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## **Section 1**

### **DISASTER OVERVIEW**

**A disaster is an event that affects the normal operation, safety and security of the Home and has the potential to cause serious harm, including death to individuals.**

Much of our internal disaster plans are developed relying on the support of external emergency resources and community resources. It is recognized that we may be faced with natural or man made disasters that affect the entire community and world, leaving only our immediate human and facility resources to rely upon. Such disasters will cause disruptions that affect our employees, processes, the environment, our technology and our ability to provide our current level of care and service to our residents. This will be contingent on any community plan that has been developed or will be developed.

#### **Identifying potential threats to Nipissing Manor (residents, staff, families, visitors and the building)**

- Communicable disease outbreak (community wide outbreak, world wide influenza--pandemic, SARS etc)
- Fire
- Ice storm (resulting in lack of essential services for a prolonged time, i.e. hydro, power, water)
- Interruption of hydro, power, water (facility and or community)
- Interruption of water related to contamination
- Air transportation crash (close to proximity to the Air port)
- Train derailment
- Chemical leak or explosion (Nipissing Manor is situated in proximity to an industrial area which could result in an explosion, leakage or major disaster which could disrupt essential services, transportation and communication).

#### **Risk Assessment: Probability of Potential Threats:**

- Communicable disease outbreak (community or worldwide: --Risk: High
- Fire: Risk—High
- Ice Storm—Risk: Moderate to high
- Air Transportation crash: Risk: Moderate
- Train Derailment: Risk: High
- Chemical leak or explosion: Risk: Moderate

## **EMERGENCY CODES**

**CODE RED**

**FIRE**

**CODE YELLOW**

**MISSING RESIDENT**

**CODE GREEN**

**EVACUATION**

**CODE WHITE**

**VIOLENT SITUATION**

**CODE ORANGE**

**EXTERNAL DISASTER**

**CODE BLUE**

**MEDICAL EMERGENCY**

**CODE BLACK**

**BOMB THREAT**

**CODE GREY**

**BUTTON DOWN/SEAL BUILDING/  
AIR EXCLUSION**

## **COMMUNICATION IN THE EVENT OF A DISASTER**

POA's / SDM's will be informed that a disaster has taken place and where and when relocation will occur. A list of residents for possible relocation is a part of the Disaster Plan. The POA/SDM member that could possibly accommodate the resident will be contacted first. The relocation will be authorized by the President/Administrator (if unavailable DOC or Executive Assistant).

The Life Enrichment Coordinator is responsible for contacting family members and Volunteers.

The President/Administrator (if unavailable DOC or Executive Assistant) will inform the MOLTC and other stakeholders that a disaster has occurred and advise them of the plan of action, using the Mandatory Reporting System on the Itchomes.net website.

The President/Administrator (if unavailable DOC or Executive Assistant) will co-ordinate and be responsible for the implementation of the Disaster Plan.

## **TELEPHONE PYRAMID SYSTEM**

The design of the pyramid provides a prompt thorough and efficient means of notifying stakeholders of a disaster.

It is activated by calling 911.

The Nurse Manager will provide direction to initiate calling staff starting at number one. Current list maintained in disaster briefcases.

## **THE DISASTER BRIEFCASE**

A Disaster Briefcase is located at each Nursing Station.

Contents :

1. Telephone Pyramid List.
2. Resident Wing List.
3. 110 Resident Identification Bracelets.
4. Copy of Disaster Service Providers List.
5. Floor Plans (Resident Rooms and Emergency Generator Outlets)
6. Floor Plans (Key Locations)
7. Blue and Red markers and pens.
8. Priority tags.
9. 2 Walkie-Talkies (With 4 Extra Batteries)
10. Charge Nurse Duties
11. Hazard Vest
12. Red Scarf

## **FIRE PROTECTION**

There are smoke detectors in each resident's rooms and in the hallways.

The fire alarm system is a local alarm only. The Fire Department must be called. The fire alarm system can be operated manually or automatically.

The bedroom and corridor doors are solid wood core rated for **45 minutes**.

The Horizontal Fire Separation doors are rated for **45 minutes**.

Fire detection time is **.75 minutes (45 seconds)** from the time the fire is detected by the smoke detectors in the room of origin and the fire alarm is activated

It is safe to enter the room of fire for **2.5 minutes** only after the alarm is activated

There is a period of **3.25 minutes (2.5 + .75)** to enter the room of fire origin, evacuate the residents and close the door to that room.

Heat detectors: Closets

Smoke Detectors: Bedrooms and hall ways.

Sprinkler system: Retirement Home and laundry chute and garbage room.

Fire alarm system: Two stages.

## **FIRE DRILLS**

Fire drills are practised monthly on each shift using the **Night Shift Scenario** as this is the time period when the Home is the most vulnerable.

During fire drill practices residents on a wing must be evacuated beyond the fire separation doors within **5 minutes**.

Nurse Manager: Set the scenario and select 5 staff that will be participating in the drill. Have them remain on their wing until the fire alarm is activated.

## Resident Classification System

| Resident Type | Capability of Resident to Evacuate                     | Type of Movement Aids          | Staffing Resources Required to Move each resident to a point of safety  |
|---------------|--|--------------------------------|---|
| A             | Ambulatory, requiring no assistance but needs guidance | Some canes or walkers possible | 1 staff to assist resident from bed to corridor and direct resident to zone separation or exit  |
| B             | Ambulatory requiring assistance                        | Some canes or walkers possible | 1 staff to assist resident from bed and walk resident to safe location (horizontal and vertical movement and post move placement as required)                                     |
| C             | Non ambulatory, able to assist                         | Wheelchairs, gurneys,          | 2 staff to lift resident out of bed<br><br>1 staff to move resident horizontally using wheelchairs<br>2 staff to move resident vertically and for post move placement if required |
| D             | Non ambulatory, unable to assist                       | Wheelchairs, carry aids        | 2 staff to lift resident out of bed<br><br>1 staff to move resident horizontally<br>2 staff to move resident vertically and for post move placement if required                   |

**\* Each resident has a classification "letter" A - D on nameplate.**



## **IF YOU DISCOVER A FIRE**

### **REMAIN CALM !**

1. Activate the alarm, if it is not already activated.
2. Have another staff announce Code Red and location (F0 to be heard outside), repeat 3 times and call 911 to report fire.

### **HOW BIG IS THE FIRE?**

Can you put it out? If you can, then do so.

If you feel the fire is growing too fast for you to handle, leave it for the Fire Department

### **SMOKE COMING FROM BEHIND A CLOSED DOOR**

DO NOT BARGE IN. Feel the door.

If the door is very hot DO NOT OPEN – DO NOT ATTEMPT TO GO IN.

If there is someone in the room you cannot help them.

People do not normally burn to death, they are asphyxiated.

If residents are involved in fire, evacuate those in immediate danger.

Confine the fire by closing the door and window, if possible, to the room involved and place a Fire Extinguisher outside the door.

### **All Other Staff**

Report to the Fire Zone and follow the directions of the Nurse Manager.

### **IF YOU HEAR THE FIRE ALARM AND THE LOCATION HAS NOT BEEN IDENTIFIED**

1. The staff member closest to the **Fire Alarm Panel**, located outside the **Main Office**, should check the panel to identify the location.
2. Announce Code Red and location (F0 to be heard outside), repeat 3 times and call 911 to report fire.

## **All Other Staff**

Report to the Fire Zone and follow the directions of the Nurse Manager

### **EVACUATION OF RESIDENTS**

Implement **Pyramid Evacuation Procedure** under the direction of the Nurse Manager.

Room on fire, rooms on either side, room directly across and remainder of rooms on the wing.

### **ORDER OF EVACUATION**

1. Ambulatory residents (A, B) first. They can be escorted or sent to the designated Triage / Holding Area and await further instructions.
2. Non-Ambulatory residents (C, D) second. They can be transferred to Triage / Holding Area by using blankets, wheelchairs or leaving the resident in bed and moving the entire bed.
3. Evacuate residents to the hallway first and then outside the fire separation door. Bedroom door provides 45 minutes fire protection. The fire separation door provides an additional 45 minutes of fire protection.
4. Close all windows, check behind curtains, inside closets and bathrooms, and under beds if time permits.
5. Turn off all oxygen concentrators.
6. Take a blanket for each resident, if time permits.
7. Close the room door and put a fire tag in place indicating the room has been searched and evacuated. Re-check any room where the fire tag indicates someone may have re-entered the room.
8. Check closets in hallway and put fire tag in place indicating that it has been searched and evacuated.
9. Check tub room and put fire tag in place indicating that it has been searched and evacuated.
10. Always keep to the right side of the hallway and do not run.
11. Evacuation may include room or wings on the floor above. Follow directions of the Nurse Manager or Fire Department.

## **EVACUATION OUTSIDE THE BUILDING**

**Designated Safe Meeting Place:** Front parking lot outside the **Main Gate**.

The Evacuation Headquarters (EHQ) is the Callander Community Centre.

Agreements are in place for supplies eg medications and food, transportation and transfer to other Long Term Care Homes.

### **Elevator**

**THE ELEVATOR MUST NOT BE USED DURING A FIRE.**

### **Propane**

The 2 exterior propane tanks must be turned off by the Fire Department.

The main propane valves must be turned off by the Fire Department.

### **Nurse Manager Duties**

1. Ensure 911 has been called and EMS activated.
2. Position yourself at the fire separation doors at the entrance of the affected wing.  
**Do Not Enter Fire Zone.**
3. Instruct staff to begin **Pyramid Evacuation**.
4. If safe, instruct staff to extinguish the fire using fire extinguishers. This would be for small fires that are not out of control (garbage can, TV, smouldering chair)
5. Day and Evening shift staff. Assign staff as follows:
6. **Evacuation Team:**
  - Evacuate Residents in fire zone. Evacuation residents must be taken beyond 1 fire door.
  - The evacuation team should consist primarily of Nursing Staff. Nursing staff must be in pairs to enter each room. They will need to be assigned to pairs as they approach the fire doors of the affected area. The goal is to completely evacuate the area in less than 5 minutes therefore a sufficient number of staff need to be assigned to evacuate residents. They will bring the resident to the fire doors and hand them over to the transport team.
  - The staff entering the fire zone must be counted/recorded and accounted for when the Code Red is clear. The Daily Assignment sheets can be used to highlight or check off the staff who have been assigned to evacuate.

7. **Transport Team**

- The transport team are responsible for escorting/transferring residents to the triage area and are to return to the fire separation doors of the affected area to continue with resident transfer/portering. Staff from other departments should be assigned to the transport team. A minimum of 6-8 staff will be required for this task. More may be assigned to this team as necessary based on the availability of staff.

8. **Triage / Holding Area Team:**

- Once all the residents have been evacuated from the wing, then they can be relocated to the evacuation area or the triage holding area.
- The triage/holding area must be 2 fire doors away from the fire zone. It is recommended by East Ferris Fire Department that the area should be at the opposite end of the building. Ideally, telephone access should be available. The area should have another means of egress if feasible. The Main Dining Room, the Life Enrichment Room on the First Floor are ideal areas. The 2nd East Dining Room, 2nd East Lounge and the Quiet room are areas available on 2nd floor for an immediate location before being moved to 1st floor if necessary.
- Complete a resident and staff census.
- Inform the Fire Department when they arrive of the room of origin and the current status of the evacuation and fire.
- Notify the Administrator and Director of Care.
- Give direction to activate the Telephone Pyramid System, in discussion with the Fire Chief.

## **Day and Evening Shift Fire Procedures**

### **PSWs**

1. Check rooms, close windows and doors and turn off air conditioning units.
2. Ensure no resident is left unattended in tub room and/or bathroom.
3. Ensure Residents remain in their rooms, until location of fire is known.
4. Remove all carts / lifts from hallway of affected area.
5. Ensure visitors on unaffected wings remain with residents and await further instructions.
6. Ensure one staff remain on the wing.
7. Remaining staff proceed to the fire separation doors of the affected wing and report to the **Nurse Manager** wearing the **Orange Vest** for further instructions.

## **D1 RPN Responsibilities**

Assigned to the first floor desk. Liaise with Emergency Personnel in the coordination of the rescue efforts ensuring Residents are cared for and reassured.

1. Upon hearing the fire alarm, return the Med Cart to the Med Room.
2. Access the emergency briefcase located at the first floor desk, walkie- talkies and put on the red scarf.
3. Liaise with the Nurse Manager via walkie-talkies (set at #4).
4. Initiate the Telephone Pyramid System at Nurse Manager's direction.
5. Retrieve Physicians' Order Books, Treatment Cart and 1<sup>st</sup> Aid Kit.
6. Give master keys to Fire Department personnel (Kept in 1<sup>st</sup> Floor Med Room). Work closely with Emergency Personnel.
7. If fire in kitchen or laundry, contact Superior Propane.

## **D2 RPN Responsibilities**

Assigned to the second floor desk, **do not leave second floor**. Liaise with Emergency Personnel in the coordination of the rescue efforts ensuring Residents are cared for and reassured.

1. Upon hearing the fire alarm, return the Med Cart to the Med Room.
2. Access the emergency briefcase located at the second floor desk, walkie- talkies and put on the red scarf.
3. Liaise with the Nurse Manager via walkie-talkies (set at #4).
4. If fire is on second floor, assess the situation and upon the Nurse Managers arrival, report on the condition of the affected area.
5. If awaiting Nurse Managers arrival, direct staff to begin Pyramid Evacuation.
6. Follow directions of Nurse Manager and work closely Emergency Personnel.

## **D3 RPN Responsibilities**

1. Manage the Triage Area.
2. Retrieve Physicians' Order Books, Treatment Cart and 1<sup>st</sup> Aid Kit.
3. Provide First Aid as required.
4. Liaise with the Nurse Manager via walkie- talkies (set at # 4).

5. Direct staff to assist in the triage area. Work closely with Emergency Personnel responding to the emergency.
6. Delegate staff to retrieve oxygen concentrators from the storage area (located off the Quiet Room).

## **RETIREMENT HOME FIRE PROCEDURES**

### **Upon Hearing the Alarm**

1. If you are on your wing when the alarm goes off, stay there and do a quick survey to ensure the fire is not on your wing.
2. Check rooms, close windows and doors.
3. Ensure no resident is left unattended in tub room and/or bathroom.
4. Residents are to be kept in their rooms until location of fire is known.
5. If serving in the dining room staff should remain with residents and await instructions from the Nurse Manager.
6. If performing housekeeping duties return all cleaning supplies and equipment to the nearest housekeeping closet.
7. Visitors on unaffected wings should remain with residents and await further instructions.
8. One staff to remain on each floor; the RPN will proceed to the fire separation doors on the affected wing and report to the Nurse Manager wearing “Orange Vest” for further instructions.
9. Listen for announcement over the intercom. Location of fire will be repeated three times.
10. Follow directions of Nurse Manager.

**If there is a fire in the Retirement Home, both floors must be evacuated immediately.**

## **DIETARY FIRE PROCEDURES**

### **Upon Hearing the Alarm**

1. Shut off all propane fired equipment, electrical motors and fans and turn off air conditioning units. Turn off steam tables.
2. Close all doors and windows, checking each area in the department at the same time.
3. If serving in the dining room, remain with residents and await instructions from the Nurse Manager. If not serving, report to the Nurse Manager at the fire separation doors on the affected wing, wearing the “Orange Vest”, for further instructions.

### **Flare Up On Cooking Surface**

1. Remove any resident from dining area.
2. Dietary staff must report the situation to the Nurse Manager.
3. Dietary staff must activate the alarm if it is not already activated.
4. Smother flame with fire blanket.

### **Major Event on Cooking Surface**

1. Remove any residents from dining area.
2. Direct Dietary Aide to activate pull station.
3. Activate range hood extinguishing system unless already activated automatically.
4. Shut off all gas fired and electrical equipment, motors and fans.
5. Close windows and doors and leave area.
6. Report to the Nurse Manager wearing the “Orange Vest”, and await further instruction.

### **Procedures if a Staff Member’s clothing is in flames**

1. Obtain fire blanket from case and wrap the individual in blanket, forcing person to floor. Roll back and forth to smother flames.
2. Direct other staff to contact the Nurse Manager for assistance.
3. The Nurse Manager or RPN will be responsible for administering First Aid and activating the EMS (911).

## **HOUSEKEEPING FIRE PROCEDURES**

### **Upon Hearing Alarm**

1. Return all cleaning supplies and equipment to the nearest housekeeping closet.
2. Proceed to the fire separation doors of the affected wing and report to the Nurse Manager wearing the “Orange Vest” for further instructions.

## **LAUNDRY FIRE PROCEDURES**

### **Upon Hearing the Alarm**

1. Turn off washers and dryers.
2. Close window and doors.
3. Turn off Make-Up Air Unit. The 2-propane shut-off valves must be turned off by the Fire Department.
4. Turn air conditioners off in summer. (Sewing room & washer area)
5. Proceed to the fire separation doors of the affected wing and report to the Nurse Manager wearing the “Orange Vest” for further instructions.

## **LIFE ENRICHMENT FIRE PROCEDURES**

### **Upon Hearing the Alarm**

1. Turn off heating/cooling roof top unit and exhaust fan at East exit.
2. Remain with residents in Life Enrichment Room and await further instructions from the Nurse Manager.
3. If there are 2 staff on duty one will proceed to the fire separation doors on the affected wing and report to the Nurse Manager wearing the “Orange Vest” for further instructions.

### **If conducting program in the 2<sup>nd</sup> floor east lounge:**

- 1) Ensure all electrical appliances are turned off and breaker in East Wing panel is off.
- 2) Remain with residents and await further instructions.

## **RESIDENTS FIRE PROCEDURES**

### **Upon Hearing the Alarm**

1. If in your room close your door and remain there until assisted by a staff member.
2. If not in your room e.g. lounges, corridors, dining areas etc. follow the instructions of the staff.



**When You Discover a Fire Or See Smoke Coming From Behind A Closed Door: Do Not Panic!**

1. Do not yell fire.
2. Pull nearest call bell for staff assistance.
3. Leave the area if able to and close the door if possible.
4. Proceed to the nearest Nursing Station

**VISITORS/VOLUNTEERS FIRE PROCEDURES**

**Upon Hearing the Alarm**

1. Remain with person you are visiting.
2. Await instructions from staff re relocation to safe area.

**When You Discover A Fire Or See Smoke Coming From Behind A Closed Door: Remain Calm!**

1. Do not yell fire.
2. Pull nearest call bell for staff assistance.
3. If possible remove residents from the area, close the door and proceed to the nearest Nursing Station

### Section 3

## PRINCIPLES OF COMBUSTION

Combustion may be defined as rapid oxidization resulting in the liberation of light and heat and generally accompanied by flame.

Oxidization is the chemical process by which oxygen is combined with another substance. This may be slow as in the rusting of iron, or rapid, as in the burning of wood or other fuel. Instantaneous oxidization may be exemplified by the explosion of dynamite, gun powder or grain dust. In other words, combustion or fire is really chemical reaction.

Oxygen, which has not been mentioned previously except in the definition of combustion and oxidization, is the chief part of combustion and usually obtained from the air which normally contains 21%. As the oxygen percentage is reduced, so is combustion reduced. When the oxygen percentage is reduced to less than 16% most materials will cease to burn (less than 12% will not support life).

The answer then, to "What is fire?" can be produced from the foregoing information. We have now determined that three factors must be present in order to have a fire. The three conditions necessary to have a fire are:

- a) Fuel or a combustible material.
- b) Sufficient oxygen to support combustion which is usually obtained from the air.
- c) Heat, to bring the temperature of the fuel, if necessary (solids) to a point where vapours will be produced and to provide the ignition temperature.

## FIRE TRIANGLE

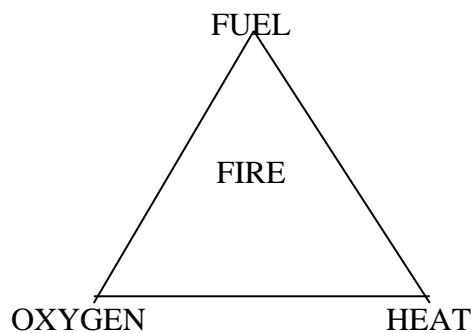
The foundation of fire control is the familiar fire triangle consisting of fuel, oxygen and heat as shown in Figure #1.

**FUEL** is the first factor necessary for a fire and includes any combustible substance such as paper, wood, coal, petroleum products etc.

**OXYGEN** is the chief part of combustion and is usually obtained from the air which normally contains 21%. As oxygen is reduced, so is the combustion reduced. When the oxygen percentage is reduced to less than 16% most materials will cease to burn.

**HEAT** is necessary to bring the fuel to its ignition temperature when the fuel will start to burn.

When these three factors are brought together, that is fuel, oxygen and heat, fire will result whether wanted or not, and, of course, with the removal of one of these, or a combination or one or more, fire will stop.



## CLASSIFICATION OF FIRES

Because of the usually easy access to volumes of water, it would be relatively simple to suggest that removing the heat or lowering the temperature of the fuel to below its ignition point would be the easiest way to extinguish a fire and this is so with some fires. However, one can anticipate with little effort the problems that may be encountered when applying water to a flammable liquid or to a fire involving charged electrical equipment. Water, when applied to a flammable liquid, tends to spread the liquid and by splashing action, atomizes the liquid and because of the heat present, vaporizes and burns more rapidly. With electrical fires of course, water being a conductor of electricity, the operator would be subjected to an electric shock.

In order to distinguish between various fire extinguishing possibilities and limitations of first aid fire appliances, the following general classification was established for all practical purposes.

**CLASS "A" FIRES** - are those involving ordinary combustible materials such as wood, cloth, paper etc., where quenching, cooling effect such as obtained with water or solutions containing large quantities of water is of first importance.

**CLASS "B" FIRES** - are those involving flammable liquids such as fats, grease, petroleum products, alcohols, acetones, etc. where a blanketing or smothering effect is desirable.

**CLASS "C" FIRES** - are those involving electrical equipment such as motors, generators, switchboards, fuse boxes, wiring, etc., where the use of a non-conductive extinguishant is of prime importance.

**NOTE:**

1. All electrical equipment should be considered "charged or energized".
2. Flammable liquids are not permitted to be stored in the facility.
3. The difference between flammable and combustible liquids is that flammable liquids have a lower flash point than combustible liquids.

## **PRINCIPLE OF EXTINGUISHMENT**

The principle of extinguishment is based on removing the fuel, oxygen and/or heat.

**REMOVAL OF THE FUEL** - this is not always possible with large fires of course, but may be helped by removal of furniture, etc. from the path of fire. Another example would be shutting off the valve on a cylinder of combustible gas feeding a fire, etc.

**REMOVAL OF OXYGEN** - this may be accomplished by placing an inert gas or substance between the fire and the oxygen by using an extinguisher such as fog, foam, carbon dioxide, sand, dry powder or on very small pots of grease or wax, placing a lid on the pot thereby excluding the oxygen.

**REMOVAL OF HEAT** - this is done by cooling the material below its ignition temperature, usually with quantities of water.

### **EXTINGUISHANTS**

Each class of fire requires a certain type of extinguishant.

**CLASS "A" FIRES** require an extinguishant that will cool, preferably one which contains large quantities of water or water solutions.

**CLASS "B" FIRES** require an extinguishant that will blanket or smother the fires. The extinguishants which suit this class are foam, dry chemical and carbon dioxide.

**CLASS "C" FIRES** require an extinguishant that is a non-conductor of electricity, one that will do the least possible damage to the electrical equipment involved.

## **Section 4**

# **FIRE EXTINGUISHERS**

### **PREFACE**

First aid fire extinguishers are appliances which have a limited supply of extinguishing medium. In order to be able to select, use and recommend fire extinguishers that are properly suited for the condition which may exist, one must have a good understanding of what takes place when a fire is burning. It is the purpose of this paper to discuss techniques and the proper selection, use and operation of extinguishers to safeguard life and property.

### **CHEMISTRY OF FIRE**

In order to have workable understanding of fire extinguishment, it is important to remember some basic chemistry facts and terminology, such as flash points, fire point, explosive range (flammability limits), auto-ignition temperature, specific gravity, boiling point, etc.

It is not the intent here to cover basic chemistry; however, an understanding of the auto-ignition temperature, the flash point and the flammability limits will assist greatly in understanding and answering questions pertaining to fire extinguishment. It is also important to realize and understand that fuel, whether it be liquid, gasses or solid, must be heated to a point where vapours are given off, for it is the vapours that burn and not the fuel.

### **IGNITION TEMPERATURE**

The ignition temperature of a substance, whether solid, liquid or gas, requires a spark or a flame to ignite. The temperature of this substance varies considerably, depending upon the nature, size and shape of the igniting surface or container. The temperature of a solid is influenced by its physical condition and the rate of heating. A good example of this is to take a block of wood and attempt to ignite it with a controlled temperature heat source; compare this with the same block of wood cut into shavings with the same controlled temperature heat source. The shavings will ignite much more rapidly than the block of wood and, as a matter of fact, the temperature of the shavings will be much lower than that required to cause ignition of the block.

NOTE: Flashover is the point where the temperature of a room is increased to the point where all combustible material ignites.

## **FLASH POINT**

The flash point of a flammable liquid is the lowest temperature at which it gives off enough vapours to form a flammable mixture with air near the surface of the liquid or within the container. Many hazardous liquids have flash points at or below ordinary room temperatures and normally are covered by a layer of flammable vapours that will ignite immediately if a source of ignition is brought near. It is for this reason that flammable liquids can be classified as more hazardous than other materials and provides a manner in which we can gauge the hazardness of a particular liquid. Obviously, a liquid that has a flash point lower than room temperature is more hazardous than liquids that have a flash point higher than room temperature, or, if a container of a liquid with a flash point lower than room temperature is open or is spilled, the vapour state is present, without additional heat and only a source of ignition is necessary for a fire or explosion, where, on the other hand, a liquid with a flash point above room temperature being open or spilled does not immediately provide the vapour state without being preheated.

## **SIZE AND RATINGS OF EXTINGUISHERS**

All fire extinguishers should be tested and labelled by a recognized testing laboratory, i.e., U.L.C. or U.L. etc. The ratings or label applied to the extinguisher will indicate the suitability of the extinguishant, i.e. (A, B or C) and the size or potential of the extinguishant in each unit based on the tests conducted by the testing laboratory. For example, an A rated extinguisher with a one rating (i.e. 1A) is capable of extinguishing a fire on a wood surface 50 square feet in size. Therefore a 2A rated unit would be capable of extinguishing a fire twice that size. The ratings applicable to B rated units are based on one unit of extinguishment for each one square foot of flammable liquid surface fire the unit is capable of extinguishing, i.e. a 4B rated unit is capable of extinguishing a flammable liquid surface fire of 4 square feet.

It is of importance to be familiar with the ratings and size in order to determine the size of extinguisher that should be placed to protect a particular hazard, and in addition to understand that the appropriate size extinguisher must be selected in order to extinguish or control a fire of particular size.

## DESCRIPTION OF PORTABLE EXTINGUISHERS

### A. Pressurized Water

The pressurized water fire extinguishers used in this institution are of the 2-gallon capacity. The propellant is stored pressure. The reach of the extinguishant is approximately 20 to 35 feet. The duration of the extinguisher is approximately one minute. The extinguisher is rated for Class "A" fires only. To operate the extinguisher it must be kept in the upright position, carried to the fire scene, the pin removed in the scissor-like handle (the pin is sealed so that when the pin is removed the seal will be broken). It is important to note that the scissor-type handle should not be squeezed when removing the pin. The handle should be cradled in the palm of the hand without squeezing the handle, or set on the floor when the pin is removed. The hose should be taken in one hand and directed at the base of the fire and when ready, the handle squeezed at which time the water will be discharged through the nozzle.

The 2-gallon pressurized water units carry a 2A rating.

### B. Carbon Dioxide Units

Carbon dioxide fire extinguishers come in a variety of sizes from the 5 lb. to 20 lb. units. The units, regardless of size, are similar in operation except the discharge horn on the 5 lb. units should not be handled except to bring the horn to the upright position prior to discharge. The larger units have a wood insulating handle on the discharge horn to facilitate safe handling during operation.

The carbon dioxide units, regardless of size, have a reach of approximately 6 to 8 feet. The duration of discharge is 10 to 15 seconds. The carbon dioxide units are rated for use on Class "B" and "C" fires.

To operate the carbon dioxide units, the unit should be carried to the fire scene, pin removed from the scissor-like handle in the manner similar to that described for the pressurized water extinguishers. The discharge should be applied in a sweeping motion across the base of the burning liquid, and even though the fire appears to be out, the extinguishment should be continued until the fire extinguishing unit is empty. Caution should be taken when using this unit to prevent or protect against reflashes. The method of extinguishment is cooling and smothering.



### C. Dry Chemical Units

Dry Chemical Units come in a variety of sizes from 2 3/4 lbs. to 20 lb. units. The reach of stream is 12 to 14 feet. The duration of discharge is 10 to 15 seconds. The dry chemical units are rated for use on Class "B" and "C" fires.

To operate the unit it should be carried to the fire scene, the pin removed from the scissor-type handle in a manner similar to that described for the pressurized water unit. The method of extinguishment is smothering and therefore the extinguishant should be applied across the base of the burning liquid surface in a sweeping motion in a manner that will apply as much powder as possible to the liquid.

**Note: All portable fire extinguishers available for use in the facility are rated ABC which indicates that they can be used for extinguishing all classes of fire.**

### FIXED EXTINGUISHING SYSTEM

The facility is equipped with Fixed Extinguishing Systems as follows:

4. Hose cabinets located on all wings, main dining room, east and west wing basements which deliver pressurized water to these areas.
5. Sprinkler system in the Water Room and Garbage Room which is activated automatically.
6. CO<sub>2</sub> System over stove in the kitchen which can be activated manually or automatically.

**Manual Activation:** Pull pin and pull lever on 2 white CO<sub>2</sub> tanks by the microwave stand. Alternatively open "Range Guard" cabinet above cooks sink in kitchen and pull pin.

**Automatic Activation:** Utilizes a fusible link system which melts when temperature rises above 360° F activating CO<sub>2</sub> cylinders.

**Note: Always utilize fire extinguishers located in the kitchen as a first measure to extinguish fire whenever possible.**

#### Use of Fire Hoses

When using the hose ensure:

The entire hose is removed from cabinet and laid flat on the floor without any kinks.

Staff member holding the nozzle is well braced before the other turns on the valves.

## **Section 5**

# **EVACUATION PROCEDURES**

There are three definite evacuation stages: Horizontal, Vertical and Total.

### **HORIZONTAL EVACUATION**

In Horizontal evacuation the residents are moved from a fire affected wing to another wing on the same floor. They are to be placed behind two sets of fire doors.

The facility is constructed so that each room is separated from other areas with walls and doors constructed of materials that will contain a fire for a reasonable time and in most cases for at least one hour. In addition every floor is divided into fire zones which are separated from each other by walls and doors constructed by materials that will contain a fire for not less than one hour and in most cases, two hours.

Considering these built-in features and providing staff members (**REMAIN CALM**), act promptly to close doors and windows in a fire affected wing, horizontal evacuation can be achieved effectively and safely.

Vertical evacuation of the wing above is to be started immediately after residents in fire affected area are removed.

### **VERTICAL EVACUATION**

The facility is constructed so that fire separation exists between each floor rated at approximately two hours. Vertical evacuation of residents should only be necessary where smoke, hot gases or fire threaten the safe zone on a fire affected floor. Vertical evacuation should be initiated upon the order of the Fire Chief, or the President/Administrator (if unavailable the DOC or Executive Assistant).

### **TOTAL EVACUATION**

In the event of total evacuation (during nice weather), simply move the residents to the section of the yard designated the "Safe Zone" by the Fire Chief, President/Administrator (if unavailable the DOC or Executive Assistant). In inclement weather, follow evacuation procedure to Evacuation Headquarters (EHQ) Callander Community Centre.

## **ACTIVATION OF THE DISASTER PLAN**

The disaster plan is activated when partial or total evacuation of the facility is required.

A disaster may be internal or external.

Internal Disasters: Fire, flood, bomb threat and electrical failure.

External Disasters: Train derailment, gas pipeline explosion, plane crash, nuclear fallout, tornado, and earthquake.

Ideally, the President/Administrator (if unavailable the DOC or Executive Assistant) initiates the implementation of the disaster plan. In his absence, the Nurse Manager on duty must assume the responsibility. The MOLTC must be notified immediately if evacuation of residents is necessary. NELHIN will be notified and will manage the relocation of residents to other health care facilities as necessary.

In the event of a disaster, the radio station will announce "Attention all staff of Nipissing Manor, this is Code name Alpha. Attention all staff of Nipissing Manor, this is Code name Alpha". Staff hearing this announcement are asked to report to the Manor as soon as possible.

There are two major evacuation procedures to be followed. The crisis will determine which procedure is put into effect.

### **PRIMARY EVACUATION**

If it is necessary to evacuate all residents from the building during nice weather, simply move the residents to the section of the yard designated the "Safe Zone" by the Fire Chief, President/Administrator (if unavailable the DOC or Executive Assistant). In inclement weather, follow Evacuation Procedures to EHQ Callander Community Centre.

### **SECONDARY EVACUATION**

When residents have been confined to the "Safe Zone"; secondary evacuation or relocation to the EHQ will occur.

Only when the home cannot be used as Evacuation Head Quarters will secondary evacuation apply. Residents will be transferred to EHQ in authorized vehicles only.

**Duties of the Disaster Plan Coordinator (DPC)  
President/Administrator (if unavailable the DOC or Executive Assistant)**

The D.P.C. will ensure the safety of all residents. Time and co-operation are vital elements that must be utilized in the most efficient way possible.

**Steps to be taken when relocating residents:**

7. Contact the MOLTC Service Area Office immediately and initiate the CIS Reporting System . Notify NELHIN and inform them of the disaster and required evacuation. They will assist with the relocation of residents to other health care facilities that have the vacancies available to accommodate residents. Implement contact with Disaster Service Providers. Contact information located in Disaster Planning Agreements (yellow) binder in Main Office and Disaster Briefcases located at the 1<sup>st</sup> and 2<sup>nd</sup> floor nursing station.
8. A Resident Census is available. In the event a resident is missing a verification of the residents list will be done by the DOC and Nurse Manager. If it is found that a resident in fact is missing, the search procedure will be implemented.
9. Transport all residents to EHQ, Callander Community Centre.
10. All necessary records will be delivered to EHQ under authorized supervision.
11. Assistance from Disaster Service Providers will ensure that all residents are safe and that essential needs are met.

## ORDER OF EVACUATION

Evacuation of residents will be completed according to the following order:

### **Ambulatory Residents: Reason**

- Many residents can be removed quickly by one or two staff,
- If smoke prevents staff from returning to the fire zone, these residents may re-open their door and walk into smoke filled area and/or leave doors open for smoke to filter into other areas,
- Ambulatory confused residents may wander back into the area or get in the way.

### **Wheelchair residents:**

- These residents will be easier and quicker to move than bedridden residents,
- Usually one staff is required to move out of the area.

### **Bedridden residents:**

- These resident will require more than one staff to move them out of an area.

### **Resistive/Aggressive residents:**

- These residents must remain until the last. Staff can not waste valuable time to attempt to remove them from an area when they are not cooperating—to do so places the other residents and yourself at a higher risk,
- Ensure the door to the room or area is closed
- Communicate to the Fire department where these residents are located.

### **Equipment:**

During an evacuation evacuation slider wheelchairs can be used. Blankets, sheets, can be used to roll the resident onto and pull along the floor to the exit.

**Exits must be the ramp or stairwells and not the elevators.**

## EVACUATION PRIORITY

Residents will be evacuated in the following order:

- Residents in immediate danger.
- All ambulating residents under supervision—residents able to walk should be led to another fire barrier area for Horizontal evacuation or a stairway for vertical evacuation,
- All wheelchair residents—assist to safe fire barrier areas, and if their wheelchairs are required for other residents, then remove them from the chair to a safe seating arrangement.
- All non-ambulatory residents.

## RELOCATING TO EVACUATION HEADQUARTERS (EHQ)

### Duties of the Nurse Manager

When decision to evacuate is made by the Fire Chief, President/Administrator (if unavailable the DOC or Executive Assistant) and Nurse Manager

- 1) Direct a minimum of two RNs and 5 PSW to proceed immediately to the EHQ to receive residents as they arrive.
- 2) Preparation of residents for relocation to EHQ:
  - a) Divide staff to prepare residents for relocation.
  - b) When possible dress residents in suitable clothing.
  - c) When possible obtain suitable outer clothing or sufficient blankets.
  - d) Resident safety must be considered a top priority, when the relocation process begins.
  - e) If time permits obtain wheelchairs or geri-chairs.
- 3) Direct RNs going first to the EHQ to collect Dr's Order Books, MARs, Resident Charts, if possible, and Diabetic Record Book. Place in white bags located in Disaster Briefcase. Resident Care Plans will be accessed on line through Point Click Care. The Pharmacy will assist in the provision of medication administration.
- 4) Direct staff going first to the EHQ to take First Aid Kits, Oxygen Concentrators and supplies, and if feasible, the Treatment Cart.

### RECORDS

All records pertaining to the residents' well-being will be removed from the Home by a staff member designated by the Director of Care or Nurse Manager.

These records are:

1. Doctors Orders Books
2. Treatment Record book.
3. MARs

All records will be brought to the EHQ Callander Community Centre.

**Note: All resident care plans are stored on a web based system accessible from any computer not requiring local back up.**

Medical records are legal documents containing private and vital information. It is important that the Care Plans be protected with the utmost concern, since they contain all pertinent data for continuance of care. Individual charts will be a great asset if salvaged. These records must be under constant supervision. No records will be released without authorization from the President/Administrator (if unavailable the DOC or Executive Assistant).

The disaster briefcase is located at each Nursing Station. The following is a list of the contents of the briefcase:

1. Telephone Pyramid List.
2. Resident Wing List.
3. 110 Resident Identification Bracelets.
4. Copy of Disaster Service Providers List.
5. Floor Plans (Resident Rooms and Emergency Generator Outlets)
6. Floor Plans (Key Locations)
7. Blue and Red markers and pens.
8. Priority tags.
9. 2 Walkie-Talkies (With 4 Extra Batteries)
10. Charge Nurse Duties
11. Hazard Vest
12. Red Scarf

A First Aid Kit must accompany residents to EHQ.

### **ADMITTING EVACUEES FROM ANOTHER HOME**

In the event that the Home receives additional residents from another evacuated Home the procedures for admitting a new resident should be followed. NELHIN will direct all such admissions and it may be necessary to seek approval from the MOLTC to overbed. The charts of the evacuated residents would be kept together in one binder. The Medication Record Sheets may also be kept in a separate binder.

### **MEDICATION**

Arrangements are in place with the Powassan Drug Mart to provide the required medication and medical supplies in a disaster.

### **IDENTIFICATION**

A picture of each resident is available in Doctor's Order Book, on the MARs, and each Resident's Chart. Using these pictures as a base for accurate identification, residents will be identified prior to being transferred to EHQ unless impossible. A Residents Census List will be available to ensure all residents have been accounted for.

### **ASSURING THE PRESENCE OF REQUIRED PERSONNEL**

The most efficient method of recruiting personnel during a disaster would be through the use of the Telephone Pyramid System. Under extreme conditions local radio stations would also be used. A telephone call would be communicated to Radio Stations requesting they announce: "Attention All Staff of Nipissing Manor This Is Code Name Alpha". Staff able to respond should report to the Manor promptly.

**Under these extreme conditions, the residents must be kept calm and relaxed in order to prevent unnecessary mishaps.**

## **TRANSPORTATION AND VOLUNTEER HELP**

1. North Bay Ambulance Service
2. East Ferris Bus Lines (6 busses)
3. Callander Taxi

### **RELOCATION FROM EHQ**

Transportation of residents will be provided in authorized vehicles only.

NELHIN will be responsible for the relocation of residents to other health care facilities as required. Resident information will be forwarded to these facilities following the transfer record protocols.

### **CONCLUSION**

The successful implementation of this plan can only be realized if all persons concerned are fully aware of its importance. The importance of this policy will be emphasized during monthly in-services. A copy of the policy and procedure manual is kept at:

Administration/Office  
First Floor Nursing Station  
Second Floor Nursing Station  
Dietary Department  
Environmental Services Department  
DOC Office  
Life Enrichment Department

### **RE- ENTRY/Return to Nipissing Manor Post Evacuation**

In the event of an evacuation, only the East Ferris Fire Chief will authorize the return to the Home after ensuring all appropriate authorities have completed an inspection of the Home and deemed it safe.



## **Section 6**

### **RESETTING OF FIRE ALARM**

The fire alarm system must be reset after activation. The panel is located outside the main office. The following steps are to be followed in resetting the alarm.

1. Use key to open panel door.
2. Push signal button then push reset. Takes approximately five (5) seconds for the system to reset. Will indicate system normal

This will reactivate the alarm system. If unable to reset contact Phil Beaton. If unavailable notify Troy at 1-800-461-5914.

### **MAG LOCKS ON DOORS**

All door alarms leading to the outside of the Home to which residents have access are equipped with electrically operated door alarms/mag locks connected to an annunciator panel at both nursing stations. All alarms must be checked promptly and reactivated at the source.

In order for this system to serve its intended purpose door alarms must be on at all times unless directly supervised.

**The magnetic locks on doors will automatically release when the fire alarm is activated or an interruption in electrical power is experienced.**

Locks must be reset at the switch at the main desk by the room call bell panel.

To reset the locks push the button. The red light will indicate that the mag locks are operational again. The key for the locked cover on reset is located in key cupboard of main office under #47 (Mag-Lock Bypass Cover). If problems occur with resetting the mag-locks then follow the same procedure as outlined under "Resetting Of Fire Alarm" above.

### **RESETTING/REPLACING PULL STATIONS**

If the glass rod has been broken to activate the alarm the pull station must be reset and the glass rod replaced before you silence and reset the alarm at the main panel in the office. A small screwdriver is included in the plastic bag in the med room.

Insert the screwdriver into the screw at the top of the pull station and turn to open the front panel. The switch will be in the down position - return it to the proper position by pushing gently upwards on the switch.

The glass rod on the pull station cover must then be replaced. Located on the inside cover of the pull station is a small lever. This must be lifted upwards and while in this position slide the glass rod through on the front of the pull station cover. Release the lever and this will hold the glass rod in place. Replace the cover by pushing it up onto the pull station.

If you break the glass rod while doing this then the switch facing you on the pull station has not been reset.

## **MAINTENANCE PROBLEMS**

If you see the following, report to Maintenance Department or write it in the “Maintenance Book” at the First Floor Nursing Station:

- Broken equipment-use lock out/tag out procedures
- Fire hazards e.g. broken outlets, frayed wires etc. use lock out/tag out procedures
- Loose molding
- Exit lights burnt out
- Broken pull-station
- Call bells not working or cord missing
- Fire tags missing from doors

## **FIRE ALARM INSPECTION CERTIFICATE**

### **PURPOSE**

The purpose of the checklist is to assure the Ministry that our Fire Alarm System adequately meets all regulations and requirements as stated in the Act.

### **PROCEDURE**

On a yearly basis (January), an authorized firm will come into the facility to check the system for faults and complete Form R-10A.

If there are faults in the system, the Administrator will ensure that they are corrected immediately.

### **NOTE:**

1. An authorized firm will check all fire extinguishers in the building annually.
2. Both the check on the extinguishers and Form R-10A will be available for the Fire Department’s inspection.

## **AUTOMATIC FIRE DETECTION**

Heat and smoke detectors are located throughout the building and will automatically activate the fire alarm in response to “heat” or “smoke”.

All detectors are serviced, checked and certified annually by qualified inspectors.

## **Section 7**

### **FIRE SAFETY IN-SERVICE EDUCATION**

While the orientation program serves to initially acquaint staff with fire safety practices in the Home, the in-service education program serves to reinforce these practices and introduce new techniques.

The benefits of sound fire prevention and fire fighting practices cannot be overemphasized. New techniques and new equipment are being introduced on an ongoing basis. For this reason we consider it extremely important that our staff be kept abreast of these developments if they are to respond appropriately in an emergency.

More specifically the following must be undertaken:

1. Regular in-service education sessions are provided with assistance from the East Ferris Fire Department.
2. Fire drills are conducted monthly on each shift. Employees are required to attend at least 2 fire drills annually.

#### **PHILOSOPHY**

We are all aware of disasters that have taken countless lives in organizations due to negligence and natural causes. As health care providers we have a moral responsibility to society as well as to our residents to ensure a safe environment.

The importance of a disaster plan cannot be over emphasized.

We recognize the necessity of having a disaster plan that is practical, functional and can be put into effect swiftly.

#### **PURPOSE**

The purpose of the Disaster Plan is to outline the action to be taken in any given emergency. With the Plan being continually updated, and reviewed with staff through in-service education, it will prove to be effective and efficient should it have to be put into effect.

#### **OBJECTIVE**

To prepare our staff and community in the event of:

- an internal disaster e.g. fire, flood, bomb threat or electrical failure.
- an external disaster e.g. train derailment, tornado, plane crash, severe storm, nuclear fallout.
- a partial evacuation (relocation).
- a total evacuation (relocation).
- an expansion of services i.e. to accommodate additional residents in the event of an emergency situation at another facility.

## **FIRE DRILLS**

### **PURPOSE**

The manner in which staff respond in the event of a fire is critical to their safety as well as the safety of residents and visitors. For this reason, regular training sessions/fire drills are held monthly. During these "drills", staff rehearse their respective roles in the event of a fire emergency.

### **PROCEDURE**

Fire drills are held on each shift on a monthly basis. During the rotation of drills, it may be found necessary to emphasize the drill on a particular shift. **All staff are required to attend at least two fire drills annually.**

Fire drills are initiated and conducted by the Nurse Manager.

The Nurse Manager must complete the Fire Drill Report (see Form attached) and have all personnel involved sign the Fire Drill Signature List.

The findings resulting from the Drill are reviewed with staff and where necessary with residents.

The report must be forwarded to the Administrator and be available in the Administration Office and be available for review by the Fire Department.

Procedures for Nurse Manager, RPNs, Dietary, Life Enrichment, Housekeeping/Laundry and Maintenance are maintained in the Disaster Briefcase.

# Record of Fire Drill

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Simulated Fire: \_\_\_\_\_

Type of Simulation/Situation: \_\_\_\_\_

## Evaluation:

1. Response and attitude of personnel:  
Staff aware of their roles and procedures, length of time required for staff to respond and begin either pyramid or total evacuation of the area.

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2. Post Drill Discussion:

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|   | Yes   | No    |
|---|-------|-------|
| • Resident Safety   | _____ | _____ |
| • Staff Safety  | _____ | _____ |
| • Communication   | _____ | _____ |
| • Response to alarm   | _____ | _____ |
| • Preparing building for evacuation                                       | _____ | _____ |
| • Isolation of fire   | _____ | _____ |
| • Evacuation  | _____ | _____ |
| • Use of Fire Extinguishers   | _____ | _____ |
| • Opening of Fire Doors   | _____ | _____ |
| • Re-setting of Fire Alarm Panel  | _____ | _____ |
| • Re-setting of Mag Locks   | _____ | _____ |
| • Propane tanks location and shut off valves<br>(LE, Dietary East Basemen | _____ | _____ |

3. Findings:

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4. Corrective Action:

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5. Comments:

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Signature of Staff Conducting Drill

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Date

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Director of Care

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Date

---

Administrator

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Date

# **FIRE AND DISASTER ORIENTATION**

## **PHILOSOPHY**

A sound knowledge of fire and disaster policies are essential for all individuals involved in the Home periodically or on a full time basis. For this reason we emphasize the maintenance of an effective fire and disaster orientation program for staff, volunteers, visitors and residents. More specifically, the following must be undertaken:

- Staff: Each new staff member must receive orientation to fire and disaster procedures during their General Orientation.
- Volunteers: Volunteers who visit the Home on a regular basis must receive orientation similar to that provided to staff at their General Orientation.
- Visitors: Visitors must be advised of the smoking policy and receive direction during Fire Drills.
- Residents: Residents must be advised of the rules regarding smoking and Fire & Safety Procedures.

## **PURPOSE**

Fire and Disaster training conducted on an ongoing basis will ensure that all staff and volunteers are prepared to act in an efficient manner in an emergency. When staff and volunteers are knowledgeable in the procedures, the residents are less likely to panic, thus preventing needless injury.

## **PROCEDURE**

Orientation to Fire procedures is provided at General Orientation for all staff. All staff are required to attend 2 fire drills per year. Procedures for fire and disaster are reviewed at each fire drill. All staff are required to attend the annual Mock Evacuation. During this exercise, evacuation procedures are practised and hands on use of fire extinguishers and hoses is provided.

## **EMERGENCY REMOVAL OF RESIDENTS**

The following examples are given to provide effective measures in the evacuation of a resident from an immediate danger area.

Unless extreme danger is apparent, the removal of a resident should be done by TWO staff members. Common sense is a valuable asset during an emergency situation.

### **SWING CARRY - 2 PERSONS**

Position resident in sitting position on edge of bed with legs hanging over. Resident puts arm around shoulders of both carriers. Carriers cross hands at wrists and grasp each other's hands. Walk in unison.

N.B. Resident has to be able to support himself in this carry.

### **EXTREMITY - HELPLESS RESIDENT**

Position resident as for Swing Carry. Each carrier places arm around upper back and under arms of resident. With other hand, grasp the hand of the other carrier under knees of resident. Walk in unison.

### **PIGGY BACK CARRY - 2 PERSONS**

Prop resident up on edge of bed - feet over edge. First man puts arms around resident under arms, clasping hands at resident's chest. Second man puts resident's legs around waist and wraps arms around his knees. Walk in unison.

### **KNEE DROP - 1-2 PERSON(S)**

Place blanket on floor beside bed. Position resident close to edge of bed in prone position. Kneel at side of bed. Put arms under resident's shoulder and knees. Slowly draw resident toward you, off edge of bed onto your knees. Let resident slide off your knees onto blanket. Twist two corners of blanket at resident's head. Make sure the resident's head is propped up. Draw resident to safety. If resident is in a chair - slide resident off chair onto blanket on floor and proceed as above.

### **FOUR MAN CARRY - FOUR PERSONS**

Resident in bed. Place blanket under resident in same manner as you would change bottom sheet. Roll blanket on both sides. One person at each corner grasps rolled blanket edge - two at shoulder level and two just below hip level. Raise resident above foot of bed and walk in unison.

### **CHAIR LIFT**

One or two rescuers. Place resident in a sitting position. Give a bear hug hold from the front and ease resident onto a straight back, sturdy chair. If resident needs restraint, use a blanket or sheet to tie resident to chair. One rescuer - tilt chair back to you and drag to safety. Two rescuers - one grasps upper back of chair and tilts back. The other rescuer grasps the front legs of chair and picks it up.

### **SIDE ASSIST**

Stand beside resident. Draw resident's left arm around your back and secure with your left arm. Snug resident to your body. Put your right arm behind resident and grasp his/her right forearm. Assist in walking.



## **FIREMAN CARRY**

Place resident on floor in prone position. Straddle the resident in kneeling position. Grasp resident's wrists and lift arms to clasp hands behind your neck,

NOTE: If resident is unconscious, tie hands together with a tie or belt and place arms in same position, then crawl with caution, toward door. This has the advantage of keeping both resident and staff low to the floor, with a better oxygen level.

### **Assistance to Evacuate Via the Stairwells (if required)**

Under normal circumstances, persons who require assistance should be evacuated via ramp or left beside the elevator under the supervision of a rescuer until such time as the Fire Department can effect a rescue via the elevators. Under some circumstances, it may be life threatening for that person to remain on the floor, awaiting Fire Department rescue. Evacuation may be to an area of refuge. Under these circumstances, the person requiring assistance must be transported via the stairs to the exterior. The following are examples of some techniques that may be used to transport a person via stairwells where ramps are inaccessible.

#### The Back Pack Lift:

The rescuer would kneel at the front of the person and place the person's arm up and over the rescuer's shoulder and across his/her chest. The rescuer would then lean forward before raising slowly, to a full standing position.

#### Two Rescuer Seat Carry:

The rescuers position themselves next to the wheelchair (or beside the person) in order to grasp each other's upper arm or shoulder as per illustration #2. The person being assisted would place his/her arms firmly around both rescuers' necks as per illustration #3. The two rescuers would then lean forward placing the free arm under the individual's legs, firmly grasping each other's wrists as per illustrations #4 and #5. Working together, both rescuers lift, using legs, then carefully stepping forward.

### **Assistance to Evacuate Via the Stairwells (if required)**

#### Two Rescuer Extremities Carry

The person being assisted would be placed on the stairwell landing. One rescuer would lift at the legs, under the knees, while the other would lift under the shoulders with fingers locked across the individual's chest. Rescuers, with backs erect would lift together, raising slowly to a standing position.

## Section 8

### RESIDENT AND VISITOR SMOKING POLICY

**Purpose:** To ensure that residents and visitors comply with the Smoke Free Ontario Act.  
To ensure residents that wish to smoke are safe to continue to smoke.

**Procedure:** Nipissing Manor is a non smoking Home. The smoking policies of the Home are identified at the time of the Acceptance of Admission. The Director of Care documents on the acceptance that the client must be accepting of the Home's smoking policy and assessments.

When a resident that smokes is admitted the Smoking Assessment will be completed by the Nurse Manager. The findings of the assessment are shared with the resident, Power of Attorney or Substitute Decision Maker and family members as necessary.

The assessment will indicate if the resident is capable of smoking independently or if a family member, friend or companion is required to physically take the resident to smoke. **Staff are not permitted to take residents outside to smoke.**

Residents, staff and visitors must be 9 meters from the building when they smoke. There is a designated smoking area for residents and visitors on the front lawn next to the gazebo. **Smoking is not permitted in the gazebo or in the Therapeutic Park.**

**Residents are not permitted to keep any smoking materials on their person under any circumstance!** Smoking materials will be kept in the Medication Room on the floor the resident resides. The Registered Staff must dispense the smoking materials at the time the resident is going outside to smoke and request that they be returned immediately after smoking.

Smoking cessation is discussed with the resident on admission and at the time of the admission physical by the attending physician. Nicotine replacement therapies are reviewed with the resident and the Power of Attorney or Substitute Decision Maker.

The use of e-cigarettes is controversial as there is no reliable scientific data regarding the chemicals and vapors that are released with e cigarettes. Residents wishing to use e cigarettes as a method of smoking cessation will be offered a recognized smoking cessation program by the Attending Physician. To ensure the safety of residents and staff, residents wishing to use e cigarettes will follow the above smoking policy.

**Nipissing Manor  
Smoking Assessment**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Smoking History: \_\_\_\_\_

---

**Cognitive Capabilities:**

|  | Yes   | No    |
|--|-------|-------|
| 1. Is resident cognitively capable of leaving the building unescorted and locating the designated smoking area?                | _____ | _____ |
| 2. Does resident have an elopement history or is resident at risk of elopement?  | _____ | _____ |
| 3. Does the resident have the cognitive ability to recognize potential safety risks related to weather conditions?             | _____ | _____ |
| 4. Does the resident have the cognitive ability to safely manage smoking materials including lighters?                         | _____ | _____ |
| 5. Does the resident have the cognitive ability to react appropriately should clothing or outerwear ignite?                    | _____ | _____ |
| 6. Does the resident have the cognitive ability to inform appropriate staff when exiting the home to smoke and upon returning? | _____ | _____ |

**Physical Capabilities:**

|  |       |       |
|--|-------|-------|
| 1. Is the resident physically capable of safely transporting himself/herself to the designated smoking area unescorted in all weather conditions?      | _____ | _____ |
| 2. Is the resident physically capable of removing smoking material from the package and safely able to use ignition sources to light smoking material? | _____ | _____ |
| 3. Is the resident physically capable of reacting appropriately should clothing or outerwear ignite?   | _____ | _____ |

**Evaluation:**

1. Resident is cognitively and physically capable of smoking unassisted and unsupervised in the designated smoking area. Resident will be permitted to leave the home to smoke at appropriate times.
2. Resident is not cognitively and physically capable of smoking unassisted and unsupervised in the designated smoking area. Resident will not be permitted to leave the home to smoke. Resident will be permitted to smoke only when escorted and supervised by a family member, friend or Power of Attorney.

**Comments:**

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- Resident informed of findings
- Power of Attorney / Substitute Decision Maker informed of findings

**Release of Responsibility**

I, \_\_\_\_\_ or \_\_\_\_\_  
Resident's Signature Name of Power  
Of Attorney

as the Power of Attorney for \_\_\_\_\_,  
Resident's Name

release Nipissing Manor and the attending physician of all liability related to smoking unsupervised in the designated smoking area. This release relates to any untoward health effects, any injury caused as a result of walking to or from the smoking area and from any incident regarding the handling of smoking materials.

\_\_\_\_\_  
Nurse Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Power of Attorney/Substitute Decision Maker

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/Administrator

\_\_\_\_\_  
Date

## **STAFF SMOKING POLICY**

Nipissing Manor is a non smoking Home.

Staff are permitted to smoke only in the designated smoking areas outside the facility.

Staff may smoke 30 feet (9 metres) from the West Wing Staff Entrance and East Laundry room during daylight hours and 30 feet (9 metres) from the Main Entrance during the night hours.

All ashes and cigarette butts must be placed in designated receptacles. All areas where smoking is permitted must be kept clean and free from litter of other debris and waste.

Any staff member violating this policy will be subject to disciplinary action.

## **Section 9**

# **BOMB THREAT**

### **General Considerations:**

1. From the time a bomb threat is received until the all clear is given, a state of emergency exists. Only the President/Administer, (if not available the DOC or Executive Assistant) will provide information to the media and finally declare the emergency over
2. During the emergency visitors will **not** be permitted into the building.
3. Use the land line telephones only, **do not** use the PA system, walkie-talkies, or cell phones.
4. Follow the instructions given by the OPP.
5. During the emergency the President/Administrator (if not available the DOC or Executive Assistant) will establish a "Command Post" at a location with easy access to the telephone.

### **Warning Received by Mail:**

1. Person receiving the warning shall notify the President/Administrator (if unavailable the DOC or Executive Assistant) who will notify the police.
2. Save all materials, including envelopes, wrapper, or container. Every effort must be made to obtain evidence, such as finger prints, handwriting or typing, paper and postmarks. Therefore, handle all materials as little as possible.

### **Telephone Warning (Procedure at Telephone):**

1. When a bomb threat is received, complete the Bomb Threat Information Form [**Form A**] located in the duo tang under the telephone.
2. When the threat is over, complete the Bomb Threat Summary [**Form B**].

### **Suspicious Object Found:**

1. The same procedure applies whether any suspicious object is found without warning or as a result of a search.
2. **DO NOT TOUCH IT!!!**
3. Notify President/Administrator (if unavailable the DOC or Executive Assistant) who will notify the OPP.
4. Evacuate residents as directed by the OPP.

## **Duties of the Nurse Manager**

1. Announce "CODE BLACK" three (3) times over the PA system and put on the "Orange Vest" from the briefcase. All staff report to the First Floor Nursing Station to receive instructions from the Nurse Manager wearing the "Orange Vest".
2. Contact the President/Administrator (if unavailable the DOC or Executive Assistant) for instructions.
3. Appoint a **Desk Commander**.
4. Complete Bomb Threat Summary **Form B**.

## **The President/Administrator (if unavailable the DOC or Executive Assistant) will notify:**

MOLTC through CIS Reporting System  
Department Supervisors

## **Contacting the OPP**

When the OPP is contacted, answer all questions as calmly and precisely as possible. Identify the following:

1. How, from whom and what information was received.
2. Number of residents and staff in building.
3. What is being done NOW.
4. Follow instructions of the OPP.

## **Search Procedure: Conducted by OPP**

5. When the OPP and Bomb Disposal Team arrive, give them full cooperation. They will assume command. Provide them with a copy of the Search Grid (**Form C**). The search grids are maintained in the Fire Drill Binder in the 1st floor Med Room.

## **TELEPHONE PYRAMID SYSTEM**

The Desk Commander will notify the key personnel (# 1- 8) on the telephone pyramid system document. Once the notification has been received, 1 or 2 of these personnel will notify Registered Staff on the telephone pyramid list and instruct them to notify the names on their list and instruct them to report to the Home as soon as possible. Once the Registered Staff have made their contacts they will report to the Nursing Home with their contact list indicating which staff they were able to notify. These lists will be reviewed by the designated staff member and follow up calls will be completed if feasible



**BOMB THREAT INFORMATION FORM [Form A)**

**PROCEDURE TO BE FOLLOWED BY PERSON  
RECEIVING BOMB THREAT CALL**

Listen. Be calm and courteous. Do not interrupt. Obtain as much information as you can. Get someone's attention to notify the Nurse Manager. Keep the caller on the phone as long as possible. Do not disconnect the call until caller hangs up. As soon as the caller hangs up, **call the Nurse Manager immediately.**

**QUESTIONS TO ASK**

Ask the caller to repeat the message. Try to copy it down exactly as given.

\_\_\_\_\_  
\_\_\_\_\_  
Location of bomb \_\_\_\_\_ Time it is set to detonate \_\_\_\_\_  
Type of bomb/description \_\_\_\_\_

Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.

Why did you place the bomb? \_\_\_\_\_  
Where are you calling from? \_\_\_\_\_  
Who are you? \_\_\_\_\_  
Why should we believe you? \_\_\_\_\_  
What time will the bomb  
explode? \_\_\_\_\_  
Where is it? \_\_\_\_\_  
What does it look like? \_\_\_\_\_

Listen for clues to the caller's identity e.g., sex, age, ethnic background, accents, speech impediments, or expressions that are often used.

Sex: Male  Female  Estimated Age: \_\_\_\_\_ Accent \_\_\_\_\_  
Voice [loud, soft, etc.] \_\_\_\_\_ Speech [fast, slow, tc.] \_\_\_\_\_  
Diction [good, nasal, lisp, etc.] \_\_\_\_\_ Manner [calm,  
emotional, vulgar, etc.] \_\_\_\_\_  
Voice was familiar  
[specify] \_\_\_\_\_  
Caller was familiar with area \_\_\_\_\_

**Person receiving the call:**

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Charge Nurse: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am \_\_\_ pm \_\_\_ Duration of call: \_\_\_\_\_

**BOMB THREAT SUMMARY**  
**FORM B**

1. Did receiver of bomb threat receive all pertinent data? \_\_\_\_\_
2. Was "CODE BLACK" called over intercom three times? \_\_\_\_\_
3. Did staff react in a professional manner? \_\_\_\_\_
4. Were all individuals contacted as laid out in the procedure? \_\_\_\_\_
5. Did key personnel arrive? \_\_\_\_\_
6. Was Form C completed? Time: \_\_\_\_\_ \_\_\_\_\_

7. Describe the evacuation that took place.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Duration of emergency. \_\_\_\_\_

9. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Personnel:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. MOHLTC notified and Mandatory/Critical Incident reporting initiated YES \_\_\_\_ No \_\_\_\_

Nurse Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Care: \_\_\_\_\_

Date: \_\_\_\_\_

President/Administrator: : \_\_\_\_\_

Date: \_\_\_\_\_

**BOMB THREAT SEARCH GRID (OPP)  
FORM C**

**AREA SEARCHED**

**INITIALS**

**1st Floor:**

|   |       |
|---|-------|
| Nursing Station                             | _____ |
| DOC's Office                                | _____ |
| Main Office                                 | _____ |
| Med Room, Housekeeping Closet, Utility Room | _____ |

**North Wing**

|                                  |       |
|----------------------------------|-------|
| Tub Room, Closets                | _____ |
| All bedrooms, bathrooms          | _____ |
| 1st North stairwell to 2nd floor | _____ |

**East Wing**

|                                 |       |
|---------------------------------|-------|
| L.E. Lounge                     | _____ |
| L.E. room and bathroom          | _____ |
| Storage Area Under Ramp         | _____ |
| East Wing Tub Rooms             | _____ |
| Residents rooms, bathrooms      | _____ |
| Elevator and Machine Room       | _____ |
| Closets                         | _____ |
| Lounge/dining room              | _____ |
| Laundry chute/hopper room       | _____ |
| Exit door/stairwell to basement | _____ |

**West Wing**

|                              |       |
|------------------------------|-------|
| Dining Room                  | _____ |
| All resident rooms/bathrooms | _____ |
| Closets                      | _____ |
| Tub Room, Washrooms          | _____ |
| Main Door West Exit Area     | _____ |
| Exit (107) Stairs            | _____ |
| Employee Entrance Area       | _____ |

**South - Dietary**

|                              |       |
|------------------------------|-------|
| Main Dining Room/cupboards   | _____ |
| Kitchen - all areas          | _____ |
| Food Service Managers office | _____ |
| Washroom                     | _____ |
| Storerooms                   | _____ |
| Water Room                   | _____ |

**BOMB THREAT SEARCH (OPP)  
FORM C**

**AREA SEARCHED**

**INITIALS**

**2nd Floor**

Nursing Station

\_\_\_\_\_

Quiet Room

\_\_\_\_\_

Med Room

\_\_\_\_\_

**North Wing**

Utility Room

\_\_\_\_\_

Housekeeping closet

\_\_\_\_\_

Tub room

\_\_\_\_\_

Resident bedrooms and bathrooms

\_\_\_\_\_

North Exit Area

\_\_\_\_\_

**South Wing**

Resident rooms and bathrooms

\_\_\_\_\_

Utility Closet

\_\_\_\_\_

Male Staff Lounge

\_\_\_\_\_

Female Staff Lounge

\_\_\_\_\_

South Wing Dining Lounge

\_\_\_\_\_

Stairwell to 1st Floor Dietary

\_\_\_\_\_

**East Wing**

Resident bedrooms/bathrooms

\_\_\_\_\_

Tub Room

\_\_\_\_\_

Closets

\_\_\_\_\_

Lounge

\_\_\_\_\_

Visitor Washroom

\_\_\_\_\_

Hairdresser's Salon

\_\_\_\_\_

Shower Room

\_\_\_\_\_

2<sup>nd</sup> Floor East Lounge

\_\_\_\_\_

Laundry Chute/Hopper Room

\_\_\_\_\_

Exit Stairwell to 1st floor East

\_\_\_\_\_

**West Wing**

Residents Bedrooms/bathrooms

\_\_\_\_\_

Lounge

\_\_\_\_\_

Med Room

\_\_\_\_\_

Storage Closets

\_\_\_\_\_

Exit Main Stairwell to 1st Floor

\_\_\_\_\_

West Fire Escape Exit

**BOMB THREAT SEARCH (OPP)  
FORM C**

**AREA SEARCHED**

**INITIALS**

**Basement-East Wing**

- Stairwells
- Laundry Room
- Laundry Chute
- Office
- Boardroom and storage rooms off boardroom
- Washroom
- Storage room - laundry
- Clothing room
- Stock room - drugs
- Electrical room

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Basement-West Wing**

- Stairwell
- Maintenance Storage Room
- Chemical Store Room
- Store Room
- Electrical Room
- Pop room/ Store room
- Laundry room and stairwell to outside exit
- Furnace Room
- Coat Room
- Vault
- Bathroom
- Staff Lounge
- Sewing Room
- Housekeeping/Laundry Supervisors Office and closet
- Closets and storeroom off of office
- Exit stairwell off sewing room

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Maintenance Shop**

- Maintenance Room
- Resident's Side
- 2nd Floor Storage
- Carport

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outside Premises**

- A Areas to main gate and left of driveway including staff house and residence
- B L.E. exit areas between North and East fences
- C Main entrance from right side of driveway to North fence

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 10 Elopement of Resident – CODE YELLOW

**Safeguards:** Mag locks on all interior stairwell doors, Roam Alert System/Alert Bracelet, assessment of elopement risk on admission and prn, and resident census at each meal and on Night Shift between 2200 and 2300.

**Roam Alert System:** If resident wearing a Roam Alert Bracelet is within **12 feet** of Main entrance, and **6 feet** of the Life Enrichment East exit, a chirping sound will be emitted. The door will automatically lock and must be reset to open. If resident reaches the door, chirping sound will change to alarm. The indicator panel displays Roam Alert Tag ID number. Alarm sounds at both nursing stations. **To clear the alarm you must enter 1939# on the keypad**, and then to reset the alarm push button at either nursing station. **To bypass the alarm enter 1938# on the keypad.** The system will automatically reset.

### MISSING RESIDENT

#### Initial Search

- Report missing resident to Nurse Manager immediately. Nurse Manager or designate will announce CODE YELLOW three times over the PA system. Do not use resident's name. All staff report to the First Floor Desk except staff denoted on the assignment sheet with an asterisk. (\*). Take instructions from the **Nurse Manager Only. Breaks delayed during search or until the OPP arrives.**
- Staff will conduct search using the **Search Grid** as directed by the Nurse Manager.
- Start at the 1st room on the left side of the wing: Verify that each resident in bed is the resident that is assigned to that bed. Check all closets, chairs, under beds and bathrooms before proceeding to the next room.
- Check all wing closets and tub rooms thoroughly.
- Position red fire tags on the door to indicate the room has been searched.
- Conduct a brief search around the building. **Do not search off the premises.**

#### If resident is not located during the initial search:

- The President/Administrator and DOC must be notified immediately, (if unavailable contact the Executive Assistant) for direction regarding notification of OPP and SDM. MOLTC will be notified using the CIS Reporting System. They will maintain contact with MOLTC and OPP.
- The **OPP** will direct the search when they arrive.
- Digital photos of all residents are maintained on memory stick in the 1<sup>st</sup> Floor Med Room. Nurse Manager will email to the OPP.
- Nurse Manager will notify attending physician if the resident is missing for more than one hour.

- If the resident is located or returns promptly of his/her own accord the attending physician will be notified of the incident, any injuries the resident sustained and arranged for assessment of injuries.
- The final report to MOLTC must be submitted within 10 days.

**When the resident has been located the Nurse Manager or designate will announce "CODE YELLOW ALL CLEAR" THREE TIMES OVER THE PA SYSTEM.**

**Internal Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search Initiated \_\_\_\_\_

**AREA 1- 1st Floor North Wing, Main Entrance, Kitchen and Dining Areas**

| Area  | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|---|--|
| Rooms on 1 <sup>st</sup> North including bathrooms, under beds & closets, Fire Pump Room (Room 124)   |  |
| North Stairwell, Linen Closet, Clothing closet, Tub Room, Utility Room, Housekeeping closet, Med Room, Main Office , Director of Care Office, Staff Washroom, Main Desk |  |
| Dining Room, Kitchen areas & Storage Rooms, Water Treatment Room  |  |
|   |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |



**Internal Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 2 - 1<sup>st</sup> Floor East Wing and East Basement**

| ___Area  | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|--|--|
| Rooms on 1 <sup>st</sup> East including bathrooms, under beds & closets,   |  |
| Linen Closet, Supply closet, Tub Rooms, Hopper Room/Laundry Chute, Restorative Care Room/lounge, East Stairwell to 2 <sup>nd</sup> floor   |  |
| Stairwell to basement, Laundry Room, Laundry Chute area, Seamstress/Sewing Room, Boardroom and storage areas, Washroom, Drug storage room, Laundry storage rooms (2) Electrical Room |  |
|  |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

\_\_\_\_\_

\_\_\_\_\_

**Internal Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 3 - 1<sup>st</sup> Floor Life Enrichment**

| Area  | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|---|--|
| L.E. Rooms, L.E. washroom, Storage closet in L.E. Room<br>Storage area under ramp |  |
| Upper deck of therapeutic Park  |  |
| Lower boardwalk, Gazebos, Storage Shed  |  |
|   |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

\_\_\_\_\_

\_\_\_\_\_

**Internal Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 4- 2nd Floor North Wing, Quiet Room**

| Area   | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|--|--|
| Rooms on 2 <sup>nd</sup> North including bathrooms, under beds & closets   |  |
| Linen Closet, Supply closet, Tub Room, Utility Room,<br>Housekeeping Closet, Med Room, Quiet Room, 2 <sup>nd</sup> desk, Staff<br>Washroom |  |
|  |  |
|  |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

**Internal Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 5- 2nd Floor East Wing**

| Area  | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|---|--|
| Rooms on 2 <sup>nd</sup> East including bathrooms, under beds & closets   |  |
| Linen Closet, Supply closet, Tub Room, Shower Room, 2 <sup>nd</sup> East Dining Room, 2 <sup>nd</sup> East Lounge, Visitor Washroom, Hopper Room, 2 <sup>nd</sup> East Stairwell to 1 <sup>st</sup> floor |  |
|   |  |
|   |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

\_\_\_\_\_

\_\_\_\_\_

**Internal Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 6 -2nd Floor South Wing**

| Area  | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|---|--|
| Rooms on 2 <sup>nd</sup> South including bathrooms, under beds & closets  |  |
| Supply closet, Male Locker Room, Female Locker Room, 2 <sup>nd</sup> South Stairwell to 1 <sup>st</sup> floor Dietary |  |
|   |  |
|   |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

\_\_\_\_\_

\_\_\_\_\_

**Internal Staff Search Checklist**  
**Internal Staff Search Checklist**

**Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 7 -2nd Floor Retirement Home**

| Area   | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|--|--|
| Rooms on 2 <sup>nd</sup> West including bathrooms, under beds & closets      |  |
| Lounge, MDS Office, Supply closet, 2 <sup>nd</sup> Floor West Exit Stairwell |  |
|  |  |
|  |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Internal Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 8 -1<sup>st</sup> Floor Retirement Home**

| Area  | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|---|--|
| Rooms on 1st West including bathrooms, under beds & closets   |  |
| Supply closet, Bathrooms (2), Staff Entrance at Time Clock, Main West Exit stairwell to Basement, West Exit Door and outside stairs |  |
|   |  |
|   |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

\_\_\_\_\_

\_\_\_\_\_

**Internal Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 9 –Basement Retirement Home**

| Area  | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|---|--|
| Storage areas, Electrical Room, Furnace room, Staff Lunch Rooms, Staff Locker Room, Staff Washroom, Mr. Graham’s Office, Outer Office, Storage area |  |
| Staff Rear Entrance Stairwell   |  |
|   |  |
|   |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |



**External Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 1**

| Area   | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|--|--|
| Out main entrance – left of the driveway, Garbage Room, area inside the gate area around Mr. Graham’s house, to laundry area and behind laundry to fence in Therapeutic Park |  |
| Area below the fence, including the old house and storage shed   |  |
|  |  |
|  |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**External Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 2**

| Area   | Search Completed<br>(Place <input checked="" type="checkbox"/> ) |
|--|--|
| Out main entrance <b>right</b> of the driveway around to North fence – including back parking lot, search of parked cars |  |
| Maintenance shop, storage sheds and carport.   |  |
| Lagoon area  |  |
|  |  |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

\_\_\_\_\_

\_\_\_\_\_

**External Staff Search Checklist  
Missing Resident**

Name \_\_\_\_\_

Time Search initiated \_\_\_\_\_

**AREA 3**

| Area   | Search Completed<br>(Place <input type="checkbox"/> ) |
|--|---|
| Front parking lot – search every parked car            |   |
| Search of Highway 94 (going North for 1 KM) in vehicle |   |
| Search of Highway 94 (going South for 1 KM) in vehicle |   |
|  |   |

Reported back to Nurse Manager @ \_\_\_\_\_

Staff completing search grid:

\_\_\_\_\_

\_\_\_\_\_

**Missing Resident Record**

Date: \_\_\_\_\_ Resident: \_\_\_\_\_

Was Resident registered with the Safely Home Program \_\_\_\_\_

Time notified resident missing: \_\_\_\_\_ Time Code Yellow announced: \_\_\_\_\_

Internal Search completed at: \_\_\_\_\_ External Search initiated at: \_\_\_\_\_

Search grids implemented at: \_\_\_\_\_

Location where resident located: \_\_\_\_\_  
\_\_\_\_\_

Current resident status: Physical assessment: B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T° \_\_\_\_\_

Level of consciousness: \_\_\_\_\_

Mobility: \_\_\_\_\_

Bruising, lacerations, contusions: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

**Notification: Note time**

President/Administrator \_\_\_\_\_ DOC \_\_\_\_\_ MOLTC \_\_\_\_\_

OPP \_\_\_\_\_ Ambulance \_\_\_\_\_

Physician notification: Name and Time: \_\_\_\_\_

POA/SDM Notification: Name & Time: \_\_\_\_\_

POA/SDM Concerns: \_\_\_\_\_  
\_\_\_\_\_

Does this incident require CIATT notification and Mandatory Report through CIS  Yes if  
yes, CIS initiated  No

Describe immediate actions implemented to prevent a recurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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POA/SDM informed of immediate actions implemented:  Yes  No

Describe the long term actions that are planned to prevent a recurrence:

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Response of staff to Code Yellow Announcement:

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Recommendations/Comments:

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Nurse Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Care Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President/Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Section 11**

### **Medical Emergencies: Code Blue**

#### **Resident, Staff, or Visitor**

- Sudden loss of consciousness
- Choking
- Diabetics - low blood sugar and or coma
- Falls with major injuries
- Injuries as a result of an altercation between residents
- Wound dehiscence
- TIA, signs and symptoms of myocardial infarction
- Injury sustained while outside in Therapeutic Park.

#### **Duties of the Nurse Manager**

- Provide direction re assessment and treatment of the individual.
- Provide direction re contacting EMS (911)
- Notify Resident's SDM.
- Notify Staff emergency contact. Arrange transportation as necessary.
- Notify Visitor's family contact, if known.
- Notify President/Administrator (if unavailable the DOC or Executive Assistant).

## **Section 12**

### **Code White**

#### **Intruders/Violent Situation**

For security reasons the front entrance is normally locked at 2100 hours. **Due to COVID it is currently locked at 1830 hours.** Laundry staff working the ground floor are the most vulnerable. When in the laundry area doors must be kept locked. Telephone is available in the Boardroom to contact staff on the 1<sup>st</sup> and 2<sup>nd</sup> Floor. Any call for help must be done with extreme caution. The two-way communication should be maintained until assistance is received.

**NOTE: Do not open the door to any suspicious individuals. Have them identify themselves and state their business before opening the door. This is our first and best level of protection from intruders.**

#### **1<sup>st</sup> person to identify the situation:**

Secure the immediate area where possible by removing all non-participating persons; secure door, if appropriate, isolate incident.

- Try not to let the captor(s) see you but check the situation—how many people are present, try to remember description, are there weapons, what kind, are there any identifying marks, i.e. tattoos, clothing etc.
- Notify the Nurse Manager by the quickest possible means. **Do Not Use the PA system.**

The Nurse Manager will call 911 to request OPP assistance and notify all staff of the **CODE WHITE**. Contact the President/ Administrator (if unavailable the DOC or Executive Assistant) for instructions regarding informing MOLTC and initiating the Emergency Fan-Out List.

Provide as much information as possible relating to the situation; provide description of the individual(s); whether weapons are visible; describe the behavior of the person(s); provide exact location within the Home. Do NOT approach the person; maintain a safe distance and stay as unobserved as possible. Maintain your own safety first and the safety of others. Do NOT Place yourself in a situation to be taken as a Hostage. If the intruder does see you, try to maintain a safe distance and seek safety as quickly as possible.

- Use phone for each department and provide instruction to all departments in securing their areas.
- Residents and visitors are to be kept in their room or other secure area.
- Instruct staff to use stairs for all interactions between areas—staff should be in pairs.
- Assign a person to exit the building and await the arrival of the OPP to provide information on the situation and the Home's layout.
- The Nurse Manager will go to 1<sup>st</sup> floor desk or Med Room—this will be the CONTROL STATION (unless the hostage taking is in this immediate area)—then use 2nd floor Med Room or desk.
- All movement between units is to be by way of the stairwells—staff should be paired at all times.

**The OPP will take charge upon arrival and staff must follow their instructions.**

**Have the following information available for the OPP upon their arrival:**

- Who the hostage(s) are and description
- Threats and demands made by the hostage-taker(s)
- Type of weapons and number
- Precise location of area controlled by the hostage taker(s)
- Floor plan of the area
- Photographs of the hostage(s) and hostage taker (if available)
- Location and number of phones
- Information that may assist the OPP in defusing the situation
- **Do not speak to the media. Keep all phone lines open and assign a staff to answer all in-coming calls. Callers should be informed to leave a message and their call will be returned.**

## **Hostage Taking**

**Definition: A hostage is a person held by one party in a conflict as security that specified terms be met by the opposing party.**

**If you are taken hostage:**

- Stay as calm as possible
- Do whatever the captor(s) tells you to do,
- Be especially careful during the first four to five minutes—this is the most critical time,
- Speak only when spoken to—speak softly and as calmly as possible,
- Try not to show emotions. Captors like to play on emotional weaknesses.
- Sit down if you are given the opportunity. It demonstrates a lack of aggressive stance.
- Act relaxed. This will hopefully have the same effect on the captor.
- If you see a chance to escape, weigh it carefully. Do not rush in to escape without being certain of getting clear. Do not endanger yourself further or others.
- Have faith in your co-workers and negotiators.
- Do not make suggestions to the captor(s). If your suggestion goes wrong he/she may think you planned it—this places a higher risk on your safety and others.
- Answer any questions asked by the captor(s).
- Do not turn away from the captor(s) unless ordered to do so—try to keep eye contact without staring—people are less likely to harm someone they are looking at.
- Be patient, stay quiet, stay calm.

**General guidelines:**

Negotiations with hostage takers is the responsibility of the OPP who have trained personnel for this purpose. If Staff must enter into negotiations with hostage takers pending arrival of the OPP, follow these guidelines:



- Have negotiations conducted by a non-supervisory staff member allowing delay tactics; the individual will be instructed to respond to demands by indicating that “I’ll have to ask” or “I’ll need to have clearance”.
- Meet demands with “I’ll do my best”. Never say NO.
- Do not follow orders of a captor(s) unless there is imminent threat of serious harm or death to the hostage(s).
- Drugs are not to be given to any parties involved with the incident except to avoid serious harm or death.
- Try to maintain control of the situation by peaceful means, i.e. discussion—can you distract the captor(s)
- If the captor is known to the Home staff, try to determine if there is a staff member who may have some influence over the individual(s) involved.
- Leave decision making to the Police.
- Keep other residents, family, other visitors and staff out of the control area.

**Media contact is the responsibility of the President/Administrator, Director of Care or Executive Assistant in conjunction with the OPP.**

**Once the situation has been resolved, the President/Administrator, (if unavailable the DOC or Executive Assistant) will:**

- Ensure the well-being of all staff, residents, and visitors.
- Interview staff to obtain information on the situation, the what, when, where, how and why.
- Ask each person with direct and indirect knowledge of the situation to write down what they saw, heard and were involved with. Although staff have gone through a traumatic experience it is best to have them complete a report while it is still fresh in their minds. Further details can be added later.
- Staff are to be reminded not to discuss the situation with the media or to discuss the situation openly with others.
- A full written report will be compiled and submitted to the Ministry of Health using the CIS and reporting timeframes adhered to.
- The written report will be used to determine course of action(s) to be taken to prevent a recurrence of the situation. Arrange for Critical Incident Debriefing sessions for staff and residents.

## **CODE WHITE**

### **Workplace Violence**

#### Mission

Nipissing Manor has “zero tolerance” for Workplace Violence and is committed to providing a safe, healthy and supportive working environment. Violence in the workplace can have devastating effects on the quality of life for our employees and the productivity of the organization.

#### Purpose

Nipissing Manor is committed to the prevention of workplace violence. The purpose of this policy is to define behavior that constitutes workplace violence and to define procedures for reporting and resolving incidents of workplace violence.

Nipissing Manor is committed to providing a working environment free of violence by ensuring that all workplace parties are familiar with the definitions of workplace violence and their individual responsibilities for prevention and corrective action. To establish this policy, Nipissing Manor has consulted the joint health and safety committee and the following legislation governing workplace violence in Ontario:

- The Occupational Health and Safety Act
- The Criminal Code of Canada
- The Ontario Human Rights Code
- The Workplace and Safety Insurance Act, 1997
- The Compensation for Victims of Crime Act
- The Regulated Health Professions Act
- Bill 168, Workplace Violence and Harassment

The Health and Safety Committee is responsible for the development, implementation and evaluation of the Workplace Violence Prevention Program.

Goals of the Workplace Violence Prevention Program are:

1. Increase staff and client safety by reducing the risks of acts of workplace violence.
2. Provide quality care to residents by supporting a caring and gentle approach in dealing with responsive behaviors (resident aggression)
3. To provide a safe working environment, thereby reducing the number and severity of staff incidents or accidents related to workplace violence.
4. To raise awareness of risks of workplace violence among all staff, residents, families and visitors.

In the development of the Violence Prevention Policy, the Health and Safety Committee assessed the following:

1. Workplace violence issues including theft of staff belongings
2. Internal documents related to violence - resident abuse reports, unusual occurrences, employee incidents
3. Physical environment
4. Work setting and residents
5. Point of care work practices
6. Staff perception

The Workplace Violence Prevention Program includes the following procedures:

1. Reporting workplace violence incidents- including theft of belongings
2. Emergency response
3. Investigation of workplace violence incidents
4. Environmental and security control
5. Administrative and work practices
6. Training/education in Workplace Violence Prevention on orientation and annually for all staff. This includes program policies and procedures, crisis intervention and communication techniques, site specific training.
7. Evaluation

**Definitions:**

Workplace Violence:

“Any act of aggression that causes physical or emotional harm, including assault (any attempt to inflict physical harm on a worker), threat, verbal abuse, sexual harassment and racial or religious harassment” (OPSEU)

Assault:

Any intent to inflict injury on another, coupled with an apparent ability to do so; any intentional display of force that causes the victim to fear immediate bodily harm.

Harassment:

Engaging in any vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome and causes the person to believe their health and safety are at risk.

Near Miss:

An act of striking out but missing the target.

Physical Attack:

An act of aggression resulting in a physical assault or abuse with or without the use of a weapon. Examples include hitting, shoving, pushing, punching, biting, spitting, groping, pinching or kicking the victim, unwelcome displays of affection or inciting a dog to attack.

Psychological Abuse:

An act that promotes fear or diminishes an individual’s dignity or self worth or that intentionally inflicts psychological trauma on another.

**Sexual Abuse:**

Any unwelcome verbal or physical advance or sexually explicit statement, displays of pornographic material, pinching, brushing against, touching, patting or leering that causes the person to believe that their health and safety is at risk.

**Sexual Assault:**

The use of threat or violence to force one individual to touch, kiss, fondle or have sexual; intercourse with another.

**Threat:**

A communicated intent (verbal or written) to inflict physical or other harm on any person or to property by some unlawful act. A direct threat is a clear and explicit communication distinctly indicating that the potential offender intends to for harm, for example, “I am going to make you pay for what you did to me”. A conditional threat involves a condition, for example, “If you don’t leave me alone you will regret it”. Veiled threats usually involve body language or behaviours that leave little doubt in the mind of the victim that the perpetrator intends to harm.

**Verbal Abuse:**

The use of vexatious comments that are known, or ought to be known, to be unwelcome, embarrassing, offensive, threatening or degrading to another person (including swearing, insults or condescending language) which causes the person to believe that their health and safety is at risk.

**Forms of Violence:**

- threats of violence
- verbal and emotional abuse
- physical assault
- harassment/discrimination
- workplace bullying
- carrying a weapon
- responsive/ aggressive behaviours
- domestic violence

**Applicable Legislation:**

Criminal Code of Canada

Section 217.1, 264(1) & (2)

Occupational Health and Safety Act (OHSA) 1990 Sections 32.0.1, 32.0.2, 32.0.3, 32.0.4, 32.0.5, 32.0.6, 32.0.7

- Policies, violence, harassment
- Program, violence
- Assessment of risks of violence
- Duties re: violence
- Information and instruction, harassment

## Health Care and Residential Facilities Regulation

- Safe Work Practices and Conditions Section 8
- Equipment and Procedures Section 9(1), (2), (3)
- Training Section 9(4)

Ontario Human Rights Code Section 5(1) & 2, 6

Workplace Safety and Insurance Act Section 13(5)

Regulated Health Professionals Act

## **Roles and Responsibilities**

Employer:

- Ensure that measures and procedures identified in the violence prevention program are carried out and that management is held accountable for responding to and resolving complaints of violence.
- Ensure compliance by all persons who have a relationship with the organization, such as physicians, contractors, volunteers, etc.
- Conduct regular risk assessments in consultation with the JHSC.
- Establish control measures in consultation with the JHSC.
- Establish and deliver training and education for all employees in consultation with the JHSC.
- Integrate safe behavior into day-to-day operations.
- Review all reports of violence or threats of violence in a prompt, objective and sensitive manner. This includes a review of all investigations associated with violence related incidents.
- Take corrective action.
- Provide response measures.
- Facilitate medical attention and support for all those either directly or indirectly involved.
- Ensure any deaths or critical injuries have been reported to a Ministry of Labour inspector, the police (as required), the Ministry of Health and Long Term Care, if applicable, the JHSC, the H&S representative and investigate.
- Ensure that there is a review at least annually with the JHSC and that a report goes to all parties in writing within 48 hours of the occurrence on the circumstances of the occurrence, including such information and particulars as the OH&S Act and regulations prescribe.
- Ensure a report goes to WSIB of all accidents where a worker loses time from work, requires health care, earns less pay than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days. Copies of the accident information (where there is not critical injury) must be provided to the JHSC within four days of the occurrence as the OH&S

Managers/Supervisors

- Enforce policy and procedures and monitor worker compliance

- Identify and alert staff to violent residents and hazardous situations that the worker can be expected to encounter that person in the course of his or her work and the risk of workplace violence that is likely to expose the worker to physical injury.

- Investigate all workplace violence using the accident investigation procedure and form, and contact the police as required.
- Facilitate medical attention for employee(s) as required.
- Ensure that debriefing is completed for those either directly or indirectly involved in the incident.
- Contact Administration to ensure that the employee receives further counseling about the employee's legal rights.
- Track and analyze incidents for trending and prevention initiatives.
- Immediately report a death or critical injury to a Ministry of Labour inspector, the police as required, the Ministry of Health and Long Term Care, as necessary, the JHSC, the H&S representative and investigate with the JHSC and that a report goes to all parties in writing within 48 hours of the occurrence on the circumstances of the occurrence, including such information and particulars as the OH&S Act and regulations prescribe.
- Ensure a report goes to WSIB of all accidents where a worker loses time from work, requires health care, earns less pay than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days. Copies of the accident information (where there is not critical injury) must be provided to the JHSC within four days of the occurrence as the OH&S
- Ensure there is a review at least annually of the workplace violence prevention program.

#### Domestic Violence: Bill 168 – Workplace Violence and Harassment

- If the President/Administrator or Supervisor becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace, the employer will take every precaution reasonable in the circumstances for the protection of the worker.
- The Employer duties under Section 25, the Supervisors duties under Section 27 and the worker duties under Section 28 apply as appropriate in respect to workplace violence.
- This will include notification of O.P.P., referral of the worker to VCARS (Victims Crisis Assistance Referral Services), medical care as required and reassignment of the work schedule as necessary. Confidential employee assistance benefits are available through the Employee Assistance Program.

#### Limit on Disclosure:

- No employer or supervisor shall disclose more personal information than is reasonably necessary to protect the worker from physical injury.

#### Employees:

- Participate in education and training programs to be able to respond to appropriately to any incident of workplace violence.
- Understand and comply with the violence in the workplace prevention policy and all related procedures.
- Report all incidents or injuries of violence or threats of violence to their supervisor immediately, completing the Workplace Violence Incident Report form.
- Inform the JHSC or worker member of the JHSC about any concerns about the potential for violence in the workplace.



- Contribute to risk assessments.
- Seek support when confronted with violence or threats of violence.
- Seek medical attention.
- Participate in a review annually of the workplace violence prevention program.

**Joint Health and Safety Committee:**

- Be consulted about the development, establishment and implementation of violence prevention measures and procedures.
- Be consulted to make recommendations to the employer to develop, establish and provide training in violence measures and procedures.
- Take part in a review at least annually of the workplace violence prevention program.
- The worker representative will investigate all critical injuries related to violence.
- Receive and review reports of any critical injury or death immediately and in writing outlining the circumstances and particulars as prescribed within 48 hours of the occurrence.
- Review written notice within four days on lesser injuries where any person is disabled from performing his or her usual work or requires medical attention.

**Reporting and Investigation:**

Employees are to report all violence related incidents or hazards to their supervisor/manager. This report can be made confidentially, at the employee's request, with the exception of the steps to ensure the safety of others and prevention of recurrence. For example a police report may not be necessary.

The reporting employee may make the report confidentially and thus not leave a copy in the log but simply indicate the need for confidentially to her or his direct manager/supervisor, or in the manager/supervisor's absence to another manager or supervisor.

The manager/supervisor receiving the report investigates the report and ensures that measures are taken to safeguard employees and curtail the violence. No report of workplace violence or risks of violence can be the basis of reprisal against the reporting employee.

The employer reports all injuries to the Ministry of Labour, The Ministry of Health, if applicable, and WSIB as required by the OH&S act and Workplace Safety and Insurance Act.

**Response Procedures:**

The manager /supervisor documents all reports of workplace violence and hazard reporting and measures taken to address them using the incident investigation form.

If the resolution of the incident is beyond the authority of the manager or supervisor receiving the report, they must make the President/Administrator aware of the report.

The President/Administrator will involve other managers/supervisors in the investigation as appropriate.

The JHSC reviews all incident reports, monitors trends and makes recommendations for prevention and enhancements of the Workplace Violence Prevention Program.

. The President/Administrator reviews reports of workplace violence and ensures that actions have been taken.

The managers/supervisors who investigate the reported incident warn all staff who might be affected of the dangerous situations. The manager/supervisor informs the reporting employee of the outcome of the investigation enough to minimize the chance of similar incidents.

If a violent incident results in a critical injury to a worker, the JHSC representative or worker designate investigates the incident or injury (Section 9(31) OHS) and reports to the Ministry of Labor and the JHSC.

**Emergency Response Measures:  
Code White Announcements: Resident**

Code White will be announced over the PA system when a resident becomes violent and there is a risk of imminent danger/injury to co-residents, staff or visitors.

All must respond to a Code White announcement except nursing staff “asterisked” on the Assignment Sheet. The Nurse Manager will assume the lead role for the management of the Code White and will attempt to diffuse the situation through communication. One of the responding Registered Staff will be assigned to the nursing station on the applicable floor and set up a Command Centre as necessary. She/he will keep in contact with O.P.P., Ambulance personnel and will call for additional staff to assist as instructed by the Nurse Manager. If feasible, the walkie talkies from the Emergency Briefcase will be utilized by the Nurse Manager and staff assigned to the desk for communication.

The Nurse Manager will direct staff throughout the Code White. If the situation cannot be diffused through communication the Nurse Manager will attempt to direct resident into a safe location, preferably his/her room where surroundings are familiar.

If the Nurse Manager is unable to redirect the resident, she/he will secure the area as best as possible. If it is feasible/warranted to administer prn medication, the Nurse Manager will instruct an RN/ RPN to administer the medication or to contact the attending physician for orders and inform him of the situation. If the Nurse Manager feels the situation is not resolving and the risk of injury persists, the O.P.P. will be notified. The Nurse Manager will take every measure possible to prevent injury to co-residents, staff and visitors.

The Nurse Manager or designate will notify the SDM/POA of the situation and enlist their assistance if applicable.

Physical restraint will be used only as a last resort!

The Nurse Manager and attending Registered Staff will provide first aid to the resident and staff if necessary and it is safe to do so. The Nurse Manager will ensure that medical assistance is provided to the resident or staff if necessary through outside assistance.

Once the situation has been resolved the Nurse Manager will complete the incident report and unusual occurrence report for the MOLTC. If there has been a critical injury to a staff member as a result of the resident’s action, the Ministry of Labor must be notified as well as the JHSC.

The Nurse Manager will make recommendations to the President/Administrator regarding Critical Incident Debriefing.

All media requests for information regarding the incident will be referred to the President/Administrator or designate.

**Code White: Non resident**

If a visitor, staff or contract service provider becomes violent or exhibits threatening behavior the Nurse Manager will calmly but politely interrupt the conversation and inform the visitor that the conversation is over. The person will be asked to leave the Home. The Nurse Manager will instruct a staff member to announce over the PA, Code White and the location to inform other

staff in the vicinity of the problem. One of the responding Registered Staff will be assigned to the nursing station on the applicable floor and set up a Command Centre if required. She/he will keep in contact with O.P.P., Ambulance Personnel and will call for additional staff to assist with the situation if indicated by the Nurse Manager.

The Nurse Manager will inform the visitor that police will be called. The Nurse Manager or designate will call the O.P.P and inform them of the nature of the incident.

The Nurse Manager will complete an incident report. The Nurse Manager will make recommendations to the President/Administrator or designate regarding Critical Incident Debriefing.

All media requests for information regarding the incident will be referred to the President/Administrator or designate

### **Nurse Manager Check list for Emergency Response to a Violent Situation**

- Ensure the staff know that you are the person in charge of the situation.
- Determine if staff present are adequate to assist in the situation or if additional staff is necessary
- Assign role for Desk Commander
- Secure the area
- Alert the Desk Commander to notify outside emergency services, O.P.P. Ambulance, East Ferris Fire Department if necessary.
- Assess the need to use portable communication devices
- Obtain first aid supplies if necessary
- Communication with President/Administrator or designate and Director of Care
- Communicate with emergency staff and police
- Implementation of evacuation plan if necessary.
- Complete incident reports, reports for the MOLTC, Ministry of Labour, WSIB
- Inform families of the situation and outcome
- Documentation in the Nurses notes and other applicable records
- Debrief staff present, recommend professional Crisis Intervention Team if necessary

### **Employee Training:**

Some Registered Staff have been trained in the P.I.E.C.E.S. program and are available to assist in staff education programs and assess residents with behavioral issues.

The local Psychogeriatric Resource Consultant provides educational programs for staff, i.e.: dealing with responsive behaviors, GPA, management of difficult behaviors, battle with bathing etc.

The President/Administrator is responsible for ensuring training in workplace violence prevention procedures for all employees. The training include definitions of violence, employees' responsibilities, reporting procedures and response procedures.

New employees receive training in the Workplace Violence Prevention Program by the

Administrative Assistant and Department Supervisor conducting the Orientation Program.

## **Risk for Violence Assessment Tools**

### **Environmental Assessment Tool:**

The environmental assessment tool is completed annually or more frequently, if necessary, by a member of the JHSC. The findings of the assessment are documented on the assessment tool and reviewed at the JHSC. An action plan is developed to address/correct the findings. Critical type findings are immediately reported to the President/Administrator for corrective action.

### **Workplace Violence Prevention Risk Assessment Summary and Action Plan:**

This assessment reviews the seven completed risk assessments to identify the overall risk of violence. The data from this risk analysis is utilized to develop the Workplace Violence Prevention Program.

### **Workplace Violence Employee Survey:**

This is a survey that the employees are encouraged to complete annually.

Information from the survey will be reviewed at the JHSC and an action plan developed to develop policy and procedures.

This survey is conducted to assess the employees'

- perception of the potential for violence
- the employees knowledge of violence prevention policies and procedures
- employee's knowledge of reporting and follow-up
- education and training

### **Work Setting and Client Risk Factors:**

This assessment identifies the potential for violence for employees with direct resident contact. All classifications are considered in the assessment. The JHSC completes the assessment to develop policy and procedures.

### **Point of Care Staff Work Practice Assessment:**

This assessment assesses work practices that may increase the potential for resident aggression and violent behaviours. Work practices that impact employee safety are analyzed by the JHSC and strategies to minimize/eliminate the risk developed.

### Environmental Assessment Tool

|      |               |
|------|---------------|
| Date | Completed By: |
|------|---------------|

| Parking Lots ( Front & Rear of Building) | Yes | No | Comments |
|--|-----|----|----------|
| Is the lighting sufficient?              |     |    |          |
| Have vehicles been vandalized or stolen? |     |    |          |

| Building Perimeters   | Yes | No | Comments |
|---|-----|----|----------|
| Is the workplace near any businesses that are at risk of violent crimes? (bars, banks)  |     |    |          |
| Do violent, criminal, intoxicated or drugged persons visit the building accidentally?   |     |    |          |
| Is the building isolated from other buildings?  |     |    |          |
| Is the building located in a high crime area?   |     |    |          |
| Is the exterior of the building adequately lighted?   |     |    |          |
| Are entrances to the building adequately lighted? If no, please indicate location   |     |    |          |
| Are garbage areas, external buildings or equipment that employees use: <ol style="list-style-type: none"> <li>1. In an area with good visibility?</li> <li>2. Close to the main building with no potential hiding places?</li> <li>3. Do overgrown shrubs or landscaping provide a hiding place?</li> </ol> |     |    |          |

| Stairwells and Exits  | Yes | No | Comments |
|---|-----|----|----------|
| Are stairwells and exits clearly marked, well lit, and controlled with locked doors that have panic bars to allow |     |    |          |

|  |  |  |  |
|--|--|--|--|
| exit in an emergency?<br>If no, please indicate location                   |  |  |  |
| Are there places at the bottom of the stairwells where someone could hide? |  |  |  |
| Can lights be turned off in the stairwell?                                 |  |  |  |
| Is there more than one exit route?   |  |  |  |
| Do exit routes restrict the ability to escape an attacker?                 |  |  |  |

| Access Control   | Yes | No | Comments |
|--|-----|----|----------|
| Is the building connected to other buildings through stairwells, elevators or hallways?<br>If yes, indicate area |     |    |          |
| Is there a system to alert employees to access by intruders?   |     |    |          |
| Are offices and rooms signed?  |     |    |          |
| Are keys used to access areas?   |     |    |          |
| Is there a system in place to minimize the distribution of keys or key cards?                                    |     |    |          |
| Are locks replaced if keys are lost or stolen?   |     |    |          |

| Security and PA System  | Yes | No | Comments |
|---|-----|----|----------|
| Is there a process to call for assistance?                                |     |    |          |
| Do staff working night shift have a communication/alert system available? |     |    |          |

| Reception   | Yes | No | Comments |
|---|-----|----|----------|
| Is the reception, main office or nursing station identifiable and accessible? |     |    |          |



|  |  |  |  |
|--|--|--|--|
| Can the people working in these areas see incoming visitors?   |  |  |  |
| Is the reception or nursing station visible to clients or visitors?  |  |  |  |
| Can outsiders or visitors enter the floor or building if the reception or nursing station is not staffed?            |  |  |  |
| Is the reception area the first point of contact for visitors?   |  |  |  |
| Is there a policy for receiving and identifying visitors?  |  |  |  |
| Does the area function as a security screening area?   |  |  |  |
| Do the reception or nursing stations have an emergency call procedure?<br>If yes, are response procedures developed? |  |  |  |

| Signage  | Yes | No | Comments |
|--|-----|----|----------|
| Are rules for visitors clearly signed? Are the posted signs highly visible to all?   |     |    |          |
| Impression of overall signage?<br><ul style="list-style-type: none"> <li>○ very poor</li> <li>○ poor</li> <li>○ satisfactory</li> <li>○ good</li> <li>○ very good</li> </ul> |     |    |          |

| Lighting  | Yes | No | Comments |
|---|-----|----|----------|
| List areas where lighting was a concern during the inspection. i.e.: too dark |     |    |          |
| Is the lighting evenly spaced?  |     |    |          |
| Movement Predictors   | Yes | No | Comments |
| Can you tell what is at the other end of each corridor?                       |     |    |          |

|  |  |  |  |
|--|--|--|--|
| If no, where?  |  |  |  |
| In corridors are there alcoves or corners where someone could hide?<br>If yes, where |  |  |  |

| Elevators   | Yes | No | Comments |
|---|-----|----|----------|
| Do you have a full view of whether an elevator is occupied before entering? |     |    |          |
| Is there an emergency telephone or emergency call button in the elevator?   |     |    |          |
| Is there a response procedure for elevator emergencies?                     |     |    |          |

| Washrooms                                 | Yes | No | Comments |
|---|-----|----|----------|
| Is public access to washrooms controlled? |     |    |          |

| Medication Rooms   | Yes | No | Comments |
|--|-----|----|----------|
| Do the medication rooms have an alarm system?  |     |    |          |
| Is access to the drug storage room controlled and accessible only by the DOC and Nurse Managers?           |     |    |          |
| Are narcotic storage areas non- identifiable? Is access controlled? If keys are lost is the lock replaced? |     |    |          |

| Identification System  | Yes | No | Comments |
|--|-----|----|----------|
| Have name tags with photo ID been issued to staff?                                     |     |    |          |
| Have tags, different from those issued for staff, been issued for visitors?            |     |    |          |
| Is there a Visitors sign in book to document who is entering and exiting the building? |     |    |          |
| Do contractors sign in when  |     |    |          |

|                        |  |  |  |
|------------------------|--|--|--|
| entering the building? |  |  |  |
|------------------------|--|--|--|

| Individual Offices<br>Main Office,<br>President/Administrator,<br>DOC Office, Services<br>Coordinator, Food Service<br>Supervisor, Life Enrichment<br>Supervisor | Yes | No | Comments |
|--|-----|----|----------|
| Are certain offices at higher risk of violence?  |     |    |          |
| Are objects that can be thrown or used as weapons minimized?   |     |    |          |
| Do these rooms have good natural surveillance (shatterproof glass in windows, doors)?  |     |    |          |

### Point of Care Assessment

| Staff Work Practice   | Yes | No | Comments |
|---|-----|----|----------|
| The resident's wishes and needs are considered when establishing a care plan.   |     |    |          |
| Resident history includes any previous aggressive or violent behavior.  |     |    |          |
| There is a process to flag residents who are potentially aggressive or violent.   |     |    |          |
| Care Plans are flexible to meet the needs of the resident.  |     |    |          |
| There are certain care activities that must be performed at specific times of day.  |     |    |          |
| There is a standard assessment conducted on a resident that determines the likelihood of an aggressive response.  |     |    |          |
| Staff safety is considered when establishing a care plan.   |     |    |          |
| Staff are trained in effective communication techniques and inform the resident what they are intending to do each time they engage in a care activity. |     |    |          |
| The resident is informed about treatment, procedures and care planning.   |     |    |          |
| The residents' privacy and dignity are respected during care activities.  |     |    |          |
| Resident assignments need to be completed by one person working in isolation.   |     |    |          |
| Staff breaks are scheduled outside of meal time when resident needs are high.   |     |    |          |
| All staff are educated in recognizing escalating behavior and patterns of violence.   |     |    |          |
| There is an effective emergency response mechanism that staff can readily access in an emergency situation. (Code White)                                |     |    |          |
| There is a process for restricting visitors with a history of violence.   |     |    |          |
| Staff have an opportunity to review the resident's RCP/Kardex prior to providing care/meeting with the resident for the 1 <sup>st</sup> time.           |     |    |          |
| Staff have the opportunity to attend case conferences of potentially violent  |     |    |          |

|  |  |  |  |
|--|--|--|--|
| residents or there is a mechanism to inform staff of updated care plans and triggers to aggressive/violent behaviours.   |  |  |  |
| Potentially violent residents are segregated in a more secure or restrictive setting if possible.  |  |  |  |
| Staff more experienced in dealing with potentially violent situation or high risk residents are assigned to high risk areas.                                       |  |  |  |
| Staff ensure lighting is adequate prior to approaching a resident.   |  |  |  |
| Comfortable temperatures and low noise levels are maintained.  |  |  |  |
| If a resident is resistive to care or aggressive during care, the care is stopped immediately.   |  |  |  |
| There is a process in place for staff to request the presence/assistance of another staff member if they are threatened or feel threatened during care activities. |  |  |  |
| There are lock up procedures for pharmaceuticals.  |  |  |  |
| Safety rounds are completed by 2 staff or if not feasible the staff member has a communication device with them.   |  |  |  |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

Department Supervisor \_\_\_\_\_

Date \_\_\_\_\_

President/Administrator \_\_\_\_\_

Date \_\_\_\_\_

## Workplace Violence and Harassment Survey

**Your Response Is Essential In Order To Meet The Requirements Of The Occupational Health And Safety Act.**

Please return by \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

|   |     |    |
|---|-----|----|
| Do you feel safe while at work?<br>Comments if any:   | Yes | No |
| Do you feel there are control measures in place to protect your safety?<br>Comments if any:                               | Yes | No |
| Are you aware of the procedure for reporting threats, harassment, violence and responsive behaviours?<br>Comments if any: | Yes | No |
| Are incidents of aggression and/or harassment investigated immediately by the Supervisor?<br>Comments if any:             | Yes | No |
| Is corrective action implemented without undue delay?<br>Comments if any:   | Yes | No |

|  |     |    |
|--|-----|----|
| <p>Are staff briefed about a violent incident before the start of the shift or before dealing with a previously violent resident?<br/>Comments if any:</p> | Yes | No |
| <p>Have you received training in responsive behaviours?<br/>Comments if any:</p>   | Yes | No |
| <p>Are you capable of handling responsive behaviours exhibited by a resident?<br/>Comments if any:</p>   | Yes | No |
| <p>Do you know the protocol to be followed when a resident or visitor is abusive or threatening?<br/>Comments if any:</p>                                  | Yes | No |
| <p>In your opinion, what steps could be taken to make the workplace safer?<br/>Comments if any:</p>  |     |    |

## **WORK PLACE HARASSMENT**

Nipissing Manor has “zero tolerance” for workplace harassment and is committed to providing a supportive caring environment and a hospitable workplace that is free from any kind of harassment. Harassment will not be tolerated. Workplace harassment offenders are subject to discipline, up to and including termination of employment.

**Harassment** as defined by the Human Rights Code is “a course of vexatious comments or conduct that is known or ought reasonably to be known to be unwelcome”. Vexatious refers to behaviour, which is agitating, disturbing, distressing or irritating.

**Workplace Harassment** occurs when an employee engages in conduct or comments that are offensive, demeaning or threatening to another person. The ways that this can occur includes but is not limited to:

- Demeaning or objectionable statements, jokes or comments about race, religion, age, national origin, marital status, sexual orientation, ancestry, colour, handicap or gender.
- Inappropriate posting of racist, derogatory, offensive, pornographic or suggestive pictures or material.
- Repeated sexual remarks that are degrading.
- Unwelcome advances or physical contacts that are unnecessary or suggestive.
- Demands for sexual favours related / unrelated to threats concerning employment.

An employee who feels that he/she is being harassed is encouraged to use the following procedure:

- Ask the harasser to stop immediately.
- Document the place, date and time that the incident occurred. Note the circumstances or the situation, your response, the names of witnesses and any threats of reprisal.
- Report the problem in confidence to the Department Supervisor and President/Administrator.

## **INVESTIGATION PROCEDURE**

The President/Administrator will ensure that an investigation is conducted promptly as follows:

- Meet with complainant to ascertain his / her concerns.



- Impress upon the complainant that the information provided will be treated in a strict, confidential manner.
- Keep records of all meetings and document all contacts associated with each complaint.
- Prepare a statement of complaint including all relevant dates, events, names of witnesses and other relevant information.
- Meet with the witnesses identified and prepare written statements for their signature. Request statements in writing when memories are fresh. Requesting statements in writing and asking for signatures encourages very careful consideration.
- Meet with the person being accused of harassment. Ensure confidentiality.
- Review the evidence that has been provided and obtain clarification of information as necessary from interviewees.

**Section 13**  
**Community Disasters**  
**Code Gray**  
**Emergency Air Exclusion: Air pollution caused**  
**by fire, chemical spills, other substances in the atmosphere,**  
**etc.**

- The Nurse Manager will announce “CODE GRAY” three (3) times over the PA system in order to communicate a pending situation to all staff. In the event the external situation may have the potential to cause evacuation of the Home the Nurse Manager will notify the President/Administrator (if unavailable the DOC or Executive Assistant). Instructions will be provided regarding notifying the MOLTC through the CIS reporting system.
- Limit the number of entrances and exits to the Home that will be used by visitors and staff. One door only will be used for this and will be determined in consultation with the President/Administrator or Director of Care or Executive Assistant. Signs will be posted at the approved entrance/exit and all other doors will be locked. It may be necessary to contact family members and advise them of the visiting restrictions.

The Nurse Manager will also:

- Instruct staff to close all windows and secure them.
- Turn off Air Exchange Unit and Air Conditioners. It may be necessary to ensure the curtains are closed on each window.
- Instruct staff to inform residents of an outside situation and reassure residents.

Staff may not be able to leave work or oncoming staff may not be able to report to work. Accommodations for meals and rest periods for staff will be implemented. Shower facilities are available in the male and female locker rooms. Nursing care procedures will be reviewed. Residents must receive care. Staff working in other departments may be seconded to the nursing department to assist with resident care activities. Dietary department carries sufficient supplies to maintain the menu. Changes may be necessary to the menus depending on the food supply. The revised menu will be posted immediately.

Once the situation has been resolved the Nurse Manager will instruct staff to restart the Air Exchange Unit and Air Conditioners upon receiving clearance from the outside authority, i.e. Fire Chief, Police, or other designate. Windows may be opened as necessary. The use of the normal entrances and exits to the Home will resume. Family members will be notified re: resuming of normal Home activities.

The Nurse Manager will announce “CODE GRAY—ALL CLEAR” three (3) times over the PA system.

The Director of Care or Nurse Manager will complete the CIS report to the MOLTC.

**Section 14**  
**Code Brown: Internal Chemical Spills**  
**Exposure to Harmful Chemicals/Biological Agent**

- Methods of decontamination include mechanical removal, absorption, dilution, and neutralization. Decontamination refers to the dilution and removal of hazardous substances by means of cleaning with water, unless otherwise specified.
- As part of the overall emergency preparedness efforts, and in keeping with our commitment to our residents, staff, and visitors, the Home will take the lead in organizing and directing EMT (Paramedics) responses as with any potential or realized disaster event
- If confronted with the possible terrorist activities involving a harmful agent, the President/Administrator (if unavailable the DOC or Executive Assistant) will take additional precautions and will notify the OPP and NBPSDHU. If chemical exposures are involved, the Fire Department [911] HazMat Unit will be contacted.

## **Section 15 OTHER EMERGENCIES**

### **Flood, Hurricanes, and Tornado**

Floods, Hurricanes, and Tornados: The President/Administrator (if unavailable the DOC or Executive Assistant) will await further information from the local Radio and TV Stations, Residents will stay within the Home unless otherwise instructed, and encouraged to remain in a designated area away from windows. If the local government advises evacuation, this will be coordinated through the Local Emergency Preparedness Agency, to an approved site.

### **Earthquake**

Staff will direct residents to stay away from windows and outside doors. If you are outside, stay away from overhead electric wires, poles, or anything else that might shake loose or fall.

After the earthquake, staff will assemble the residents and notify authorities to obtain additional services as needed to locate all residents. The President/Administrator (if unavailable the DOC or Executive Assistant) will compile a list of missing residents and staff members to be given to the OPP.

### **Snow Emergency**

The President/Administrator (if unavailable DOC or Executive Assistant) initiates the Disaster Plan in the event of a snow emergency.

All Staff on duty at the onset of the emergency are to remain on duty until informed otherwise. Adequate staffing must be maintained in all departments.

Staff will work more than 2 shifts in a row without 8 hours rest time.

Transportation will be coordinated to arrange car pools for employees trying to come in to work, and for employees who are attempting to go home.

The Home will begin snow removal as soon as possible.

TRZ Contracting will be contacted to aid in snow removal.

Contact will be maintained with contracted service providers to obtain emergency transportation if required.

The Home has sufficient food supplies for 7-10 days, adequate to feed

residents, staff, and volunteers.

Throughout the emergency, Maintenance and Housekeeping staff must keep all entrances and parking lots plowed and salted to ensure access to the Home is clear.

## **LOSS OF ESSENTIAL SERVICES**

### **Water: Wells and treatment system, low water pressure alarm or water treatment equipment failure.**

There are three wells providing potable drinking water. In the event that the wells are not functioning the Home has 6 1,000 gallon holding tanks of potable drinking water. There is a 10,000 gallon holding tank for fire safety/ sprinkler system. If there is a loss in water service, the Home will arrange for water delivery from an outside Agency, Tremblay's Pro Power Wash.

If water supply is expected to be unavailable for several hours staff will ensure:

- Fluid intake is maintained through use of juices and bottled water,
- Minimize flushing of toilets,
- Discontinue laundry and other non-essential services.

If water supply is expected to be unavailable for an extended period of time or if contamination is suspected the Home will:

- Obtain water from Tremblay's Power Wash for filling the holding tanks.
- Paper supplies will be utilized for all food service.
- Wet wipes will be used to provide cleaning of residents.

### **Potable water supply:**

- Arrangements are in place with Crystal Springs to provide bottled water/containers for use in dietary and for drinking.

### **Sanitizing:**

- Disposable wipes are available for staff to use for resident care,
- Disposable germicidal wipes are available for cleaning surfaces,

### **Contamination:**

- In the event that the water supply will not be able to be used for an extended period of time it may be necessary to consider evacuation to another location. The President/Administrator will make this decision in consultation with Local Emergency Preparedness Agency.

- If the low water pressure alarm is illuminated or water treatment equipment malfunctions the Nurse Manager will contact the President/Administrator and Maintenance on call.
- The low water alarm activates immediately when there is a drop below the required level in the Raw Water Holding Tanks.

## **Major Staffing Shortage**

A major staffing shortage is a decrease in the staff due to an epidemic or any other factor which would seriously affect providing for the basic needs of the residents. Supervisory, administrative personnel, and staff will assist.

Critically ill residents will be transferred to the NBRHC if necessary.

Residents who can be taken care of outside of the Home would be encouraged to stay with their family.

Agencies will be contacted for supplemental staff.

Volunteers will be contacted to provide assistance.

### **Strategies will include Nursing Department:**

Essential/basic care must be provided.

Agency personnel and volunteers assigned to specific areas and duties.

Orientation to specific duties provided.

Procurement of medication and other supplies.

Contact families to arrange for casual or vacation leave.

Inform/co-ordinate with contract service providers e.g. Dietitian, Physiotherapy, Physician, OT, SLP.

### **Dietary Department:**

Primary function of meal preparation meal delivery; and sanitary and safe conditions must be maintained.

Utilize paper plates, paper cups and other disposable items.

Menu planning completed to ensure preparation is less time consuming but still provide residents with appropriate diet and nutritional requirements.

Proper garbage disposal.

### **Housekeeping/Laundry:**

Sanitary level must be maintained

Contract outside janitorial and laundry services.

### **Maintenance:**

Essential functions must be maintained: repairs, garbage removal, utilities, fire safety, communication systems and security.

### **Life Enrichment:**

Activities reduced or cancelled. LE Staff assisting in other area, eg. delivery of meals, feeding, contacting families, etc.

### **Administration:**

Maintaining records and booking activities pertinent to the operation of the Home.

Assistance with the communications and telephoning.

Where prolonged disruption is expected a decision to relocate residents will be made by the President/Administrator or Director of Care or Executive Assistant in conjunction with MOLTC..

Approve and co-ordinate contacts with the media.

Liaise with departments to ensure appropriate services are maintained



The Director of Care or Administrative Assistant will maintain a daily list of residents who are discharged from the Home temporarily including address, person assuming responsibility and contact number. The President/Administrator and Department Supervisors will ensure staffing patterns are appropriate to provide adequate care.

The Nutrition Manager will continue to maintain food supplies and ensure essential items are available.. Alternate methods of distributing food may need to be implemented. More prepared foods may need to be purchased.

The President/Administrator and Executive Assistant will organize for additional linen and cleaning supplies.

Evacuation may be implemented at the discretion of the President/Administrator.

### **Procedure to Release Trapped Passengers in the Elevator**

1. Speak with passengers and tell them to keep away from the door.
2. Call Maintenance on-call (Phil, Vital).
3. Call TK Elevator Service.
4. The President/Administrator and DOC (if unavailable Executive Assistant) must be informed.

### **DIETARY PROCEDURE IF THE ELEVATOR IS NOT IN SERVICE**

All residents that are able to use the ramp are assisted and taken to MDR.

Retirement residents from 2<sup>nd</sup> floor that are not able to come to their dining room will eat in the Retirement Home Lounge.

2<sup>nd</sup> Floor residents will eat in 2<sup>nd</sup> floor East Dining Room and South Lounge.

Disposable supplies are used:

- 800 C foam cups for cold drinks – regular cups for hot drinks
- 9 “ foam plates for meal
- 6 “ foam plates or clear plastic containers used for dessert
- Garbage bags

Carts

Food/drinks taken to 2<sup>nd</sup> floor by 2 staff – Maintenance, LE or Housekeeping to assist if available.

Dietary staff to call on intercom for assistance when carts are ready to return to department. Nursing/Dietary use dining room seating sheets from both floors to assure that residents have eaten.

### **Loss of Communications**

Loss of **communication system** would prevent the Home from seeking the assistance of Community Emergency Services in the event of a disaster.

Personal cell phones may be utilized by Administrative Staff.

Two way radios can also be used. A set is available in the Main Office.

Nipissing Manor's website will be utilized to provide updates/information to SDMs and Community Stakeholders.

### **Accidental Sprinkler Head Discharge**

- Evacuate the residents from the immediate area.
- Isolate the sprinkler supply line for the specific area.
- Be prepared for flooding in that area. \Call the Fire Department to notify them that a sprinkler head was discharged and the reason why, if known.
- Notify maintenance personnel so the sprinkler system can be returned to proper operation.
- Remove the residents' personal effects from the immediate area.
- Secure the area.
- Return residents, and personal effects, only after the area has been secured and the sprinkler system has been repaired and tested.

### **RESIDENT CALL BELL SYSTEM**

A call bell is provided at every bedside, washroom areas, lounges and tub areas for residents and staff to obtain assistance when the need arises. If the Call Bell System is not operational the following procedure must be followed:

- It is on at all times
- When it is activated it will show on the annunciator panel at the nursing station and have an audible ring,
- Washrooms and tub rooms have a distinctive sound which alerts staff to the difference in location of the resident,
- It will show outside the room where the call bell has been activated,
- The call bell can only be cancelled at the point of activation, i.e. at the resident's bedside, staff working area or washroom and tub areas. It cannot be silenced at the panel location.
- Call bells must be accessible to residents—when in bed, the call bell must be attached to the bedding placed within reach for the resident, when in the washroom the cord must be reachable for the resident or staff to summon help when needed. If a resident is incapable of using the call bell due to physical or cognitive limitations, the call bell must be affixed to the person's clothing in such a manner that it will activate the call bell.

### **Responding to Call Bell Activation:**

It is expected that when a call bell is activated that staff respond immediately. A call bell is the responsibility of any staff member regardless of whether or not it is their assigned area.

In order to ensure that the system functions efficiently for the safety of the resident the following steps must be adhered to:

- Staff assigned to residents must check the functioning of the system daily during the care of the resident
- Staff must respond immediately
- Any malfunction will be reported immediately to the Nurse Manager and maintenance staff. Maintenance is expected to check the call bell, if unable to fix, Troy Life and Safety will be notified. During the down time of a call bell, alternate measures must be implemented. This will include but not limited to: giving the resident an alternate form to summon help (example: hand bell); increasing frequency of staff checks if the resident is in bed—checks will be completed every hour and documented.
- Extra call cords are on site. The Nurse Manager will replace the malfunctioning cord and notify Maintenance to undertake further repair.
- Call bells cannot be removed from the resident for any reason.
- Assigned staff must check all call bells on an ongoing/daily basis. Any deficiencies noted must be corrected promptly. Call bells must be checked to ensure they are audible, the cords are not frayed, cords are secure in the wall receptacle and no cracks are evident on the cord.

## **POWER FAILURE**

### **Hourly Resident Checks**

In the event that the door alarm system is non-operational hourly checks of all resident's whereabouts will be initiated.

Any number of staff may be involved in the actual hourly check of the residents.

If all residents are accounted for then a check mark will be made beside the appropriate hour. Checklists maintained in Disaster Briefcases and Med Rooms (Master Binder).

### **Total Power Failure**

In the event of a total “power failure” the emergency lighting system will automatically be activated. Emergency lighting is located in the corridors, and stairwells. Nipissing Manor is equipped with a **generator**. The generator operates on diesel and will last approximately 48 hours. Additional fuel can be ordered from Grant Fuels.

In the event that the generator does not start automatically during a power interruption contact:

- President/Administrator
- Maintenance on-call.

**A copy of the start-up procedure is posted on the inside panel of the emergency generator.**

The **generator** provides emergency power to the entire building.

### **Emergency Supply Box:**

There is an emergency supply box located at the storage closet off the Quiet Room. This contains extra flashlights, extra batteries, and extension cords.

**Dietary:**

Dietary staff will alter menus for ease in transporting to units without major use of the elevator. There is sufficient food supplies to last 7-10 days.

**Resident Care:**

Resident care will be managing the essentials according to the needs of each individual. Bathing routines will be amended.

Safety: monitoring resident for safety is essential, in particular for individuals who do have the potential to wander.

Additional staff will be arranged by the Director of Care and/or designate.

**Resident Equipment:**

**Air mattresses:** will continue to work—regular mattresses may need to be placed back on the beds. Air mattresses will remain inflated for 6-12 hours. Most low air loss pressure relief mattress have a built in foam core to provide comfort for the resident..

**G-tube feeding:** system does have a battery back up system. In the event power is off for an extended period beyond the capability of the power pack, staff will need to manually provide the supplement feed or provide the feed through gravity.

**Oxygen:** portable tanks will be filled and are not run from power source. If a resident requires oxygen and there is insufficient portable tanks, the resident will be moved from their room to an area where the equipment can be plugged into a receptacle powered by the generator to maintain oxygen control.

**Linen & Blankets:** adequate supplies are maintained.

**Residents Room:**

Temperatures must be monitored on a daily basis and must not be below 22 degrees C, 72 degrees F.

Staff co-operation is of the essence; keep calm and provide support for all residents.

Flash lights are located in the Emergency Supply Storage Room off the Quiet Room.

When power is restored, check toilets, tubs and sinks to see that water is not running unnecessarily. Also, furnace may have to be reset by maintenance staff

## **SERVICING OF EQUIPMENT**

**If servicing of equipment is required call Maintenance Staff on call. If not available call President/Administrator or Executive Assistant.**

## **Kitchen**

### **Freezer**

The temperature inside the freezer should not rise above 0°F.

A digital thermometer is mounted on exterior frame of the freezer door to measure the interior temperature.

### **Refrigerator**

The temperature inside the refrigerator should not rise above 40°F. A dial type thermometer is mounted on the exterior frame of the refrigerator door to measure the interior temperature.

### **Propane**

The stove, deep fryer and steam table all are powered by propane gas. In the event of a suspected propane leak or if above appliances do not operate properly, i.e. no flame call for servicing.

### **Dishwasher**

To ensure effective sanitization of cutlery, dishes, cups etc. the wash temperature on the dishwasher should not drop below 140°F. and the rinse temperature below 180°F. Keep in mind however, that this may occur during times of the day when increased volumes of dishwashing are occurring. Allow the machine to “rest” for 5-10 minutes then resume dishwashing. If the problem persists following the “rest” period or any other malfunctions occur call maintenance.

## **East Wing Laundry**

**Commercial Washers and Dryers.**

**Domestic Washer.**

**Sewage Pump Failure/Flood (E. Wing Basement).**

## **Heating, Ventilation and Cooling**

**Air Conditioners.**

**Rooftop Heating/Cooling Units.**

**Incremental Heating/Cooling Units i.e. Main Dining Room.**

**Air Exchange Unit (New East Roof).**

**Electric Baseboard Heaters.**

**Retirement Home Hot Water Furnace**

## **Section16 Computer Systems**

In the event of technical difficulties with the computer system please contact the following:

Information Technologies Support Network: Leo Cousineau Cell 705-499-0397  
Home 705 472-0954

Retirement Home

Hot Water Furnace

In the event of a problem with the heating system whether it be little or no heat to rooms or a furnace malfunction.

If servicing of equipment is required call Maintenance Staff on call. If not available call President/Administrator or Executive Assistant.

## **Section 17**

### **MANAGEMENT OF HOT WEATHER RELATED ILLNESS**

#### **Cooling requirements Ontario Regulation 246/2**

23. (1) Every licensee of a long-term care home shall ensure that a written heat related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices.

- (2) The heat related illness prevention and management plan must, at a minimum,
  - (a) identify specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response;
  - (b) identify symptoms of heat related illness and require staff to regularly monitor whether residents exhibit those symptoms and take appropriate actions in response;
  - (c) identify specific interventions and strategies that staff are to implement to prevent or mitigate the identified risk factors that may lead to heat related illness and to prevent or mitigate the identified symptoms of such an illness in residents;
  - (d) include the use of appropriate cooling systems, equipment and other resources, as necessary, to protect residents from heat related illness; and
  - (e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate.

(3) The heat related illness prevention and management plan for the home shall be evaluated and updated, at a minimum, annually in accordance with evidence-based practices.

(4) The heat related illness prevention and management plan for the home shall be implemented by the licensee every year during the period from May 15 to September 15 and it shall also be implemented,

- (a) any day on which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day; and
- (b) anytime the temperature in an area in the home measured by the licensee in accordance with subsections 24 (2) and (3) reaches 26 degrees Celsius or above, for the remainder of the day and the following day.

(5) The licensee shall ensure that, if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents.

(6) The licensee shall ensure that every designated cooling area in the home is served by air conditioning which is operated, as necessary, to maintain the temperature in the designated cooling area at a comfortable level for residents during the period and at the times described in subsection (4).

(7) Every licensee of a long-term care home shall ensure that, on or before June 22, 2022, all resident bedrooms are served by air conditioning.

(8) If a licence for long-term care beds is issued after the coming into force of this section and before January 1, 2023 for beds that were not licensed as long-term care home beds, immediately before the issuance of the licence, the licensee shall ensure compliance with subsection (7) within six months after the date on which the term of the licence begins.

(9) A licensee is not required to comply with subsection (7) where the licensee has provided the Director with information, plans or other materials and the Director is satisfied that the licensee has demonstrated to the satisfaction of the Director that,

- (a) the existing long-term care home building structure, materials or electrical system cannot support or be reasonably modified to support the provision of air conditioning in resident bedrooms;
- (b) the licensee has made reasonable efforts to enter into an agreement or agreements for the purchase, delivery and installation of equipment or materials or both necessary to provide air conditioning in accordance with the requirements of this section, but for reasons beyond the reasonable control of the licensee has been unable to enter such agreement or agreements; or
- (c) the licensee has entered into an agreement or agreements for the purchase, delivery and installation of equipment or materials or both necessary to provide air conditioning in accordance with the requirements of



this section, but the delivery or installation of the equipment or materials or both has been delayed for reasons beyond the reasonable control of the licensee.

(10) Where the Director is satisfied that a situation described in clause (9) (a), (b) or (c) exists, the Director shall inform the licensee in writing of that fact, and may specify a date by which the licensee must provide the Director with updated information, plans or other materials so that the Director may evaluate if they continue to be satisfied that subsection (9) is still applicable.

#### **Air temperature**

**24.** (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

(2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

(3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

(4) In addition to the requirements in subsection (2), the licensee shall ensure that, for every resident bedroom that is not served by air conditioning, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.

(5) The licensee shall keep a record of the measurements documented under subsections (2), (3) and (4) for at least one year.

#### **Objective:**

To meet the requirements of the Fixing Long Term Care Act 2021 and Regulation 246/2 s. 24(1)

To prevent hot weather related illness in residents and staff.

To Provide education in the signs and symptoms of heat related illness.

To Implement environmental controls to reduce the effects of hot temperatures.

#### **Procedure:**

Nipissing Manor utilizes an interdisciplinary approach to manage hot weather conditions and heat related illness.

#### **Definitions:**

##### **The Humidex**

The humidex is an index (a computed value as opposed to a measured value) developed to describe how hot or humid weather feels to the average person. The humidex combines the temperature and humidity into one number to reflect a perceived temperature. It is a better measure of how stifling the air feels than either temperature or humidity alone. The higher the relative humidity, the greater the discomfort experienced since perspiration evaporates less readily and the body feels more hot and sticky. The Meteorological Service of Canada uses humidex ratings to inform the general public when conditions of heat and humidity are possibly uncomfortable.

#### **Heat Health Alert Systems**

Public Health authorities may respond to heat wave episodes by implementing heat health alert and municipal response systems to ensure those most at risk during heat waves are protected.

Heat Alert - when forecast weather conditions suggest that the likelihood of a high level of mortality is between 25 and 50 percent greater than what would be expected on a typical day.  
Extreme Heat Alert - when forecast weather conditions suggest that the likelihood of a high level of mortality is at least 50 percent greater than what would be expected on a typical day.

***Fixing Long Term Care Act 2021 and Regulation 246/2***

**24.** (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

(2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

(3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

(4) In addition to the requirements in subsection (2), the licensee shall ensure that, for every resident bedroom that is not served by air conditioning, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.

(5) The licensee shall keep a record of the measurements documented under subsections (2), (3) and (4) for at least one year.

**Section 29 (3)** A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: ...

11. Seasonal risk relating to heat related illness, including protective measures required to prevent or mitigate heat related illness.
14. Hydration status and any risks relating to hydration.

**Section 29 (4)** The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
- (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3).

Understanding and being able to identify the risk factors for heat related illness in LTCH residents is the responsibility of everyone involved in the life of the residents.

Heat management strategies include:

- Annual staff education – all staff receive updated hand outs related to hot weather and strategies to prevent heat related illness.
- Resident education – residents receive 1:1 education from Nursing and Life Enrichment Staff on an informal basis daily during heat waves.
- Annual family education – all families receive Family Tip Sheet mailed with the June billing statements and annual reminders in the newsletter.
- Resident risk identification – Residents are assessed annually and risk is based on diagnosis, age, medications.
- Interdisciplinary resident care plans for heat related illness.

- Monitoring of indoor temperatures and humidity and implementing procedures to manage the heat.
- Environmental controls related to hot weather.
- Life Enrichment assessment of weather appropriate activities.
- Dietary assessment of menus, fluid requirements and residents with altered fluid intake.

### Monitoring of Indoor Temperatures

Hygrometers are situated on each wing facility: They are located behind the fire doors at the entrance to each wing. (1<sup>st</sup> North, 1<sup>st</sup> East, 2<sup>nd</sup> South, 2<sup>nd</sup> North, 2<sup>nd</sup> East) to ensure the reading is not affected by direct sunlight, heat sources, direct ventilation or air conditioning. The hygrometer will record inside temperature, humidity, and outside temperature.

The Nurse Manager or designate will check the recordings of indoor temperature, indoor humidity and calculate the humidex (utilizing the chart based on Environment Canada Humidex Calculator), at the onset of the shift and during the shift as necessary. Once the inside temperature approaches 26 C closer monitoring of the residents will be required.

Humidex and the degree of comfort will be communicated to staff and residents through shift reports and direct communication by the Nurse Managers. When the humidex is between 30 and 39 staff will monitor residents for signs and symptoms of heat related illness. This includes monitoring of resident temperatures, fluid intake and documenting any signs or symptoms of heat related illness and implementation of cooling strategies as per the Resident Care Plan. Humidex readings over 40 will require more intense strategies to reduce effects of heat for residents and staff.

The humidex will be recorded on a shift to shift basis on the Shift Report for Administration during the hot weather months, traditionally May through September and this will be monitored as necessary.

All residents of Nipissing Manor are considered to be at risk for heat related illness.

The following chart indicates the humidex and degree of comfort based on the readings:

| <b>Humidex</b> | <b>Degree of Comfort</b>         |
|----------------|----------------------------------|
| 20 – 29        | No discomfort                    |
| 30-39          | Some discomfort                  |
| 40-45          | Great discomfort, avoid exertion |
| 46 and above   | Dangerous, probable heat stroke  |
| Above 54       | Heat stroke imminent             |

### Hot Weather Related Illness

|              | Definition   | Cause   | Symptoms   | Tx  |
|--------------|--|---|--|---|
| Heat Rash    | Where the sweat on the skin surface is not able to evaporate. The skin remains moist which causes sweat glands to plug resulting in a skin rash  | Hot, humid environment, plugged sweat glands  | Red bumpy rash with severe itching<br><br>Prickling sensation on the skin  | . Keep the affected area dry. Use of , creams and lotions is not recommended.   |
| Heat Cramps  | When a person is sweating profusely due to high temperatures and is drinking large amounts of water to compensate for the water loss but fails to replenish the salt losses  | Heavy sweating drains salt from the body which cannot be replaced by drinking water | Painful muscle spasms in the arms, abdomen &/or legs<br>Heat cramps are serious- they can be a warning to the start of other more serious heat related illness | Stop all activities and sit in a cool place. Drink clear juice or sports beverage. If the person has cardiac condition or is on a ↓Na diet, seek medical attention. |
| Heat Syncope | A heat induced dizziness and fainting caused by a temporary loss of blood supply to the brain. This often occurs in persons who are not acclimatized to the hot environment and who are standing for prolonged periods. The dizziness is caused by pooling of the blood to the | Fluid loss and inadequate water intake  | Sudden fainting after being in a hot area<br>Cool moist skin, weak pulse<br>Dizziness, confusion   | Remove to a cool area, Monitor vital signs, notify physician as necessary   |

|                 |  |  |   |   |
|-----------------|--|--|---|---|
|                 | lower extremities.   |  |   |   |
| Heat Exhaustion | Can develop after several days of exposure to high temperatures and inadequate replacement of fluids. It is the body's response to an excessive loss of water and salt through sweating. Persons with hypertension are more prone                      | Fluid loss and inadequate intake of water and salt causing a persons' body cooling system to start to break down   | Heavy sweating, Cool moist skin,<br><b>Body temperature &gt;38C</b> , Weak pulse<br>Normal or low blood pressure, Person is weak or tired, Headache, dizziness, nausea & vomiting<br>c/o great thirst, panting or rapid breathing, vision may be blurred<br>mild confusion(usually orientated), Pale and cool, Pronounced sweating, Fatigue, Irritability | Remove to a cool area, seek medical attention is symptoms persist longer than 1 hour. |
| Heat Stroke     | The most serious heat related illness, occurring when the body is unable to regulate its core body Temperature. Body temperature rises rapidly, sweating mechanisms fail and the body is unable to cool down. Heat stroke can cause death or permanent | Person has used up all Water and salt reserves and stops sweating, causing the body temperature to rise. This may develop suddenly or follow from heat exhaustion. | <b>High body temperature (&gt;39.4C)</b> . Weakness, confusion, agitation, Hot, dry & red skin, Nausea, Rapid strong pulse, Little or no sweating, Flushed, Severe headache, dizziness<br>In later stages person may faint or have convulsions, unconsciousness   | Call for immediate medical assistance   |

|  |   |  |  |  |
|--|---|--|--|--|
|  | disability if emergency treatment is not provided |  |  |  |
|--|---|--|--|--|

**Risk Assessment:**

A heat assessment is completed annually or when there is a change in medical status in Point Click Care. The assessment will be completed in May each year.

A flow sheet monitoring resident temperatures and signs or symptoms of heat related illness will be implemented in May, June, July, August and September. This flow sheet is maintained in the Wing Books and completed by the PSWs, HCAs, Care Attendants. Abnormal findings are reported immediately to the Nurse Manager.

The heat risk assessment estimates a comparative risk for hot weather related illness. A numerical score is assigned to each of the following areas and a total score calculated indicated the level of risk.

History of Heat Illness/Heat Tolerance

- Medical history of heat stroke 15
- Medical history of heat exhaustion 10
- Medical history of infection without fever 5

Age and Mobility

- Resident age (over 90) 4
- Limited to bed 4
- Severe general debility 10

Functional Status

- Postural hypotension or a new history of falls 6
- Generalized skin disease (psoriasis over a large body surface or decubitus) 4
- Diabetes 3
- Severe obesity 4
- Dementia 7
- Implanted pacemaker 4
- Severe congestion heart failure (Grade IV ventricle or >3 medications for CHF) 5
- Renal failure 5
- Dysphagia 2
- Diuretics 3
- Other anti-hypertensives (beta-blockers, calcium channel blockers) 2
- Anticholinergic drugs 3

- Psychotropics, especially major neuroleptics 3
- Tricyclic anti-depressants 3
- Combination of two or more of the above medication groups, add 2

**Total Score** \_\_\_\_\_

**Scoring**

- 0 – 9            Low Risk**
- 10 – 14        Moderate Risk**
- 15 and over    High Risk**

**Planning for Hot Weather Conditions**

**Administration:**

Annual preparation and planning for the prevention and management of heat related illness based on the building’s structure and layout.

- Annual inventory of portable fans, dehumidifiers and portable air conditioners and purchase of additional fans, dehumidifiers and air conditioners as required
- Annual maintenance/ pre distribution check of portable fans, dehumidifiers and air conditioners
- Annual inspection of window curtains/blinds and replace as necessary
- Hygrometers available for each wing of the facility
- Inspection of windows and doors to ensure proper functioning
- Annual service and inspection of the air exchange unit
- Ventilation systems operational
- Roofing intact
- Review preventative maintenance plan and check list
- Ensure each department has appropriate policy and procedures that address planning, prevention and management of heat related illness in the residents.

Implementation of annual staff education on prevention and management of heat related illness and the hot weather plan.

- All staff provided with information regarding heat related illness, prevention of heat related illness and strategies to manage heat annually.
- Heat management strategies reviewed at departmental shift reports as necessary
- Postings during hot weather incidents

Implementation of a communication protocol to inform residents, staff, volunteers, families and visitors as required.

- Families provided with information regarding management of hot weather annually with the May/June monthly billing statement
- Residents informed daily of strategies for managing heat during hot weather daily during Life Enrichment morning announcements and prn
- Staff notified at shift report and during the shift when the inside temperature is

26C to observe/ monitor residents for hot weather related illness. Hot weather strategies implemented when the Humidex is 30 or above.

- Hot weather related information posted for visitors and families on the Family Support Group bulletin board.

Make available and maintain appropriate cooling equipment and resources.

- ongoing monitoring for the necessity of additional cooling equipment
- evaluate staffing and job routines

**All Staff:**

- Participate in annual education programs on prevention and management of heat related illness
- Contribute to interdisciplinary care plans for heat related illness
- Review policies and procedures for heat related illness

**Housekeeping/Laundry:**

- Report ceiling fans that are not functioning properly to Administration.
- Identify windows that do not close properly, curtains/blinds that require replacing and forward to Administration

**Nursing:**

- Complete annual risk assessments (April and May)
- Identify residents at increased risk or potential risk for heat related illness and communicate to interdisciplinary team members. The list will be maintained in each Wing Book.
- Implement Heat Monitoring Flow Sheets in May, June, July, August and September.
- Develop heat related resident care plans.
- Compile list of residents requiring appropriate hot weather clothing and forward to the Resident Services Coordinator.

**Resident Services Coordinator:**

- Contact family member/ substitute decision maker of the requirement for appropriate hot weather clothing.
- Arrange for reorganization of resident's closet seasonally, making summer type clothing more readily available.

**Food Service and Dietitian:**

- Develop policy on assessment of the menu including the type and amount of fluids offered to residents.
- Identify and develop a care plan for residents assessed with altered fluid requirements. (including enteral nutritional replacement )
- Evaluate the need for specialty products to address electrolyte replacement.
- Plan alternate menus to replace hot entrees and support the reduced use of heat generating equipment.



- Plan for modifications to the supply order to meet increased fluid demands and alternate menus.
- Arrange access to larger quantities of ice as required.

**Life Enrichment:**

- Modify existing activation programs to decrease physical exertion during hot weather.
- Identify air conditioned and cooler areas of the home for programs and appropriate protected areas outside for programs.
- Plan for distribution of additional fluids during programs (as assessed by the interdisciplinary team)
- Ensure off site outings are appropriate- air conditioned, protected from sun exposure, limited between the hours of 1100hrs and 1400hrs.
- Use of air conditioned transportation
- Ensure appropriate supply of protective wear for the residents (hats, sunscreen)
- Advise the Nurse Manager/Resident Services Coordinator of the requirement for appropriate hot weather clothing for residents.

**Maintenance:**

- Review and make recommendations to the hot weather plan
- Review and recommend updates to the building and equipment audit program
- Ensure the generator is operational with back up fuel supplies.
- Install hygrometers in appropriate areas on each wing and assist with environmental temperature monitoring.
- Complete inspections of portable cooling equipment and dehumidifiers prior to the onset of hot weather and forward recommendations for additional equipment to Administration.
- Review duties required during hot weather with the Administrator or delegate and develop appropriate schedule for completion (i.e: Outside work to be completed during the early morning )

**Prevention of Hot Weather Related Illness**

**Administration:**

- Implement policy and procedures for the prevention and management of heat related illness.
- Monitor and assess the need to declare heat related emergency

**All Staff:**

- Implement, assist with evaluation and monitoring of the results of a hot weather related plan
- Monitor residents for signs and symptoms of heat related illness and report to the Nurse Manager.
- Monitor indoor temperature for comfort and report any temperature changes that would affect overall resident well being, health and safety
- Keep curtains, blinds closed during hot sunny periods of the day.
- Monitor open windows for appropriate cross ventilation

## **Nursing**

### **Notify attending physician of any resident suspected or assessed to have heat related illness.**

- Assess and implement additional hydration rounds for residents 24hrs per day, 7 days per week as necessary
- Refer at increased risk residents with poor/sub optimal fluid intake to the Dietician for further assessment and care planning.
- Dress residents in appropriate clothing and accessories(light clothing, hats, sunglasses)
- Nurse Managers monitor and record Humidex readings at the onset of each shift and prn throughout the shift as the indoor temperature reaches 26C.
- Nurse Managers review with front line care providers residents at increased risk of heat related illness and signs and symptoms of heat related illness

### **Housekeeping/Laundry:**

- Report heavy, inappropriate clothing being laundered for specific residents to the Nurse Manager during hot weather periods.
- Ensure ceiling and portable fans are clean and report any that require maintenance.
- Empty dehumidifiers at the onset and completion of the shift
- Monitor humidity levels on each shift prior to wet mopping the floors.

### **Food Service/Dietitian:**

- Assess the necessity of implementing plans to modify menus and reduce the use of heat generating equipment.
- Monitor, evaluate and reassess fluid requirements as needed based on signs and symptoms in all residents with a particular focus on those assessed as being at high risk, including any resident receiving enteral nutritional therapy, thickened fluids, fluid restrictions, and residents who require assistance with eating and drinking.
- Assess the necessity of providing additional fluids, including additional hydration rounds (in consultation with the interdisciplinary team) and provision of fluids in accessible locations.
- Modify the fluid choices at meals and with snacks to ensure a variety is available.
- Ensure air conditioning units in the dining rooms are set at appropriate temperatures prior to each meal being served.
- Ensure an adequate supply of ice is on hand at all times.

### **Life Enrichment:**

- Deliver activity programs in the air conditioned Life Enrichment room and in cooler areas of the home utilizing additional fans as necessary. Assess programs that could be delivered in other areas of the home. i.e.: 2<sup>nd</sup> East Dining Room, 2<sup>nd</sup> East Lounge and 2<sup>nd</sup> South Wing lounge.
- Eliminate moderately intense or intense physical activity (gardening etc) during hot weather
- Limit outdoor activities to cooler times of the day and ensure outside activities are carried out in shaded areas. Avoid outdoor activities between 1100hrs and 1400hrs.
- Provide additional fluids during programs.

- Ensure residents are dressed appropriately for hot weather prior.
- Ensure residents have sunblock and hats applied prior to going outdoors.
- Incorporate rest breaks and seated activities into programs.
- During programs, if a resident's status changes, immediately notify Registered Staff, administer first aid as necessary and implement appropriate heat illness interventions.

**Maintenance:**

- Distribute portable fans, portable air conditioners and dehumidifiers
- Assist with strategies to maximize ventilation (i.e.: opening windows at appropriate times, recommend appropriate times for air exchange unit to be activated etc)
- Assist with monitoring of indoor temperatures and humidex during the day
- Ensure sun shades, gazebos are intact
- Assist with portering residents to cooler areas of the Home.

## **Interventions During Hot Weather Periods**

During prolonged, severe hot weather the interdisciplinary team will continue to implement the above preventative measures. The Attending Physicians will be notified of any resident exhibiting signs and symptoms of heat related illness.

### **Administration:**

- Implement environmental policies and procedures related to hot weather conditions.
- Determine when emergency contingency plans are to be implemented
- Review departmental staffing requirements and job routines and modify as necessary.
- Implement resident care policies and procedures related to the management of hot weather.

### **All Staff:**

- Monitor residents' responses to the interventions on the resident care plan and environmental interventions and notify the Nurse Manager if any resident is exhibiting a change in status or symptoms of heat related illness.

### **Nursing:**

- Document resident temperatures and signs and symptoms of heat related illness on the Hot Weather Monitoring Record and report abnormal findings to the Nurse Manager immediately.
- Document resident fluid intake at meals and nourishments on the Resident Nutritional Record. Report inadequate fluid intake to the Nurse Manager.  
It is the goal for all residents to receive 1500ml of fluid in a 24 hour period.
- Implement body cooling strategies as necessary (cooling sponge baths, portable fans in resident rooms, appropriate clothing and night attire, provision of chilled fluids, encourage rest periods, encourage to remain in air conditioned or cooler areas of the home).
- Monitor residents that may require additional skin care/personal hygiene in response to hot weather (excessive perspiration, body odor)
- Nurse Managers notify attending physician if any resident exhibiting signs of heat related illness that does not respond to interventions on the resident care plan.
- Nurse Manager will refer any resident exhibiting heat related illness to the Dietician for assessment.
- Nurse Manager will refer any resident on a sodium restricted diet to the attending physician for review.
- Review with family members heat reducing strategies and suggestions for outings prior to the resident leaving the home on LOAs.
- Turn off unused electrical equipment when not in use, as appropriate. (TVs, radios)
- Turn room lights off during the day and early evening ensuring that each room is adequately bright.

### **Food Service and Dietician:**

- Monitor, evaluate and modify fluid requirements for residents exhibiting signs and symptoms of heat related illness especially residents assessed at high risk for heat related illness as reported by Nursing.
- Consult with attending physician regarding the need to provide products to correct electrolyte imbalances.
- Evaluate menu daily and modify menu prn. Provide desserts and nourishments with high fluid content. Incorporate food items with high fluid content into the menu (ice cream, freezies, melons, jello, lettuces, cucumbers).
- Ensure air conditioners in the dining rooms are functioning and at appropriate cooling temperatures before each meal.
- Minimize lighting in the dining rooms during the brightest part of the day but ensure that lighting is adequate at each area.
- Utilize ceiling fans in the main dining room to provide air circulation.
- Close doors into the kitchen work areas from the main dining room when feasible.
- Limit caffeine intake to breakfast only. Decaffeinated coffee and tea to be served at lunch, supper, teas and nourishments.
- Avoid ice being served with fluids or ice chips being offered as this may lead to abdominal cramping.
- Turn off unused electrical appliance and equipment when appropriate.
- Assess job routines and feasibility of tasks being reassigned to alternate times of the day to reduce the use of heat generating equipment. ie: night and evening

#### **Life Enrichment:**

- Cancel outdoor programs in areas that are not protected from the sun and extreme heat. Deliver the program indoors in the air conditioned lounges.
- Review daily outings with the interdisciplinary team at daily management report.
- Notify the Nurse Manager immediately if there is a change in resident status during programming.
- Provide additional fluids during programs.
- Encourage residents to stay in air conditioned lounges and cooler areas of the home.
- Assess utilization of 2<sup>nd</sup> floor dining room for programming between meals.
- Cancel baking programs that would generate heat from oven utilization.
- Limit coffee from being served in the Tuck Shop during hot weather and encourage juices, non caffeinated beverages and bottled water, decaffeinated ice tea etc.
- Restrict resident assistance with outdoor tasks. E.g.: sweeping the boardwalk in the Therapeutic Park.

#### **Maintenance:**

- Assist with implementation of heat reduction strategies.
- Ensure electrical appliances and equipment is turned off when appropriate.

### **Hot Weather Strategies for Minimizing the Impact of Heat for Residents**

#### **Administration:**

- Provision of portable fans.

- Air conditioned lounges and dining rooms, use of air exchange unit.
- Ceiling fans situated on 1<sup>st</sup> & 2<sup>nd</sup> floor.
- Air conditioned Tub Rooms.
- Building inspections focused on strategies to minimize heat radiating into the home.
- Discussion of heat reduction strategies at morning management meetings.
- Ensure adequate departmental supplies as required for interventions to minimize the impact of heat on the residents.
- Communication with staff, residents, family and visitors regarding heat reduction strategies.
- Assessment of job routines and staffing levels and revise as appropriate.
- Generator that powers essential services in the home (elevator, outlets on each wing to support Oxygen concentrators, low air loss pressure mattresses, nebulizer therapy, IV pumps and Vital Sign monitor)

#### All Staff:

- Comply with heat reduction strategies: closing windows at hottest times of the day, ensuring curtains, blinds are closed to prevent sun/heat from entering, turning off lights in rooms during the day, turning off electrical appliances and equipment as appropriate

#### Nursing:

- Fluid rounds nights, days and evenings.
- Dress residents in appropriate clothing and encourage residents that independent to dress according to temperature.
- Ensure windows are closed and curtains/blinds drawn during the hottest parts of the day.
- Turn off lights in room during the day and early evening, turn off electrical equipment when appropriate
- Ensure fans and dehumidifiers are placed appropriately on the wing so as not to pose a tripping hazard to residents.
- Encourage residents to rest frequently.
- Offer popsicles at hydration rounds prn
- Monitor air conditioners and ensure they are on at appropriate times in tub rooms, dining rooms and resident rooms.
- Monitor fluid intake for all residents and implement strategies as per RCP to prevent dehydration

#### Dietary:

- Review menu and add food items with a high fluid content.
- Ensure the air conditioners and fans are activated prior to meals to ensure a comfortable temperature at all meals.
- Review nourishments and offer popsicles, fruits with high water content, cold juices and ice tea.

### **Hot Weather Strategies for Minimizing the Impact of Heat for Staff**

## **Legislation and Regulations**

Clause (h) of subsection 25(1) of the *Occupational Health and Safety Act, 1990 (OHSA)* states that:

Without limiting the strict duty imposed by subsection (1), an employer shall... (h) take every precaution reasonable in the circumstances for the protection of a worker. This includes protecting staff during hot weather or when working in hot processes.

Section 8 of the *Health Care and Residential Facilities Regulation, Ontario Regulation 67/93* under OHSA, states that:

Every employer in consultation with the joint health and safety committee or health and safety representative, if any, and upon consideration of the recommendation thereof, shall develop, establish and put into effect measures and procedures for the health and safety of workers.

## **Engineering Controls**

Reduce the temperature and humidity through air cooling where and if possible  
Provide air-conditioned rest locations  
Increase air movement through the use of fans  
Reduce physical demands of work tasks where possible  
Avoid direct contact with sunlight – lower shades/blinds, pull draperies

## **Administrative Work Practice Controls**

- Encourage staff to drink small amounts of water frequently (e.g.: one cup of water every 20 minutes) Staff allowed to keep bottled water with them or drink from the water stations.
- Assess the physical demands of job descriptions and monitor work tasks
- Avoid direct contact with sunlight
- Attempt to schedule work with high physical demands during the cooler times of the day (majority of baths to be completed in the morning).  
Assign additional staff and/or reduce the pace of work, if possible
- Schedule strenuous outdoor jobs at cooler times of the day
- The employer will investigate all staff heat related incidents.
- Provide Nurse Managers and Department Supervisors with current policies and procedures to manage hot weather including signs and symptoms of heat stress.
- Provide education to staff on heat the management of hot weather through posted information, Health & Safety newsletters, including the employees responsibilities in avoiding heat related illness

## **Staff:**

- Read posted information regarding management of hot weather. Be aware of the signs and symptoms of heat related illness and report any signs of heat related illness immediately to the Nurse Manager or Department Supervisor
- Consume frequent amounts of water throughout the shift
- Pregnant staff or staff with a medical condition should consult with their health care provider about working in hot weather conditions
- Implement heat reduction strategies as directed
- Staff should wear light summer clothing that permits air movement and sweat evaporation.

- Staff working outside should wear light-coloured clothing, a hat and apply sunscreen at frequent intervals.

## **STRATEGIES TO KEEP THE INDOOR ENVIRONMENT COOLER**

Nipissing Manor has air conditioning in all Dining Rooms, Life Enrichment Room, 1<sup>st</sup> and 2<sup>nd</sup> Floor East Lounges for the comfort of residents.

### **BUILDING & EQUIPMENT AUDIT**

This audit is completed annually as part of the preventative maintenance audit. It includes inspection of the following:

#### Exterior Building

- Doors and windows are in good working condition and are properly sealed.
- Entry points for gas pipes and electrical, telephone and cable conduits are properly sealed.
- Ventilation and air supply grilles are clear and unobstructed.
- The awnings outside of the Life Enrichment room, gazebos in the Therapeutic Park are in good condition and safe.

#### Interior Building

- Cleanliness, condition and safety of all portable equipment are checked (air conditioning units, fans, dehumidifiers).
- Condition and safety of all extension cords, electrical outlets, fuse boxes, junction boxes, etc. are checked.
- Windows which accommodate portable A/C units are checked (and the ability to insulate/seal the area).
- Window coverings such as blinds/draperies are in good condition.
- Portable fans and dehumidifiers have designated spaces so they will not contribute to tripping and tipping hazards.
- Thermostats are in good working order, unobstructed and are responding to demand. Temperature set points are revised for the warmer season. Some residents have been identified for thermostat covers as they continuously tamper with the settings.
- Building heating, ventilation and air conditioning system inspection and duct work cleaning are conducted by the end of April each year (coils, drain pans, belts, valves, duct linings, outdoor air dampers, grilles, screens, filters, duct leakage, exhaust systems, pipes).

### **ENERGY EFFICIENT STRATEGIES**

- Use of interior window coverings on all windows, roller shades and blinds in the Dining Rooms
- Compact fluorescent bulbs are used where feasible. (they produce less heat).



- Make up air supply is engaged every night (2300-0700hrs) to cool the 1<sup>st</sup> and 2<sup>nd</sup> East Wings.
- Insulate pipes to prevent condensation or to reduce heat emissions
- Adequate attic/roof ventilation and insulation
- Use of automatic timers on lights in utility rooms.

### **FAMILY TIP SHEET FOR RESIDENT OUTINGS DURING HOT WEATHER**

Increased physical activity generates additional body heat and sun exposure can significantly add to the body's heat production. Therefore, families taking residents out on activities during the summer months must take extra care and attention to prevent a heat related illness. The signs and symptoms of heat related illness can occur quite quickly with little or no prior warning. In hot weather conditions, the changes can occur suddenly with no warning. While the following tips are general in nature, families are always encouraged to check with the Nurse Manager regarding any special resident fluid restrictions, diet needs, medication or other issues that may interfere with a resident's ability to tolerate heat

### **WARM WEATHER**

#### ***Clothing:***

Residents should wear loose, lightweight, light-coloured clothing. A wide brimmed hat will help protect the head and face and sunglasses will help protect the eyes.

***Nourishments:***

Frequent, smaller meals may be more easily tolerated during hot weather. Encourage fluids before, during and after meals, as appropriate to avoid dehydration. Between meals, frequently offer cool fluids like water, fruit juices and electrolyte replacements drinks. Other hydrating/cooling choices for snacks may include frozen popsicles, juice bars, ice cream, sherbet and watermelon. Alcohol may cause dehydration and should be avoided.

***Physical Activity:***

Keep physical activity to a minimum. Allow for frequent rests and encourage rest even if the individual does not indicate being tired. Attempt to stay indoors between 11:00 AM and 4:00 PM, the warmest part of the day.

***Skin Protections:***

If outside, ensure the resident is kept out of direct sunlight by using shade trees, covered awnings or patio umbrellas. Sunscreen should always be applied, even in the shade, as the elderly are very susceptible to sunburn. Remember to reapply as needed or directed on the package.

***Staying Cool:***

With safety in mind, use a battery powered or hand-held fan to provide some breeze during warm weather. Keep cool cloths handy to apply to the face, neck, and arms. Cloths can be wrapped around ice cubes for quick cooling and a small water spray mist bottle can help cool individuals rapidly .

**SEVERE / HOT WEATHER**

In addition to the above, families should:

- Consider cancelling outings;
- Transportation should be in air-conditioned vehicles.
- Keep outings limited to destinations that are air conditioned such as shopping mall, community centres, places of worship or air conditioned homes, etc.

While out, ask or look for the following signs or symptoms of hot weather related illness:

| Ask If They Feel                         | Look For                                 |
|--|--|
| Shortness of Breath                      | Shortness of Breath                      |
| Palpitations, throbbing headache         | Hot dry skin, flushed skin               |
| Muscle cramps, extreme weakness          | Confusion                                |
| Nausea, dizziness, light headedness      | Lack of co-ordination                    |
| Feeling faint, tingling in hands or feet | Unusual swelling of feet and / or ankles |

## MANAGEMENT OF HEAT STROKE

Heat stroke must be treated as an emergency requiring prompt attention. The immediate treatment is concerned primarily with reducing hyperpyrexia. Transfer to hospital may be the treatment of choice for the acute management of heat stroke unless otherwise specified by the attending physician.

Residents who are assessed and diagnosed to be suffering from heat stroke should receive care in accordance with their assessed needs. Such care may include but is not limited to:

1. Absolute bed rest with head elevated.
2. Cooling down by sponge-bathing with cold water or placing wet/cold towels over the neck, chest, axilla, and groin; more drastic measures, such as immersion in a tub filled with ice water, may be instituted on the order of the physician; where this latter measure is used, rectal temperatures should be monitored every 10 minutes, and allowed not to fall below 38.5 degrees C (101 degrees F) to avoid converting hyperpyrexia to hypothermia.
3. Pushing fluids and monitoring intake until a net gain is achieved.
4. Promoting circulation by massaging extremities and back, and changing positions frequently.
5. Keeping residents comfortable by various measures including changing bed linen as necessary.
6. Administering antipyretics, oxygen, and other therapeutic measures as prescribed by the physician.
7. Monitoring signs and symptoms, rectal temperatures, fluid intake and weights.
8. Monitoring outputs for amount, colour and concentration.
9. Recording of resident's signs and symptoms, rectal temperatures, fluid intake and output, weight, treatments provided, and resident's responses.
10. Keeping residents' physicians informed of their condition and progress.
11. Transferring to hospital when clinically indicated and on the order of physician.

**NOTE: When monitoring residents' temperatures, it is necessary to establish a baseline for each individual resident and to compare his/her temperature readings with his/her established baseline. Rectal temperature readings are more reliable, and monitoring should be continued even after the heat wave is over. Residents' care should be co-ordinated amongst all involved disciplines or departments, including medicine, nursing, and dietary.**

The nursing home environment should be well ventilated and comfortable. Staffing levels should be evaluated and additions made as necessary.

## MANAGEMENT OF HEAT EXHAUSTION

1. Place resident in a cool area in a supine position with head lowered or knees drawn up.
2. Replace restrictive clothing with loose and lightweight clothing, preferably cotton and non-polyester.

3. Cool down resident by cold-water sponging.
4. Restore body fluids by pushing fluids until a net gain is achieved. 120 - 180 ml q 2 hours.
5. Keep residents comfortable by various measures including bed linen changes as necessary.
6. Monitor fluid intake, weights, and residents' signs and symptoms.
7. Monitor residents' output for amount, colour, and concentration - average output should be approx. 2/3 of intake should be approx. 100 ml per hour in 24 hours.
8. Review residents' medications which they are currently receiving and which adversely effect heat regulation, such as diuretics, laxatives, and anti-cholinergic, phenothiazines, benzodiapines etc, and withhold them on the order of the physician.
9. Substitute menus to offer cool and refreshing meals to encourage appetite and food intake. Note: Residents who have chewing and swallowing difficulties may have minced or pureed salad plates.
10. Advise residents' physician of their condition.
11. Record residents' fluid intake and output, weights, signs and symptoms, rectal temperatures, therapeutic measures provided and residents' responses to these measures. When monitoring temperatures, it is necessary to establish a baseline for each individual resident and to compare his/her temperature readings with his/her established baseline. Rectal temperature readings are more reliable. Monitoring should be continued even after the heat wave is over.
12. Residents' care should be co-ordinated amongst all involved departments including physicians, nursing, dietary and life enrichment.
13. The nursing home environment should be well ventilated, temperature controlled and comfortable.
14. Staffing levels should be evaluated and additions made as necessary.

## **Section 19**

### **CONTROL OF MEDICATIONS & ALCOHOL**

#### **Medications:**

Improper control of medications constitutes a major risk hazard to the safety of residents, staff, visitors and others coming into the Home. For this reason the following safety rules must be observed:

- All medications for residents are under the strict control of the Registered Staff member at all times.
- Medication carts are to be **“locked”** at all times when it is not in use by the RN/RPN. Registered Staff must not leave the cart unlocked while administering medications to a resident--i.e. it cannot be left unlocked in the corridor while the staff member enters a room or another area to administer a medication.
- Medications are to be given only upon the order of a physician, dentist or other health profession.
- Medications are not to be left at the bedside except with a written order of the physician.
- Family and other visitors must be informed not to provide any medications to residents.
- All policies and procedures of the Home and pharmacy plus the standards established by the College of Nurses and the Ministry of Long Term Care relating to medication control must be adhered to at all times.
- Medications cannot be administered to other staff, visitors, volunteers who may request, for example “for a headache”.

#### **Alcoholic Beverages:**

While we promote the policy of providing opportunities for residents to socialize with visitors, the following safety rules must be observed:

- The Registered Staff must control the consumption of alcohol.
- Alcohol can only be consumed on a written order of the physician stating the quantity permitted and the frequency.  
Example: residents may be permitted to have 1 or 2 ounces of an alcoholic beverage during social events or 1 ounce of an alcohol beverage before dinner or at bedtime. Alcohol can interfere with medications taken by a resident. Staff must recognize any adverse signs of alcohol with medications and report this information to the physician. All orders permitting alcohol will be reviewed quarterly by the physician.
- Families are responsible to provide any alcohol when being administered on a regular basis to a resident. All alcohol must be kept in the medication room, and labeled with the residents' name.

Any suspected abuse of alcohol will be brought to the attention of the Director of Care and the attending physician.

## **Mandatory Reporting Critical Incidents**

**Purpose:** To comply with MOHLTC reporting requirements  
To provide an in depth review of Critical Incidents/Mandatory Reports

**Procedure:**

Critical incidents must be reported to the MOLTC (Director) according to the requirements under the Fixing Long Term Care Act 2021. The Nurse Manager will initiate the documentation required for Critical Incidents/Mandatory Reports utilizing the Critical Incident System.

The following incidents are reportable to the Director under the Fixing Long Term Care Act 2021, and the reporting requirements will be adhered to as outlined in the table below:

- Improper or incompetent treatment or care of a resident that resulted in harm or risk of harm to the resident.
- Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm to the resident.
- Unlawful conduct that resulted in harm or risk of harm to a resident.
- Misuse or misappropriation of a resident's money
- Misuse or misappropriation of funding provided to a licensee under the Fixing Long Term Care Act 2021
- An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding.
- An unexpected or sudden death, including a death resulting from an accident or suicide.
- A resident who is missing for three hours or more
- A resident who is missing returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
- A resident who is missing for less than 3 hours and who returns to the home with no injury or adverse change in condition
- An outbreak of a reportable disease or communicable disease as defined by the Health Protection and Promotion Act
- Contamination of the drinking water supply
- An environmental hazard, including a breakdown or failure of the security system or a breakdown or major equipment or a system in the home that affects the provision of care or the safety, security or well being of residents for a period greater than 6 hours
- A missing or unaccounted for controlled substance
- Any injury in respect of which a person is taken to hospital
- A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.

### **Reports re critical incidents**

**115.** (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

1. An emergency within the meaning of section 268, including fire, unplanned evacuation or intake of evacuees.
2. An unexpected or sudden death, including a death resulting from an accident or suicide.
3. A resident who is missing for three hours or more.

4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
  5. An outbreak of a disease of public health significance or communicable disease as defined in the *Health Protection and Promotion Act*.
  6. Contamination of the drinking water supply.
- (2) Where a licensee is required to make a report immediately under subsection (1) and it is after normal business hours, the licensee shall make the report using the Ministry's method for after hours emergency contact.
- (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):
1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
  2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,
    - i. a breakdown or failure of the security system,
    - ii. a breakdown of major equipment or a system in the home,
    - iii. a loss of essential services, or
    - iv. flooding.
  3. A missing or unaccounted for controlled substance.
  4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.
  5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.
- (4) Where an incident occurs that causes an injury to a resident for which the resident is taken to a hospital, but the licensee is unable to determine within one business day whether the injury has resulted in a significant change in the resident's health condition, the licensee shall,
- (a) contact the hospital within three calendar days after the occurrence of the incident to determine whether the injury has resulted in a significant change in the resident's health condition; and
  - (b) where the licensee determines that the injury has resulted in a significant change in the resident's health condition or remains unable to determine whether the injury has resulted in a significant change in the resident's health condition, inform the Director of the incident no later than three business days after the occurrence of the incident, and follow with the report required under subsection (5).
- (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:
1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
  2. A description of the individuals involved in the incident, including,
    - i. names of any residents involved in the incident,
    - ii. names of any staff members or other persons who were present at or discovered the incident, and
    - iii. names of staff members who responded or are responding to the incident.
  3. Actions taken in response to the incident, including,
    - i. what care was given or action taken as a result of the incident, and by whom,
    - ii. whether a physician or registered nurse in the extended class was contacted,
    - iii. what other authorities were contacted about the incident, if any,
    - iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and
    - v. the outcome or current status of the individual or individuals who were involved in the incident.

4. Analysis and follow-up action, including,

- i. the immediate actions that have been taken to prevent recurrence, and
- ii. the long-term actions planned to correct the situation and prevent recurrence.

5. The name and title of the person who made the initial report to the Director under subsection (1) or (3), the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector.

(6) The licensee shall ensure that the resident's substitute decision-maker, if any, or any person designated by the substitute decision-maker and any other person designated by the resident are promptly notified of a serious injury or serious illness of the resident, in accordance with any instructions provided by the person or persons who are to be so notified.

(7) Where a matter occurred before the coming into force of this section and the matter was required to be reported to the Director as an occurrence under the former Act, but the matter has not yet been reported, the licensee shall report the matter to the Director in accordance with the requirements under the Act.

(8) In this section,

“significant change” means a major change in the resident's health condition that,

- (a) will not resolve itself without further intervention,
- (b) impacts on more than one aspect of the resident's health condition, and
- (c) requires an assessment by the interdisciplinary team or a revision to the resident's plan of care.



## Reporting Requirements

The President/Administrator and Director of Care must be notified of any occurrence listed below at the time of the incident. The following chart indicates the type of occurrence and reporting time frames to be adhered to.

If the CIS is not available during regular hours, the incident must be reported directly to Centralized Intake, Assessment and Triage Team (CIATT) either by phone or email.

### Action to be taken by LTC Home to notify MOHLTC

| Type of Incident   | Section of LTCA       | Monday-Friday 0800-1700hrs  | All other times & Statutory holidays    | Reporting time frame   |
|--|-----------------------|---|---|--|
| Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident  | 281 a                 | Immediately initiate the on-line MCIS form using the mandatory report section | Phone the after hours pager #           | Immediately upon becoming aware of the incident  |
| Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident  | 282.                  | Immediately initiate the on-line MCIS form using the mandatory report section | Phone the after hours pager #           | Immediately upon becoming aware of the incident  |
| Unlawful conduct that resulted in harm or a risk of harm to a resident   | 283                   | Immediately initiate the on-line MCIS form using the mandatory report section | Phone the after hours pager #           | Immediately upon becoming aware of the incident  |
| Misuse or misappropriation of a resident's money   | 284                   | Immediately initiate the on-line MCIS form using the mandatory report section | No after ours reporting requirement     | Immediately upon becoming aware of the incident  |
| Misuse or misappropriation of funding provided to a licensee under the LTCHA or the Local Health System Integration Act, 2006  | 285                   | Immediately initiate the on-line MCIS form using the mandatory report section | No after ours reporting requirement     | Immediately upon becoming aware of the incident  |
| An emergency, fire, unplanned evacuation or intake of evacuees   | Reg.246/2<br>115 (1)  | Immediately initiate the on-line MCIS form                                    | Phone the after hours pager #           | Immediately upon becoming aware of the incident ; full report within 10 days of becoming aware of the incident |
| An emergency, including loss, of essential services or flooding <b>(reporting requirements apply to incidents that affect the provision of care or the safety, security or well-being of one or more residents of a LTC home).</b> | Reg. 246/2<br>115 (1) | Immediately initiate the on-line CIS form                                     | No requirements for immediate reporting | Must be reported within 1 business day   |
| An unexpected or sudden death, including a death from an accident or suicide   | Reg.246/2<br>115(2)   | Immediately initiate the on-line MCIS form                                    | Phone the after hours pager #           | Immediately upon becoming aware of the incident ; full report within 10 days of becoming aware of the incident |
| A resident who is missing for three hours or more  | Reg. 246/2<br>115(3)  | Immediately initiate the on-line MCIS form                                    | Phone the after hours pager #           | Immediately upon becoming aware of the incident ; full report within 10 days of becoming aware of the incident |
| Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing   | Reg. 246/2<br>115(4)  | Immediately initiate the on-line MCIS form                                    | Phone the after hours pager #           | Immediately upon becoming aware of the incident ; full report within 10 days of becoming aware of the incident |

|   |                       |  |                                      |   |
|---|-----------------------|--|--------------------------------------|---|
| An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.  | Reg. 246/2 115(5)     | Immediately initiate the on-line MCIS form | Phone the after hours pager #        | Immediately upon becoming aware of the incident ; full report within 10 days of becoming aware of the incident          |
| Contamination of the drinking water supply  | Reg. 246/2 115(6)     | Immediately initiate the on-line MCIS form | Phone the after hours pager #        | Immediately upon becoming aware of the incident ; full report within 10 days of becoming aware of the incident          |
| A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition   | Reg. 246/2 115 2(1)   | Initiate the on- line MCIS form            | No after hours reporting requirement | Within one business day of becoming aware of the incident; full report within 10 days of becoming aware of the incident |
| An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or safety, security or well being of residents for a period greater than 6 hours                  | Reg. 246/2 115 3(2)   | Initiate the on- line MCIS form            | No after hours reporting requirement | Within one business day of becoming aware of the incident; full report within 10 days of becoming aware of the incident |
| A missing or unaccounted for controlled substance   | Reg. 246/2 115 3(3)   | Initiate the on- line MCIS form            | No after hours reporting requirement | Within one business day of becoming aware of the incident; full report within 10 days of becoming aware of the incident |
| An injury in respect of which a person is taken to hospital and that results in a “significant change” in the residents’ health condition. If the Home is unable to determine whether the injury has caused a significant change, the hospital must be contacted within 3 days. | Reg. 246/2 115 3(4)   | Initiate the on- line MCIS form            | No after hours reporting requirement | Within 3business days of becoming aware of the incident; full report within 10 days of becoming aware of the incident   |
| A medication incident or adverse drug reaction in respect of which a resident is taken to hospital  | Reg. 246/2 115 4(a,b) | Initiate the on- line MCIS form            | No after hours reporting requirement | Within one business day of becoming aware of the incident; full report within 10 days of becoming aware of the incident |

Reporting during business hours will be directly to:  
MOHLTC -Duty Officer  
Phone: 705-564-3130

**CIATT Contact Information:**

Email: [CIATTgeneral.MOH@ontario.ca](mailto:CIATTgeneral.MOH@ontario.ca)  
Phone: 905-546-8295 or Toll Free: 1-855-819-0879  
Address: Centralized Intake, Assessment and Triage Team  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton, ON L8P 4Y7

**Reporting investigations under Section 20 of the Fixing Long Term Care Act 2021:**

In making a report to the Director under subsection 20 (2) of the FLTC Act;

1. Every alleged, suspected or witnessed incident of the following that the licensee knows of or that is reported to the licensee, is immediately investigated:
  - a) abuse of a resident by anyone
  - b) neglect of a resident by the licensee or staff
  - c) anything else provided for in the regulations

2. The appropriate action is taken in response to every incident
3. Any requirements that are provided for in the regulations for investigating and responding are complied with (clauses (a) and (b))

The following information will be provided in writing:

- A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
- A description of the individuals involved in the incident, including:
  - the names of all residents involved in the incident,
  - the names of any staff members or other persons who were present at or discovered the incident
  - Names of staff members who responded or are responding to the incident
- Actions taken in response to the incident, including,
  - What care was given or action taken as a result of the incident, and by whom
  - Whether a physician or a registered nurse in the extended class was contacted
  - What other authorities were contacted about the incident, if any
  - Whether a family member, person of importance or a substitute decision maker of any resident involved in the incident was contacted and the name of such person or persons
  - The outcome or current status of the individual or individuals who were involved in the incident
- Analysis and follow-up action:
  - The immediate actions that have been taken to prevent a recurrence
  - The long term actions planned to correct the situation and prevent recurrence
- The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and if so, the date of contact and the name of the inspector

Reporting time frames will be adhered to. If not everything required to report to the Director can be provided within 10 days, a preliminary report will be forwarded to the Director within 10 days or as directed by the Director, and a final report will be provided to the Director within a period of time specified by the Director.

#### Critical Incidents Reports

The Director will be informed immediately, during normal business hours by contacting the duty inspector and if after hours, by contacting the after hours emergency pager number, in as much detail as possible, of each of the following incidents, followed by the report:

1. An emergency: fire, unplanned evacuation or intake of evacuees
2. An unexpected or sudden death, including a death from an accident or suicide
3. A resident who is missing for three hours or more
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing
5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.
6. Contamination of the drinking water supply

The Director will be informed of the following incidents in the home, no later than one business day after the occurrence of the incident, followed by the report required.

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition
2. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition
3. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or safety, security or well being of residents for a period greater than 6 hours
4. A missing or unaccounted for controlled substance
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital
6. An injury in respect of which a person is taken to hospital and the injury results in a significant change in the resident's health condition. If the LTC Home is unable to determine if the injury has caused a significant change within one business day, the LTC home must contact the hospital within 3 days of the incident. If the injury resulted in a significant change, the LTC home must inform the Ministry of the incident no later than 3 business days after the incident occurred. The written report must be provided to the Ministry within 10 days of the incident. If the Home is unable to determine if the injury has resulted in a significant change in the resident's health condition, a written report must be provided within 10 days.
7. An environmental hazard: loss of essential services or flooding, which affects the provision of care or the safety, security or well being of one or more residents of a LTC home.

The written report will be submitted to the Director within 10 days, or sooner if required, by the director, will follow the reporting requirements.

The Critical Incident Report is completed on the litchomes.net web site following the Critical Incident System User Guide for Long Term Care Home Staff. Additions to the report may be required as the investigation of the incident proceeds.

Each Critical Incident/Mandatory Report is filed in the Critical Incident Binder in the Director of Care's office after the report has been reviewed and signed by the Administrator.

The President/Administrator and Director of Care must be notified of each incident as it occurs. The Nurse Manager on duty will be responsible to initiate the report utilizing the CIS protocols.

## **EMPLOYEE INCIDENT REPORTING**

The reporting of incidents is an organized method of gathering causative information for the purpose of preventing recurrence. This should include both in-house reporting and reports to outside agencies.

Incidents are undesirable events caused by unsafe acts and unsafe conditions. Reporting these incidents more clearly distinguishes the unsafe acts and unsafe conditions which caused them. Once the cause is established a means of prevention can be sought.

There are far less serious accidents than there are **near misses**. These serve as warnings that a hazardous situation exists and that an incident resulting in injury, illness or property damage is

imminent. The objective of the committee is to evaluate all incidents in order that appropriate corrective action can be taken in order to reduce the chance of future incidents resulting in temporary or permanent injury. Incident reporting is an **alert** mechanism where further planning, training or procedures may be required.

## DEFINITIONS

**Incident:** An undesirable event caused by an unsafe act, an unsafe condition or a combination of both in the work environment. It may result in property loss or physical loss.

**Accident:** An incident which results in property loss and/or physical harm.

**Hazardous situation:** An incident in the work environment caused by an unsafe act, an unsafe condition or a combination of both. It has the potential to result in property loss or physical harm.

**First Aid:** An injury of such a minor nature that it can be treated on site without cost to the Worker's Safety Insurance Board.

**Health Care Claim:** A work related injury/illness which requires treatment of service resulting in a cost to the Worker's Safety Insurance Board but does not result in time lost from work as defined by WSIB.

**Loss Time Claim:** A work related injury/illness which results in time loss from work beyond the day of the injury requiring payment through the Worker's Safety Insurance Board.

**Days Lost:** The number of calendar days for which an employee is paid for loss wages as a result of a disabling injury or illness. Lost days are based on an eight hour day. Part shifts are calculated accordingly. The employer is obligated to record the number of loss days.

**Frequency Rate:** An approximation of the percentage of the total number of employees experiencing loss time injuries per year. A particular formula is used to calculate the percentage.

**Types of Incident:** The incident type classification must identify the event which had the potential to result in, or directly result in, injury or illness.

**Nature of Injury:** The nature of incident, injury/illness classification identified the incident, or injury/illness in terms of its principal physical characteristics. Medical terminology is not required.

**Part of the body:** The part of body classification identifies which part of the injured person's body was directly affected by the injury.

## INCIDENT REPORTING RESPONSIBILITIES

Employees are responsible to report immediately to their Department Supervisor or Nurse Manager in the event of an incident. The Incident report must be completed at this time.

### **Nurse Managers**

- Complete Employee Incident Report Form. Initiate the investigation report. Forward all three copies of the Incident Report promptly to Department Supervisor or C. Pellerin
- If employee will be seeking medical attention:  
Complete WSIB Treatment Memorandum Form - 0156C (01/98) Sample attached.  
**Note: Employee must take this form to the physician.**  
WSIB has changed the process regarding the use of FAF forms for initial emergency visits. No longer will hospitals, walk in clinics etc be filling in FAF forms and will instead be using Health Professional Reports (Form 8's).  
The form 8 is a three page document. Employers will have access only to the 3<sup>rd</sup> page.  
**It is the responsibility of the employee to bring this page back. Note this is only applicable with emergency visits for initial medical treatment**
- Complete WSIB Workers Claim/Consent Form 1492C (01/98). Sample attached.  
Note: Employee must take white copy to physician and retain pink copy for their own record. Yellow copy forwarded to Administrator.
- Provide employee with WSIB Functional Abilities Form For Timely Return To Work Form 26470 (01/98) for completion by Health Professional. Sample attached. Note: The completed copy of this form must be returned to Administrator by the employee in order to remain off work or to return to work.

### **Department Supervisor**

- Complete WSIB Employers Report of Injury/Disease Form 7. Sample attached. White copy to file in Administration Office, pink copy to employees and yellow copy to the Director of Care for employees file. Fax completed Form 7 and signed Workers Claim/Consent Form to WSIB within 3 working days of the incident.
- Distribute copies of Employee Incident Report LAP-002 – white to Administrator, yellow to Health & Safety Co-ordinator and pink to Director of Care for employees file.

### **Executive Assistant**

- Complete section H of Employee Incident Report Form LAP-002. Sample attached. Forward all three copies promptly to the Administrator.
- Review the findings with all staff in the area who may be exposed to the same hazard.

- Provide employee with copy of WSIB Functional Abilities For Timely Return To Work, for completion by the health professional. **Note: This form must be returned promptly by the employee to the Executive Assistant to be faxed to WSIB promptly.**

## **ACCIDENT/INCIDENT INVESTIGATION TEAM**

Every incident/accident in the Home must be investigated beginning at the time of the incident. Team Members: President/Administrator, Administrative Assistant, Department Supervisor, Health & Safety Co-ordinator and Department Health & Safety Committee Representative.

The Supervisor or delegate in his/her absence, must conduct a thorough investigation of the accident/incident including direct contact with the injured employee as well as witnesses as deemed necessary utilizing the Employee Incident Report and the Accident/Incident Investigation Report.

Key issue: Was accident/incident preventable?

The Supervisor must review his/her report with the Owner/Administrator and the need for a meeting by the Investigation Team determined. The reports will be reviewed at the next Occupational Health & Safety Committee meeting. All Committee Members will have the opportunity for comments and recommendations. Further discussions with the Department Supervisor and employee will be scheduled as necessary.

## **PHYSIOTHERAPY ASSESSMENT OF INJURED EMPLOYEES**

**Goal:** To ensure prompt assessment and treatment of injured employees to ensure optimum recovery and eliminate or reduce lost time from injuries.

Any employee who sustains a workplace injury will be sent for a Functional Abilities Assessment by a Physiotherapist at a clinic of the Home's choice. A treatment plan will be devised and recommended by the Physiotherapist. The employee may consent to commence treatment at this time or seek treatment by a Physiotherapist of their choice. The employee must also make an appointment with their family physician for approval of the Treatment Plan.

The Home is responsible for payment of the Functional Abilities Assessment. The treatment plan will be reviewed by the Owner/Administrator, Administrative Assistant, Department Supervisor and OHS Co-ordinator. The Home may accept responsibility for payment of the treatments up to a maximum of 10 treatments per injury. Reporting requirements as outlined by WSIB will be completed by the Administrative Assistant.

The Functional Abilities Assessment will be completed by the Physiotherapist and forwarded to the Owner/Administrator at predetermined intervals throughout the course of treatment. The employee's capabilities and limitations will determine the type of job modification.

## STAFF LOA REPORT

This report prepared daily for the Owner/Administrator by the Administrative Assistant, indicates Incident Leave Date, Leave Type and Comments. Sample attached.

## MONTHLY REPORT OF INCIDENTS

The Occupational Health and Safety Coordinator or Joint Health and Safety Committee completes this report from the Employee Incident Reports. This form highlights the incident record by department, type, result of incident and days lost compared to the previous year.

This report must be reviewed by the Joint Health and Safety Committee to determine problem areas and trends and recommend corrective action.

## HEALTH AND SAFETY ALERT

**Purpose:** To inform staff members of any incident that has occurred in the home and initiate corrective action immediately to prevent a recurrence. To identify a hazard and inform staff of precautions that must be adhered to in order to prevent an injury or until the hazard is eliminated or corrected.

**Procedure:** The Director of Care will post an incident summary and the corrective action on a weekly basis or as required depending on the nature of the incident. Nurse Managers will post the Health and Safety Alert if an incident has occurred on a week-end. The Health and Safety Alert notice will be posted on the Health and Safety Board at the Employee Entrance, 1<sup>st</sup> and 2<sup>nd</sup> floor Nursing Stations and the Staff Lunch Room.

## ANALYSING INCIDENT/ACCIDENTS

The Home is proactive in analyzing all incidents and accidents as follows:

- **Incidents/Accidents by date & time:** This will assist in showing periods of fatigue, inadequate rest periods, staff shortages or periods of high work activities.
- **Incidents/accidents frequency and severity by department:** This will indicate incidents/accidents by department, claim types (first aid, medical aid, lost time, near miss) and number of lost time days. The injuries will be grouped according to departments. This will assist the Home in determining key risk areas and help identify specific needs related to developing the program.
- **Accident Cost:** Information obtained from the Accident Cost Statements and the NEER statement to determine the Homes frequency and performance index.
- **Incidents/accidents by experience level of staff:** This will help to determine initial and ongoing training needs, the effectiveness of the orientation and ongoing training programs in order for effective programs to be developed.
- **Incidents/accident trends by causative factors:** This is part of the Employee Incident report form and identifies specific factors that have caused the incident/accident.



- **Struck by or contact by:** An accident where a person has been struck abruptly or forcefully by an object in motion or a person contacted non-forcefully by some substance or agent in motion.
- **Struck against/contact with:** An accident which a person strikes abruptly or forcefully some stationary objects or comes in contact non-forcefully with some stationary substance or agent (i.e. electric shock).
- **Caught in, on or between:** An accident in which a person is trapped in some type of enclosure or a part of a person's body is caught in some type of opening, caught on some protruding object or pinched, crushed or otherwise caught between either a moving object and a stationary object or between two or more moving objects.
- **Fall/slip:** there are two categories: A foot level fall or a fall-below. The foot-level fall occurs when a person slips, trips or falls on the same level on which he/she was standing or walking. A fall below occurs when a person falls to the level below which they were standing or walking.
- **Exposure:** An accident in which the worker is exposed to harmful conditions i.e toxic gases, fumes, vapours, extremes of heat or cold)
- **Patient action:** An accident in which the worker is subjected to an untoward action by a patient.
- **Repetitive action:** An accident that develops over a period of time due to the repetitive nature of the task being carried out.
- **Overexertion:** An incident where a person puts excessive strain on some part of their body.

In compiling data the Home reviews all incidents/accidents for the past 2-3 years in order to establish a baseline history of the nature, type and causative factors of the Home's incidents. The Home has compiled comparison data on all incidents and accidents on an annual basis, by reviewing previous information and utilizing the assessment tools provided by OSACH to strengthen the Home's data analysis in further developing the Client Handling Program.

## MONTHLY ANALYSIS OF INCIDENTS

Individuals completing the Employee Incident report must write legibly. Terminology must be easily understood, be precise when explaining details—make the report clear, concise and accurate.

### *Step 1: Section "A"—Results: identify results of incident:*

- **No injury/Hazardous Situation:** may include: spill on floor, frayed cord, broken equipment, obstructed doorways, corridors, stairs, unsafe design, improper clothing for the job (i.e. dangling jewelry, open toed or heeled shoes).
- **First Aid Injury:** may include: minor scratch, bruise, cut.
- **Health Care (Medical Aid):** treatment by a physician or hospital without lost time from work; sprains, strains, wounds, burns etc.
- **Lost time injury:** treatment by a physician or hospital; one or more days lost from work beyond the day of injury.

**Step 2: Employee Identification:** All questions are straight forward.

- Date of hires refers to date employee was hired to the facility,
- Department employee is working must be indicated,
- Occupational description must be specific i.e. RN, RPN, HCA, Cook etc

**Step 3: Date:**

- Specify the day, month, year and time the incident occurred and was reported,

**Step 4: Section “D”: Description:**

Under description of incident provide a clear, concise and accurate account of events which took place relevant to the reported incident. All information is important; the supervisor must clearly understand the events leading up to and the time of the incident, extra notes may be necessary—attach to the completed report. When an incident or accident occur, the injury, illness, or damage arising is usually the end result of a chain reaction of events. It is essential to identify **immediate and basic causes** of the incident in order to take the corrective action necessary to prevent recurrences.

Immediate causes are the actual unsafe practices, unsafe conditions or errors which directly result in an accident. For example, an employee slipped on a wet floor mopped by the housekeeper where no floor sign was present. The **immediate cause** of the incident was the wet floor.

**Basic Cause:** are the underlying unsafe conditions or work practices in the facility. For example: Is there a policy for the use of “Wet floor sign”?

Did the housekeeper know the policy?

Or was it ignored? By the housekeeper? By the injured employee?

Was the injured person trained adequately in safe work practices?

**Step 5: Section “E”: Type of Incident:**

**Supervisor will indicate the type of incident category which best describes the incident.**

**Step 6: Section “G”: Cause:** An accident investigation will assist in determining the cause(s).

Select as many as applicable.

**Operating without authority:** starting, stopping, using, operating, moving without permission; removing safety devices or guards (example: guard on a meat slicer); worker inadequately trained in proper procedure.

**Failure to secure or warn:** failure to lock, block or secure equipment, switches, valves, other tools, material and equipment against unexpected motion, flow of electrical current, steam etc.,

- Failure to shut equipment off when not in use,
- Failure to secure safety devices ex. Ensuring locks are on the lifting equipment
- Failure to report injury or illness
- Failure to signal intention when 2 or 3 man lift is undertaken
- Failure to warn or signal when safety devices are disconnected.

**Working at unsafe speed:** running, throwing material instead of carrying or passing;

- Taking shortcuts, i.e. failure to obtain assistance when lifting or positioning residents
- **Using unsafe equipment:** using defective equipment: frayed cords, defective lifts, ladders, wheelchairs, etc.
- Failure to remove faulty equipment from service or to report
- Using equipment or materials in a manner for which they are not intended i.e. using Hoyer Lift for transporting a resident
- Replacing safety devices with those of improper capacity
- Using equipment where safety belts or harnesses are intended (to prevent falls or slips)

**Unsafe loading, placing, mixing, combining etc:** unsafe piling

- Lifting or carrying too heavy of a load
- Improper disposal of sharp objects or broken glass
- Arranging or placing objects or material unsafely i.e. stopping or leaving carts, elevators in unsafe position for loading or unloading,
- Improper storage of flammable or toxic liquids,
- Injecting, mixing or combining one substance with another so that a hazard is created,
- Leaving oil, water, grease, food, urine or other substances on working or walking surfaces.

**Taking unsafe position or posture:** putting body or body parts into shaft ways or openings, standing too close to openings, not using proper methods of ascending or descending;

- Entering areas which are restricted i.e. kitchen
- Lifting improperly or while in awkward position; failing to follow proper policies relating to lifting, positioning
- Using chairs, boxes for climbing rather than obtaining step-stool or ladder

**Working on moving or dangerous equipment:** cleaning, oiling or adjusting equipment without shutting it down,

- Caulking, packing of equipment under pressure; valves,
- Working on electrically charged equipment, motors
- Welding, repairing equipment improperly

**Distracting, teasing, willful misconduct:** horseplay, practical joking, quarrelling or fighting, willful damaging of property or disregarding safety regulations and procedures.

**Failure to use personal protective devices:** failure to wear safety glasses, gloves, masks, gowns, hair nets, aprons,

- Wearing improper foot wear, loose hair, excessive jewelry, improper attire
- Not adhering to any “Precaution signage” prior to entering restricted areas

**Wheeled equipment operation:** improper handling of wheelchairs, steam carts, trolleys etc.

**Not guarded or improperly guarded:** lack of proper guard, screen, railing

- Ungrounded electrical equipment; non-insulated or defective equipment
- Improper labeling of chemicals
- Uncovered connections

**Patient Action:** unexpected actions by patients being lifted, transferred, positioned

- Aggressive episodes of behaviour by residents; striking out, hitting, kicking, biting, spitting.....

**Inadequate illumination:** insufficient light, glare, unsuitable location or arrangements

**Fire, explosion, atmospheric hazards:** Warning signs not posted or enforced (i.e. No Smoking, No entry..)

- Precautions not being taken to ensure control of static electricity
- Ineffective electrical grounding of equipment
- Insufficient air exchange
- Accumulation of dust, lint, papers, rages..
- Improper storage of flammables

**Hazardous personal attire:** insufficient supply of protective wear,

- Safety straps defective unsafe or unsuitable,
- Defective foot wear, unsafe or unsuitable,
- Clothing too loose, excessive jewelry etc.

**Unsafe design arrangement:** poor use of available space; poor arrangement of furniture, equipment causing congestion in area.

**Hazardous methods or procedures (unsafe methods and procedures being practiced and left uncorrected):**

- Poor assignment of personnel who due to physical or emotional limitations are unable to perform the task safely;
- Use of inherently hazardous material, equipment or procedures,
- Inadequate personnel available to form tasks safely,
- Inadequate or improper equipment or material,
- Workers who continually disregard policies and procedures and work without regard to their own safety and others

**Outside hazardous condition:** icy surfaces left unsalted; defective or burnt out external lighting, broken curbs or steps, broken tree branches left hanging, defective asphalt.

**Step 7: Section “H”: Correction:**

The correction section must be completed at the time of the investigation of the accident by the Nurse Manager/Charge Nurse completing the form. This section enables the

documentation of actions taken or planned to prevent recurrence of similar incidents. Corrections must be consistent with causes determined. There may be more than one.

**Step 8: Section “I”: Injury:**

If an injury or illness occurred as a result of the incident specify the body part affected by the injury.

Be specific in explaining the injured part, example: employee states she felt “soreness in lower back”.

## INCIDENT/ACCIDENT INVESTIGATION

The purpose of the accident investigation is to identify the basic cause(s) of the accident or incident so that controls can be implemented to prevent further occurrences.

The *Occupational Health & Safety Act* requires that the Home:

- Complete and submit a report of an accident (Form 7) within 48 hours following an injury where lost time and/or medical aid is required or when the outcome of injury have a long term affect on the health of the employee.
- Notify the Ministry of Labour immediately of any critical injuries.

When the accident occurs the Department Supervisor, or designate, must investigate the incident and complete the Employee Incident Report with the employee following the incident, unless immediate medical attention is required.

The Supervisor, or designate must:

- Secure and manage the scene.
- Investigate causes.
- Complete internal investigation form.
- Determine corrective action.
- Implement corrective action.

In investigating an incident the Supervisor, or designate must use a variety of techniques:

- **Interview** individual(s) who were involved or witnesses to the accident. The interview may identify others who may need to be interviewed. Reviewing the accident with the worker and others immediately assists in obtaining accurate details. Every person must be treated with courtesy. Every individual must be interviewed separately and privately. Explain the purpose of the interview—it is not to place blame but to prevent recurrences. Allow the worker too explain what happened in their own terms; ask for clarification when necessary. Make notes. Review key points with the person at the end of the interview.

- **Review the work site:** examine any equipment used, procedure used and the job function at the time. Evaluate the procedure, was it being followed,, determine if the procedure requires modification. If others were involved, where were they located, what were contributing factors in the accident. It may be necessary to draw the site and location of workers and equipment to obtain a clear picture of the accident site and events.
- **Analyze the facts:** cause may be apparent. Look at: human factors, material, factors, environmental and equipment factors, process factors. Identify all components which may have had a direct and indirect factor in the accident.
- **Document:** complete the report. It is to be clear, concise, logical. The Employee Incident report provides a mechanism for this report.

The completed Employee Incident Form must be forwarded to the Administrator, Administrative Assistant and OH&S Coordinator. The Supervisor, or designate is responsible to follow up with the employees on any corrective action taken to ensure workability of the changes.