



**HELLENIC HOME FOR THE AGED INC.
EMERGENCY RESPONSE PLAN**

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Introduction

The emergency response plan provides guidance to protect residents and others in long term care in the event of an emergency and plan for the delivery of health care when there is an interruption or loss of essential services such as, but not limited to fires, community disasters, violent outbursts, medical emergencies etc. or during a disease of public health significance including outbreak, epidemic, pandemic. These situations could threaten the residents' safety, public health, the environment, property, critical infrastructure and economic stability.

The objective of the plan is during an emergency is to:

- Provide optimal care and safety for Residents.
- Utilize entities that may be involved in or provide emergency services to maximize resources.
- Ensure the continued operation of the home.
- Manage the incident and minimize the consequences.

Stages of Emergency Preparedness, Response and Recovery

Definitions



OHA Emergency Response Framework

Prevention/Mitigation

Actions taken to avoid/eliminate disaster from occurring or reduce the impact of one.

Preparedness

Process of developing a plan of action to deal with the disaster when it occurs. Activities include identifying resources, building capacity and training staff.

Response

Mobilization of resources to respond to the disaster.

Recovery

Processes to restore the affected areas back to normal.

The emergency plan may be implemented in whole or in part, as soon as the emergency occurs or is expected to occur, which is of such magnitude as to warrant implementation of the Plan.

The emergency management process takes place within a framework of legislation, regulation and standards. These statutory documents are in place to ensure a minimum level of emergency management activities are taking place across long term care homes. Key legislation includes:

- Fixing Long Term Care Act, 2020, Regulations 246/22

- Health Protection and Promotion Act, 1990
- Emergency Management and Civil Protection Act, 1990
- Occupational Health and Safety Act 1990, and
- Fire Protection and Prevention Act, 1997

Emergency Management Team

Internal

Hellenic has an interdisciplinary committee responsible for internal emergency/disaster planning (Emergency Management Committee). The Emergency Management Committee is responsible for developing, maintaining and putting into action, the Emergency Response Plan. The Chief Executive Officer and Administrator(s) are the response coordinators for their respective areas (Hellenic Care for Seniors, Hellenic Home for the Aged). The CEO has overall authority for the Emergency Response Plan while the Administrators are responsible for implementing, monitoring, and ensuring all aspects of the plan are followed in conjunction with the Emergency Management Committee.

Roles and Responsibilities

Hellenic Home is committed to protect the health and safety of those who live and work in the Home: including developing, evaluating and updating emergency plans for any type of potential hazard which could jeopardize their safety. In the event of an emergency, the management team will respond as well as coordinate the support of community agencies, system partners and resources.

CEO

- Has the ultimate responsibility and authority to act on behalf of Hellenic Home for the Aged Inc.
- Responsible for the development of the Emergency Response Management Team.
- Oversees the development of the Risk Management Program to determine the likelihood and potential impact of each emergency hazard and initiate mitigation strategies where needed.
- Ensures that Emergency Plans are developed and current.
- Acts as a liaison with public officials.
- Responsible for contacting local or regional groups to obtain information on coordinating the facilities' plan with other plans, for monitoring public health advisories and updates (local, provincial and federal) and updating response coordinators.
- Speaks with the media, as needed.
- Ensures website is updated with the most current information.
- Briefs the Board of Directors as needed.
- Plans for recovery.
- Reports any additional resources that may be required.

Administrators at each location

- Acts as the Incident Management person in an emergency.
- Responsible for providing input to the development of the emergency plan.
- Ensures the implementation, monitoring and execution of the Emergency Response Plan.
- Communicates with staff, families and residents.
- Remains current with health directives and ensures they are implemented.
- Responsible for communication with Public Health Authorities/City of Toronto/Home and Community Care Support Services.
- Coordinates screening and testing of staff/visitors.
- Coordinates preparation meetings.
- Fulfils the role of Human Resources in the absence of a Human Resource Manager.
- Reports any additional resources that may be required.
- Works with the CEO to plan for recovery.

Director(s) of Care at each location

- Assists the Administrator in the execution of the emergency plan for long term care.
- Oversees resident care.
- Communicates with staff, families, and residents.
- Responsible for ensuring that the contact information for family members is up to date.
- Monitors events for any possible health, safety, and infectious related concerns.
- Educates staff, residents, and families on infection control practices.
- Remains current with health directives and ensures they are implemented.
- Interfaces with funeral homes to ensure the safe pickup of deceased residents.
- Reports any additional resources that may be required.

IPAC Lead at each location

- Submits daily data as directed by local public health.
- Coordinates efforts to ensure sufficient non-expired stock of personal protective equipment.
- Reviews and advises on all the organization's overall infection prevention and control measures.
- Oversees the implementation of outbreak control measures.
- Provides training for staff in the use of disinfectants and PPE and infection prevention and control measures.
- Coordinates screening and testing of residents.

Medical Director/Attending Physicians at each location

- Works collaboratively with the Administrator/Director of Care to develop solutions to

provide resident care during emergency response).

- Monitors resident care and reports any challenges facing resident care.
- Report any additional resources that may be required.

Environmental Services at each location

- Collaborates with the Administrator to implement the emergency plan.
- Consults with the IPAC Lead to determine the type of outbreak.
- Maintains essential building services, fire safety and site utilities.
- Coordinates efforts to ensure sufficient non-expired stock of cleaning products which are approved to be used during an outbreak.
- Ensures that cleaning, disinfecting protocols are being followed.
- Reports any additional resources that may be required.

Activation at each location

- Reassigns and redeploys staff as needed.
- Reports any additional resources that may be required.

Social Worker(s) at each location

- Liaises with family members, residents/clients re information updates.
- Reports any additional resources that may be required.
- Individual counselling as needed for residents/clients having difficulty coping.

Human Resources

- Screens employees and agency to ensure declaration to work exclusively at Hellenic.
- Collaborates with the CEO/Administrators to manage the people resources and challenges related to staff issues (e.g., absenteeism, shortages etc.).
- Reports any additional resources that may be required.

Dietary Services at each location

- Maintains four weeks supply of food and high heat disposables.
- Develops an emergency menu (as needed) in case of food shortages.
- Provides training for staff in the use of disinfectants and PPE.
- Revises duty outlines for some positions as needed.
- Reports any additional resources that may be required.
- Ensures that the Estia is open only for take-out following infection control practices.

Pharmacy Services

- Collaborates with the home to ensure a continuous supply of medications.
- Conducts Medication reviews, creates resident profiles, and provides consulting services.

Occupational Health and Safety Committee

- Actively participates and makes recommendations to the home's preparations for a
Emergency response.

Quality Improvement Committee

- Reviews feedback from emergency response tests and offers recommendations for improvement.
- Ensures incidents are evaluated (e.g., Code Yellow) and makes recommendations for improvement.

External

If the emergency exceeds part or all the capacity of the home to effectively respond, Hellenic can request support from community partners and the municipality as needed. Hellenic has established current agreements with external entities/community partners that may be involved in or provide emergency services in the area where the care community is located, including, without being limited to, relevant community agencies, health service providers, partner facilities, and resources that will be involved in responding to an emergency. Agreements for mutual aid or assistance during an emergency with community partners, agencies, and/or vendors are negotiated and formalized into written agreements and are tested and renewed annually.

These agreements include, but are not limited to:

- Provision of accommodation/temporary shelter in the event of an emergency evacuation
- Provision of Transportation in the event of an emergency evacuation
- Provision of Resources (food & water)
- Provision of Supplies (non-food i.e., cots, blankets, etc.)
- Provision of Services (oxygen, medical, etc.)
- Generator

Role and Responsibilities

- Inform the Home of their engagement to assist with the Home's emergency response.
- Follow the direction of the Emergency Management Team.

Overview of Emergency Responsibilities

1. Government of Canada plans and coordinates nationwide emergencies and provides aid to provinces and territories in need.
2. The Government of Canada plans and coordinates province wide emergencies and provides aide to municipalities in need.

3. Municipal Governments and Community Partners coordinate and support local responses.
4. Provincial or Regional Organizations develop tools, training, relationships, strategies and advice to support emergency planning.
5. Long Term Care homes are responsible for the health and wellness of residents and their staff including developing emergency response plans that address potential disasters and emergencies.

Emergency Plans

Hellenic Home shall:

1. Follow the Fixing Long Term Care Act 2021 and Regulations 246/22 for Emergency Plans.
2. Ensure that the emergency plans are recorded in writing.
3. Consult with entities that may be involved in or provide emergency services in the area of the home including community agencies, health service providers, partner facilities and resources that will be involved in responding to the emergency and keep a record of the consultation.
4. Ensure that hazards and risks that give rise to an emergency impacting the home are identified and assessed.
5. Consult with the Resident and Family Council.
6. Ensure Emergency plans are evaluated and updated:
 - Annually including emergency contact information.
 - Within 30 days of an emergency being declared over and after each instance when the emergency plan was activated.
7. Test the emergency plan annually.
8. Conduct a planned evacuation at least every three years and keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.
9. Post the current version of the emergency plan on the home's website and provide physical copies of the plan on request.

Emergency Fan Out List

The fan out notification system will be used as a means to communicate with staff in the event of an incident or emergency. Hellenic maintains a current staff and volunteer contact list as part of its Emergency Response Plan. The fan out list is kept current, and the order of the list is based on a staff member's proximity to the property (robo calls). Fan out lists are maintained as a private document containing staff names and contact numbers. It is not posted here as it

contains personal information. A hard copy of the list is kept at the command centres at each site in the Emergency Kit.

The Administrator/designate will:

1. Ensure that contact lists are updated.
2. Inform staff when hired to share contact information if there are changes.

In case of an emergency requiring additional staff resources, the emergency fan out procedure will be initiated (robo calls):

The Administrator/designate will:

1. Initiate the “Call Back” fan out system through the business office staff if the emergency occurs during normal business hours.
2. Delegate the responsibility to the facility charge nurse at the facility in the absence of office staff for off hours.

Office Personnel/Designate

The person responsible for starting the calls from the facility will:

1. Notify all management staff at the initiation of the fan out system process.
2. Refer to the “Call Back” list on file at the facility and call the first individual in each group of staff listed.
3. Move to the next person on the “Call Back” list if no answer from first number called. One contact made in each group completes the initiation phase of the “Call Back” system.

Staff Receiving Calls

1. After a person receives a call, that person calls the next person whose name is on the list.
2. Let the phone ring 10 times. If no answer, call the next person on the fan out list.
3. If no answer, continue down the list until a contact is made.
4. The message should be as short and to the point as possible.
5. If required to report to the Home, do so after successfully completing the calls on the assigned list.

Emergency Plan Activation

Activation of the emergency plan may be based on the situation. For example, the person who sees a fire will pull the alarm, thus activating the Code Red Response and Emergency Response Plan. The emergency codes outline activation responsibilities.

General Information about Emergency Code Announcements

1. The Code is announced through the public address system. If there has been a loss of power, use alternate methods of communication i.e., runners, walkie talkies).
2. All codes will be announced over the P.A. system unless the policy indicates “DO NOT” announce over the P.A. system i.e., Intruder policy.
3. Codes must be announced in a clear voice, slowly allowing space between directions
4. Codes are called by announcing “Code X” three times and detail (e.g., location)
5. Codes are terminated by announcing “Code X-All Clear” x 3
6. Upon hearing “all clear” announcement, staff are to return to their normal duties unless otherwise directed.

Emergency Codes and Emergency Situations

Emergency Code procedures assist personnel to understand how to effectively manage emergencies.

Code Black	Bomb Threat	Boil Water Advisory
Code Blue	Medical Emergency	Outbreaks, Communicable Diseases
Code Brown	Internal Emergency (Hazardous Spills, Gas Leak)	Flooding/ Burst Pipe
Code Red	Fire	Pandemic
Code Green	Evacuation	
Code Grey	Infrastructure Loss/Failure	
Code Orange	Disaster/External Emergency	
Code Yellow	Missing Resident	
Code Purple	Active Attacker	
Code White	Violent Resident	

Emergency Command Centre

The homes will establish a pre-designated room that pulls together people for centralized coordination of information, resource and communication. There is access to computers, telephones, emergency power, cell phones, batteries and water.

1. At Hellenic Home for the Aged, the central command area is the reception area. Depending on the location of the emergency, an alternate area is the chapel.
2. At Hellenic Care for Seniors the central command is Ground Floor Nursing Station

Depending on the location of the emergency, an alternate area is the Administrator's office.

Emergency Set Up Kit

1. The emergency set up kit is kept in the reception area in the Emergency Box in the Scarborough location and at the Ground Floor Nursing Station at the Toronto location.
2. The contents of the emergency kit include:
 - Emergency Response Plan
 - Fan Out List with staff contact numbers
 - Key Contact list including utility contacts
 - Resident ID tags
 - Floor Plan Checklists
 - Recipient Home Agreements
 - Evacuation Placement Forms
 - Relocation Ministry Contacts (including Service Area Office (SAO) contacts, Licensing unit, Financial Management Branch and the Health System Emergency Management Branch)
 - Walkie Talkies
 - Flashlights
 - Batteries

EMERGENCY CONTACT NUMBERS

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

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

EMERGENCY CONTACTS - Hellenic Home for the Aged Inc.

Position	Name	Emergency Number	Non-Emergency Number
CEO	Kosta Kostouros		(416) 654-7718 ext. 2230
Administrator, Housing	Marilyn Gitsidis		(416) 654-2265
Executive Assistant and Housing Manager	Penny Stathopoulos		(416-654-3987
Fire		9.1.1	(416) 338-9050
Police Services		9.1.1	(416) 338-9050
Ministry of Long-Term Care			1 (877) 779-5559

Emergency Contacts-Hellenic Home for the Aged-Scarborough

Position	Name	Emergency Number	Non-Emergency Number
Acting Administrator	Mary Madarag		(416) 654-7718 ext. 3103
Acting Director of Care	Henrieta Yumang		(416) 654-7718 ext. 3125
IPAC Lead	Divya Balan		(416) 654-7718 ext. 3121
Lead Hand	Lawrence		
Service Area Office (SAO)	Manager	Valerie Johnston	Valerie.johnston@ontario.ca
Scarborough General Hospital		(416) 431-8181	
Scarborough Public Health		(416) 338-7446	

Services	Provider/Source	Contact information
Ambulance Transportation	Top Medical	416-716-6167
Appliance Repair	RG Henderson	(416) 989-4482

Services	Provider/Source	Contact information
Door Fobs	Sigma Fire & Security	(905) 305-8096
Doors and Windows	J&S Doors	905-882-6464 416-312-9202
Electrical and Fires Systems, sprinkles and mag locks	Onyx Fire	(416) 674-5633
Electrician	Industralite Electric	(905) 731-0662
Electrical Supplies	Atlas Lighting	(416) 493-2977
Elevators	Schindler Service Number	1-800-225-3123
Environmental Hazard Clean Up (Provincial)	Spill Action Centre	1-800-268-6060
Fire Monitoring	Counterforce	1-800-387-4641
Generator Service	M.D. Genergy Incorporated	(416)-521-7266
HVAC Systems, Fridge and Freezer	Naylor Building Partnerships Incorporated	(905) 338-8000
IT computers	Apogee	(416) 398-7855
Kitchen Repair	Russel Hendrix	(416)-207-9000
Laboratory Services	Dynacare	1(800) 668-2714
Landscaping Snow Removal	TLS Landscaping	Allan (416) 554-8446
Laundry	Harco Company Limited	(905) 890-1220
Lifts and Tubs	Arjo	1-800-665-4831
Locksmith	Acme	(416) 669-9999
Medical Supplies	Medical Mart	(905) 624-6200
Nurse Call System	Cimtel Inc.	1-866-727-8340 Ext. 0 (regular business hours) Ext. 7 (after hours emergency)
Oxygen & Suction Machines	Medi Gas	(416)-365-1700
Security Cameras	Alliance	(905)-696-0615
Translators for Residents and Families	Translation Services	1-888-294-3032
Pest Control	Orkin	(416) 518-3504

Services	Provider/Source	Contact information
Phone System	TRC Networks	(416) 398-4448
Poison Information Centre		(416) 813-5900
Pharmacy	Geriatrx Pharmacy	(416) 221-7755
Sterile Processing	Stericycle	
Security Alarm Monitoring and Maintenance	Counterforce by SMC	1-800 387-4611

Utilities-Contacts- Hellenic Home for the Aged-Scarborough

EMERGENCY CONTACTS – Hellenic Care for Seniors-Toronto

Position	Name	Emergency Number	Non-Emergency Number
Acting Administrator	Poli Pergantis		(416) 654-7718 ext. 2240
Director of Care	Cathy Smilis		(416) 654-7718 ext. 2243
IPAC Lead	Stephanie Genovese		(416) 654-7718 ext. 2234
HCCSS – Toronto Central	Director, Placement	Jason Ferreira	jason.ferreira@tc.lhins.on.ca
Service Area Office (SAO)	Manager	Theresa Berdoe-Young	theresa.berdoe-young@ontario.ca
Toronto Western Hospital		(416) 603-2581	
Toronto Public Health	Central Outbreak Liaison	Lakshmi Rampersad	(416) 396-4339 Lakshmi.rampersad@toronto.ca
Staffing Agency	Staff Relief	(905) 709-1767	

Services	Provider/Source	Contact information
Ambulance Transportation	Top Medical	416-716-6167
Appliance Repair	RG Henderson	(416) 989-4482
Dishwasher	Swish	1-800-509-3563
Door Fobs	Sigma Fire & Security	(905) 305-8096
Doors and Windows	J&S Doors	905-882-6464 416-312-9202
Electrical and Fires Systems, sprinkles and mag locks	Onyx Fire	(416) 674-5633
Electrician	Industrallite Electric	(905) 731-0662
Electrical Supplies	Atlas Lighting	(416) 493-2977
Elevators	TKE	416-291-2000

Services	Provider/Source	Contact information
Environmental Hazard Clean Up (Provincial)	Spill Action Centre	1-800-268-6060
Fire Monitoring	Avante	(416)-923-6984
Generator Service	M.D. Genergy Incorporated	(416)-521-7266
Generator Fuel	MacNamara Fuels	905-898-0560
HVAC Systems, Fridge and Freezer	Naylor Building Partnerships Incorporated	(905) 338-8000
IT computers	Apogee	(416) 398-7855
Kitchen Repair	Russel Hendrix	(416)-207-9000
Laboratory Services	Dynacare	1(800) 668-2714
Landscaping Snow Removal	TLS Landscaping	Allan (416) 554-8446
Laundry	Harco Company Limited	(905) 890-1220
Lifts and Tubs	Arjo	1-800-665-4831
Locksmith	Acme	(416) 669-9999
Medical Supplies	Medical Mart	(905) 624-6200
Nurse Call System	Cimtel Inc.	(416) 554-8446
Oxygen & Suction Machines	Medi Gas	(416)-365-1700
Security Cameras	Alliance	(905)-696-0615
Translators for Residents and Families	Translation Services	1-888-294-3032
Pest Control	Orkin	(416) 518-3504
Phone System	TRC Networks	(416) 398-4448
Poison Information Centre		(416) 813-5900
Pharmacy	Geriatrux Pharmacy	(416) 221-7755
Sterile Processing	Stericycle	
Security Alarm Monitoring and Maintenance	Avante Security	416-923-6984

Utility	Location (i.e., valve location)	Provider/Source	Contact information
Natural Gas	4 th Floor Mechanical Penthouse Main Kitchen (for Kitchen) Laundry (Room behind dryers)	Enbridge Incorporated	1-866-763-5427
Electrical	4 th Floor Mechanical Penthouse & Electrical Room at parking garage level	Toronto Hydro Corporation	(416) 542-8000
Hot Water	4 th Floor Mechanical Penthouse	Enbridge	
Cold Water	Sprinkler Room, Parking Garage	Municipal Water Supply City of Toronto	3.1.1.
Medical Gases Liquid Oxygen	Ground Floor Oxygen Room	Medigas (Home does not use Liquid Oxygen)	
Back Up Generator Dyed Diesel	4 th Floor Mechanical Penthouse	M.D. Genergy	(416)-521-7266
Fuel Storage Above Ground Steel Tank (Diesel Storage)	Day Tank – 4 th Floor Mechanical Penthouse Main Tank – Parking Garage, Fuel Tank Room	MacNamara Fuels	(905)-898-0560
Domestic Gas Boiler Heating Gas Boiler	4 th Floor Mechanical Penthouse	Naylor	(905)-764-0913
Air Conditioning Unit (Chiller) Make-up Air Units (MUA), AHU.	4 th floor Machine Room	Naylor	(905)-764-0913
Mechanical Rooms	4 th Floor Mechanical Penthouse		

Utility	Location (i.e., valve location)	Provider/Source	Contact information
Laundry	Parking Garage Level	Unimac Machinery Serviced by Harco.	905-890-1220

Communication

Hellenic will assign a team member to receive incoming calls and respond with/to:

- Status updates on emergency/location/residents
- Help/resources or staff coming from other facilities
- Team members calling to find out work schedule
- Medical information (as appropriate)
- Redirect media to Chief Executive Officer/designate

A voice mail messaging recording or Cliniconex (email) may be used to share a status update and redirect callers as appropriate.

Phone Communication Residents and Family

Hellenic will provide a list of family members (substitute decision makers) and assign staff to call family members of their family member’s safety and advise them of the homes’ plan for the emergency. (Cliniconex automated direct messaging system will also be used).

When placing calls, the assigned team members will:

- Advise if unable to contact via telephone where family members may call and/or visit website to obtain further information
- Advise family members that the team will be focused on providing resident care and protection
- Confirm the primary family contact, their phone number and email address where they may receive updates
- Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information.
- Track calls made

Written Communication Residents and Family

Hellenic will develop a bulletin containing key information to share with residents and family members. The bulletin will contain

- Type of emergency

- Estimated time and severity of impact
- Expected disruptions to services and routines
- Actions taken to mitigate risks
- Estimated time frame for the next status update
- What residents and family members can do to assist

In Person Communication: Residents and Family

In keeping with the type of emergency, staff will keep residents informed using various strategies including daily updates, one to one conversation, council meetings, on TV monitors in the home etc.

Communication: Team Members, Volunteers & Students

Using the fan out system contacts, staff and volunteers will be notified of the emergency. The relevant training schools will be contacted to inform students of the emergency.

Communication: Additional Strategies

In an emergency, normal means of communication may become unreliable or non-existent. Methods of communication may include:

- Messengers
- Telephone (both cellular and landline, if operating)
- Walkie-Talkie
- Bull Horn
- Two -way radio
- Fax machines (if phone are operable)
- Internet or local area networks (if computer systems are operative)
- Technology - Cliniconex

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

Based upon the type of emergency, and as deemed necessary, ongoing communication with community partners will be facilitated by the CEO/designate. The frequency, participant list etc. will be determined in collaboration with the community partner.

CODE BLACK-BOMB THREAT

The code is designed to address a bomb threat or discovery of or search for a suspicious object.

In the event of a bomb threat or a suspicious package/device located within the building for which the owner cannot be located and the circumstances around the package are suspicious in

nature or in the event of a caller claiming to have planted a bomb in the home, a Code Black will be called to alert staff, visitors and residents and prompt an appropriate response.

Bomb Threat (by mail/email)

If a threat is received by mail, email or fax, staff will

1. Remain calm.
2. If possible, put the item in a plastic bag (only if safe to do so). Do not handle the item otherwise.
3. Keep all packaging material, envelope etc. Do not destroy or damage the packaging.
4. Note:
 - a. When the item was received
 - b. How was it received
 - c. Who delivered it and their description
5. Inform the Administrator immediately.

The Administrator/designate will:

1. Call Code Black by instructing reception to announce Code Black x3.
2. Immediately contact the police at 911, other managers, and the CEO.
3. Determine whether to initiate Code Green Evacuation procedures.
4. Follow Police direction.

Bomb Threat by Telephone

Any staff member who receives a bomb threat will:

1. Confirm the call has the correct location.
2. Remain calm and courteous.
3. Listen. Do not interrupt the caller.
4. Keep the caller on the line as long as possible.
5. Try to get another staff's attention to contact the Administrator.
6. Attempt to get as much information from the caller as possible. Questions to ask
 - a. What time will the bomb explode?
 - b. Where is it?
 - c. What does it look like?

- d. Where are you calling from?
 - e. Why did you place the bomb?
 - f. What is your name?
7. Make note of distinguishing items using the form below. May have to complete the form after the call.

Characteristics of Bomb Threat Caller				
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not sure	<input type="checkbox"/> Estimated age
Accent	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other: Specify	
Voice	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Other: Specify	
Speech	<input type="checkbox"/> Fast	<input type="checkbox"/> Slow	<input type="checkbox"/> Other: Specify	
Diction	<input type="checkbox"/> Good	<input type="checkbox"/> Nasal	<input type="checkbox"/> Lisp	Other:
Manner	<input type="checkbox"/> Emotional	<input type="checkbox"/> Calm	<input type="checkbox"/> Vulgar	Other:
Additional notes (i.e., background noise, etc.)				

The Administrator/designate will:

1. Call 911.
2. Initiate a search if the location of the package is not known.
3. Alert the CEO and determine whether to initiate Code Green evacuation procedures.
4. Follow EMS instructions.

Bomb Threat-suspicious package

Any person who becomes aware of a suspicious package will:

1. Inform the Administrator/designate.

2. Notify Administrator/designate of the location, description of the package and any other useful information.

The Administrator/designate will:

3. Call Code Black instructing reception Code Black x3 and location.
4. Instruct staff to clear the area where the suspicious package was discovered.
5. Call 911.
6. Inform the CEO.
7. Instruct team members who have been in close proximity to or in contact with a package which is suspected of having been contaminated with chemical or biological agents to:
 - Wash their hands with water.
 - Remove contaminated clothing and place in a sealed container to be forwarded to emergency responders on site. Shower with soap and water as soon as possible.
 - List all people who may have been in contact or in close proximity to the suspicious package and provide this list to the appropriate authorities when they arrive on site.
 - Seek medical attention as soon as possible.

Staff will:

- Not touch, shake or bump the package.
- Not open, smell, examine, to taste.
- Take direction from the Administrator/designate.

In the Event of an Explosion

1. Call Code Black by instructing reception Code Black x3.
2. Ensure treatment of any staff, residents, visitors or volunteers who may have been injured as a result of the emergency.
3. Photograph all damage as a result of the explosion.
4. Preserve device in order to assist the police in their investigation.
5. Gather personnel directly involved and document in detail every action taken throughout the bomb threat once the threat is resolved.
6. Designate a manager to notify next of kin of any resident or staff who suffered trauma in the event.

7. Determine if whether to initiate Code Green Evacuation Procedures.

CODE BLUE-MEDICAL EMERGENCY

Code Blue will be used to alert individuals in the facility of a medical emergency and provide a systematic approach of response. A medical emergency is defined as a cardiac and/or respiratory arrest, convulsive seizure, acute chest pain, acute respiratory distress, syncope and/or any other situation where urgent clinical assistance is needed (i.e., choking).

Upon discovering a medical emergency

1. If a resident has a witnessed cardiac or respiratory arrest and his/her Goals of Care indicating the Code status is to do CPR (Cardiopulmonary Resuscitation), the staff will call a "CODE BLUE" and initiate CPR.
2. Upon discovering the emergency, the staff will:
 - a. Call out for help and direct person to call front reception staff and have them page "CODE BLUE, floor number and location" three times.
 - b. If there is no one in the immediate area to assist, go and make the phone call to the reception staff giving them the above directive. Return to the resident.
 - c. If after hours, call the facility charge nurse directly.

Upon hearing the page for CODE BLUE:

1. The Director of Care/Facility Charge Nurse will respond to the site.
2. Bring the emergency response equipment to assist. This equipment is located on each care unit in the nursing station. The following equipment will be used:
 - N-95 mask
 - O2 Adult mask
 - Pocket Resuscitation mask (mask to mouth)
 - BP machine
 - Pulse Oximeter
3. The Director of Care/Facility Charge Nurse upon arrival, will direct the code and ensure appropriate resuscitation endeavours and have assign someone to call 911 and provide the following information:
 - Name of Home
 - Street Address
 - Location of the incident / room number of the resident and may include:
 - Breathing / not breathing
 - Pulse / no pulse
 - Seizure activity, choking etc.

4. Continue resuscitation procedures or comfort measures, as applicable until the arrival of the emergency services

5. The Director of Care/Facility Charge Nurse will direct the appropriate nurse from the unit where the resident lives to:

- Complete the transfer form and give a complete report to ambulance attendants prior to transfer to hospital.
- Notify the substitute decision maker.
- Inform physician of transfer.

6. The front reception staff/Director of Care/Facility Charge Nurse will terminate the Code Blue by announcing “CODE BLUE all clear, floor number and location” three times. The Director of Care/Facility Charge Nurse will ensure the all-emergency equipment is replenished/cleaned following the emergency.

7. The Director of Care/Facility Charge Nurse will follow up with communication, documentation and reporting protocols as required when the emergency has been resolved (e.g., complete an incident report).

8. Debriefings may be initiated by the Director of Care as soon as reasonable after the event and should include as many of the front-line participants as possible. Debriefings should be open to any member of the healthcare team and not limited to those directly involved in the CODE BLUE response.

Staff, visitor, contractor

1. If a staff member, visitor, or contractor requires immediate medical attention, staff who are in the area must call for help and direct person to call 911 immediately.
2. A staff member is to stay with the individual at all times.
3. The staff member after calling 911 must call the Director of Care/delegate immediately.
4. If CPR is appropriate, it should be started immediately by a trained individual.
5. The individual must then report to the front door meet the ambulance/fire crew.

Management of a Choking Resident:

1. If the resident is choking, the nurse will assess to determine if the resident is able to breathe or if they are experiencing total airway obstruction (resident unable to make sounds above a wheeze, face turning blue, and hands clutching the throat in the universal symbol for choking).

2. Perform a Heimlich manoeuvre, clean the airway and if these manoeuvres are unsuccessful in restoring breath, will initiate resuscitation endeavours and direct someone to call 911 if the resident becomes unconscious.
3. If CPR is required, as per resident's goals of care, ensure that the resident is lying on a hard surface to ensure CPR is effective.
4. Continue providing emergency care until EMS arrive onsite.
5. Notify POA/SDM, most responsible physician/Nurse Practitioner and Director of Care of the incident and actions taken.

Post Choking Incident

1. Following the choking event, the nurse/designate will:
 - If the resident expels the object, continue to monitor resident's vital signs q shift x 48 hours, watching the residents for symptoms of aspiration pneumonia.
 - Investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, discomfort.
 - Contact the dietitian re consultation.
 - Identify any other referrals that may be required (denturist, speech pathologist etc.).
 - Review and update the resident's plan of care to ensure risks are identified and based on resident individualized care needs.
 - Document in Point Click Care.
2. The PSW will immediately report any signs of chewing or swallowing difficulties during snack, mealtimes and when consuming any other food or fluids to the nurse.
3. The Director of Care/designate will complete a critical incident report as per provincial health authority requirements for transfers to hospital.

CODE BROWN

In the event of a minor hazardous material spill, a major hazardous material spill, a carbon monoxide or natural gas leak, or a biological/chemical threat, a Code Brown will be called to alert team members, visitors, and residents and prompt an appropriate response.

Definitions:

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

A Major hazardous material spill can be defined as:

- A known substance that cannot be contained or cleaned up.

- A substance of significant quantity that poses an immediate risk to team members and residents.
- The material is unknown.
- A chemical reaction is present.
- Incident could escalate and increase level of risk.

Carbon Monoxide

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

- Stale, stuffy air.
- Occupants have symptoms of CO exposure.
- The pilot on gas fired equipment keeps going out.
- A sharp odour of the smell of natural gas occurs when equipment is turned on.
- The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue).
- Chalky, white powder on a chimney or exhaust vent pipe or soot build-up around the exhaust vent.
- Excessive moisture on walls or windows in areas where natural gas equipment is on.

Symptoms of Carbon Monoxide Exposure:

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

Any person who suspects exposure to Carbon Monoxide will:

1. Call the fire department using 911 immediately.
2. Inform the Administrator/designate immediately.

The Administrator will:

1. Call Code Brown by instructing reception Code Black x3.
1. Contact the Manager of Environmental Services to identify proper shutdown of gas to equipment.
2. Shut down gas to equipment if Manager is not available.
3. Assign staff to provide medical attention to those who need help, paying particular attention to those with a respiratory ailment (e.g., asthma).
4. Take direction from fire department.

Staff will:

- Open windows to ventilate the area.
- Relocate residents, staff, visitors and volunteers from the affected area immediately.
- Take direction from the Administrator/designate.

Natural Gas Leak

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

1. Call 911 from a phone located well away from the source of the leak.
2. Inform the Administrator/designate immediately.

The Administrator/designate will:

1. Contact the Manager of Environmental Services to shut off the gas at the main valve and any secondary valves if necessary.
2. Shut off the valves if the manager is not available.
3. Assign staff to relocate residents, visitors and themselves from the affected area of the building following the fire emergency procedures.
4. Notify the gas company from a phone located well away from the source of the leak.
5. Take direction from Emergency Service personnel.

Staff will:

1. Not smoke or use electrical devices including cell phones.
2. Not turn the power on and off.
3. Advise volunteers/visitors to not smoke or use electrical devices including cell phone.
4. Take direction from the Administrator/designate.

Biological/Chemical Threat

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

1. Immediately ensure all persons are relocated to an area away from the release.
2. Call 911.
3. Inform the Administrator/designate immediately.

The Administrator/designate will:

1. Call Code Brown.
2. Direct team members to evacuate as many residents from the contaminated area as possible if it can be done without become a victim.
3. Direct team members to evacuate everyone in the building outside if it is safe to do so.
4. Organize a calm evacuation as per Code Green evacuation process.
5. Check that building is secure.

6. If an evacuation outside of the building is not possible, move everyone in the building upwards to an interior room on a higher floor (many agents are heavier than air) or to an adjacent fire compartment if movement to a higher floor is not practical.
7. Direct team members to seal off the contaminated area: seal gaps under doorways, windows, and other building openings.
8. Direct maintenance team to turn off heating, air conditioning, and ventilation systems.
9. Take direction from Emergency Services personnel.

Staff will:

1. Take direction from the Incident Manager.
2. If splashed with a chemical agent, immediately wash it off using ONLY water

Liquid/Chemical/Gas Spill

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

1. Inform the Administrator immediately.

The Incident Manager will:

1. Call Code Brown.
2. Keep team members, residents, volunteers, and visitors clear of the area.
3. Contact the Director of Environmental Services or designate to investigate and together determine the appropriate actions.
4. If no leak or spill, complete Incident Report. If a leak/spill is found:
 - Instruct Manager of Environmental Services to shut off liquid chemical/gas at main valve of container.
 - Determine the nature, extent, and cause of the spill/leak.
 - Instruct manager to use the Spill Kits stored in the penthouse (in the corner by the backup generator) and in the basement in the elevator room.
5. If required, call a Code Brown. This may involve evacuation of the affected area.
6. Call 911 to get Emergency Services assistance.
7. Take direction from the emergency services personnel.
8. When the situation is under control, advise reception to announce- Code Brown-all clear x3.
9. Complete an incident report.
10. Contact the environmental company to arrange for proper disposal in keeping with the type of spill collected in the spill kit pail.

Staff in the affected area will:

1. Keep staff, residents, volunteers and visitors out of the area until the situation is investigated and evaluated.
2. Take direction from the administrator/designate.

CODE RED

Hellenic has an approved Fire Safety Plan that has been developed in accordance with local and provincial regulations and approved by the Fire Department. The Fire Alarm System is a Two Stage System.

Definitions

1. Stage 1 Alert-slow tones, emergency situation being investigated.
2. Stage 2 Alert-rapid tones, emergency situation- serious-evacuation is necessary.

Management will

1. Communicate the Fire Safety Plan to staff, contractors, residents and tenants.
2. Conduct monthly fire drills and annual mock evacuations.
3. Maintain results of fire drills.
4. Maintain records of participants.
5. Review and update the Fire Safety Plan when there are changes in procedures or legislative requirements.
6. Submit the Fire Safety Plan to the Fire Marshall for approval and signature.

Staff will:

1. Read and understand the Fire Safety Plan as it applies to their specific position in the home.
2. Participate in monthly fire drills which may involve a horizontal evacuation and annual mock evacuations.
7. Practice using firefighting equipment annually.
8. Complete annual education for fire prevention, response and procedures through Surge on-line learning.

Hellenic uses the acronym REACT” to outline staff response if they hear the fire alarm or discover a fire.

Remove the person (s) from immediate danger if possible.

Ensure door(s) is/are closed to confine smoke and fire.

Activate the fire alarm system/use nearest pull station.

Call the Fire Department; dial 911 and/or the reception area.

Try to extinguish the fire - concentrate on further evacuation.

CODE GREEN

Code green is a written response for actions to be taken when there is need to evacuate all or part of the facility to another area of the facility or out of the facility all together. The plan endeavours to ensure the safety and welfare of residents, staff, visitors and volunteers. When evacuation is required, the objective is to remove residents as quickly and safely as possible. Factors affecting the response include the location, the duration, and the severity).

There are two (2) levels of Code Green (Precautionary and STAT).

Definitions

Code Green-Precautionary (slow mode): Code designated to initiate an orderly response when it is advised to evacuate within a certain perimeter (usually a building or a specific location within a building). The direction of the evacuation may be limited to a horizontal evacuation. The intended response involves adequate communication with the staff involved explaining that an evacuation is pending.

Code Green- STAT: Evacuation (rapid mode): Code is designed to initiate a complete and orderly evacuation of an area, usually on a large scale, possibly for a prolonged period of time. The direction of the evacuation may include both horizontal and vertical.

1. In a precautionary evacuation, normally, there is lead time before the threat is imminent
 - external event
 - loss of heat, power or water for an extended period of time
 - bomb threat
2. In the case of a Crisis evacuation, immediate removal of residents is necessary to prevent injury or loss of life
 - rapidly spreading fire
 - massive gas leak
 - explosion
 - flood

Any other reason determined by the Administrator/designate and EMS.

Who calls Code Green and Line of Authority During an Evacuation

1. During Business Hours, the authority to order an evacuation rest with the Administrator/designate.

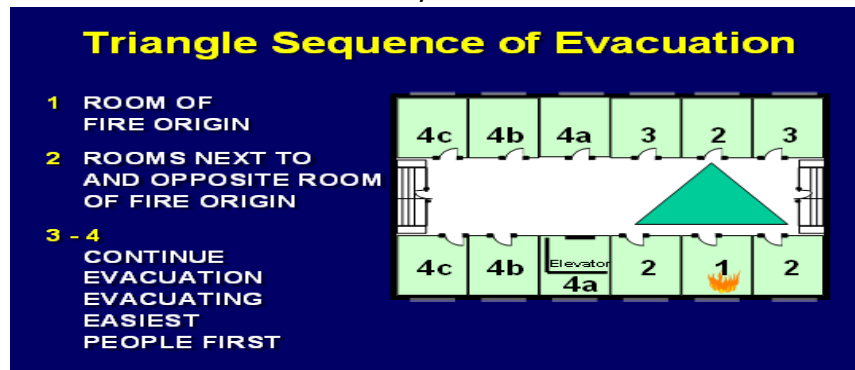
2. After hours, weekends and holidays the authority to order an immediate evacuation rest with the Registered Staff/Facility Charge Nurse in consultation with Emergency Services (EMS).
3. If time allows, the Registered Staff/Facility Charge Nurse will contact the Administrator who will determine if the “fan out” system needs to be initiated.

Authority by Stage

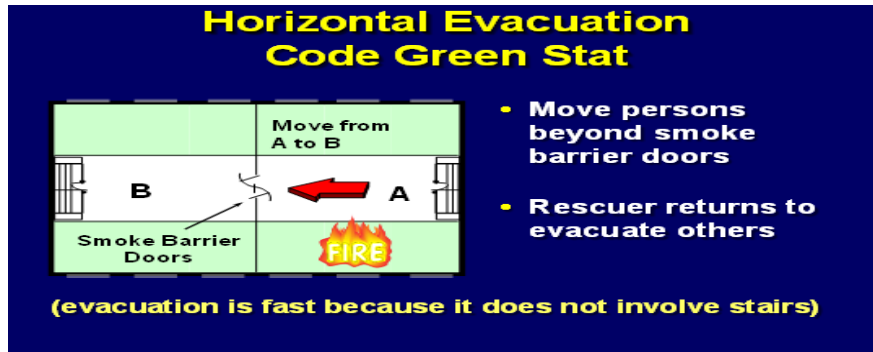
4. The person discovering the emergency situation will dial or ask someone to call reception-Scarborough (announce over the PA system-Toronto) to report the nature of the hazard/emergency.
5. If an evacuation is required, the Registered Staff/Facility Charge Nurse will instruct reception staff to announce Code Green and the exact room location of the emergency situation on the PA system.
6. The most responsible person in the unit/area/department will decide if Stage II- Horizontal Evacuation (Zone) is required.
7. The EMS in consultation with the Administrator/designate will decide the need to carry out a Code Green Stage III and IV evacuation.

Types of evacuation:

1. **Room Evacuation:** removal of occupants from room in which the emergency occurs, rooms on either side and rooms directly across to a safe location within the unit/area.



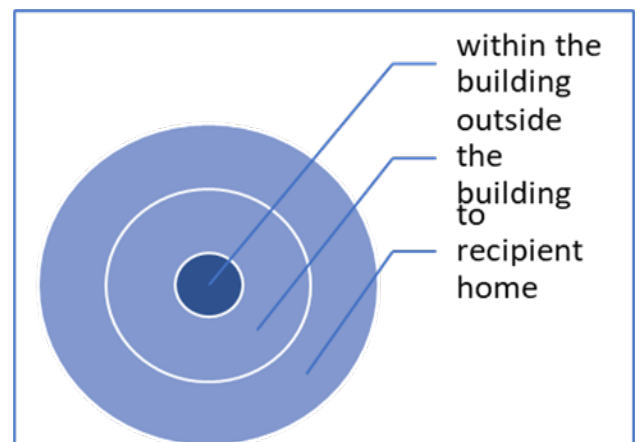
2. **Horizontal Evacuation (Zone):** removal of occupants in the affected emergency area to a safe area on the safe floor beyond fire separation doors.



3. **Vertical Evacuation** (Floor): removal of occupants on the emergency floor or wing in a vertically downward direction. Descent should be made from the non-emergency (e.g., non-fire, side of the building (beyond the fire separation door) or out of the building via the exit farthest from the emergency).
4. **Total Evacuation** (building): removal of all occupants in the building. The decision to totally evacuate all persons in the building will be made by the Fire Department in consultation with the Administrator/designate.

Designated Evacuation Areas

1. Within the Building-Holding area
 - a. Scarborough location-Celebration Room
 - b. Toronto location-Dining Rooms on ground and 1st floor
2. Evacuation Zone- outside the building
 - a. Scarborough location-parking lot
 - b. Toronto location-parking lot
3. Evacuation-to recipient home
 - a. Scarborough
 - Toronto site
 - Kennedy Lodge
 - Belmont House
 - Rockcliff Care Community
 - b. Toronto
 - Scarborough Site
 - Christie Gardens
 - Belmont House
 - Castleview Wychwood
 - McMurrich Public School



Responsibilities during an Evacuation

Stage 1- Room Evacuation

For a room evacuation, the persons closest to the threat should be moved first and then moving outward from that point so the person furthest from the treat is the last one moved.

Person Discovering the Situation will:

1. Call for assistance in the unit/area and begin removing residents from the room of origin.
2. Close windows, doors, and tag the door.
3. Request that someone call reception or will notify the Registered Staff/Facility Charge Nurse to announce Code Green Stage 1 and room location x3.

The Administrator/Designate will:

1. Go to the affected unit and assume charge of the evacuation.
2. Determine if the evacuation needs to extend to Stage 2.

Unit Registered Staff in Charge will:

1. Assist in the evacuation of the affected room and nearby rooms (beside and across the hall from the room of origin).
2. Direct staff to utilize lift and carry procedures to transfer the occupants of the affected rooms to a safe location within the unit outside the affected room.

Reception/Registered Staff will:

1. Announce Code Green and room location x3.
2. Record time of the call and waits for further instructions.
3. Contact maintenance to respond to Code Green in the affected area.

Staff will:

1. Remove residents from room of origin (close door and tag) and relocate to a safe location within the unit outside the affected room.
2. Utilize suggested lift and carry procedures to transfer the occupants of the affected room
3. Assist as necessary.

Stage 2-Horizontal Evacuation (Zone)

The Administrator/designate will:

1. Assess the situation and determine if horizontal evacuation is required. If so, call Code Green Stage 2 x3 by instructing reception or using the PA system.

2. Instruct staff to remove all residents from the immediate fire/danger area, search and evacuate all rooms (close door and tag) beyond the fire door.
3. Contact the CEO.

Unit charge staff will:

1. Assist with the evacuation.
2. Ensure that vacated rooms have been checked and tagged.

Staff will:

1. Promptly respond when called upon in an emergency.
2. Remove all residents from the immediate fire/danger area to beyond the fire doors.
3. Take residents to holding area beyond fire doors (close door and tag)

Stage 3-Vertical Evacuation

The Administrator/designate will:

4. Assess the situation and determine if vertical evacuation is required. If so, call Code Green Stage 2 x3 by instructing reception or using the PA system.
5. Instruct staff to remove all residents via the closet staircase using appropriate lifts and/or equipment. Toronto: beds are fitted with evacu-sleds that can be used to removed and slide the mattress down the stairs.
6. Contact the CEO.

Unit charge staff will:

3. Assist with the evacuation.
4. Ensure that vacated rooms have been checked and tagged.

Staff will:

4. Promptly respond when called upon in an emergency.
5. Remove all residents via the closest staircase using appropriate lifts and/or equipment.
6. Take residents to holding area on the main floor and wait for further instructions.

Stage 4 External Evacuation

The Administrator/designate will:

1. Work collaboratively with EMS to evacuate residents outside of the building.

2. Assign staff to identify residents and place identification tag on resident before they are evacuated.
3. Contact Ministry Evacuation Contacts and follow relocation protocols (if required)

Order of evacuation

1. Ambulatory Residents: many residents can be removed with assistance by one or staff.
2. Wheelchair Residents: easier to remove than bedridden; may require one team member to assist. Residents who usually use walkers may need assistance in wheelchairs.
3. Bedridden Residents: use demonstrated lifts and carries, may require two team members.
4. Uncooperative Residents: remain until last; otherwise, valuable time lost and may sacrifice others. Ensure their door is closed and identify resident name & location to nurse/manager in charge and Fire Department.

Lifts and Carries Options

- Semi-ambulatory-1 person assist
 - Side by side
 - Bear Hug
- Non-Ambulatory-2 person assist
 - Extremity Carry
 - Swing carry
 - Cradle drop

Semi-ambulatory

Side by Side



- Stand beside resident.
- With the resident's arm around your waist, hold their wrist or hand.
- Place your arm around the resident's waist.
- Grasp their other arm and hold tightly to their midsection.

Bear Hug



- Stand behind the resident and place your arms under the resident's underarms
- Align your head to see
- Grasp both of resident's wrists
- Cross their arms in front of them, holding tightly
- Gently guide to a safe area

Non-Ambulatory

Extremity Carry



- Rescuer 1 stands behind the Resident's legs, firmly grasping Resident's lower legs
- Rescuer 2 places arms under Resident's and firmly clasps hands on resident's chest
- Both rescuers lift and move resident to a safe area

Swing Carry



- Rescuer 1 raises resident to sitting
- Rescuer 2 moves resident's legs over the bed
- Both rescuers sit on each side of the resident, with resident arms around their shoulders
- Rescuers reach behind resident and grasp each other's forearms
- Rescuers pass their hands under resident's knees holding each other's forearms/wrists
- Simultaneously lift the resident and move to a secure area

When lowering resident, kneel down on the leg closest to the resident and protect their head when laying them down from sitting.

Cradle Drop



Relocation Process

1. The reception area will be the command centre in Scarborough and the Ground Floor Nursing Station in Toronto. If there is an emergency in these areas then the Chapel (Scarborough) and Administration Office (Toronto) will become the main control area, and this will be indicated on the PA announcements.
2. Arrive at the command centre reception or dining room in Toronto for instruction and to obtain material needed for evacuation (e.g., identification tags, forms for completion).
3. Ensure residents are wearing identification bracelets/lanyards for identification purposes.
4. Instruct unit staff to begin evacuation based on instruction from Administrator/delegate/EMS.
5. If evacuated residents are unable to return to Hellenic, the relocation plan is activated.

Hellenic has an established process to ensure that residents are evacuated and relocated in a manner that follows the Ministry of Long-Term Care: The Guide on the Policy, Process and Procedures during Emergency Evacuations and:

- Maintains resident health and safety.
- Follows applicable legislation.
- Ensures appropriate funding is provided.


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

1. Resident Identification: an identification label (card identification tags should be pinned/hung on the residents' clothing to avoid it from dropping or getting lost during evacuation will be placed on each resident. The identification information must include name, level of transfer/mobility, allergies, and DNR/MOST designation).
2. Evacuation Log: to be maintained for all residents transferred out, including relocation site, injury/treatment, time of transfer, how they were transferred, and that SDM has been notified.
3. Resident Chart: MAR books and any hard copy chart records must be removed from the site.
4. The MAR book must be taken to the relocation site. Responsibility of the Charge Nurse or designate. Most of the actual chart can be retrieved on electronic health record out of the community. This can be completed offsite.
5. Medications: The pharmacy is to be contacted and provide same day service to replace all medication in a seven-day package. The pharmacy will provide all medications at the relocation site as needed.
6. Other life sustaining equipment (oxygen, g-tube feeds): may require evacuation with the resident.
7. Food & Fluid (as per the Provision of Food & Fluid Continuity Plan).
8. Physician on call: The doctor on call will decide:
 - whether a site physician should be called
 - whether a coroner should be onsite

Responsibilities in Order of Action

Source Home

1. In an emergency, Hellenic will commence and follow its Emergency Response Plan and where necessary, start evacuating residents to the Recipient Home or Stand-alone unit, as determined by the placement coordinator. Emergency locations are located in the Emergency Kit on the Ground Floor Nursing Station at the Toronto site and in the Emergency Box at Reception in Scarborough.
2. Hellenic will immediately report the emergency, including any related evacuation to the LTC inspector.
3. Hellenic initiates the emergency licensing process by notifying the placement coordinator and SAO of the need to evacuate



Ministry%20Relocation%20Contacts.docx
4. Hellenic initiates an Emergency Management Communication Tool Ticket.

<https://emct.disasterlan.ca>

5. The home will provide the necessary information to the placement coordinator to complete the EPF.



Emergency%20Place
ment%20Form%20(A1

6. Hellenic will maintain ongoing communication with the placement coordinator and the SAO throughout the duration of the evacuation and will provide updated documentation as necessary.
7. Once the emergency is over, the Home notifies the recipient home and the ministry branches that it is safe for the resident(s) to return to Hellenic. If required, it will submit clearance documentation to the SAO.

Placement Coordination Office (PCO)

1. Hellenic informs the PCO (HCCSS) of an emergency and the need for evacuation.
2. When the Director of LTC Inspections make a determination that the Hellenic residents urgently need to be relocated to another home to protect their health or safety and advises the Placement Coordinator (PC) of the determination, the PC should follow the truncated placement/admission relation process to expedite the relocation of residents to another LTC home or Stand-Alone Temporary Unit.

Note: Residents may need to be relocated more than once, and not all in the same location. If Hellenic is not able to move residents to the locations identified in the emergency plans, the PCO should aid Hellenic in identifying additional locations for capacity.

1. Ensures that the Emergency Placement Form (EPF) is available on site where all Placement Coordinators have access to in the event of an evacuation.
2. Starts filling out the EPF for the home with the assistance of the Hellenic Administrator and the Recipient Home (the recipient home is determined between Hellenic and the PCO).
3. Completes the EPF to the best of their ability with help from Hellenic in the event of a large evacuation.
4. Forwards the EFT to the SAO within one day of any updates being made on the form ensuring that privacy protocols are being followed.
5. Updates the EPF when the resident(s) transfers at any time:
 - Back to the source home or community

- To another recipient home
 - From a temporary licensed bed to a regular licensed bed within the same recipient home
 - To a hospital or a community (e.g., retirement home) or the resident has died.
6. Periodically checks with the SAO to confirm no changes.
 7. Sends the completed EPF to the recipient home, the licensing unit, the HCCSs, the SAO and the Financial Branch (refer to Appendix A) Director (LTC Inspections) and Service Area Office (SAO) once updated with new information.

Director (LTC Inspections) and Service Area Office (SAO)

1. Depending on the circumstances, the Director may make a determination that residents of a long-term care home urgently need to be relocated to another LTC home to protect their health or safety.
2. If this determination is made, the Director will advise the PCO and Hellenic of the determination either in letter or email.
3. When this determination is made.
4. After the SAO receives the completed EPF, the EPF is reviewed to confirm it is fully completed and the SAO forwards it to the Licensing Unit.
5. The local SAO will initiate a Communication Call* once the EPF is sent by the HCCSS to all applicable parties.
6. The SAO will check in periodically with the placement coordinator to confirm the status of Hellenic. If there are any changes to the EPF, it will be sent to the Licensing Unit.
7. The SAO will review clearance documents and complete inspections when necessary.
8. *A communication call is a regular (daily, weekly or monthly) teleconference call with all parties involved to ensure that everyone is aware of the current status of the emergency and any evacuation from Hellenic or the community.

Licensing Unit (LU)

1. Once the LU receives the completed EPF, it prepares any necessary Temporary Emergency Licences (if applicable) and sends it to the recipient home Administrators directly. The Licensee of the Recipient home, the Administrator of Hellenic, respective placement coordinators, Financial Management Branch (FMB) and PCs will also be copied. This step is imperative to ensure the ministry funding related to the displaced residents is forwarded to the receiving home.
2. The LU will provide a revocation letter to the Temporary Emergency Licence once all the residents are back at Hellenic.

3. The LU will provide the Beds In Abeyance (BIA) agreement and approval, as appropriate for all the beds out of operation due to the emergency.
4. The LU will mark emails as “high sensitivity” and “classify and protect” files saved in the shared drive as indicated in the Licensing Privacy Policy.

Recipient Home

1. The Recipient Home will be notified by the PCO and prepare with Hellenic for the evacuees.
5. The Recipient Home must immediately report any intake of evacuees to the Director (LTC Inspections).
6. The Recipient Home will receive the Temporary Emergency Licence, as applicable, and post it in the home.

Financial Policies and Procedures (FPPU)

1. Once the evacuation is completed, FPPU works with the PCO to share a “top-up co-payment template” with homes/PCO to use as a tool to submit their claims relating to eligible expenditure, preferred accommodation or other related claims.
2. Then, FPPU seeks Director approval for claims submitted and provides direction to FMB on the amount and the recipient LTC homes/Stand Alone Temporary Units to be paid. Depending on the duration of the temporary placement, an agreement is reached with the homes/PCO on the frequency of template submissions to the FPPU and issuance of payments.

Financial Management Branch (FMB)

1. After the EPF is received the FMB will start the reimbursement process for the homes claiming expenses once they are confirmed by the FPPU.
2. Recipient Home/Source Home.
3. If a resident is ready to leave the home or the Stand-Alone Unit, the PC must be notified for the PC to complete the remainder of the EPF. (Being ready to leave is determined by the SAO confirming that Hellenic is safe).

All Branches

Once the completed EPF is completed (part 1 and 2) is received by all applicable units, they will note the actual Effective and Expiry Date of the Temporary Emergency Licence and update their records. The expiry date of the temporary licence will come from either the licence or the Director’s revocation letter. The EOF form supports the information on the revocation letter.

Definitions

Displaced Resident (Evacuee): refers to the resident from a Source Home or an Evacuee from the Community who has become displace/re-located due to an emergency and has been placed as a resident in another LTC Home (the Recipient Home).

Source Home refers to a LTC Home that has become uninhabitable, in whole or in part, due to an emergency and, as a result, its residents must be evacuated from the LTC Home.

Recipient Home refers to an existing licensed LTC home that is authorized by the temporary emergency licence.

Resident means a person admitted to and living in a LTC home in accordance with the Fixing Long-Term Care Act 2021.

Stand-alone Temporary LTC Unit refers to premises that are authorized by a temporary emergency licence to be used as a long-term care home on a temporary basis and may include a unit within a residential facility (or part thereof) that is normally not licensed to operate LTC beds (e.g., a hospital, a retirement home or a community centre), that is licensed as a LTC home under the Fixing Long-Term Care Act 2021.

Temporary Emergency Licence

A Temporary Emergency (TE) Licence is issued by the Director under the Act where there are circumstances affecting a licensed LTC home or community that make it necessary to remove one or more residents from the home to protect the health and safety of the residents of the home or community.

1. The accommodation of a Displaced Resident from the Source Home requires a Temporary Emergency licence:
 - i. At a licensed LTC home:
2. If residents are accommodated above the licensed capacity of a Recipient Home: A Temporary Emergency licence is required.
 - ii. At a New Stand Alone Temporary LTC Unit:

A Temporary Emergency licence is required.

3. A request for a Temporary Emergency licence should only be initiated if residents are expected to be out of the Source Home for more than 24 hours.
4. It is a condition of the temporary emergency licence that the only persons who may be admitted to a bed under the authority of the licence are the persons affected by the temporary emergency (except as otherwise specified by the Director).
5. The licence may be revoked by the Director at any time on the giving of notice provided for the license, as well as being revocable under the legislation.
6. The licence may be issued for a term of no more than 1 year and may not be renewed.

7. No interest in a temporary emergency licence, including a beneficial interest may be transferred.

Beds in Abeyance (BIA) Implications

The beds in the Source Home must be put in abeyance from the day of the evacuation, subject to a Director's permission under s. 104(3) and a Beds in Abeyance (BIA) Agreement between the ministry and the licensee of the Source Home.

Conditions

- a. Except as otherwise specified in writing by the Director, it is a condition of a Temporary Emergency licence that the only persons who may be admitted to a bed under the authority of the licence are persons affected by the temporary emergency.
- b. The Temporary Emergency licence may be revoked by the Director at any time on the giving of the notice provided for in the Temporary Emergency licence, as well as being revocable under section 157.
- c. The Temporary Emergency licence may be issued for a term of no more than one year and may not be renewed. The Source Home/PC should let the Licensing Unit know how long the emergency is expected to last.
- d. No interest in a Temporary Emergency licence, including a beneficial interest, may be transferred.

Cancellation

Below is a list of possible scenarios when a Temporary Emergency licence will be revoked, subject to a revocation notice provision being set out by the Director as a condition of the licence.

1. the reason for the evacuation is resolved and the resident(s) is/are transferred back to the Source Home or the community.
2. the Displaced Resident is transferred from the temporary emergency bed to a regular licensed bed at the same Recipient Home.
3. the Displaced Resident is transferred from the first, emergency placement to another Recipient Home, either into an existing regular or temporary bed; or
4. the Displaced Resident is still in the temporary emergency bed when the Temporary Emergency Licence expires (licence is deemed revoked). When this is the case, the Temporary Emergency Licence is either replaced by a Temporary Licence (the process for which needs to be initiated at least 3-6 prior to its approval) or may be subject to discharge or transfer, subject to applicable requirements

Beds in Abeyance (BIA)

BIAs are licensed or approved LTC Home beds that are unoccupied and unavailable for occupancy for 14 consecutive days or more, with the written permission of the Director under s. 104(3) of the Act. Support of any BIA request should be requested from the HCCSS by the Licensee which then may send the request to the Director.

In the case of an emergency the beds are generally put into abeyance from the day of the evacuation until the residents' return (even if its less than 14 days) to ensure that funding is properly allocated. BIA approval (even in an emergency) is at the discretion and approval of the Director.

Conditions:

1. BIAs are approved by the Director for temporary withdrawal from the LTC Home operations and funding system on the condition that they must be returned to the system within a specified period or surrendered to the ministry.
2. Generally, beds are only permitted to be put into abeyance when there is a reasonable expectation that they will return to occupancy.
3. The BIA Policy provides the framework and sets out the procedures for decision-making regarding applications for placing and retaining LTC Home beds (other than Occupancy Reduction Protection Beds) in abeyance.

Identification of Residents Being Relocated

Hellenic has developed a process to identify evacuated residents to provide key information about the resident to the recipient home.

The admission record (face sheet) from Point Click Care is printed and placed in clear plastic with a string in the emergency box kept in reception and used as an Emergency I.D. Tag (organized by unit and room number).

Emergency I.D. tags are:

1. Prepared after a resident is admitted.
2. Updated when:
 - A resident is transferred to another unit or room
 - Next of kin changes
 - The picture no longer looks like the resident
 - New pertinent information is available
3. Reviewed at the annual care conference.

The admission record contains:

- The resident's photo

- Resident Name and room number
- Date of Birth
- Health Card Number
- Date of Admission
- Address and phone number of key contacts
- Physician name and contact
- Pharmacy name and contact information
- Diagnosis and allergies
- Religion and language spoken
- When an evacuation is order, the identify face sheet is placed around the resident's neck with a lanyard.

CODE ORANGE: Disaster/External Emergency

A Code Orange announcement does not define the emergency, it is a prelude and preparation for staff that an emergency is in progress and the appropriate response is being determined. Staff are to prepare for further announcements.

In the event of an external disaster, community utility failure, air exclusion event, severe weather events including weather watches and warnings, wildfire danger, or if Hellenic is requested to be a site to shelter an external group, a Code Orange will be called.

External Air Exclusion (Chemical, Biological, Radiological, Etc.)

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

1. Inform the Administrator/designate immediately.

The Administrator/designate will:

2. Call Code Orange by instructing reception to announce "Code Orange³ and location" over the PA system.
3. Tune into local radio/television/internet for information and direction from provincial or community authorities.
4. Alert staff that an evacuation may be necessary.
5. If advised by provincial authorities to remain in the building, notify staff, residents, and visitors of the hazard and reasons to "shelter in place".
6. Instruct maintenance and staff to seal building so contaminants cannot enter by:
 - Ensuring that all windows and doors are closed
 - Sealing gaps under doorways, windows, and other building openings (indicate where supplies will be kept)

- Ensure that all heating, air conditioning, and ventilation systems remain off
 - Limit access to the building
7. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
 8. Initiate Code Green evacuation procedure as required.

All Staff will:

1. Close windows, doors and other openings to the exterior.
2. Turn off air conditioning, vents, fans, and heating equipment.
3. Stay calm and reassure the residents.
4. Take direction from the Administrator/designate.

Severe Weather

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

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

1. Inform the Administrator/designate immediately.

The Administrator/designate will:

1. Call Code Orange by instructing reception to announce "Code Orangex3 and location" over the PA system.
2. Tune into their local radio station/T.V. station/internet for updates on severe weather/wildfire warnings.
3. Advise, staff, residents and visitors of severe weather/wildfire warning.
4. Direct staff to move residents away from windows and close blinds and curtains as time allows, preventing window glass from shattering onto them or debris from entering through the windows.
5. Direct staff to have emergency supplies readily available.
6. Direct maintenance staff to verify that the generator is adequately fuelled and in good working order.
7. Direct maintenance staff to arrange for additional fuel onsite as required.
8. Initiate Code Green evacuation procedure as required.

Earthquake

The first person to learn of the earthquake will:

1. Contact the Administrator or on- call personnel and provide details.

The Administrator/designate will:

1. Based on the details of the event, will contact the CEO to determine whether to implement Code Orange.
2. If there is a decision to implement the Emergency Plan in response to the earthquake, the Administrator/designate will announce/have reception announce the Code Orange x3 and the location.
3. Contact emergency services (keeping in mind that the location may not be the only facility requesting assistance) and arrange for someone to meet them at the door,
4. Set up an Emergency Operations Centre.
5. Direct that staff, residents and visitors are informed of the event via the PA system, Cliniconex or word of mouth that the Emergency Response Plan is in effect.
6. Direct maintenance staff to assess any damage to gas and water pipes, electrical wiring and sewage lines and to turn off valves.
7. At the time of the announcement, a designated pool of on-shift staff will be requested to report for further instructions.
8. Ensure all persons on duty, all residents on site and all guests are accounted for.
9. Initiate Fan Out if power is intact.
10. Listen to the radio station for updated information.
11. Instruct residents, staff, and visitors to not leave the building due to potential danger of falling objects until shaking has stopped.
12. Access supplies from the Emergency Supply to equip staff to search the building (e.g., caution tape, flashlights)
13. If someone is missing, assign staff to conduct an immediate search or wait for emergency services.
14. Instruct staff to provide medical assistance, where required.
15. If there are a significant number of injuries and/or deaths, set up a triage area to attend to injuries. The triage area should be in a safe location in the home.
16. Follow EMS instructions.
17. Initiate Code Green if indicated.
18. Arrange for the building to be inspected before residents and staff are re-admitted.

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

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

In the event of an earthquake, staff will:

1. Protect self – drop, cover, and hold on.
2. Not attempt to assist others until the shaking stops. Wait 60 seconds after shaking stops.
3. Stay covered until the shaking stops.
4. Stay away from windows, bookcases, and other hazards.
5. If inside, stay inside. Do not attempt to exit.
6. Crawl under a strong table, counter, or desk if possible and hold onto the legs.
7. Do not stand in a doorway.
8. If outside, stay outside.
 - Move away from the building and power lines.
 - Avoid overhanging structures.
 - Remain in location until the shaking stops.

When the shaking stops:

1. Put out small fires quickly if it can be done without endangering themselves or other individuals.
2. Fire is the most common hazard following earthquakes. Check for hazards. Do not touch fallen or damaged electrical wires. Unplug electrical appliances.
3. Alert residents, staff, and visitors to expect aftershocks.
4. Alert residents, staff, and visitors of fallen power lines and other hazards.
5. Check for hazards; floors may be covered with glass, spilled medications, and chemicals.
6. Clean up flammable liquid spills as soon as possible.
7. Check the operating status of all telephones and replace receivers on the bases.
8. Check for injuries: assess if anyone is injured and provide medical assistance where required or call other staff s for assistance.

9. Check for people who may be trapped: inspect residents' rooms, nursing/wellness stations, and other locations in your area. Leave doors to rooms open.
10. Instruct residents to remain calm and stay in an intact room or assemble residents in hallways until a detailed damage assessment is complete. Keep residents away from windows, exterior walls, and objects, which may fall.
11. Do not evacuate until advised by the Administrator/designate. Check exit routes for damage and debris in the event that evacuation is required. Expect to clear corridors and doorways or navigate disabled stairways.
12. Do not consume or distribute food or water unless you are certain it is free from contamination.
13. Do not flush toilets – conserve water.
14. Assess the damage to your designated area/unit and inform the Administrator/designate.
15. Use caution when opening doors to cupboards and rooms as objects may fall. Salvage and protect medications and required supplies.
16. Post signs indicating dangerous areas and notify the Administrator/designate of unsafe situations.
17. Report to the Administrator/designate.
18. Prepare for Code Green, as indicated.

Flood (External i.e., Due to Weather)

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

The Administrator/designate will:

1. Call Code Orange by instructing reception to announce “Code Orangex3” over the PA system.
2. Tune into local radio/television/internet for information and direction from provincial or
3. community authorities.
4. Alert team members that an evacuation may be necessary.
5. If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to “shelter in place”.
6. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
7. Initiate Code Green evacuation procedures as required.

In the event there is time, and it is safe to do so, the Director of Environmental Services or designate will:

1. Shut down/de-energize utilities not necessary for urgent resident care to reduce ignition sources and damage.
2. Raise and relocate valuable and easily moveable equipment, furniture, and vital records to a higher elevation/upper floor wherever possible.

3. Close emergency valves to sewer drains.
4. Check sump pumps to ensure they are operable.
5. Ensure backup power supplies (i.e., generators) are functional.
6. In the event building is damaged and evacuation has been initiated, arrange for building to be inspected before residents and team members are re-admitted.

Community Disaster/Utility Failure

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

1. Inform the Administrator/delegate immediately.

The Incident Manager will:

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

Staff will:

1. Take direction from the Incident Manager.

Emergency Reception-Incoming residents

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

The Administrator/designate who receives a request to use the location as an Emergency Reception site will:

1. Notify the CEO immediately.

The Administrator/designate will:

1. Assess the type of persons the location is able to receive and inform the caller if the location can accept them if they are not a prearranged “reception partner”.
2. Notify provincial regulatory authority, health authority and others as appropriate.
3. Inform staff of the upcoming reception.

4. Determine the number of team members to be called back should additional team members be required to support the emergency situation.
5. Meet the evacuated public or residents in the main lobby upon their arrival.
6. Delegate team members to designated areas of the building where public/residents will be accommodated.
7. The following two areas will need to be established:
 - Assessment Area
 - Holding Area
8. Appoint a staff to identify each individual or resident by placing a temporary identification bracelet on their wrist and completing the Emergency Placement Form
9. Appoint staff/volunteers to escort individuals to the assessment, holding, and temporary accommodation areas.
10. Direct staff to provide beverages/light snack to evacuated public or residents.
11. Direct Dietary staff team to make necessary adjustments to eating times, meal numbers, and eating locations to accommodate extra individuals within the location.
12. Direct care and support teams as applicable to provide supplies, comfort needs (blankets, pillow, bed, chair, personal – toothbrush, Kleenex, etc.).

CODE YELLOW

Code Yellow consists of a formal, 3 stage search for the missing resident progressing from the unit area level to an internal search to a facility-wide/grounds level and is initiated when a resident is not in the unit or normal environment where they are expected to be. Time is of the utmost importance. The search must be conducted quickly and efficiently.

If a resident does not return from a pass as indicated, the resident can be deemed by the Administrator to be missing. (For example, a resident is on a day pass and does not return).

The interdisciplinary team will:

1. Continually assess and monitor residents for risk of unsafe wandering/exit seeking or elopement.
2. Identify residents a high risk and fit them with a wanderguard bracelet.
3. Maintain an updated and current wandering registry with the names of those residents assessed as being at high risk.
4. Ensure the wandering registry and the resident's photo and room number is kept in a binder at reception so the receptionist can monitor if the resident attempts to leave the building.

5. Educate families/volunteers to sign residents out and in when taking them out of the home.
6. Monitor If a resident is deemed at risk due to constant “exit seeking” and the Director of Care may recommend a transfer another unit.
7. Will notify the Director at the Ministry:
 - Immediately in as much detail as possible of a resident who is missing for three hours or more.
 - Immediately in as much detail as possible of a missing resident who returns to the home with an injury or any adverse changes in condition regardless of the time the resident was missing.
 - no later than one business day after the occurrence of the incident if a resident is missing for less than 3 hours and who returns to the home with no injury or adverse change in status followed by a report.

Definitions

Internal Search- resident’s own unit.

Stage 1= search of other units.

Stage 2= total building including Chapel and exterior ground search.

Stage 3- police notification and re-search building and exterior grounds search.

Internal Search

Staff will:

1. Notify the registered staff on the home area immediately when staff are unable to locate a resident on the unit or in their normal environment.

The Registered Staff on the home area will:

1. Organize a unit search including areas where the resident is typically seen and report back within 10 minutes.
2. Ensure the sign out book has been checked and Activation contacted.
3. Call reception to determine if resident is in the lobby area or any area on the main floor.
4. Instruct reception to page missing resident to return to their unit.
5. If the resident is found, instruct staff to stay with the resident and monitor the resident as per unit routines.
6. Notify the Director of Care/designate if the resident is not found.

Stage 1

The Registered Staff on the unit where the resident has gone missing will:

1. Initiate Stage 1 by calling reception and instructing them to announce, "Code Yellow-Stage 1" x 3" and provide the name and description of the missing resident or announce it using all announcement systems.
2. Review the security cameras to see if missing person has been captured leaving the facility.
3. Notify the Director of Care/Designate.

Upon hearing Code Yellow-Stage 1

Registered Staff on other units will:

1. Share a picture of the resident, pulled from Point, Click Care.
2. Mobilize unit staff to search all areas on the unit (nursing, dietary, housekeeping).
3. Provide a copy of the unit layout (floor plan) and assign specific rooms for each individual to search.
4. Instruct staff to check off each room, area that has been searched and return completed floor plan to the Registered staff.
5. Collect the completed search forms and submit to the Director of Care/Designate.
6. If the resident is found, call reception and instruct them to cancel the Code by announcing "Code Yellow-Stage 1-All Clear" x3 or announce using all announcement systems.
7. If the resident is not found, notify the Director of Care/designate.

Upon hearing the Code Yellow – Stage 1 staff will:

1. Report to the registered staff on their unit.
2. Obtain a floor plan checklist to complete.
3. Search areas as assigned and note on the floor plan checklist and return to the Registered Staff.

Stage 2

The Director of Care/Designate will:

1. Initiate Stage 2 by calling reception and instructing them to announce, "Code Yellow-Stage 2" x 3" and provide the name and description of the missing resident or announce it using all announcement systems.

2. Inform the Administrator.

The Administrator/designate will:

1. Take charge of the Code Yellow and mobilize staff.
2. Expand the search to the entire building enlisting the assistance of the Manager of Environmental Services to search the exterior of the building.
3. Use the reception area as the command station.
4. Distribute search kits (floor plans, flashlights etc.).
5. Assign a search area to staff including the Chapel, departments etc. (work in pairs if possible).
6. Document the initiation and progression of the search procedures.

Staff will:

1. Staff will search areas as instructed and return completed floor plans to the Administrator/designate.

If the resident **is** found:

The Administrator/designate will:

1. Notify reception to cancel the Code by announcing "Code Yellow-Stage 2- All Clear" x3 or announce over the PA system.
2. Thank staff for their response and advise them to return to their normal duties.
3. Have the resident's condition assessed, complete an incident report.
4. Ensure that the resident is continuously monitored.
5. Review the resident's plan of care and revise as needed, to minimize risk of recurrence.
6. Ensure that the Code Yellow response is evaluated by completing the Code Yellow Evaluation Form.
7. Implement changes to the Code Yellow response as needed based on the evaluation.

If the resident has **not** been found.

1. Initiate Stage 3.

Stage 3

The Administrator/designate will:

1. Call 911 for police assistance.

2. Notify the CEO and the family of the missing resident and the Director at the Ministry as per regulations.
3. Notify the CEO, and the family of the missing resident.
4. Initiate a re-search of the building and grounds.

If the resident **is** found.

1. Notify reception to cancel the Code by announcing “Code Yellow-Stage 3- All Clear” x3 or announce over the PA system.
2. Notify the police, CEO, Family of the missing resident and the Director at the Ministry.
3. Have the resident’s condition assessed, complete an incident report, and review the resident’s plan of care.
4. Ensure that the Code Yellow response is evaluated by completing the Code Yellow Evaluation Form.
5. Implement changes to the Code Yellow response as needed based on the evaluation.

If the resident is **not** found.

Management and Staff will:

1. Cooperate and follow instructions provided by the police.
2. Ensure that the Code Yellow response is evaluated by completing the Code Yellow Evaluation Form.
3. Implement changes to the Code Yellow response as needed based on the evaluation.
4. Submit a report to the Ministry outlining the events of the occurrence (Critical Incident Reporting System).

CODE PURPLE

Code purple is called when there is an active attacker in the home. When an active attacker is identified:

Staff will:

1. Not approach the assailant
2. Leave the area if safe or conceal yourself if you are unable to leave.
3. Not reveal yourself except to the police.

4. Notify the Administrator/designate via cell phone.

The Administrator/designate will:

1. Call 911 and inform them of the situation (e.g., weapons seen, location of the assailant, injuries and other information relevant to the situation).
2. If safe to do so: have reception announce “Code Purple” x3 over the PA system.
3. Notify CEO, incoming staff and advise them to remain away from the property, and the MOLTC.
4. Vacate the property if able and nearby staff from the property.
5. If the emergency is over (cleared by the police) ensure all staff and residents are accounted for and systems and processes are resumed safely.
6. Contact reception and have them announce “Code Purple-All Clear” x3.
7. Complete incident report, inform the MOLTC and family members.
8. Seek support for staff and residents (e.g., Chaplain, Social Worker).

CODE WHITE

A code white is activated when, despite alternative approaches, the resident, employee, physician, volunteer, other caregiver, visitor becomes aggressive, threatening or violent or when behaviour escalates putting individuals at risk of harm.

The Interdisciplinary team will:

1. Identify residents who have the potential for responsive behaviours and identify possible triggers for the behaviour.
2. Implement a plan of care to minimize triggers to promote a safe environment for the resident and staff.
3. Ensure that when the responsive behaviour is exhibited, it is managed quickly and effectively using a gentle care approach.
4. Ensure that restraints are used a last approach, least restraint method following the homes “Minimizing Restraints Policy”.

Staff who feel threatened or are in danger, or discovers another resident, staff or visitor is in danger because of the actions of another person or that a violent action is taking place will:

1. Seek immediate assistance.
2. Call or instruct someone to call reception and announce “Code White” x3 and the location of the situation.

3. Upon hearing the code, trained staff will go immediately to the location of the Code White.

The Director of Care/designate will:

1. Take charge of the situation to bring it under control.
2. Use techniques to de-escalate the situation.
 - Only one person will speak with the resident.
 - Maintain calm.
 - Maintain eye contact, keep arms at your sides and maintain a safe distance if the potential for violence exists.
 - Do not initiate physical contact if the resident's behaviour is escalating.
 - Approach from the front. Respond calmly and provide support with positive and friendly facial expressions.
 - Use a gentle, relaxed tone to clarify and understand the residents' immediate needs.
3. If the behaviour is becoming violent, assess with surrounding areas and instruct staff to move other residents to a safer location and where possible remove objects the resident could use to harm themselves or others.
4. Instruct the staff to apply the most suitable and least restraint even if there is no order for a restraint. If the situation is involving a resident and the physical safety of the resident or other is in jeopardy.
5. Ensure the physician is contacted immediately for an assessment of the resident and an order for the restraint.
6. Instruct an individual to call 911 if the violence is escalating and staff are unable to get the situation under control.
7. Notify the Administrator and family member of the situation and the outcome.

The Administrator will:

1. If the situation is under control, instruct staff to continuously monitor the resident.
2. Regain an atmosphere of calm and control and deal with stress the situation might have caused with others involved.
3. Have the physician complete a form 1 if the resident is being transferred to acute care for assessment.

4. Conduct a debrief of the response to the situation and determine if changes are needed (e.g., additional education of staff on managing responsive behaviours, changes to the resident's plan of care, etc.).
5. Ensure an incident report is completed and filed with the provincial regulatory authority as required.
6. Share the report with the Occupational Health and Safety Committee.
7. Consider the physical and mental health needs of staff and residents.
8. Address concerns of other residents, family members and staff.
9. Ensure supports are provided, using existing and additional identified programs as needed.

Staff will:

1. Speak with their supervisor regarding any specific concerns, needs, or considerations.

CODE GREY

Code Grey is activated if the hospital experiences a loss of utilities, such as power, telecommunications, heating, water or the implementation of intervention measures (i.e., air exclusion that constitutes a health or safety risk to residents, staff or visitors).

When there is an interruption of any utility service, electrical, water or gas, it may affect lighting, elevators, water, refrigeration, freezers, heat, air conditioning and supply, telephones etc.

Loss of Power

In the event of an external power failure:

1. The generator will self-start, and the home will have limited sources of power, a complete listing of generator supported outlets, and appliance is beside the generator.
2. Emergency Lighting is supported by the generator and will remain on while the generator is operational. Some Emergency Lighting is powered by battery backup and may lose power after 30 minutes. Fire system will be sourced from the generator.
3. Telephone service will NOT be operational and is not supported by the generator.
4. Call bells will be supported by the generator.
5. Refrigeration (in the kitchen only)
 - a. Fridges will be powered by the generator.
 - b. Freezers will be powered by the generator.

6. Power outlets. Some outlets are powered by the generator. They are coloured red for easy identification.

In the event of a property specific power failure

Environmental Services Manager/Maintenance will:

1. Investigate the source of the problem and proceed with contacting a certified electrical contracting service; additional assistance and a directive from the contractor to rectify the problem.
2. Generator and transfer switches are designed to automatically start upon a power outage. The settings on the transfer switch should never be changed. Only qualified and trained individuals would change the settings.
3. Contact the Administrator/designate if the problem does not immediately correct itself within a 10-minute period.

Community/Regional Power Failure

The Administrator/designate will:

1. Contact municipal, regional or provincial power authorities to determine the duration of the power failure contact.

Failure of Primacy Power Supply Procedures

The Administrator/designate will:

1. Notify the CEO if the power is out for 1 hour or more.
2. Utilize a cell phone. As applicable reporting to provincial authorities may be required.
3. Ensure the building is patrolled "Fire Watch" and ensure there are no immediate emergencies, and that staff are adequately equipped with flashlights, batteries and other emergency supplies. Fire Watch means that normal fire detection systems such as heat detectors and pull stations may not work. If a fire is suspected, call 911 directly.
4. Assign staff to conduct 30-minute walk around the building for the duration of the Fire Watch.
5. Assign staff to reassure residents and ask them to stay in their rooms.
6. Instruct staff to minimize the use of hot water.
7. Instruct staff to plug critical equipment for resident use (feeding pumps) into generator designated outlets for continued use.

Environmental Service Manager/Maintenance staff will:

1. Monitor the performance and fuel reserve for the standby generator and provide recommendations to the Administrator/Designate concerning potential load shedding or added fuel requirements. (Where applicable) .
2. Direct their efforts to ensuring residents are warm/cool, safe and have an adequate water supply.
3. Take steps to ensure emergency lighting supplies are operable and that a supply of backup batteries is available.
4. Maintain contact with the municipality to determine the potential length of external power failures.

Food Services will:

1. Immediately implement use of paper supplies until normal power is restored.
2. A supply is to be maintained on site.
3. Contact food sources.
4. Prioritize the use of existing food supplies according to their longevity.
5. Refrain from opening the refrigeration equipment doors as much as possible.
6. Modify food and drink preparation and deliveries.
7. Hand-wash cooking utensils.
8. Prepare to move refrigerator / freezer foods if necessary to an available Source.

Generator Failure Emergency

The Administrator/designate will:

1. Notify key personnel as identified emergency contacts via cell phone (i.e., generator service).
2. Attempt to contact hydro provider to advise of the power failure.
3. Assign staff to:
 - Patrol the building and ensure there is no life-threatening situations, and that staff is adequately equipped with flashlights, batteries, and other emergency supplies.
 - Deliver additional blankets to residents who may be cold due to the shutdown of central heating equipment.
 - Supervise doors to prevent resident exit as electric security doors are not unlocked.
 - Inform residents of the situation and emergency measures.
4. Contact Food Services with respect to modified delivery of meals services.

5. Inform staff to:

- Refrain from bathing residents. Hand wash residents requiring washing or bathing.
- Minimize the use of hot water. Never leave tap running, as the hot water supply will deplete quickly without power.
- Assist in the distribution of emergency supplies to individual departments as required.
- Maintain contact with hydro provider to determine the potential length of external power failures.

6. Maintain contact with hydro provider to determine the potential length of external power failures.

7. Communicate and cooperate with other health care facilities as may be required to support internal or external emergency need.

Environmental Service Manager/Maintenance will:

1. Investigate the reason for the failure of the emergency generator and will attempt to manually start the generator according to manufacturer's instructions.

- If the generator does not start, check the starter system.
- If the starter system is functional, check to see if there is adequate fuel in the diesel day tank. If there is no diesel fuel, contact the fuel supplier for immediate delivery.
- If the diesel day tank has sufficient fuel, test the fuel. If the fuel is contaminated, contact the fuel supplier. If the starter system is not functional or additional fuel must be obtained from the suppliers, call the local power company to determine the estimated time of the power outage.
- If the generator starts but will not come online, check the generator switchgear for indications of ground fault or short circuit condition. If a ground fault or short circuit is indicated determine the cause and clear it. This may require isolating sections of the emergency buss to restore partial emergency power.
- If the generator fails to run properly, contact the generator service company for emergency service.
- Upon activation of the Emergency Generator, tour the building to ensure power is restored to critical equipment where necessary and advise staff to discontinue use of all non-critical lighting and other electrical equipment.
- The building maintenance worker will focus on responding to incoming requests for emergency service, which are dependent for the health and safety of Residents and

Staff. Specifically, they will direct their efforts to ensuring residents are warm, safe, and have an adequate water supply.

- Take steps to ensure emergency lighting supplies are operable and that a supply of backup batteries is available.

Food Services will:

2. Immediately implement use of paper/plastic supplies until the emergency is over.
3. Prioritize the use of existing food supplies according to their longevity.
4. Refrain from opening the refrigeration equipment doors as much as possible.
5. Modify food and drink deliveries as per the emergency plan while accounting for in-house inventories and available water supply.
6. Hand-wash cooking utensils in the main kitchen.
7. Prepare to move refrigerated / freezer foods to emergency storage location.

Loss of Heat

Any person who becomes aware of a major or total failure of the building's heating system will notify the Administrator/designate immediately.

The Administrator/designate will:

1. Call Code Grey.
2. Notify the local HVAC heating system contractor service provider of the failure and ask for an expedited service call.
3. Request an estimated time to correct the problem following the contractor's initial investigation.
4. If only part of the building heating or cooling is lost, the Administrator may decide to move residents to a part of the building that is still habitable. Hellenic Care for Seniors only has 1 air handler for the entire long-term care so moving residents is not feasible. Review evacuation plan and prepare to initiate Code Green if estimated time for repair is greater than 12 hours (during colder months of the year).
5. Notify the CEO.
6. Direct maintenance to monitor and document building temperatures every 30 minutes to ensure temperature does not drop below 20 degrees C in any occupied area until heating system is fully restored.
7. Direct staff to close windows and draw curtains.
8. Direct staff to provide extra blankets to residents.

9. Direct staff to move residents to inner core of building away from exterior walls if temperature drops to below 20 degrees C.
10. Implement Code Green evacuation if building temperature falls below 15 degrees C.

Loss of Cooling System

Any person who becomes aware of the major or total failure of the building's cooling system will notify the Administrator/designate immediately.

The Administrator/designate will:

Call Code Grey.

1. Notify the local HVAC system service provider of the failure and ask for an expedited service call.
2. Request an estimated time to correct the problem following the contractor's initial investigation.
3. Review evacuation plan and prepare to initiate Code Green if estimated time for repair is greater than 12 hours (during warmer months of the year).
4. Notify the CEO.
5. Review and instruct staff to implement the Heat Illness Prevention and Management Policy.
6. Direct maintenance to monitor and document building temperatures every 30 minutes to ensure Humidex does not exceed 39 degrees C in any occupied area until cooling system is fully restored.
7. Direct staff to close windows and draw curtains.
8. Direct maintenance to place in operation any fans available to provide additional comfort to residents.
9. Consult with CEO and Ministry to determine if Code Green evacuation is required.

Loss of Potable Water

Any person who becomes aware of a major or total failure of the building's water system will notify the Administrator/designate immediately.

The Administrator/designate will:

1. Notify the local system service provider of the failure and ask for an expedited service call.
2. Direct maintenance to search for leaks/shut off water at localized appliance.
3. Implement emergency water rations for residents as required (as per boil advisory).

4. Review evacuation plan and prepare to initiate Code Green Evacuation if the time required to correct the water issues is greater than 12 hours.
5. Consult with CEO and Ministry to determine if Code Green evacuation is required.

BOIL WATER ADVISORY

A boil water advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms, and that the drinking the tap water can make resident, staff and visitors sick. Boiling tap water destroys pathogens and makes the water safe to drink and use.

Boil Water Advisory Implementation

In the event of a boil water advisory, Hellenic will use boiled water, bottled water or water from another safe public supply, not affected by the advisory and will follow procedures as indicated in the tables below. Hellenic will contact the Public Health Unit that issued the boil water advisory for more information as needed.

The Administrator will:

1. Ensure team members, residents, families and visitors are made aware of a boil water advisory in effect and when it is over.
2. Ensure alternate sources of water are provided to residents, staff and visitors that is safe for drinking.

The IPAC lead/designate will:

1. Post signage at the entrance of the building and at all faucets including the kitchen area, washrooms, and hand sinks as a reminder that a boil water advisory is in effect that that water is not safe to drink.
2. Post signage advising staff, residents and visitors to apply alcohol-based hand sanitizer after normal handwashing procedures with warm tap water and paper towels.

The Environmental Services Manager will:

1. Disconnect any machines affected by the boil water advisory (e.g., ice machines).

The Director of Dietary Services or designate will:

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

3. If providing bottled water, check with Public Health Unit about brands of bottled water or water dispensers considered to be safe / that are produced in locations not affected by the boil water advisory.

The Care team will:

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

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

When the Boil Advisory is lifted

The Environmental Services Manager/maintenance staff will:

1. Flush all water-using fixtures and faucets by running them for five minutes at a minimum.
 - In multi-storey buildings, begin on the top floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for five minutes, proceed to the next floor below; continue the procedure until all fixtures and faucets on all floors are flushed.
2. Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations.
3. Flush, drain, clean, and disinfect cisterns that contained the affected water source.
4. Run water softeners through a regeneration cycle according to the manufacturer's recommendations.
5. Replace the filters on any water filtration devices, and flush the fixture according to
6. manufacturer's directions.
7. Drain and refill hot water heaters that have been set below 45 degrees C/110 degrees F.

The Administrator/delegate will:

1. Communicate to staff members, residents and visitors that the Boil Water advisory has ended.
2. Conduct a debrief with staff to review procedures and make any adjustments to site specific practices.

Guidelines during a Boil Water Advisory

Hygiene

Guidelines for Tap Water Usage	Can be Used	Can NOT be used
Handwashing- but an alcohol-based hand sanitizer must be applied to hands afterwards following hand hygiene guidelines.	✓	
Resident showers and Bath. careful to avoid the face and avoid swallowing any of the water. Cover open wounds, cuts with waterproof covering	✓	
Brushing Teeth. Use pre-boiled water that is cooled, bottled water or water from another source.		✓

Cleaning, Laundry, Equipment and Sanitizing Practices during a Boil Water Advisory

Guidelines for Tap Water Usage	Can be Used	Can NOT be used
Cleaning and Disinfection contact and non-contact surfaces (e.g., doorknobs, railings, walls, floors)	✓	
General Laundry Procedures. Dry wet laundry in a mechanical drying machine on a normal setting or hotter.	✓	
Medical equipment that is connected to the water supply for sterilizing and disinfecting		✓

Food Preparation

Guidelines for Tap Water Usage	Can be Used	Can NOT be used
Beverage machines connected to a cold-water supply		✓
Commercial coffee maker/hot tea tower (produces water at 70 degrees C/160 degrees F). Hold the coffee pot for at least 5 minutes on the burner prior to consumption.	✓	
Preparing foods with water as an ingredient		✓
Preparing foods that will be boiled	✓	
Wash dishes by hand (following 3- compartment sink) and ensure dishes have enough time to dry	✓	
Wash dishes by commercial washer	✓	
Glass washers with a cold-water rinse. Use a hot water sanitizing cycle to wash and sanitize glasses.		✓

Cleaning and disinfecting counter tops, cutting boards and other kitchen surfaces

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

Sources of Water

1. Water that has been boiled for one full minute (water can be boiled the night before, cooled overnight and stored in a covered disinfected container). Always ensure that water is cooled appropriately before use or direct handing to prevent scalds
2. Commercially boiled water (as per the IPAC lead)
3. Hauled water from an alternate approved supply

OUTBREAKS, COMMUNICABLE DISEASES-EPIDEMICS AND PANDEMICS

The primary purpose of outbreak management is to stop the further transmission of an illness within a care home and protect residents from the serious harms of the disease. Common and serious communicable diseases that affect residential care homes are influenza, norovirus and COVID-19 thus most outbreak measures and plans have been designed around the characteristics of these diseases. However, outbreaks may be caused by other diseases and modifications to the plans are needed based on the specific disease, the resident population of or building characteristics.

Hellenic Home for the Aged is prepared to respond in the event of an outbreak, epidemic and/or pandemic including outbreaks of a communicable disease and outbreaks of public health significance by referring to the homes' Infection Prevention and Control policies and procedures.

When a confirmed outbreak is declared by the local public health authority the local Public Health Unit (PHU) would activate and deactivate an outbreak within the care community. Depending upon the situation, the direction to activate and deactivate response to epidemic/pandemic would come from the provincial authority and World Health Organization (WHO) as appropriate. It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable unless otherwise directed.

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

Definitions:

1. **Epidemic:** a disease that affects a large number of people within a community, population or region.
2. **Pandemic:** an epidemic that is spread over multiple countries or continents (i.e., COVID-19). All Ministry of Long-Term Care Directives will supersede precautions in the event of a pandemic.
3. **Endemic:** a disease that belongs to a particular people or country (i.e., malaria in Africa)
4. **Outbreak:** occurs when there is greater than anticipated increase in the number of endemic cases. An outbreak can be a single case in a new area. If not quickly controlled, an outbreak can become an epidemic.
5. **Surveillance** is defined as the ongoing, systematic collection, analysis, interpretation, and evaluation of health care data closely integrated with the timely dissemination of this data to those who need it. The goal of surveillance activity is to reduce the frequency of Healthcare Associated Infections (HAI) within the home. Once baseline levels are established, targeted surveillance programs can be implemented so that specific areas, problems, or procedures may be surveyed on a regular basis.
6. **Targeted Surveillance**
 - Specific types of infection, such as urinary tract infections, upper respiratory infections or infections caused by a single organism.
 - The presence of infection at a given time (prevalence study).
 - A specific area within the home for a given period (e.g., during an outbreak)

Overview of Responsibilities

1. Administrator/designate-communicate with public and media.
2. Infection Control Lead-Communicate with Public Health, notify Administrator and activate outbreak protocol.
3. Local Public Health-declare outbreak start, provide outbreak management and declares outbreak over.
4. Social workers communicate with residents/families.
5. Director of Care reports the outbreak to Critical Incident System.
6. Administrator/JH&S report to Ministry of Labour.

Communication Plan

Hellenic will communicate with residents, POA/families, staff or related stakeholders (e.g., local public health, local Home and Community Care Support Services (HCCSS) by email, phone, team meetings, direct conversation, memo or other appropriate methods (e.g., Clinconex).

Communication shall be, at a minimum, at the beginning of the outbreak, at the end of the outbreak and when there is a significant change in the outbreak situation.

Information shall begin with the Outbreak Management Team and share applicable information with the residents, POA/families, staff, and other stakeholders via internal or external methods in order to keep stakeholders up to date with the status of the outbreak, remind them of IPAC interventions and share any additional control measures.

Administrator/designate will:

1. Refer to the IPAC lead, physician and Public Health Unit for activation of the outbreak response.
2. Communicate status updates to families, residents, and staff.
3. Work with the Director of Care/designate to manage staffing and management team resources accordingly.
4. Ensure outbreak/pandemic responses are initiated and executed as per policy and procedure.
5. Determine community connections and partnerships as part of the plan execution and coordinated response.
6. Oversee business continuity, daily evaluation of risk and response actions and initiate staffing contingency plans as needed.
7. Ensure implementation of provincial or organizational directives as required.
8. Notify all departments and stakeholders.
9. Monitor any additional directives or guidelines from related Ministries.
10. Monitor outbreak status, maintain communication with stakeholders and review staffing plan.
11. Participate in the Outbreak Management Team.

Medical Director will:

1. Provide necessary medical support and consultation on medical services.
2. Participate in the Outbreak Management Team meetings.

Director of Care/designate will:

1. Complete the Critical Incident Report through the MOLTC Critical Incident System (CIS as per the reporting guideline.
2. Coordinate resident care and services for symptomatic and asymptomatic residents.
3. Ensure the Medical Director is updated and involved in Outbreak Management Meetings.
4. Implement and enforce all additional directives, guidelines and control measures from related ministries and local public health.
5. Review PPE Equipment supplies.
6. Participate in the Outbreak Management meetings.
7. Support staffing contingency plans and altered care and services as required.
8. Work collaboratively with the IPAC Lead.

Infection Control Lead will:

1. Ensure daily surveillance/line listing is completed.
2. Review the line listing and identify if the definition of an outbreak is met.
3. In the event that line listing of resident signs and symptoms suggest that a potential outbreak may be in progress, notify the administrator/designate.
4. Initiate and lead the Outbreak Management Team as required.
5. Implement initial infection control measures as appropriate according to signs and symptoms presented, including isolation of affected resident(s) and use of Additional Precautions. Do not wait for confirmation of the organism.
6. Create the case definition with the Public Health Unit.
7. Obtain outbreak number from the Public Health Unit.
8. Ensure IPAC auditing throughout the outbreak/pandemic as required.
9. Track, report and manage case counts in collaboration with the PHU.
10. Provide appropriate training and education to residents, families, staff (i.e., use of PPE).
11. Ensure supplies related to outbreak/pandemic are current on an ongoing basis.
12. Be the key contact with the local public health and IPAC-Hub.
13. Monitor and follow up with all suspected/confirmed resident and staff cases.
14. Provide information to suspected/confirmed visitor cases.
15. Provide necessary support to department managers and staff on IPAC control measures.

16. Participate in the Outbreak Management Team Meeting.

Department Managers/Registered Staff will:

1. Implement initial infection control measures as appropriate according to signs and symptoms presented, including isolation of affected resident(s) and use of Additional Precautions. Do not wait for confirmation of the organism.
2. Oversee cohorting plans for staff and residents.
3. Inform all staff and implement and enforce additional directives or guidelines from related Ministries and control measures.
4. Review the status of all residents in the home area ensuring that line listing is fully completed.
5. Communicate with the Infection Control Lead and ensure that staff follow all recommendations made.
6. Notify the attending physician and obtain any orders.
7. If directed by Physician or Public Health, obtain specimens from affected residents, complete requisitions and send to lab.
8. Inform SDM of signs and symptoms of suspected outbreak and any precautions that have been implemented.
9. Ensure that any new cases are reported to Infection Control Lead as soon as possible.
10. Report to Administrator/designate if a staff has been exposed to the infectious outbreak and affected (i.e., occupational illness) due to the outbreak.
11. Monitor the staffing plan in collaboration with the staffing clerk.
12. Provide PPE equipment supplies to staff.
13. Participate in the Outbreak Management Team Meetings.

Social Worker/Social Services Worker

1. Notify local Home and Community Care (HCCSS) for the restriction on admission and when the outbreak is over.
2. Notify residents and families.
3. Respond to enquiries from residents and families.
4. Participate in the Outbreak Management Team Meetings.

Isolating Residents

- Individuals requiring self-isolation must be placed in a single room on Additional Precautions. Where this is not possible, individuals may be placed in a room with no more than one (1) other resident who must also be placed in self-isolation on Additional Precautions. For the purposes of self-isolation, there should not be more than two (2) residents placed per room, including 3 or 4 bed ward rooms. If a resident is not in a private room, the use of partitions/barriers for separation between beds is recommended.

Cohorts (Staff and Residents)

- For best practice, when local public health declares a “Confirmed Outbreak” in a specific area (e.g. 1 unit or 1 floor), residents and staff shall only stay or work in that specific area, and not mix with other non-affected areas.
- Unit door shall be closed when cohort is required.
- Cohorting can be adjusted based on local public health guideline.

Staffing Contingency Plans

- When the Home is foreseeing staffing shortage, the Nursing Administrative Assistant (Toronto) and the Coordinator of Nursing Administration (Scarborough) shall inform the Director of Care/Designate.
- The Home has standing contracts for bringing in agency staff or agreements with community partners to support staff contingency planning.
- If the staff shortage is unavoidable, the home shall focus on all required programs under the Act and regulation (i.e., areas related resident’s necessary needs and safety).

Manage staff who may be exposed to infectious disease- Note follow Ministries and Public Health updates as these can change frequently.

- If a staff has been exposed to an infectious disease, the Infection Control Lead should first determine if it was a close contact and conduct a contact tracing.
- Infection Control Lead will report to local public health.
- Staff shall not work in the Home until the condition is resolved or receive a clearance from local Public Health. The home will follow Ministries and Public Health updates as these can change frequently.

Manage symptomatic residents and staff -Note follow Ministries and Public Health updates as these can change frequently.

In the Event of a Symptomatic Resident:

- The resident must be placed in isolation under appropriate precautions, in a single room, if possible, medically assessed, and tested for infectious diseases (testing type based on clinical judgement). Roommates of the symptomatic resident must also be placed in isolation under appropriate precautions.
- Inform the resident/ SDM about the change in condition.

In the Event of a Symptomatic Staff or Visitor- Note follow Ministries and Public Health updates as these can change frequently.

- The staff or visitor must be advised to leave the Centre immediately to self-isolate and be encouraged to be tested to identify the type of infectious diseases. Staff shall stay off work and visitor shall not visit until it is cleared.
- Everyone shall enforce enhanced IPAC measures, including enhanced screening, cleaning and disinfecting and cohorting to limit the potential spread of infectious diseases.

- If the person is having respiratory symptoms, the person can be considered resolved if they complete the isolation period, become asymptomatic for 24 hours or cleared by local public health. The person can be then off isolation/ return to work/ return to visit. If the person is having gastrointestinal symptoms, the person can be considered resolved if they complete the isolation period, become asymptomatic for 48 hours or cleared by local public health. The person can be then off isolation/ return to work/ return to visit.

Outbreak Management Team

- Outbreak Management Team (OMT) meets to review the outbreak situation and revise the management procedure as needed and provide daily outbreak update to Public Health Unit.
- OMT must be formed when the Home is in a Confirmed Outbreak. Team members include the following,
- Representative from:
 - Local Public Health
 - Occupational Health and Safety
 - Local Hospital (i.e. IPAC Hub lead)
 - Medical Director
 - Administrator
 - Infection Control Lead or designate
 - Director of Resident Care/Assistant Director of Resident care
 - Departmental Managers
 - Charge Nurse on Duty
- For the staff roles and responsibilities in OMT, refer to the above section.
- Role of the Local Public Health (including but not limited).
 - Host and coordinate the outbreak meetings.
 - Receive and investigate reports of suspected or confirmed cases and contacts of in accordance with regulations and guidelines.
 - Determine if an outbreak exists and declare an outbreak.
 - Provide guidance and recommendations to the home on outbreak control measures.
 - Manage, collect and receive result of specimens.
 - Declare the outbreak over.

Plans for Recovery

- The Home may initiate the plans for recovery when the Outbreak status is over.
- All staff are responsible to removing additional control measures that were implemented for the outbreak.
- All staff are responsible for monitoring the resident's condition and well-being. Staff may refer the resident to the Director of Care/IPAC Lead, or on-call attending physician if the resident experiences distress or challenges in coping the emergency.

- Debriefing shall be conducted in the upcoming Departmental Briefing/ Meeting, Resident Council and Family Council meetings.
- All other stakeholders may provide feedback. The Home may identify any opportunities or challenges for evaluation and improvement.

FLOODING/BURST PIPE

Any person who discovers a flood/burst pipe will:

1. Inform the Administrator immediately.

The Administrator will:

1. Assess the degree of damage or potential for damage and determine if additional resources are required.
2. Instruct the Manager of Environmental services to isolate/shut off the water source.
3. Ensure staff, residents, visitors and volunteers remain free of the area.
4. Instruct staff, depending on the degree of the flooding, to remove residents from the impacted area.
5. Utilize the water spill containment materials located on 1A in Scarborough and Ground Floor maintenance room in Toronto.
6. Ensure critical equipment is protected.

The Environmental Services Manager will:

1. Determine the source of the flood.
2. Shut off the water source.
3. Dam/isolate the spreading water.
4. Put out wet floor signs.
5. If possible, clean the flooded area using wet vac, tarps, absorbent material.
6. Determine, in collaboration with the Administrator/designate the need for external support to rectify issue.

BUSINESS CONTINUITY

Typically, long term care homes provide nursing services, activation, dietary, pharmacy, medical and environmental services. All services must be reviewed, adjusted and coordinated in order to meet the health and safety needs of the residents, clients, staff and family during an emergency.

In order to ensure that essential care and resources can be provided during an emergency, Hellenic Home have established guidelines for setting aside resources, supplies and PPE and other material vital for emergency response. Stockpiled items are stored in the Chapel balcony

(Toronto) and in the Pandemic Room located beside the elevator on the second floor (Scarborough).

The Administrator assigns a staff member to check for expired resources quarterly.

Food

1. Should elevators, become or deemed not usable due to power outages, meals will be delivered to clients on their unit.
2. All departments will participate in meal delivery.

Emergency Resources

Item	Supply
Disposable cups, plates, napkins, cutlery	3 days
Perishable # of days' supply	3 days
Non-perishable- # of days supply	3 days
Food-using emergency menu	5 days' supply
Water	3 days
Manual can opener	2
Garbage bags	3 days
Scissors	2
Hand grinder for consistency modified food (required if no power)	2

Emergency Menu	Supply
Breakfast	Juice or fruit Hot or cold cereal Cooked egg Break or toast Butter, jam Milk Coffee/Tea

Emergency Menu	Supply
Lunch	Canned soup Sandwich Side salad Dessert Milk or juice Coffee/tea
Dinner	Roasted meat or heated casserole Potato or other starch Hot vegetable Dessert Milk or juice Coffee/tea
Other	Tube feeding supplies Special supplements

During Pandemic

PPE	Supply Toronto		Supply Scarborough	
Masks	5000	(4-week supply always on hand)	7000	(4-week supply always on hand)
Gowns	800 (Reusable)	Moved to reusable during pandemic. Increased laundry hours to ensure consistent stock	600 (Reusable)	Moved to reusable during pandemic. Increased laundry hours to ensure consistent stock
Gloves	25000 30000 30000 25000	Small Medium Large Extra Large	24000 45000 45000 5000 (Always on Hand)	Small Medium Large Extra Large
Face Shields/Eye Protection	100	Reusable Goggles on hand	250	Reusable Safety Glasses on hand

Cleaning Supplies	Toronto	Scarborough
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Hand Sanitizer	160	Dispenser Bottles	180	Dispenser Bottles
	120	Hand Pump bottles on hand	200	Hand Pump bottles on hand
VIROX liquid	180	1 Litre bottles on hand	48 2 Litres Bottles on hand	2 Litre bottles on hand
VIROX wipes	60	Canisters	80	Canisters
Soap	160	Dispenser Bottles	180	Dispenser Bottles

Medications	Supply
Medication	7 day supply

Miscellaneous	Supply
Flashlights	4
Battery powered radio	1
Extra batteries	10 DD and 6 AAA
Calibrated thermometers	3
Lunch bags	150
Water containers	2
Markers	1 box of 12
Tape	6 roles of medical tape
Labels	1 pkg of 3000 labels

RECOVERY

During and after the recovery period, Hellenic will aim to emerge from the pandemic, in a strong state as it was prior to the pandemic. Recovery actions will have to be adjusted upon actual impacts and circumstances and must be balanced with the need to be prepared for potential next waves of the pandemic.

Timeline	Key Actions
<p>Gradual (during pandemic in preparation for termination of the pandemic)</p>	<ul style="list-style-type: none"> • Maintain communication with local partners • Follow directives from health authorities • As resident areas are decanted/become clean, begin ramp up to return to new normal: <ul style="list-style-type: none"> ○ Terminal cleaning ○ Restocking supplies ○ Staff assignment adjustments (as needed) ○ Re-training ○ Repatriating residents ○ Offer support to staff • Provide updates and acknowledgements to staff, volunteers, residents, clients and families • Continue screening of residents and visitors. Set up visiting protocols in keeping with health care directives • Begin to gradually reinstate programs and therapies maintaining social distancing • In collaboration with Public Health and the Ministry of Long-Term Care, establish admission and readmission protocols • Continue centralized operations through the Emergency Management Committee
<p>Immediate-Post-Pandemic (Days to weeks after termination of pandemic)</p>	<p>In addition to the gradual key actions:</p> <ul style="list-style-type: none"> • Debrief with the Emergency Management Committee and all relevant stakeholders to discuss lessons learned, evaluate performance and determine costs (e.g., financial, HR etc.) • Assess resources and re-stock supplies and equipment • Celebration/acknowledgement ceremony • Resume routine surveillance or as directed by health authorities • Begin to wind down Emergency Planning Committee and return to normal operating structure. • Ensure Emergency Response Plan is reviewed annually and tested every three years. • Prepare for potential new wave of the pandemic.

Timeline	Key Actions
<p>Post Pandemic (weeks to months after termination of pandemic)</p>	<p>In addition to immediate post-pandemic key actions:</p> <ul style="list-style-type: none"> Assess and rebuild infrastructure based on learnings from the pandemic Determine infrastructure losses and follow up with external resources Review Pandemic Plan and Emergency Response Plan and make changes based on learnings from the pandemic Review and update Business Continuity Plans based on learnings from the pandemic Maintain ongoing connections with health authorities for any emerging or re-emerging diseases with potential pandemic risk

BUILDING PROFILE-Hellenic Home for the Aged

The following building profile identifies the physical location and construction of the buildings, layout of operations and key utilities that support the building.

Location

Street Address: 2411 Lawrence Ave. East, Scarborough, ON

General Direction: Major Intersection: Lawrence and Kennedy

Construction

Number of floors: 3 plus basement

Date of initial construction: 2004

Building Materials of Initial Construction:

List of additions to the facility: Chapel

Residents

Floor 1

Number of beds/Suites: 26

Floor 2

Number of beds/suites: 51

Floor 3

Number of beds/suites: 51

BUILDING PROFILE-Hellenic Care for Seniors

Street Address: 215 Tyrrel Ave. Toronto, Ontario, M6G 4A9

General Direction: Davenport and Ossington

Construction

Number of floors: 2

Date of initial construction: 1994

Building Materials of Initial Construction: Poured Concrete Structure with Brick Veneer Envelope

List of additions to the facility: None

Residents

Ground Floor

Number of beds/suites: 34

1st floor

Number of beds/suites: 37

General Services Contact List-Hellenic Home for the Aged

Services	Provider/Source	Contact information
Ambulance Transportation	Top Medical	(416) 716-6167
Animal/Pest Control	Orkin	(416) 518-3504
Appliance Repair	RG Henderson	(416) 989-4482
HVAC Systems, Fridge and Freezer	Naylor Building Partnerships Incorporated	(905) 338-8000
Dishwasher	Swish	1-800-509-3563
Door Fobs	Sigma	(905) 305-8096
Electrical and Fire Systems, sprinklers and mag locks	Onyx	(416) 674-5633
Electrician	Industralite Electric Company Limited	(905) 731-0662
Elevator	Schindler Elevator Corporation	1-800-225-3123
Emergency Fridge ration storage/food deliveries	Naylor Building Partnerships Inc.	(905) 338-8000
Environmental/Hazard Clean Up (Provincial)	Spill Action Centre	1-800-268-6060
Fire Monitoring Systems	Counterforce-Scarborough Avante-Toronto	(905) 282-6222 (416) 923-6984
Generator Service	M.D. Genergy Incorporated	416-521-7266
Generator Fuels	Lambert Oil Ltd.	(416) 531-1158
IT Computers	Apogee	(416) 398-7855
Laboratory Services	Dynacare	1-800-668-2714
Landscaping/Snow Removal	TLS – Scarborough Snow Removal: Monster Plowing Company-Toronto Landscaping: Tollias -Toronto	(416) 554-8446 (647) 967-7569 (416) 910-1111
Laundry	Harco Company Limited	(905) 890-1220

Services	Provider/Source	Contact information
Medical Supplies	Medical Mart	(905) 624-6200
Nurse Call System	Nurse Call System	Nurse Call System
Translators for Residents and Families	Translation Services	1-888-294-3032
Pest Control	Hoover Environmental Group	(289) 829-2129
Plumbing	Ocean Mechanical Incorporated	(905) 338-8000
Pharmacy	GeriatrX Pharmacy	(416) 221-7755
Phone System	TRC Networks	(416) 989-4448
Sterile Processing	Stericycle	1-866-783-7422
Security Alarm Monitoring and Maintenance	Counterforce by SMC	1-800-387-4611

Appendices



Hellenic Home-Emergency Response Plan

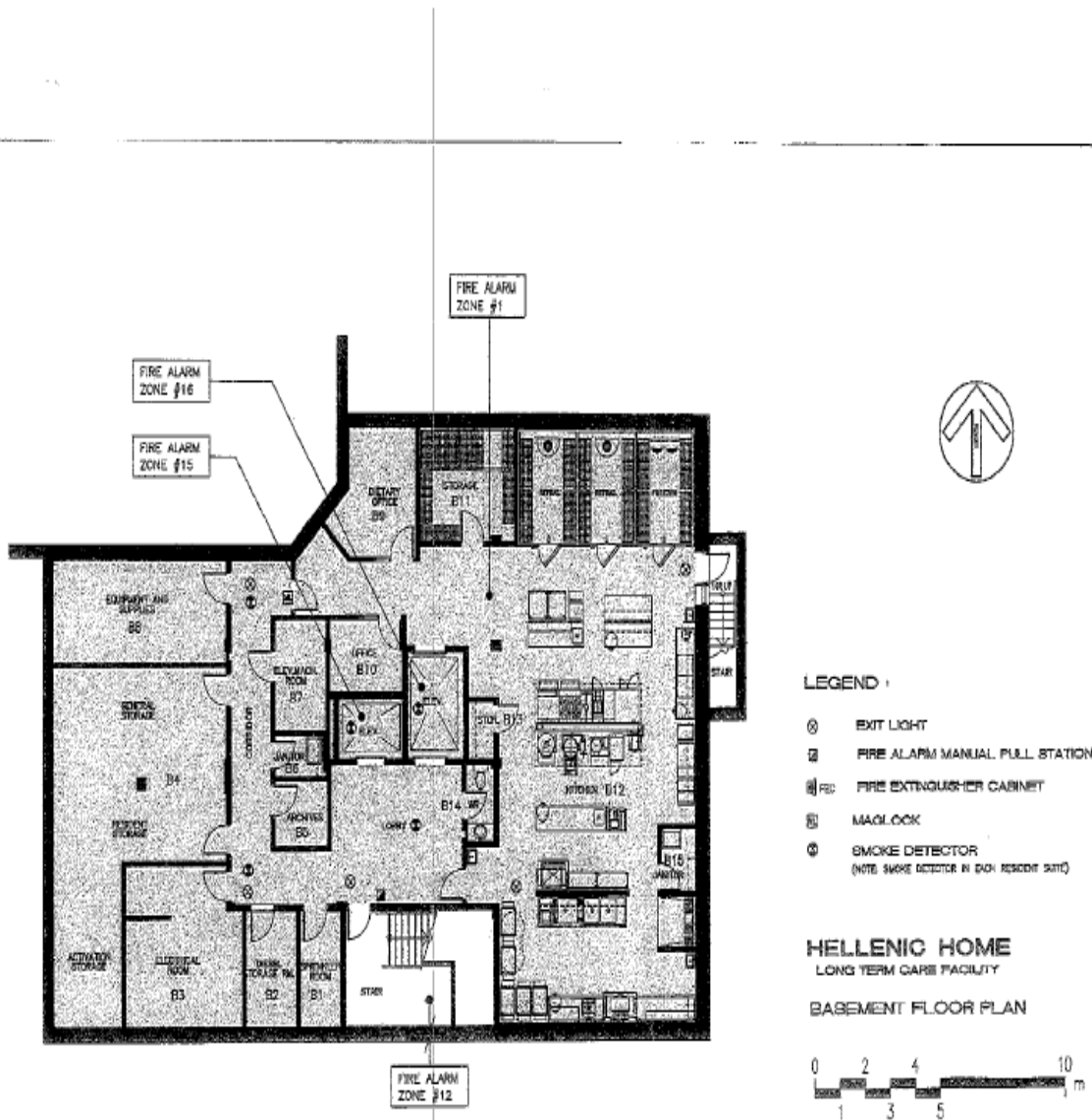
Code Yellow- Checklist

Name of Home:			
<input type="checkbox"/> Hellenic Home for the Aged <input type="checkbox"/> Hellenic Care for Seniors			
Coordinated by:			
Date (m/d/y)			
Resident:			
Internal Search (on unit)	Search start time	Search end time	Location found
Comments/Recommendations			
Stage 1 (on other units/ departments)	Search start time	Search end time	Location found
Check the following after completion		Yes	No
Code Yellow announcement x3 code time:			
Share a picture of missing resident			
Search plans assigned to staff			
Search plans returned and signed off			
Notification of Director of Care/designate			
Comments/Recommendations:			

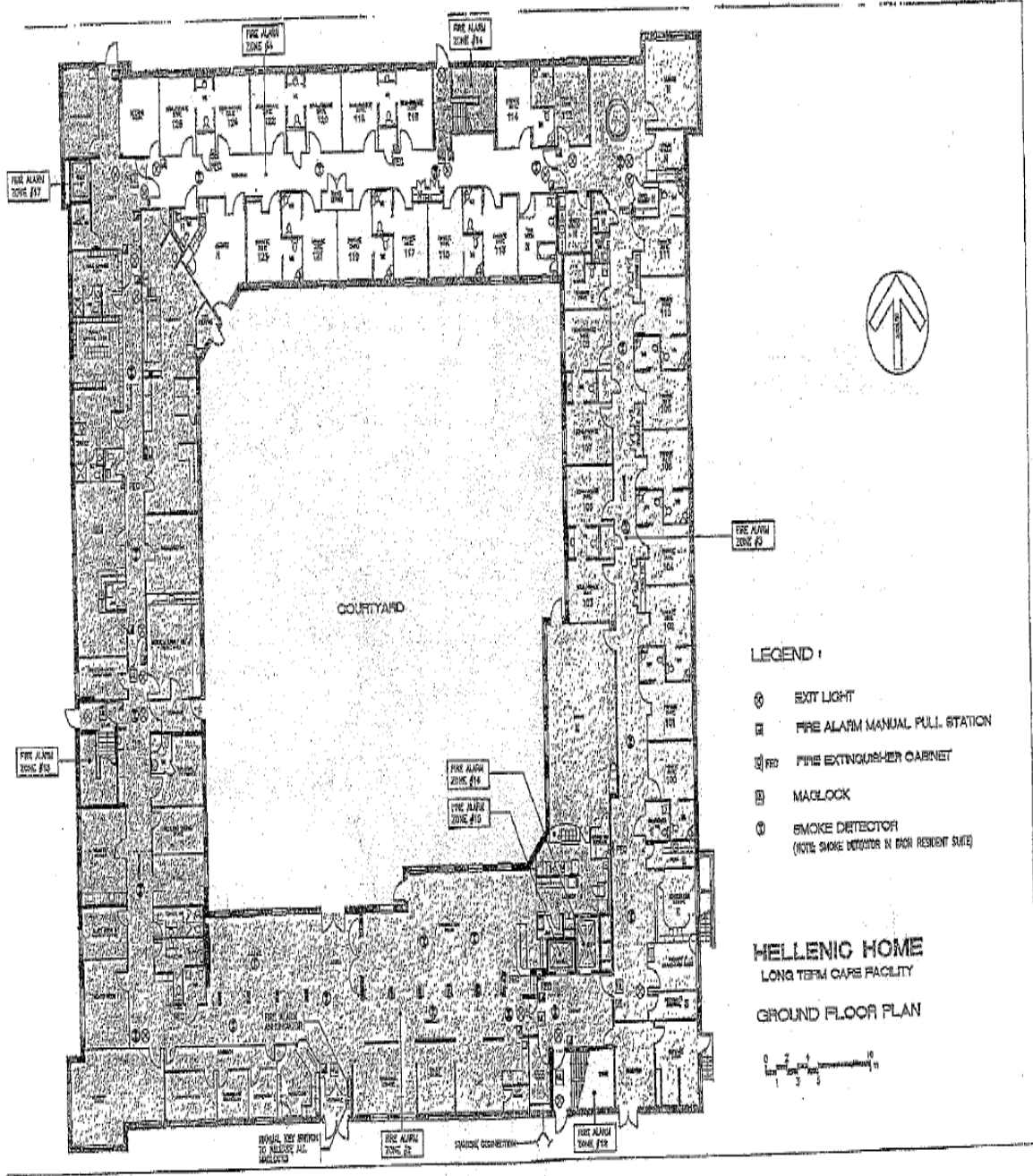
Stage 2 (total building search and grounds)	Search start time	Search end time	Location found	
Check the following after completion			Yes	No
Code Yellow announcement Stage 2 Code Yellow x3				
Distribute search kits				
Search plans assigned				
Search plans returned and signed off				
Notification of CEO				
Comment/Recommendations				
Stage 3 (call policy and re-search previously searched areas)	Search start time	Search end time	Location found	
Check the following after completion			Yes	No
Code Yellow Stage 3x3				
Call Police				
Notify POA, Ministry				
Initiate re-search of areas previously searched				
Follow direction of EMS				
Code Yellow Termination	Time			
Check the following after completion			Yes	No
Code Yellow-All Clear x3				
Notify CEO, POA, Ministry				
Progress report completed				
Resident Medical attention required				
Report filed to CIS as required				

Comments/Recommendations to prevent recurrence:

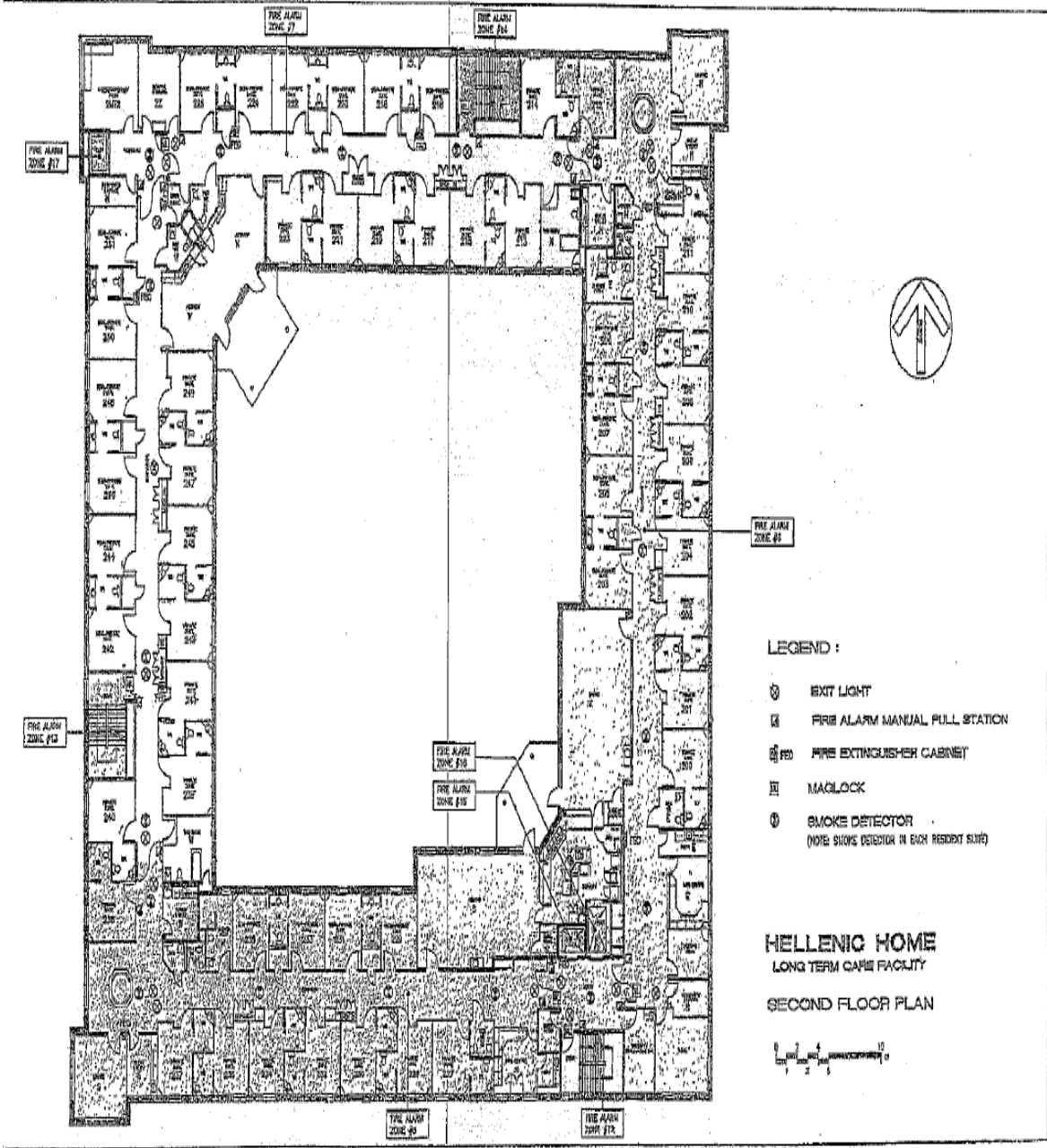
Building Layout- Hellenic Home for the Aged
Basement Floor Plan:



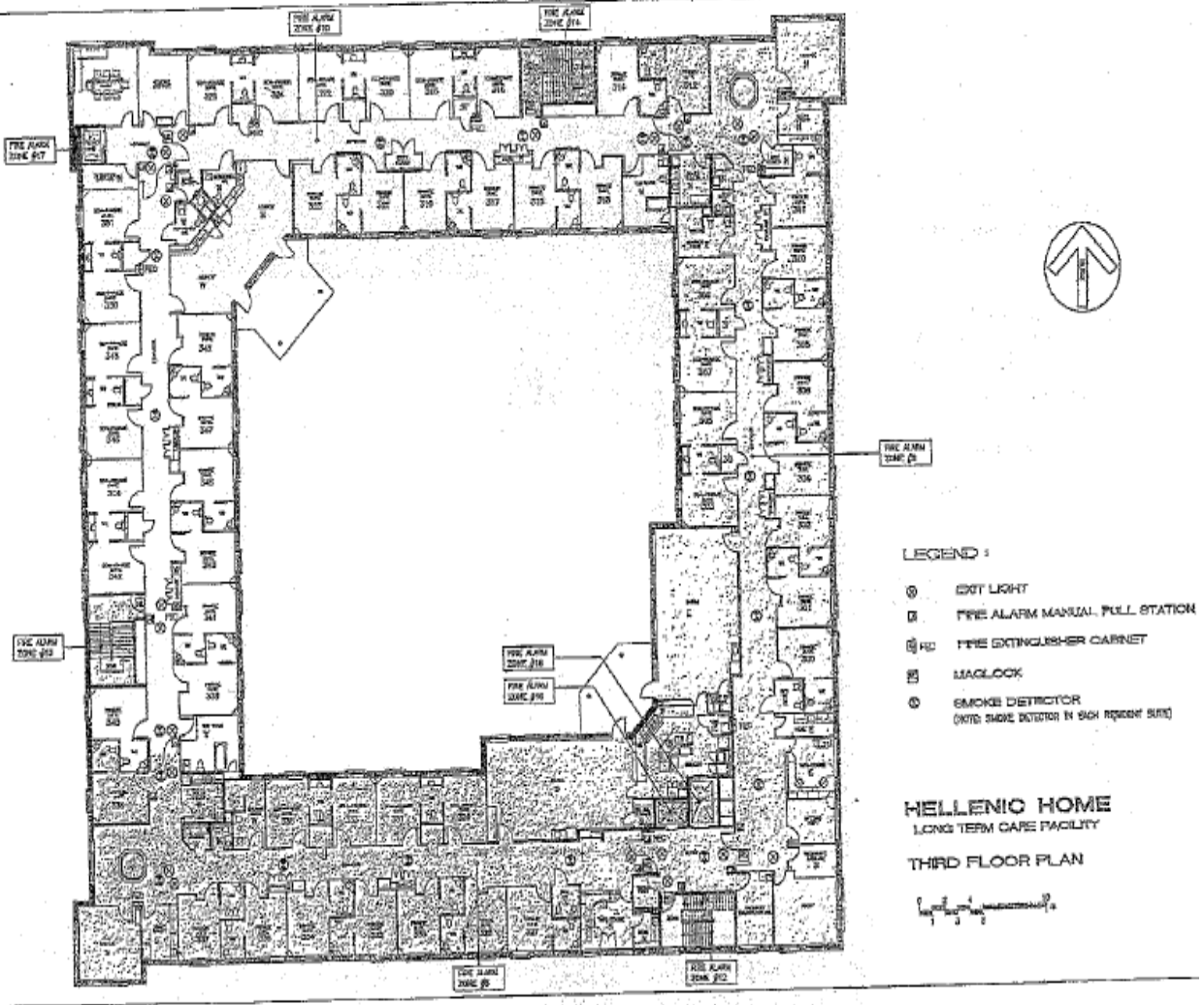
Main Floor Plan – Chapel:



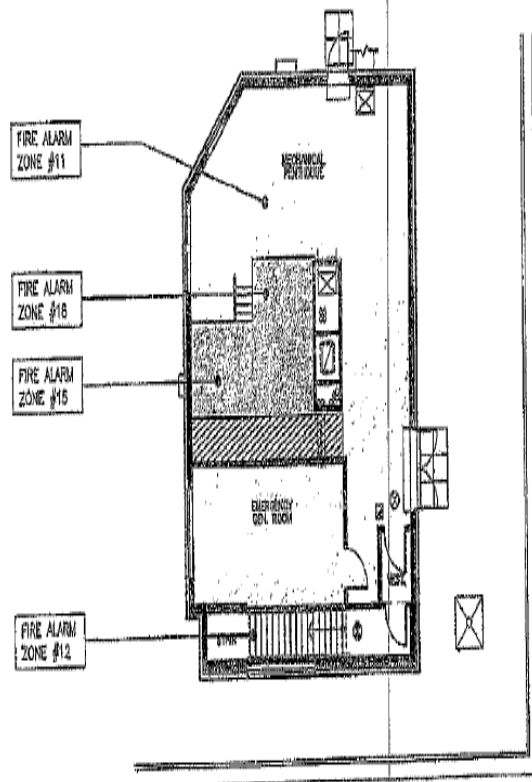
Second Floor Plan:



Third Floor Plan:



Penthouse Floor Plan:



LEGEND :

- ⊕ EXIT LIGHT
- ⊞ FIRE ALARM MANUAL PULL STATION
- ⊙ SMOKE DETECTOR

HELLENIC HOME
LONG TERM CARE FACILITY
PENTHOUSE PLAN

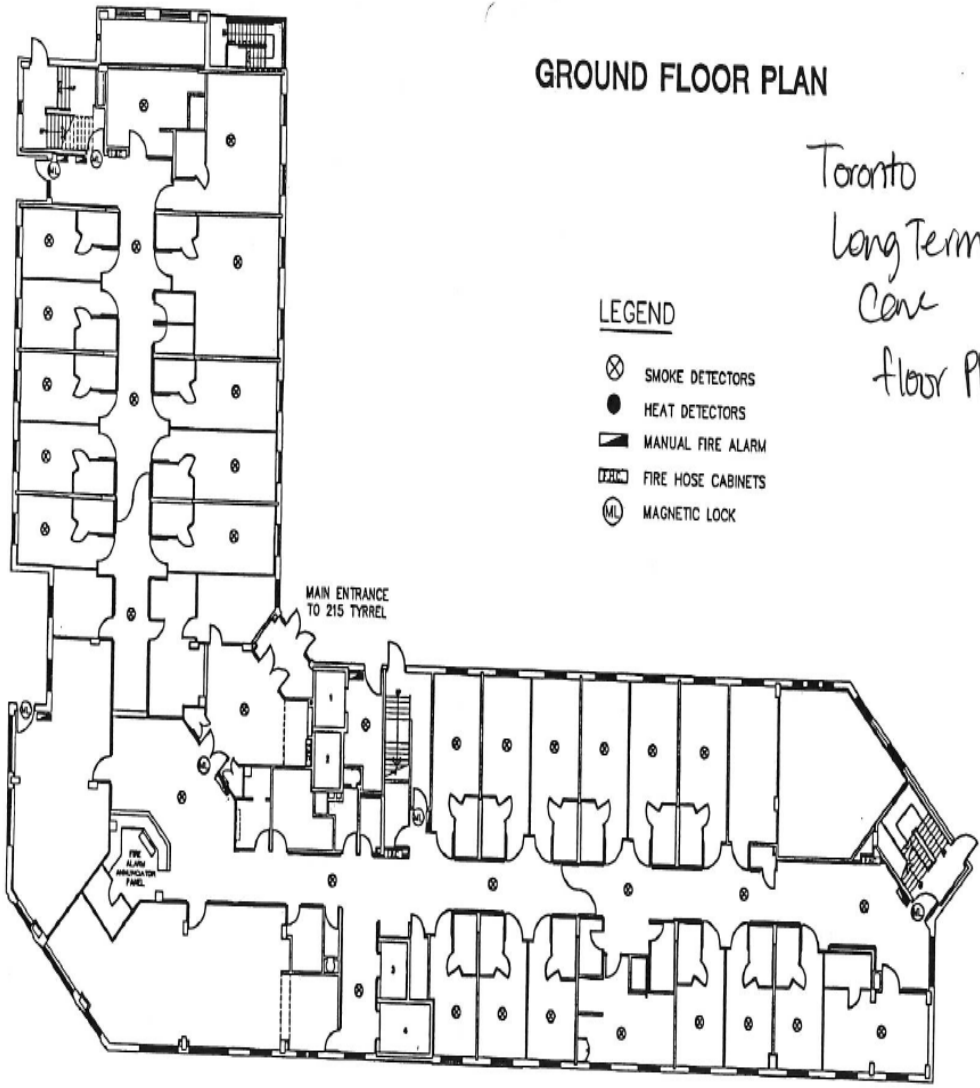


GROUND FLOOR PLAN

Toronto
Long Term
Care
Floor Plan

LEGEND

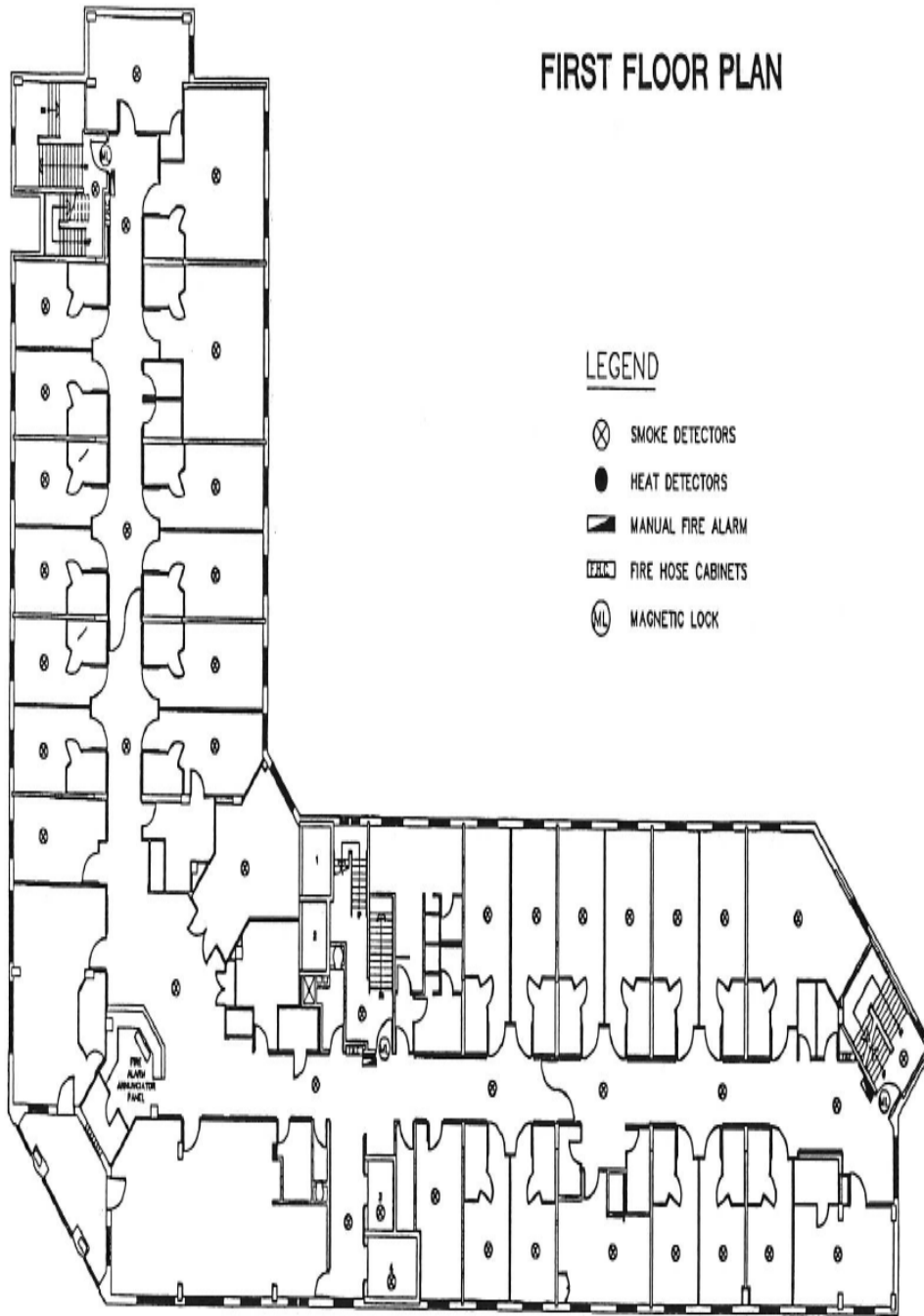
- ⊗ SMOKE DETECTORS
- HEAT DETECTORS
- ▬ MANUAL FIRE ALARM
- ☐ FIRE HOSE CABINETS
- Ⓜ MAGNETIC LOCK



215 Tyrrel Ave

First Floor Plan:

FIRST FLOOR PLAN



LEGEND

- ⊗ SMOKE DETECTORS
- HEAT DETECTORS
- ▤ MANUAL FIRE ALARM
- ▬ FIRE HOSE CABINETS
- ⓂL MAGNETIC LOCK

Code Green Checklist

In charge person to complete or assign to a staff member to complete.

Date of Occurrence (m/d/y)

Alarm Activated	Completed Y=yes N=No	Time	Initials
Announcement			
Fire Department Called			
Triage set up			
Fan out list called			
Fire Department Checked scene			
Transportation services notified to assist with evacuation			
Staff assigned as triage leader			
Staff assigned for transportation Internal			
Staff assigned for transportation External			
Wheelchair taxi		Ambulance	Toronto Transit
Appropriate Duties Delegated			
Area searched for fire/disaster			
Residents evacuated away from danger			
Attempt made to fight fire/disaster			

Procedure done to reactivate alarm system			
Staff in pre-designated areas			
Elevators locked on main floor			