

If a CO detector detects a dangerous level of CO, the red alarm light-emitting diode (LED) will flash, the detector will emit a loud alarm pattern (four quick beeps, five second pause and repeats) and the digital display will indicate the level of CO present in the form of parts per million (PPM).

Low levels – generally below 50 PPM

Mid levels – generally between 50 PPM to 100 PPM

High levels - generally above 100 PPM

Documentation

All real and simulated emergency events shall be documented.

Procedure

Upon discovering an alarm, leak and/or smell natural gas:

- Using the closest safe phone, announce that the alarm is not a drill and tell staff to proceed with building gas leak procedures.
- Remove or evacuate any residents or visitors from the affected areas as per the Evacuation Procedures.
- Ensure containment – close the door(s) of the affected area.
- Open windows and doors to ventilate the unaffected areas.
- Have a staff person at the main entrance to meet the fire department and take them to the location of the gas leak.
- Activate GPL Call Out Plan if required.
- Follow instructions from the fire department.
- Once the fire department has determined the area is safe and all clear, announce 4 times clearly on the building paging system that it's "ALL CLEAR".
- Debrief with staff, residents, family and visitors.