

Bonnechere Manor Emergency Plan



County of
Renfrew
Bonnechere Manor
Long-Term Care Home

Experience Our History, Share Our Future!

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Part One: Introduction

1.1 Preface

For optimum response efforts, employees must be familiar with the contents of this emergency plan prior to an emergency.

Emergencies are defined as: “a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.”¹

Planning is a key component of emergency management, regardless as to the nature, size, or duration of the emergency. The possibility of an influenza pandemic, a natural event that occurs three to four times per century, is recognized as a significant threat that warrants dedicated and ongoing planning to minimize its impact on society.

1.2 Plan Purpose

The purpose of this plan is to identify the need for planning and to identify the roles, responsibilities and key activities of Bonnechere Manor in planning and responding to emergencies.

1.3 Declaration of Emergency

It is the responsibility of the Head of Council to declare an emergency; thus, the Warden will declare an emergency.

The provincial government may also declare a provincial emergency, either for the entire province or in a particular jurisdiction. The Premier, and the Commissioner of Community Safety (formerly known as the Commissioner of Emergency Management), have this authority under the Emergency Management and Civil Protection Act.

¹ Emergency Management and Civil Protection Act, July 1, 2023

Part Two: Roles and Responsibilities

2.1 Staff Demographics

Staff Population			
Department	Full-Time	Part-Time	Relief/Casual
Administration	10	0	0
Maintenance	2	2	0
Housekeeping	8	7	0
Food Services	9	18	1
PSW	30	71	8
Laundry	3	5	3
Client Programs *1 FT + 1 PT Staff have PSW Cert.	2	12	0
Registered Nurses	5	7	1
Registered Practical Nurses	10	17	0
Nursing Administration	5	1	0
Day Programs – Renfrew *1 FT + 1 PT Staff have PSW Cert.	2	4	0
Total	85	145	12

Supervisory personnel will assign job duties and it is expected that all staff cooperate in performing a wide variety of duties. Duties that were once designated for specific classifications may need to be shared and carried out by others. Duties will vary, depending on the nature of the pandemic circumstances.

2.2 Nursing Department Roles and Responsibilities

Nursing Management Team:

- nursing care within their individual professional competencies
- take direction from the Renfrew County and District Health Unit and Medical Officer of Health, through the Infection Control Liaison or Designate
- the Home physicians will be asked to determine which residents are high risk and determine their treatment plan of care

Registered Nurses and Registered Practical Nurses:

- Registered Staff are expected to continue to adhere to the overall framework for the practice of nursing as outlined in the College of Nurses Practice Standards and Guidelines (Appendix I)
- Access current government and related health pandemic information

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Type of Service	Level of Care	Services that could be reduced	Services that may be enhanced
Medications	Administered as prescribed	None	Antiviral administration
Assessment of Care needs	Ongoing	Frequency may be reduced	
Skin and wound Care	Routine Aseptic dressings, sterile dressings and colostomy care		
Communication with families/ decision makers, POA	Maintain regular communications		May have to increase frequency or change process method (website)
Contract Services	Determine whether Physiotherapy or Psychiatry visits should continue.	Defer foot care, hairdressing, dental hygienist dependent on residents need	

If no registered staff are available, consider:

Rank	Staffing Options
1	Qualified staff working in other departments
2	Nurse Practitioner
3	Resident Care Coordinators
4	Director of Care
5	Staff on leave of absences (LOAs)
6	Retired staff
7	Registered Staff from Miramichi Lodge
8	Renfrew Victoria Hospital
9	Algonquin College Nursing Professors/Students
10	AdvantAge Ontario
11	Agency Staff
12	Military Personnel

Personal Support Workers:

Type of Service	Level of Care that must be maintained	Services that could be reduced	Services that may be enhanced
Personal Care	Face, hands and perineum washed 2x daily and as	Bathing limited to baths and showers as needed.	

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Type of Service	Level of Care that must be maintained	Services that could be reduced	Services that may be enhanced
	needed to maintain skin integrity. Active care that reduces risk of health complications		
Personal hygiene and grooming		Modify depending on resident health needs, staff availability; defer care of fingernails and feet.	
Oral Care	Twice daily		
Clothing and bed changes		As needed	
Toileting and continence Care	Maintain routine toileting and continence care. Maintain routine catheter care		
Assistance with eating	Provide as needed		
Reposition bed residents		Once every 2 hours or as needed to promote comfort and prevent skin breakdown	
Management of natural deaths			Will likely increase

If no Personal Support Worker staff are available, consider:

Rank	Staffing Options
1	Qualified staff working in other departments
2	Registered nursing staff
3	Staff on leave of absences (LOAs)
4	Retired staff
5	Qualified staff from Miramichi Lodge
6	Renfrew Victoria Hospital
7	Designated Essential Care Givers
8	Volunteers
9	Qualified County of Renfrew staff (i.e., Social Services Department)

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Rank	Staffing Options
10	AdvantAge Ontario
11	Agency Staff (i.e., Bayshore Health Care 1-855-493-6087, Paramed Home Health 613-433-9408/1-866-656-9594)
12	Red Cross 613-735-1157
13	Military Personnel

Nursing Staff Contingency Plan in an Emergency Situation:

Position	Day Shift	Afternoon Shift	Night Shift
Personal Support Workers (PSWs): Pinnacle	5 staff 6:30 to 2:30	No Change	No Change
PSWs HM1	6 staff 6:30 to 2:30	No Change	No Change
PSWs HM2	6 staff 6:30 to 2:30	No Change	No Change
Registered Staff	reduce by 1 RN, add 1 RPN=6 RPNs and 1 RN	reduce by 1 RN, add 1 RPN=6 RPNs and 1 RN	No Change

- Cross training of non-nursing support staff to assist with personal care duties complete.

2.3 Food Services Department Roles and Responsibilities

The Food Services Department will provide:

- the continuity of meal service to provide adequate Nutrition and Hydration to 180 residents.
- responsible for food production and preparation, portering of food items to the resident home areas, serving meals and setting up nourishment carts.

Food Services Supervisor/Assistant Food Service Supervisor:

- Overall function of department and food service operations
- Plan menu and requisition food and supplies from suppliers
- Staffing work schedules

Cooks/Food Service Workers:

Type of Service	Level of Care that must be maintained	Service that could be reduced	Service that may be enhanced
Breakfast	Basic selection	Reduced selections	Cold options (i.e., cereals)
Lunch	Min 1 selection	Menu revision from 2 choices to 1	Pre-portioned items such as juices, milks, desserts etc. for tray service Pre-made entrees, soups, desserts, salads, sandwich fillings, etc.
Dinner	Min 1 selection	Menu revision from 2 choices to 1	Pre-portioned items such as juices, milks, desserts etc. for tray service Pre-made entrees, soups, desserts, salads, sandwich fillings, etc.
AM Snack	Min 1 selection	Reduced or cancelled	Individually purchased items
Hydration	Must be maintained	Can not be reduced	Bottled water
PM Snack	Min 1 selection	Reduced or cancelled	Individually purchased items
Hydration	Must be maintained	Can not be reduced	Bottled water
HS Snack	HS Snack	Reduced or cancelled	Individually purchased items
Hydration	Must be maintained	Can not be reduced	Bottled water
			Disposable dishes and cutlery for all service

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Note: therapeutic diets will be liberalized. Emergency menus simplified to be practical for a variety of circumstances, with an attempt to provide food suitable for full, minced and puree diets. Selective menus will not be used.

Supply Item	Supply Ordering
Food (excluding perishables)	Every 7 days
Eggs, Milk, Bread, fresh produce	Every 3 days
Bottled water	Every 2 days
Chemical Supplies: hand cleaning & chemical dishwashing supplies	Every 2 weeks
disposable supplies; plates, cups, bowls, glasses, knives, forks, spoons, soup spoons	Every 7 days

Food Service Staff Contingency Plan in an Emergency Situation:

A minimum of ten (10) people are essential to provide normal meals and nourishments with as little modification as possible.

Position	Early	Late	Evenings
Food Service Supervisor	1 varied hours		
Assistant Food Service Supervisor	1 varied hours		
PT Registered Dietitian	1 varied hours		
Cooks	5:00-1:00 No Change	8:30-4:30 No Change	N/A
Food Service Workers	3 - 6:00-2:00 1 - 6:15-2:15	2 – 11:00–7:00	2 – 2:45–7:15 1 – 3:15–7:15

If no Food Service Worker staff are available, consider:

Rank	Staffing Options:
1	Qualified staff working in other departments
2	Staff on leave of absences (LOAs)
3	Retired staff
4	Qualified staff from Miramichi Lodge
5	Volunteers
6	Qualified staff working another division of the Corporation of the County of Renfrew (i.e., Social Services Department)
7	Renfrew Victoria Hospital
8	AdvantAge Ontario
9	Local qualified restaurants staff (i.e., Rocky Mountain House 613-432-5801, Ullrich’s on Main, Pembroke, ON 613-735-6025)
10	Military Personnel
11	Contract out meals from local restaurants

2.4 Environmental Services Roles and Responsibilities

Laundry

Type of Service	Level of Care that must be maintained	Service that could be reduced	Service that may be enhanced
Personal linen	Clean personal linen each day	None	increase based on the symptoms of the influenza like illness
Facility linen	Clean personal linen each day	If decreased services	Disposable items

Laundry Staff Contingency Plan in an Emergency Situation:

Position	Days
Laundry Staff	No changes # of staff 4

If no laundry staff are available, consider:

Rank	Staffing Options:
1	Qualified staff working in other departments
2	Staff on leave of absences
3	Retired staff
4	Miramichi Lodge laundry staff and/or qualified staff from other departments
5	Renfrew Victoria Hospital
6	Contract services (i.e, Ottawa Linen Services 1-888-770-2489)

Housekeeping

Type of Service	Level of Care that must be maintained	Service that could be reduced	Service that may be enhanced
Resident Rooms	Daily cleaning	Daily cleaning	Enhanced cleaning of High touch areas
Resident Common Areas	Daily cleaning	Daily cleaning	Enhanced cleaning of High touch areas
Staff Areas	Daily cleaning	Reduced frequency of low touch areas	Enhanced cleaning of High touch areas

Housekeeping Staff Contingency Plan in an Emergency Situation:

Position	Days	Afternoons
Housekeeping Staff	No changes # of staff 6	No changes # of staff 2

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If no housekeeping staff are available, consider:

Rank	Staffing Options:
1	Qualified staff working in other departments
2	Staff on leave of absences
3	Retired staff
4	Miramichi Lodge housekeeping staff and/or qualified staff from other departments
5	Renfrew Victoria Hospital
6	Contract services (i.e., Jani King at jerry@janiking.ca or Chris at Diamond Shine 819-598-7633)

Maintenance

Position	Level of Care that must be maintained	Service that could be reduced	Service that may be enhanced
Maintenance Staff		Residents Needs: -phone/cable connection -furniture moving in/removal with admissions/transfers	
		Preventative Maintenance	
	Mechanical Equipment, safe operations		Priority
	Security		

Maintenance Staff Contingency Plan in an Emergency Situation:

Position	Days	Afternoons
Maintenance Staff	# of staff 1	# of staff 0

If no maintenance staff are available, consider:

Rank	Staffing Options:
1	Contractors for emergency repairs
2	Qualified County of Renfrew staff
3	Qualified Miramichi Lodge staff/ Environmental Services Supervisor
4	Staff on leave of absences (LOAs)
5	Retire staff
6	Contractual Companies

2.5 Client Services Department Roles and Responsibilities

- Client Services will have 19 staff available to assist on a daily basis

Type of Service	Level of Care that must be maintained	Service that could be reduced	Service that may be enhanced
Day Program	None	Closed	3 Program Staff with PSW Cert.
In-house Rec. Prog./ Rec. Therapist	Basic programming Daily Check-ins	Closed	7 Rec. Prog.
Restorative Care Staff / PTA	1:1	Closed	3 PT Rehab 3 PT PTA

Client Programs Staff Contingency Plan in an Emergency Situation:

Position	Days	Afternoons
Recreation Programmer/Therapist	2	2

If no Client Programs staff are available, consider:

Rank	Staffing Options:
1	Essential Care Givers
2	Volunteers

2.6 Administration Department Roles and Responsibilities

Type of Service	Level of Service that must be maintained	Services that could be reduced	Services that may be enhanced
Director of Long-Term Care / Administrator Direction	Administrator may provide directions from an offsite location; either County Administration building or home.		Act as Admin for both Bonnechere Manor & Miramichi Lodge
Administration Supervisor: Payroll HR Services Facility Budget	Payroll Onboarding staff	HR duties and financial/budget reports could request extension to any deadlines	
AA-Finance Resident Finances	Monthly billing (backup ADS)	Payables reduce from bi-weekly to monthly or request County Administration assistance. Day Programs will be closed	Obtaining approval signatures from Managers working off site
AA-Administration Administrative Support	Communication to Residents/Families (backup AA-F)		Admin support to ML
Receptionist Reception Duties	Switchboard (backup – system will remain on night service) WSIB Form 7 completion – 3 day timeframe for reporting (backup AA-F, AS) Resident trust / mtc. payment / withdrawal		Call-ins
AA-Administration/ HR HR Administrative Support	By-weekly Payroll (backup ADS)		
Staffing Clerk	Maintain staff schedules Call-ins		

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Type of Service	Level of Service that must be maintained	Services that could be reduced	Services that may be enhanced
Unit Clerks Nursing Administration Support	Support Nursing Managers and Department	Supply Ordering	Back-up support for Staffing Clerk Call-ins
Fundraising Coordinator		Fundraising Activities	Admin support to BM & ML

Administrative staff Contingency Plan in an Emergency Situation and will work in teams with one team on site and the other team off-site or if unavailable:

Team One	Team Two
Director of Care	Administrator
Resident Care Coordinator	Resident Care Coordinator – Infection Prevention and Control Practitioner
Environmental Services Supervisor	Food Services Supervisor
Assistant Food Services Supervisor	
	Client Programs Supervisor
Administration Supervisor	Administrative Assistant-Finance
Administration Assistant-Admin	Administrative Assistant-HR
Staffing Clerk	Unit Clerk FT
Receptionist	Unit Clerk PT
Physiotherapist	
	Dietitian
Nurse Practitioner	
	Fundraiser Coordinator

If Teams One & Two are unavailable

1. Miramichi Lodge staff
2. County of Renfrew personnel
3. Renfrew Victoria Hospital
4. AdvantAge Ontario resources
5. Ministry of Long-Term Care resources
6. Military

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Bonnechere Manor Physician List			
Physician Name	Office	Home	Cell
Dr. Andrea DiPaolo Medical Director	[REDACTED]	[REDACTED]	[REDACTED]
Dr. Bruce Strader Attending Physician	[REDACTED]	[REDACTED]	[REDACTED]
Dr. Phillipe Pinard Attending Physician	[REDACTED]	[REDACTED]	[REDACTED]
Dr. Stephaine Langlois On-Call Physician	[REDACTED]		
Dr. Ronald Lavigne On-Call Physician	[REDACTED]		
Dr. Elizabeth Noulty	[REDACTED]		

Part Three: Overview of Health Sector Organizations

3.1 Long-Term Care Homes

Bonnechere Manor Dean Quade, Administrator 470 Albert Street, Renfrew, ON K7V 4L5 Tel: 613-432-4873 / Fax: 613-432-7138	-	180 LTC beds
*Caessant Care Cobden Alexis Anderson, Administrator 12 Wren Drive, Cobden, ON K0J 1K0 Tel: 613-646-2109 / Fax: 613-646-2182	-	64 LTC beds & 37 Retirement beds
The Four Seasons, Deep River Hospital Janna Hotson, Administrator 117 Banting Drive, Deep River, ON K0J 1P0 Tel: 613-584-3333 / Fax: 613-584-4920	-	10 LTC Beds, 4 Interim Beds
*Groves Park Lodge, Renfrew Donna Pinkham, Administrator 470 Raglan St., Renfrew, ON K7V 1P5 Tel: 613-432-5823 / Fax: 613-432-5287	-	90 licensed beds, 11 Interim Beds & 4 Transitional beds Total = 90
Marianhill Inc., Pembroke Linda Tracey, Administrator 600 Cecelia St., Pembroke, ON K8A 7Z3 Tel: 613-735-6838 / Fax: 613-732-3934	-	167 LTC Beds
*Miramichi Lodge, Pembroke Mike Blackmore, Director of Long-Term Care 725 Pembroke St. E., Pembroke, ON K8A 8S6 Tel: 613-735-0175 / Fax: 613-735-0861	-	164 LTC Beds, 2 Respite
North Renfrew Long-Term Care Services Shelley Yantha, Administrator Box 1988, 47 Ridge Rd., Deep River, ON K0J 1P0 Tel: 613-584-1900 / Fax: 613-584-9183	-	20 LTC Beds, 1 LTC Respite and 1 Community Respite, 9 Senior Apts
The Grove, Arnprior Janice Dunn, Vice President, Long-Term Care 275 Ida St. North, Arnprior, ON K7S 3M7 Tel: 613-623-6547/ Fax: 613-623-4554	-	60 LTC Beds, 1 Respite
Valley Manor, Barry's Bay		90 beds total at Valley Manor, no

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Trisha Sammon, Administrator
P.O. Box 880, 88 Mintha St., Barry's Bay, K0J 1B0
Tel: 613-756-2643
Fax: 613-756-7601

short stay and offers an Adult Day
program on Tues and Thurs (6-8
clients)

*Emergency Partner Agreements in place

3.2 Hospitals

*Renfrew Victoria Hospital, 499 Raglan Street, Renfrew, ON K7V 4A7
Julia Boudreau Tel: 613-432-4851 ext. 260 Fax: 613-432-8649

Arnprior & District Memorial Hospital, 350 John Street North, Arnprior, ON K7S 3M4
Leah Levesque Tel: 613-623-3166 Fax: 613-623-4844

Pembroke Regional Hospital, 705 MacKay St., Pembroke, ON K8A 1G8
Sabine Mersmann Tel: 613-732-2811 Fax: 613-732-9986

St. Francis Memorial Hospital, P.O. Box 129 Centennial Dr., Barry's Bay, ON K0J 1B0
Julia Boudreau Tel: 613-756-3044 Fax: 613-756-0106

Deep River & District Hospital, 117 Banting Dr., Deep River, ON K0J 1P0
Janna Hotson Tel: 613-584-3333 Fax: 613-584-4920

3.3 Essential Service Providers

Name	Telephone	Fax	Services / Account #
DIETARY			
Dempsters (Tues & Thurs)	Steven Cell: 613-570-0052 Andrew: 613-371-0819	Customer Service 1-888-229- 1042	60472847Route # 9593 Bread & Buns
Summerlea Dairy Logistics	613-241-4242 Jenn: summerlea@rogers.com		Milk/Dairy Products
Complete Purchasing Tammy Armstrong	1-800-331-9433 ext. 448 tammy_Armstrong@aramark.ca		
Culligan	Peter Barr (owner)		Drinking water
Diversey 6150 Kennedy Rd Mississauga L5T 2J4	Jamie Sawyer Cell 613-880-8328	1-800-668- 7171	Chemicals Kitchen and Laundry
Sysco P.O. Box 6000 Peterborough, ON K9J 7B1	Bianca Saikaley: 343-998-6150 Order Desk: 1-800-461-6543	1-800-481- 8758	44200115890 Groceries / Dry / Fresh / Meat / Frozen
Vitality	1-800-538-3545		Juice/Coffee/Tea Machines

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Name	Telephone	Fax	Services / Account #
NURSING			
Renfrew County & District Health Unit 450 O'Brien Rd. Renfrew, ON	613-432-5853 Main office 613-732-3629 613-623-2991	613-623-3382	
MediSystem Pharmacy 75 Lesmill Road Toronto, ON M3B 2T8	T. 416-803-3527 Helen.huh@imedisystem.com		Pharmaceutical supplies
Cardinal Health 277 Basaltic Rd. Concord, ON L4K 5V3	1-905-417-2900 1-800-387-7025 Kevin Vickers 613-449-2750	1-905-761-9929	Nursing Supplies
Life Labs	Stacie Cell 613-635-2453	905-790-3055	Laboratories Services
KCI Medical Canada, Inc. 95 Topflight Drive Mississauga, ON L6S 1Y1	1-800-668-5403 905-565-7187	905-565-7270	Specialty Nursing Supplies
Medical Mart 5875 Chedworth Way Mississauga, ON L5R 3L9	1-905-624-6200 1-800-268-2848	1-905-624-2848 1-800-563-6937	Incontinent Products and Medical supplies
Medigas, A Praxair Company 900 Ages Dr. Unit 900 Ottawa, ON K1G 6B3	613-732-4396		Oxygen
Montario Medical Supply (OMS)	613-244-4560 ext. 2582 1-800-461-3599 ext. 2582	1-800-373-4945	Pain Pump Supplies IV Supplies

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Name	Telephone	Fax	Services / Account #
ENVIRONMENTAL SERVICES			
Medical Mart 5875 Chedworth Way Mississauga, ON L5R 3L9	1-905-624-6200 1-800-268-2848	1-905-624-2848 1-800-563-6937	Incontinent Products and Medical supplies
George Courey 6620 Ernest Cormier Laval, QC H7C 2T5	1-800-361-1087		Linen Supplies
MC Healthcare 4658 Ontario St. Beamsville, ON LOR 1B4	1-800-268-8671	905-563-8680	Beds, mattresses, furniture
MIP 9100 Ray Lawson Blvd. Anjou, QC H1J 1K8	1-800-361-4964		Linen Supplies
Wood Wyant 42 Rue del'Artisan Victoriaville, QC G6P 7E3	1-877-726-4627 1-800-361-7691 Nancy Barns 613-851-5759		Housekeeping Supplies
Complete Purchasing Tammy Armstrong	1-800-331-9433 ext. 448 tammy_Armstrong@aramark.ca		All supplies
Diversey 6150 Kennedy Rd Mississauga L5T 2J4	Jamie Sawyer Cell 613-880-8328	1-800-668-7171	Chemicals Kitchen and Laundry
VAC	Billy Patterson	613-432-9279	Electrical and Controls
GF Heating	Gene Fex	613-432-7741	Gas Refrigeration HVAC
Gal Power		1-800-619-4219	Generator
Petro Canada	Sue Cell for emergency fuel 343-369-1490	613-432-4201	Generator Fuel

Part Four: Communication Roles and Responsibilities

4.1 Hospitals, Long Term Care Homes, Home & Community Care Support Services, and other Health Care Organizations

Health care organizations are responsible for communication to their own staff, residents, clients, families, volunteers, and visitors at all pandemic phases. All media messages will be coordinated with the Administrator onto the County of Renfrew to ensure consistency.

During a pandemic, health sector communications will be facilitated if all organizations are using the Incident Management System (IMS). With this system each organization would have a Public Information Officer and a Liaison Officer, who form networks to problem-solve and share information.

Target Audiences

Internal	External	External: Health Sector	External: Non-Health Sector
Residents	Families	Contracted Personal	Suppliers
Staff	Physicians		

Communication Strategies

- Communication strategies to reach its target audiences includes but is not limited to:
 - Email notification to families, Family Council and staff
 - Website;
 - Media relations;
 - Social Media
- IPAC communication board
 - Updates and alerts; Monitor in staff lounge area
- Joint Occupational Health and Safety communication board
- Current list of employee telephone numbers (Fan-out List)

Part Five: Types of Emergency

5.1 County of Renfrew Emergency Plan Appendix I

5.2 Code Red: Fire Appendix II

Code Red should be immediately initiated whenever anyone of the following indication of real or suspected fire is observed:

- Seeing smoke or fire
- Smelling smoke or other burning material
- Feeling unusual heat on a wall, door or other surface
- Other indication as identified by the facility

A Code Red alarm may also be initiated automatically by electronic fire detection equipment in the facility. Such equipment includes heat and smoke sensors in the building areas and in ventilation equipment and waster pressure sensors in the fire sprinkler lines.

Fire response procedures must be implemented upon suspicion of a fire. Do not hesitate to use the pull stations located throughout the building. Follow the steps in the Fire Plan and **REACT**:

1. **Remove** residents from immediate danger
2. **Ensure** that all doors and windows are closed
3. **Activate** the fire alarm system – if not done automatically
4. **Call** to confirm the fire department is on the way
5. **Try** to extinguish the fire if possible

Remember the steps in operating the fire extinguisher

Pull – Aim – Squeeze – Sweep

Reminder: If you are away from your unit when a Code Red is called, return to your unit forthwith using the stairwells – if safe to do so.

5.3 Code Blue: Resident Distress Appendix III

Code Blue is called for residents who do not have an advance healthcare directive indicating otherwise.

Respond to the call for help

Bring any emergency equipment required to the location of the code

Confirm that the code has been called – no directive

Contact charge nurse for consult – if not as scene of code

Contact emergency services

Ensure others close by are taken care of and safe

5.4 Code Orange: Disaster External Appendix IV

The Home needs to know and understand its roles and responsibilities in the community to take residents from other facilities. The intake needs to be co-coordinated and controlled to ensure no loss of residents. Accurate intake records will be kept to ensure continuity of resident movements. Emergency food and water supplies and access to sleeping arrangements are essential to the effective support during a Code Orange.

5.5 Code Green: Evacuation Appendix V

In the event that an External or Total evacuation is required, a second alarm will sound, which is activated by placing the evacuation key in the pull station. The sound of the second stage alarm is distinctive and you will notice the difference. Follow the Code Green Total Evacuation Sequence upon hearing this alarm

5.6 Code Yellow: Missing Resident Appendix VI

When a Code Yellow is announced all available staff should report to their nursing station to obtain the name and description of the missing individual. The charge nurse will initiate a systematic facility wide search. If unsuccessful the search will be expanded to include the surrounding area utilizing a concentric grid pattern. The administrator will be notified at this stage to seek guidance in notification strategies and further actions.

5.7 Code Black: Bomb Threat Appendix VII

When a Code Black is announced the police must be called immediately. The facility must make a thorough search when a bomb threat is received. Public areas should be checked first as they are most vulnerable. Utilizing the search grid from the Code Yellow highlight those areas that have been checked. Evacuation of the facility will be decided upon in conjunction with the police in this instance. (See Code Green – Total Evacuation of the facility.)

Reminder – If you see something suspicious:

Do Not

- Touch, move or open it – report it to the police
- Activate light switches or slam doors
- Use pagers or two way radios

5.8 Code White: Violent Incident Appendix VIII

A Code White should be called if you hear of see anyone attempting the following:

1. Threatening, harassing, or being verbally abusive to another individual
2. Attempting to harm themselves or others
3. Attempting to destroy property
4. Displaying threatening behavior that is escalating
5. Refusing to leave the property when requested

Reminder – Your first priority in a Code White should be to remove yourself and others from immediate danger.

5.9 Code Brown: Chemical Spill Appendix IX

A Code Brown is called when there is a chemical spill in the facility. This Code is generally classified in three levels.

Level 1 – Departmental Response – This would be a small spill that can be cleaned up with water and disinfectant and is not going to cause injury or irritation to those providing the clean up. Do not call a Code Brown for this type.

Level 2 – Team Response – This spill will generally be larger in scope and may involve an unknown and hazardous chemical. This spill will require special clean up procedures but may still be done in house – call a Code Brown for this as there may need to be some level of evacuation even if it just in the immediate area.

Level 3 – External Response – This spill is considered a health, fire and/or an environmental hazard. The safe clean up of this type must be done by external services with special respiratory equipment, training and skills. This too may require evacuation beyond the immediate area. Call a Code Brown Level 3 and the Fire Department should be called as well.

5.10 Code Grey: Loss of Utility Appendix X

Code Grey denotes an air quality issue, or need to enact an air exclusion plan (i.e. shutting off external air circulation, closing windows and doors). When there is an emergency response due to fire or other chemical spills that can cause the air to be contaminated in close proximity to the facility action steps must occur. As stated above we want to shut down all make up air units servicing the building as well as closing all doors and windows ensuring residents are not exposed to the chemical gas. Any decisions to evacuate the facility will be made in consultation with the fire department.

- 5.10.1 Evacuation Procedure
- 5.10.2 Loss of Power
- 5.10.3 Loss of Gas/Gas Leak
- 5.10.4 Flooding
- 5.10.5 Severe Weather Event, Earthquake
- 5.10.6 Loss of Telecommunications
- 5.10.7 Loss of Water/Boil Water Advisory
- 5.10.8 Air Exclusion due to external Conditions
- 5.10.9 Loss of Computer Connectivity

5.11 Code Purple: Lock Down Appendix XI

Lockdown procedures protect individuals within a building in the case of an emergency. They require that the individuals stay safely sheltered within the building where they are located once an emergency is identified and declared, unless there is a specific threat within that building that requires them to exit.

Bonnechere Manor Emergency Plan

A lockdown should be activated in situations:

- Where notification was received by local police or government
- Where an immediate life-threatening situation is occurring in the facility or on the grounds

The following security measures are for the protection of residents, employees, volunteers, visitors and leasers, should the decision be made by the person-in-charge to control accessibility in and/or out of the Home in response to a specified threat.

5.12 Code Silver: Person With a Weapon Appendix XII

A Code Silver should be called to ensure the safety of staff, residents and visitors when an individual is threatening, attempting or actively using a weapon to cause harm. Police will be contacted as soon as Code Silver is announced.

5.13 Bonnechere Manor Pandemic Plan (Business Continuity Plan) Appendix XIV

5.14 Outbreak Management Appendix XV

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-100
TITLE: Code Red - Fire			
ORIGINAL DATE: November 2009	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 1

Purpose:

To provide the procedures to be followed to protect residents, visitors, staff and property in the event of a real or suspected fire.

Supporting Information

Code Red should be immediately initiated whenever anyone of the following indication of real or suspected fire is observed:

- Seeing smoke or fire
- Smelling smoke or other burning material
- Feeling unusual heat on a wall, door or other surface
- Other indication as identified by the facility

A Code Red alarm may also be initiated automatically by electronic fire detection equipment in the facility. Such equipment includes heat and smoke sensors in the building areas and in ventilation equipment and waste pressure sensors in the fire sprinkler lines.

Fire response procedures must be implemented upon suspicion of a fire. Do not hesitate to use the pull stations located throughout the building. Follow the steps in the Fire Plan and

REACT:

1. Remove residents from immediate danger
2. Ensure that all doors and windows are closed
3. Activate the fire alarm system – if not done automatically
4. Call to confirm the fire department is on the way
5. Try to extinguish the fire if possible

Remember the steps in operating the fire extinguisher

Pull – Aim – Squeeze – Sweep

Reminder: If you are away from your unit when a Code Red is called, return to your unit forthwith using the stairwells – if safe to do so.

Appendix A: Code Red Debriefing Form

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-200
TITLE: Code Blue –Medical Distress			
ORIGINAL DATE: November 2019	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 5

Purpose:

Code Blue is a universal code used to summon assistance in the case of medical distress.

Code Blue is activated when staff witnesses a person go into medical distress.

Procedure:

Bonnechere Manor

1. Call Charge Nurse ext. 1000 and if busy called the Registered Practical Nurse ext. 2003 state Code Blue. If both lines are busy, page Code Blue from any desk phone. Pick up the hand set and press the ExPg button, then push “0” on the key pad. When tone stops, speak loudly and clearly, include the wing, floor and room number. I.e., Code Blue HM1 North room 1086 and repeat 3 times. Also state if the area is a known area such as pub, hairdressing shop, etc. If police, fire or ambulance are needed immediately, ask that 911 be called.
2. If a phone is not available, **use your whistle** or shout “help” and “code Blue” loud and often until help arrives.
3. The Charge Nurse or delegate will page Code Blue three times, stating the resident home area, room number and known area if applicable. To page at Bonnechere Manor using the desk phones, pick up the receiver, push the button below “ExPg”, push “0” and then speak. Instructions for paging are available on the bottom of the telephone directory.
4. If possible, first responders should clear the area to isolate the incident. If there is any sign of actual danger to any person, do not attempt any action.
5. Wait in a safe location for the Charge Nurse to arrive.
6. Upon hearing Code Blue, the following staff on day and afternoon shifts will go immediately to the location:
 - Charge Nurse – designated as the Code Leader
 - The RPN on HM1 North will retrieve the AED Located on the wall at the Tuck shop in the Great Hall
 - If the code is on HM1 North then the RPN from HM1 South will retrieved the AED
 - RPN and PSW’s on unit

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-200
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- Director of Care
- Resident Care Coordinators
- Administrator/Director of Long-Term Care
- Environmental Services Supervisor
- Physician or Nurse Practitioner if on site
- Maintenance staff
- Housekeeping staff on unit

7. Nightshift staff to respond include:

- Charge Nurse
- RPN
- Nursing staff assigned to the north side of each unit

8. Other staff members in the building will:

- Remain in their area if needed and follow the direction of registered staff
- Stay on standby for further instructions as to how to proceed as directed by the Administrator/designate

9. The Charge Nurse takes charge of the situation and gives direction to the staff arriving to assist. This will include performing a quick environmental assessment looking for:

- environmental dangers that may be a risk to themselves or other responders

11. Responding staff will also ensure the safety of the residents in the immediate area and evacuate the area on the direction of the Charge Nurse.

13. The Charge Nurse will delegate a staff member to inform Reception, during business hours, to direct responding officers to the danger area or after hours assign a staff member to meet the police at the main entrance and escort them to the danger area.

14. When the police arrive on scene, the Charge Nurse will debrief arriving officers and Administrator/Designate of the situation.

15. Staff will continue to ensure the safety of the residents in the area.

16. Once the situation has ended, The Charge Nurse will clear the Code Blue by paging “Code Blue All Clear” three times.

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-200
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17. The Administrator/designate will hold a debriefing with all staff involved.

18. The Charge Nurse will document the event on the appropriate incident report form, and appropriate authorities will be notified by the Administrator/designate (CAO, MLTC, MOL, JOHSC Co-Chairs, WSIB if applicable)

Miramichi Lodge

1. The first person on the scene remains with the victim and calls for help. Confirms code status.
2. If there is no help within shouting distance, leave the victim, go to nearest telephone or communications panel and page "CODE BLUE" then return immediately to the victim and wait for assistance.
3. To page "CODE BLUE" chose one of the following options in accordance to availability:
 - A) Communications Panel Front Entrance
 - i. activate the general building page button,
 - ii. announce "CODE BLUE", giving the floor number and wing (or appropriate location), and
 - iii. repeat the announcement once.
 - B) Communications Panel Nurses Nook
 - i. activate the page buttons for each unit,
 - ii. depress the microphone button firmly.
 - iii. announce "CODE BLUE", giving the floor number and wing (or appropriate location), and
 - iv. repeat the announcement once.
 - C) Desktop Phone
 - i. dial 51 Intercom to all phones *3301 and announce your message to page all desktop phones throughout facility.
 - ii. announce "CODE BLUE", giving the floor number and wing (or appropriate location), and
 - iii. repeat the announcement once

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-200
TITLE: Code Blue –Medical Distress			
ORIGINAL DATE: November 2019	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 4 of 5

4. "CODE BLUE" must be paged at the earliest possible moment by the first person available to do so, i.e. an employee from any department.
5. The RN's/RPN's will bring the resuscitator mask to the scene. The first RN/RPN on the scene assumes command, assesses the situation, sends one person to the nearest telephone to call for more staff if needed, and administers first aid as required. – Appoint recorder for the event.
6. The second RN/RPN, when available, calls an ambulance, begins the appropriate forms as necessary, and notifies the doctor, hospital emergency department, and family.
7. Staff bring a BP machine, stethoscope, and resuscitator mask to the scene, and are prepared to obtain other equipment, and assists the RN/RPN as necessary.
8. If a fracture of any type is suspected, leave the person where they are (if possible), and wait for ambulance personnel to arrive; maintain airway.
9. Monitor and record vital signs.
10. Reassure the victim.

NOTE: Common sense must prevail in emergency situations. Remain calm. Use teamwork to your best advantage.

Response Schedule:

Resident Care Coordinators (RCCs):

7:00 a.m. to 4:00 p.m., Monday to Friday: Respond to all "CODE BLUE" calls.

Registered Nurse (RN):

The RN will respond to all "CODE BLUE" calls.

Registered Practical Nurse (RPN):

1. Each RPN covers own RHA.
2. The RPN "A" wing 3rd floor will cover Block "C"
3. The RPN "A" wing 2nd floor will cover Block "C"
4. The RPN "A" wing 1st floor will cover all of 1st floor, Block "C" and the outside area.

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Personal Support Worker (PSW):

1. Each PSW covers own RHA.
2. The PSW (8 hour shift) "B" wing 3rd floor will cover Block "C".
3. The PSW (8 hour shift) "B" wing 2nd floor will cover Block "C".
4. The PSW (8 hour shift) "B" wing 1st floor will cover Block "C" and the outside area.

Appendix A: Code Blue Debriefing Form

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-300
TITLE: Code Orange - External Disaster			
ORIGINAL DATE: BM April 1996 ML June 23, 2022	DATE LAST REVIEWED: March 1, 2024	COVERAGE: Residents, Visitors, Volunteers & Staff	PAGE #: 1 of 1

Purpose:

A procedure shall be in place to ensure the safety and well-being of residents, visitors, volunteers and staff in the event of an external disaster.

Procedure:

1. In preparation for a tornado, remove residents to corridors away from windows and shut bedroom doors. Move to areas with bedrooms on both sides of hallways.
2. **DO NOT** use elevator or lifts in case of power outage.
3. Check grounds for residents and do facility census.
4. Secure outdoor furniture to prevent window damage if safe to do so.
5. Be prepared for power outage.

Receiving Residents from another home:

1. Charge Nurse will contact the Administrator or MOC for direction.

Appendix A: Debriefing Form

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-400
TITLE: Evacuation Procedures – Code Green			
ORIGINAL DATE: BM Aug 2009 ML Jun 23/22	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 3

Purpose:

Bonnechere Manor/Miramichi Lodge will have an evacuation plan located in key areas throughout the facility. All staff will be trained in evacuation procedures called a Code Green.

Procedure:

It will be the responsibility of the Director of Long-Term Care/Administrator or designate to ensure that the evacuation plan is updated, maintained and understood by all staff and volunteers.

Emergency situations such as fire, explosion, chemical spills and outside emergencies pose a serious threat to the residents of Bonnechere Manor/Miramichi Lodge. Crisis evacuation is a real possibility and it is the responsibility of everyone to be prepared to take the appropriate action as necessary.

Crisis evacuation will seldom require that the entire facility be totally evacuated, however it is important to know the progressive steps to a complete evacuation. They are as follows:

1. **Site evacuation** – this involves the removal of residents in immediate danger at the point of origin and the critical triangle
2. **Horizontal Evacuation** – this is the evacuation of the complete fire zone or past the fire doors while staying on the same floor.
3. **Vertical Evacuation** – is the evacuation to a lower floor and this will only be done after consultation between the fire department and the charge nurse or designate.

Note:

- The above evacuations are considered internal and are incorporated into our initial Code Red fire response system.
- When we reach the total evacuation state the Code Green is called.

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SECTION: Emergency Planning			SOP #: EP-400
TITLE: Evacuation Procedures – Code Green			
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4. **Total Evacuation** – this is the complete evacuation of the facility for all residents. This decision is made in conjunction with the fire department and the Director of Long-Term Care/Administrator or designate.

Total Evacuation

In the event that an External or Total Evacuation is required, The Fire Marshall will make an announcement three times indicating a “Code Green has been ordered”. At this point the “Evacuation Key” will be deployed in a pull station and this will activate the evacuation alarm bells that are quicker and easily identifiable.

The Fire Marshall shall initiate the following actions:

- initiate the fan out call in sheet
- assign a nurse for triage
- assign staffing for security and resident movement
- maintain communication and relations until the arrival of the administrator
- evacuate ambulatory residents first – they should be moved in a group whenever possible
- visitors and other occupants capable of evacuating should be instructed to leave the facility along with the grouping – visitors could provide assistance if given suitable instructions
- persons in wheel chairs should be moved next
- other non ambulatory residents should be evacuated next because of the time and staff required to assist them
- finally, evacuate any remaining resistant residents

Notes:

The use of wheelchairs, commodes, blankets, stretchers and other implements at hand may facilitate and expedite the evacuation process.

Emergency Agreements

Bonnechere Manor has Emergency Agreements with the following organizations:

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- Groves Park Lodge
- Miramichi Lodge
- Caessant Care Cobden
- Valley Manor
- RCFA Wing

Miramichi Lodge has Emergency Agreements with the following organizations:

- Bonnechere Manor
- Caessant Care Cobden
- Marianhill
- North Renfrew Long-Term Care Home
- Valley Manor

When a Code Green has been initiated the contact person for these organizations should be called immediately so that they are aware and can respond accordingly to the situation.

Transportation

Transportation of residents from the Home to the above listed facilities and organizations will be provided by:

- Sunshine Coach
- Carefor Transportation
- Renfrew County Bus Lines

Accommodation:

Accommodation only will be provided by:

- long-term care Homes listed above

Accommodation and Food Services:

Accommodation and Food Services will be provided by:

- long-term care Homes listed above.

County of Renfrew Long-Term Care Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-500
TITLE: Code Yellow-Missing Resident			
ORIGINAL DATE: BM Nov 2001 ML Sept 1995	DATE LAST REVIEWED: March 1, 2024	COVERAGE: Residents/Families, Staff, Volunteers & Visitors	PAGE #: 1 of 2

Purpose:

To alert all staff of a missing resident and to initiate an immediate search.

Equipment: Telephone, paging system, documentation items, and keys if needed.

Procedure:

1. On admission or change in status, Registered Staff will document residents assessed as high risk to attempt to elope from the Home on the Care Plan and Multidisciplinary notes. Notify the receptionist of the resident's potential to wander.
2. The Multidisciplinary Team will consider such assessments and recommend secured units, Wandering Persons' Registry, Watch Mate bracelet, and inform the next-of-kin and physician.
3. As soon as a resident who has been identified as absent from his/her usual area, the following call shall be put over the paging system:
"Code Yellow" Charge Nurse desk 3 times. The Charge Nurse will give team members missing resident information (review resident photo if required)

Bonnechere Manor: Page from any phone

- a. Pick up the receiver
- b. Press the grey button directly under Expg
- c. Press zero button
- d. Make paging announcement: **Code Yellow Charge Nurse desk, 3 times**

Miramichi Lodge: to use the Emergency Paging System - Fire Alarm Annunciator Panel:

- a. Press paging buttons for all floor or zone areas
 - b. Remove microphone form holder and key in the button on the microphone.
 - c. Paging is ready as soon as the preannounce tone has sounded
 - d. Make paging announcement: **Code Yellow - would Mr/Mrs "(name of missing resident)" please return to _____ resident home area.**
4. Staff of all departments and in all areas of the building are to search their own work areas. A visual check of the property is to be completed by office staff/designate.
 5. Two staff will conduct a systematic scan of each resident area. One staff is to monitor the hallway, while the second staff member searches each bathroom, bedroom, and

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closet for the missing resident. Use the 'fire drill checklist' for resident attendance check.

6. Nursing staff will go to the resident and guide him/her back to the usual area.
7. If the resident does not return from an outing 30 minutes after expected return time, the Charge Nurse will contact the Substitute Decision Maker (SDM)/Next of Kin (NOK).
8. If the resident is not found within 15 minutes, the Charge Nurse will take further action as required:
 - ✓ The Charge Nurse will notify the SDM/NOK, the Administrator or Designate and the Police.
 - ✓ Initiate the Home's Emergency call-in listing (Fan-Out); number of staff determined by Administrator/designate*.
 - ✓ Call-in maintenance staff to search external areas/property
 - ✓ When Police arrive; take direction
9. When the resident is found the Charge Nurse shall announce on the P.A. "Code Yellow All Clear" 3 times.
10. The front door security system is activated 24-hours per day.
11. The Charge Nurse will fill out the Ministry of Long-Term Care Critical Incident Report and notify the Resident Care Coordinator or designate as required by the reporting matrix and complete Appendix A "Code Yellow Debrief Form".

NOTE: Proclaimed by the government on July 1, 2019, the [Missing Persons Act](#) provides police with tools to find missing persons, including seniors, when there is no evidence that a crime has been committed. The legislation allows police to do the following:

- Obtain copies of records that may assist in a search
- Obtain a search warrant to enter a premise to locate a missing person
- Make an urgent demand for certain records without a court order

Appendices:

Appendix A – Missing Resident Checklist

Appendix B - Code Yellow Debrief Form

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-600
TITLE: Code Black - Bomb Threat			
ORIGINAL DATE: BM April 1996 ML Jun 23/22	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 6

General Information

A Bomb Threat must never be taken lightly or ignored.

Staff members may be asked to assist in the search for a bomb; this will be on a volunteer basis.

The Director of Long-Term Care/Administrator or their Designate will be responsible to summon these staff members and to assign the Receptionist to man the phones in the Main Communication Centre. (Director of Long-Term Care/Administrator's Office)

Only when asked to do so by the Person-In-Charge will there be a **Page – Code Black** announcement. The code word for Bomb Threat shall be "**CODE BLACK IN EFFECT**". This will be paged by the Nurse-in-charge three (3) times. The Charge Nurse will designate a person to call 911. All administration staff will report to the Administrator's office.

Normally news media must not be informed- if involvement is unavoidable, all inquiries must be directed to the Director of Long-Term Care/Administrator or their Designate.

Residents and visitors must not be informed of the nature of the emergency to avoid panic. Tell them, "We have an emergency in progress".

Visitors will be requested to leave the building and will be notified as to when they can return.

No visitors will be allowed to enter the Home during the emergency.

Once the Ontario Provincial Police arrives they will assist in organizing the operation. Staff co-operation is a must.

In the event that a bomb explosion appears possible, the following measures are recommended to prevent injuries from the dispersion of broken glass:

- a) Open all windows
- b) Close all drapes and blinds.
- c) Isolate the danger area by closing all fire doors.
- d) Keep all residents, visitors and staff away from windows and glass doors.

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REMAIN CALM AND QUIET

THE THREAT (Telephone)

1. Be calm try to keep caller on the line as long as possible.
2. Attract the attention of a colleague by writing “**CODE BLACK**” on a piece of paper.
3. Note exact time the call was received, and also the time terminated.
4. Note exact words of the threat (ask person to repeat).
5. Ask the following questions:
 - a. When is it set to explode?
 - b. Where is it located?
 - c. What kind of bomb is it?
 - d. Description of bomb package?
 - e. Why kill or injure people?
6. Description of voice.
7. Note background noises.
8. Additional information:
 - a. Did the caller indicate knowledge of the facility?

NOTE: Complete Telephone Bomb Threat Check List (Appendix A)

Bomb Threat (In Writing)

1. Place note in a larger envelope or a folder with handler/s name on it to protect it from excessive handling.

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2. Record how threat was delivered, what time and by whom, if by messenger, his/her description should be recorded.
3. Forward to the Administrator immediately, or Nurse-In-Charge on shift.

IMMEDIATELY AFTER THE THREAT IS RECEIVED

1. On week days contact the Administrator or designate and on weekends, evening and night shift contact Nurse-In-Charge and she/he will call **911 and request POLICE & FIRE. Say, "THIS IS BONNECHERE MANOR/MIRAMICHI LODGE WE HAVE JUST RECEIVED A BOMB THREAT"** then page **"CODE BLACK"** three (3) times to alert internal staff of emergency.
2. The Director of Long-Term Care/Administrator or Nurse-In-Charge of shift will instruct the designate in the Main Communication Centre to notify the Management Team, using the Fan-out List, to report to the Director of Long-Term Care/Administrator's Office by saying **"THIS IS BONNECHERE MANOR/Miramichi Lodge WE HAVE JUST RECEIVED A BOMB THREAT. REPORT TO THE ADMINISTRATOR'S OFFICE FOR FURTHER INSTRUCTIONS.**

NOTE: If unable to reach any of the above persons refer to Fan-Out list to locate their alternate.

3. Do not inform the residents of the situation unless absolutely necessary.
4. On evening and night shift the Nurse-In-Charge will send a staff member to open the door and direct the Police and fire Department to the scene.

Search Procedure

1. Each Nurse-In-Charge and/or Department Supervisor will be responsible for a thorough search of their department or unit with the assistance of the Police.
2. Priority of search must be given to the caller's specified location of the device or to the areas readily accessible to all staff, residents and visitors i.e. Main Lobby, Resident's Lounging Areas, Public Washrooms, Dining Rooms, Mechanical Area, and Loading Dock Area.

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3. Maintenance personnel in conjunction with police department will search the outside of the building and parking lots.
4. Search personnel must be looking for unusual objects in unusual places, such as:
 - a) Attaché case
 - b) Duffle bag
 - c) Paper bag
 - d) Shoe box
 - e) Any object with which you are unfamiliar
5. Leave light switches in the position they are found.
6. Should a staff member discover a suspicious object, immediately proceed to the nearest call station and notify Main Communication Centre/Administrator's office giving a description and exact location of the object.

DO NOT TOUCH DEVICE OR ANY OBJECT NEAR IT!!!

7. If a suspicious object is located, the decision to evacuate surrounding area, including the floor above and/or below must be made by Person-In-Charge. Clear and isolate the area by closing all fire doors.
8. Use the Remar tags on the doors to identify the room has been searched.
9. The Nurse-In-Charge and/or Department Supervisor will report to Main Communication Centre after the search of their area has been completed.
10. Police may decide to deny access to the Home. In that case, the main front door will be manned to allow entry to authorized personnel only.
11. Elevators must not be used under any circumstances.
12. **DO NOT** discontinue the search. The Director of Long-Term Care/Administrator, in conjunction with the police department will make this decision.

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Evacuation and Re-Occupation

1. Evacuations will be a joint decision made by the:
 - a) Administrator or their designate
 - b) Police Department
 - c) Fire Department

2. Evacuation Personnel Must:
 - a) Search evacuation routes before any evacuation takes place, if time permits.
 - b) Evacuate the floor above and/or below the area where device is located. A total evacuation of building may be necessary.
 - c) **DO NOT USE ELEVATOR UNDER ANY CIRCUMSTANCES.**
 - d) **DO NOT** tell anyone there is a bomb in the building. Use the phrase **“There is an emergency and I must take you down the hall”** to avoid panic.

3. Re-Occupation of the building:
Any decision to re-occupy the building must be made by the Administrator bases on his/her knowledge of the situation in conjunction with the Police Department and the Fire Department.

Search Teams

Environmental Services Supervisor and Director of Long-Term Care/Administrator will coordinate and participate in all search items.

Residents’ Rooms	DOC/RCC’s or Nurse-in-Charge assisted by member of nursing.
Kitchen, Dining Rooms	Food Service Supervisor or Chef/Cook assisted by members of Kitchen staff.
Laundry and Sewing Room	Environmental Services Supervisor assisted by Laundry staff.
Mechanical Rooms, Generators, Storage Rooms	Electrician Tradesman and Maintenance men.
Outside Building	Leader – OPP force and Maintenance staff as required.

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Restorative Care Room, Activities Area and Day Program Area Client Outreach Programs Supervisor and Adult Day Staff and Maintenance staff as required.
Area and Day Care

Appendices

Appendix A: Telephone Bomb Threat – Check List

Appendix B: Debriefing Form

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-700
TITLE: Code White-Act/Threat of Violence			
ORIGINAL DATE: BM Sept 1, 2015 ML Oct 28/10	DATE LAST REVIEWED: August 13, 2024	COVERAGE: All Employees	PAGE #: 1 of 5

Purpose:

Code White is a universal code used to summon assistance in the case of an act of violence or a threat of violence. Code White is activated when staff witness or are involved with any individual who is violent and threatening and not responding to de-escalation interventions.

Code White should be called if you hear or see anyone attempting:

1. Threatening, harassing behavior or behavior being verbally abusive to another individual;
2. Attempting to harm themselves or others;
3. Attempting to destroy property;
4. Displaying threatening behavior that is escalating;
5. Refusing to leave property when requested due to unacceptable violent, harassing or social behaviours;
6. Violent residents requiring staff intervention beyond what you alone can provide to protect yourself and others.

Procedure:

Bonnechere Manor:

1. Call Charge Nurse (1000) or if busy RPN (2003)/ and state Code White. If both lines are busy, page Code White from any desk phone. Pick up the handset and press the ExPg button, then push "0" on the key pad. When tone stops, speak loudly and clearly, include the wing, floor and room number, i.e. Code White HM1 North room 1086 and repeat 3 times. Also state if the area is a known area such as pub, hairdressing shop, etc. If police, fire or ambulance are needed immediately, ask that 911 be called. Include the Resident Home Area (RHA) and room number.
2. If a phone is not available, use your whistle or shout "help" and "code white" loud and often until help arrives.
3. The Charge Nurse or delegate will page Code White three times, stating the RHA and room number and known area.

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Instructions for paging are available on the bottom of the telephone directory.

4. If possible clear the area to isolate the incident. If there is any sign of actual danger or violence to any person, do not attempt any action.
5. Wait in a safe location for the Police to arrive.
6. Do not initiate conversation.
7. Upon hearing Code White, staff who are in the immediately to the location will respond, including the Director of Care, Resident Care Coordinator(s), Registered Nurse(s), Registered Practical Nurse(s), Personal Support Worker(s), support staff of the RHA the situation is occurring.
8. Other staff members in the building will:
 - Remain in their area;
 - Stay away from windows and out of sight as much as possible;
 - If able, secure, lock or close all doors in immediate area where possible;
 - Stay on standby for further instructions as to how to proceed as directed by the Administrator/designate.
9. The Charge Nurse takes charge of the situation and gives direction to the staff arriving to assist. This will include performing a quick environmental assessment looking for:
 - unsecured objects which could be thrown such as furniture, lamps, telephone, pictures, mirrors, etc.
 - scissors, knives, broken glass or other sharp objects
10. All staff assembled will follow instructions from the Charge Nurse and be prepared:
 - Tie back long hair
 - Remove jewellery
 - Pens out of pockets
 - Remove glasses if possible
 - Remove stethoscopes, scissors, name tags, etc.
11. Responding staff will also ensure the safety of the residents in the immediate area and evacuate the area on the direction of the Charge Nurse if requested. The Charge Nurse

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may ask responders to leave the area if the situation warrants it such as a distressed resident on a secured RHA.

13. When the police arrive on scene, the Charge Nurse will debrief arriving officers and Administrator/Designate of the situation.
14. Staff will continue to ensure the safety of the residents in the area.
15. Once the situation has ended, The Charge Nurse will clear the Code White by paging "Code White All Clear" three times.
17. The Administrator/designate will hold a debriefing with all staff involved.
18. The Charge Nurse will document the event on the appropriate incident report form, and appropriate authorities will be notified by the Administrator/designate (CAO, MOLTC, MOL, JOHSC Co-Chairs, WSIB if applicable)

Miramichi Lodge:

1. Call Charge Nurse 6175 and state Code White. Staff should depress the panic alarms in their work area and ensure safety of co-residents as possible. Also state if the area is a known area such as pub, hairdressing shop, etc. If police, fire or ambulance are needed immediately, ask that 911 be called. Include the Resident Home Area (RHA) and room number.
2. If a phone is not available, use your whistle or shout "help" and "code white" loud and often until help arrives.
3. The Charge Nurse or delegate will page Code White three times **from the fire panel**, stating the RHA and room number and known area.

To intercom all speakers from the Fire Panel:

1. Obtain fire panel key from the cupboard closest to the fire panel.
2. Open the fire panel with the key.
3. Lift out microphone.
4. Press desired page locations on the fire panel.

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5. Press and hold the button on the microphone, there will be a long beep **DO NOT RELEASE BUTTON.**
 6. Once tone has stopped continue to hold the button and start to talk into microphone.
 7. When complete hang up microphone, turn off page locations by pressing the same buttons you did in step 4, then close and relock the panel.
4. If possible clear the area to isolate the incident. If there is any sign of actual danger or violence to any person, do not attempt any action.
 5. Wait in a safe location for the Police to arrive.
 6. Do not initiate conversation.
 7. Upon hearing Code White, staff who are in the immediately to the location will respond, including the Director of Care, Resident Care Coordinator(s), Registered Nurse(s), Registered Practical Nurse(s), Personal Support Worker(s), support staff of the RHA the situation is occurring.
 8. Other staff members in the building will:
 - Remain in their area;
 - Stay away from windows and out of sight as much as possible;
 - If able, secure, lock or close all doors in immediate area where possible;
 - Stay on standby for further instructions as to how to proceed as directed by the Administrator/designate.
 9. The Charge Nurse takes charge of the situation and gives direction to the staff arriving to assist. This will include performing a quick environmental assessment looking for:
 - unsecured objects which could be thrown such as furniture, lamps, telephone, pictures, mirrors, etc.
 - scissors, knives, broken glass or other sharp objects
 10. All staff assembled will follow instructions from the Charge Nurse and be prepared:
 - Tie back long hair
 - Remove jewellery
 - Pens out of pockets
 - Remove glasses if possible

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- Remove stethoscopes, scissors, name tags, etc.

11. Responding staff will also ensure the safety of the residents in the immediate area and evacuate the area on the direction of the Charge Nurse if requested. The Charge Nurse may ask responders to leave the area if the situation warrants it such as a distressed resident on a secured RHA.
12. When the police arrive on scene, the Charge Nurse will debrief arriving officers and Administrator/Designate of the situation.
13. Staff will continue to ensure the safety of the residents in the area.
14. Once the situation has ended, The Charge Nurse will clear the Code White by **paging from the fire panel** "Code White All Clear" three times.
15. The Administrator/designate will hold a debriefing with all staff involved.
16. The Charge Nurse will document the event on the appropriate incident report form, and appropriate authorities will be notified by the Administrator/designate (CAO, MOLTC, MOL, JOHSC Co-Chairs, WSIB if applicable).

Miramichi Lodge Charge Nurse (6175)

Miramichi Lodge staff should depress the panic alarms in their work area and ensure safety of co-residents as possible

Appendix A: Code White Debriefing Form

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-800
TITLE: Code Brown Chemical; Spill			
ORIGINAL DATE: BM March 1, 2022 ML June 23/22	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 5

Purpose:

The purpose of a Code Brown is to identify an internal hazardous spill and respond in a timely and appropriate manner to protect the health and safety of staff, residents and visitors as well as the property and affected environment.

Hazardous spills include the discovery of spills, contamination, leak and/or suspicious/unusual smell of an unknown substance, liquid, powder, gas or vapor.

Health care workers responding to a code will take care to assess the environment during the response to protect their own health and safety.

Definitions:

Code Brown: A code brown is any incident that results in the release of a hazardous material that the user/generator is unable to handle on their own, with equipment, materials and training provided. A major spill constitutes a Code Brown.

User/Generator: Anyone employee (or supervisor of employee) who uses handles, stores, or transports hazardous materials including staff handling waste chemical products is considered a user/generator.

Minor Spill: A minor spill is a small spill that can be readily handled by the user/generator of the product who has the appropriate training to handle the clean-up. Such an incident should not have wide spread impact upon the Home, its residents, staff and visitors. Minor spills do not constitute a Code Brown. Should the spill become unmanageable (cannot be immediately and effectively contained using spill kits available in the area, then follow procedures as outlined for major spills.

Major Spill: A major spill is an incident where immediate corrective action cannot be taken by the user/generator of the product using departmental resources/spill kits and procedures. As a result, the life safety of staff, residents and visitors may be compromised. In addition, loss of home property or harm to the environment could result. Such an incident could lead to an evacuation of the home. Major spills constitute a Code Brown.

Material Safety Data Sheet (MSDS) / Safety Data Sheet (SDS): is a document that contains information on the potential health effects of exposure to chemicals, or other potentially dangerous substances, and on safe working procedures when handling chemical products.

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Personal Protective Equipment (PPE): Protective equipment provided for personnel to wear while handling hazardous materials.

Procedure:

Should an accidental spill or release of a hazardous material (solid, liquid, or gas) occur in an area of work you are familiar with, the user/generator shall be responsible to ensure all safety and notification procedures are followed:

1. Stop all work in the area of the spill
2. Remove unnecessary personnel from the area.
3. Leave immediate area and close the door if possible.
4. Notify Manager/ Supervisor of immediate department during regular hours or Charge Nurse after hours when a spill occurs.
5. Review MSDS (SDS) for detailed chemical information.
6. Assess whether minor or major spill in consultation with your manager/supervisor during regular hours and Charge Nurse after hours.
7. If minor spill follow minor spill clean up procedures.
8. Complete Hazardous Spill Report

If you are not familiar with the spill/release immediately find a person who works in the area to report the spill/release.

MINOR SPILL CLEAN-UP PROCEDURES:

The user/generator shall be required to neutralize, absorb and/ or clean up the spill using the departmental or specific to the hazard, spill kit. MSDS (SDS) must be readily available for staff to review when dealing with any spilled chemical products.

The Department Supervisor/Manager/Safety Coordinator

1. When contacted relating to a known spill/release, proceed to the area and participate in the Assessment of the spill/release. After hours the Charge Nurse in consultation with the Manager on Call will assume the actions of the Supervisor.
2. During regular hours contact the Department head

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3. Determine if the spill/release is a minor or major spill.
4. Ensure that work has been stopped.
5. Ensure that everyone has been moved from the area.
6. Review the MSDS (SDS).
7. Contact the manufacture emergency number as indicated on the SDS
8. Turn off ignition sources if safe to do so.
9. Prevent spill from spreading if safe to do so.
10. Assess available resources confirming access to trained staff to assist with containment if available and means of containment and absorbent materials.
11. Oversee the spill mitigation process.
12. Provide assistance to all response personnel gathering technical information necessary to handle the situation.
13. Printed policies are only valid at time of printing. Please refer to the online policy for the most recent version.
14. Ensure that the incident scene is secured and preserved for investigation purposes.
15. Gather all necessary information to ensure accurate documentation of the incident.
16. Ensure appropriate corrective actions are taken to prevent a re-occurrence.
17. Ensure Environmental Services are aware of spill.
18. If a Major Spill initiate Code Brown procedures by calling 1000 and have "Code Brown" (location) paged overhead.
19. Call 911 (Fire Department) stating we have a chemical spill and provide all known information if spill warrants.
20. Document on the Hazardous Spill Report. See link to view "Hazardous Spill Report Form"
21. Send all Hazardous Spill Report forms to the Joint Occupational Health and Safety Committee (JOH&SC) for review

Command Center:

Command Center will be initiated when Code Brown announced.

The Code Brown team is comprised of the following staff who will report to Command Centre:

Charge Nurse

Department Head

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JOHSC members

Maintenance

Code Brown team remain at the Command Centre to await further instruction as to how to proceed as directed by the expert deployed to address the spill/release.

The incident manager will assess the need for the number of the above listed staff members who need to remain in Command Center for the duration of the Code.

See link to Code Brown Incident Manager Job Action Sheet

CODE BROWN “ALL CLEAR”:

Will occur on the decision of the Incident Manager once conditions are restored to normal operations.

1. Contact Charge Nurse to announce “Code Brown, All Clear”.
2. Be prepared to hold a formal debriefing of the incident for all staff concerned, ensure that external agencies (i.e. firefighters) are invited to attend.
3. Gather all documentation and forward to the Administrator and the JOHSC.
4. Complete the “Code Brown Debrief Form”.

Employees:

Immediate area of the spill:

1. No employee shall clean up any hazardous material spill without the appropriate training, has reviewed the MSDS (SDS) and applied personal protective equipment (PPE).
2. Follow the direction of the person in charge in the area of the spill/release.
3. Follow departmental spill clean-up procedures as directed by the person in chart.

All other employees:

Report to your department, continue to work and await further communications from Command Center.

Environmental Services:

1. Arrange for the disposal of all chemical waste generated by the users.
2. Consult on all matters relating to hazardous waste management.

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3. Ensure that all housekeeping staff, responsible for chemical waste collection, has basic knowledge in general chemical response and know the appropriate resources to contact in the event of a chemical spill.
4. Complete decontamination cleaning after spill/ release.

Joint Occupational Health and Safety Committee:

1. Consult on all matters relating to hazardous materials relating to potential employee exposure.
2. Review all Hazardous Spill Report forms and provide guidance and or direction for any required corrective actions
3. Once reviewed send all Hazardous Spill Report forms to the Administrator.

Appendix A: Code Brown Debriefing Form

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-900
TITLE: Code Grey- Loss of Utility			
ORIGINAL DATE: June 23, 2022	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 2

Purpose:

Code Grey refers to any infrastructure related event that compromises the ability to provide service at normal levels and/or that comprises resident safety and/or violates provisions under the Provincial Occupational Health and Safety Act or Regulations. These events include, but are not limited to the following:

- Loss of Building Integrity (in whole or in part), Evacuation Procedures for Bonnechere Manor EP-401
- Loss of Power EP-901
- Loss of Gas/Gas Leak EP-902
- Flooding EP-301
- Severe Weather Event, Earthquake EP-302
- Loss of Telecommunications EP-906
- Loss of Water (Boil water advisory) EP-907
- Loss of Computer Connectivity IT-59
- Other

Procedure:

Except where police or fire authorities have been engaged, authority for a Code Grey event will normally rest with the Management Team of the Homes/Designate. This individual will engage the homes resources as quickly as possible and maintain a ready line of communication throughout the event. In large events, or those affecting larger service, the County of Renfrew Emergency Operations Services may be activated.

Activation and Notification

When a Code Grey event occurs, the Code Grey plan can be activated at an appropriate level as required. This will depend upon the nature and scope of the occurrence. Home notification is given using whatever site means are available at the time (except the fire alarm). As well, periodic notification will be provide until the all clear is given by those in authority.

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General Guidelines for Building Occupants

During operation under the Code Grey plan all building occupants not specifically assigned to deal with the event will:

- Follow instructions from those in authority
- Conduct business as usual unless otherwise instructed and if safe to do so
- Adhere to any restrictions on the use of elevators, telephones, computers, etc.
- Refer media inquires to the appropriate individuals assigned to that role
- Unless authorized to do so, refrain from posting any information about the event via social media

Code Grey Deactivation and Recovery

Deactivation

Code Grey deactivation can only be authorized by the individual in authority in consultation with the Home Management team as appropriate. Notification is made to the Home area(s) affected by available means.

Recovery

Recovery from a Code Grey emergency depends upon the nature and outcome of the event. Measures will be taken to recover as quickly as possible. Protracted occurrences may require the activation of the Homes' Business Continuity Plan.

Appendix A – Code Grey Debriefing Form

Bonnechere Manor Standard Operating Procedure

SECTION: EMERGENCY PLANNING		SOP #: EP-401	
TITLE: EVACUATION PROCEDURES (Code Red, Green, Grey)			
ORIGINAL DATE: April 1996	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 28

EVACUATION DIRECTION

Horizontal Evacuation:

THE FIRE IS IN

HM1 or HM2 - Resident Bedroom Area
HM 1 or HM2 - Dining Room or Lounge
Pinnacle Resident Bedroom Areas
Pinnacle Dining and Lounge Areas
Day Program Area
Auditorium – Renfrew Rotary Hall (RRH)

GO TO

HM1 or HM2 Dining Room
HM1 or HM2 Resident Rooms
Pinnacle Dining Room and Lounge Areas
Pinnacle Resident Bedrooms
Auditorium -RRH
Resident Regular Zones

Vertical Evacuation

THE FIRE IS IN

HM2

GO TO

Auditorium -RRH

CONTROL CENTRE - IF THE FIRE IS IN

HM2 or Pinnacle
HM1 - Resident Bedroom Areas
HM1 - Dining or Lounge Areas
Day Program Area

CENTRE IS

Auditorium -RRH
Auditorium -RRH
Auditorium -RRH
Auditorium -RRH

RESIDENT IDENTIFICATION TAGS

Purpose: To identify residents and their special needs during an emergency evacuation of the building.

Objectives:

1. To identify missing residents during an emergency evacuation of the building.
2. To alert rescue personnel to resident's special needs during an emergency evacuation of the

ALWAYS BE CALM - WALK - DO NOT RUN

Bonnechere Manor Standard Operating Procedure

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building.

3. To identify residents and their personal needs at reception sites and relocation facilities.

Procedure Upon Admission:

1. The tag is filled out by the Unit Clerk during admission process:
 - Resident name on one side of tag
 - and where applicable, allergies, diabetes and epilepsy to be written on the reverse side.
2. The tag will be stored alphabetically by Unit in the Triage Box at HM1 Nursing Station.
3. The tag must be checked and updated as the resident's change by reception.

Procedure during Evacuation:

1. Staff assigned to the Emergency Control Centre will:
 - Pick up unit census and tags and take to the Emergency Control Centre
 - Pin the tag to the residents' clothing, on their back, using a safety pin
2. Validate tag name and resident through clothing tag. Check the Care Plan for photo ID if there is a discrepancy.
3. Check resident off on the resident census form.
4. One staff at Emergency Control Centre will communicate to the units, through staff bringing residents into control centre, what residents are still not accounted for.
5. Upon completion of evacuation remaining tags are given to the Resident Care Coordinator or person in charge, who in turn gives them to the Rescue Personnel.

SPECIFIC PROCEDURES

Certain personnel must assume specific responsibilities in the event of a **TOTAL EVACUATION OF THE FACILITY**. These are as follows:

Director of Long-Term Care/Administrator - Coordination of all operations.

ALWAYS BE CALM - WALK - DO NOT RUN

Bonnechere Manor Standard Operating Procedure

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Administrative Supervisor

1. Assist Administrator and other Departments, as required.
2. Assist with removing necessary records to Holding Centre(s).

Director of Care:

1. Back up to Administrator.
2. Will inform the Medical Director, who will notify the hospitals of the evacuation so they may be prepared to receive residents who may need hospital services.
3. Discuss plan of action with RCC's and Registered Nurses.
4. Inform staff of plan and initiate Fan-Out Call System for extra staff when necessary.
5. Will inform the Pharmacists.
6. Will remain at the Home until evacuation is completed.
7. Will ensure that the units have proper coverage until evacuation is completed.
8. Will direct triage of residents from Home to Holding Centre(s) and Hospitals.
9. When evacuation is completed, will inform the Pharmacist as to medications left behind, and will ensure that they are secured.
10. Will ensure that all documents left behind are secured (dead files etc.).
11. Co-ordinate plans with other departments.
12. Ensure the availability of staff replacement for the duration of the evacuation.

Resident Care Co-ordinator - HM I - Duties during Evacuation Procedures:

ALWAYS BE CALM - WALK - DO NOT RUN

Bonnechere Manor Standard Operating Procedure

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1. Will co-ordinate the duties of the Registered Nurses and Personal Support Workers, along with other personnel that may be assigned to the units.
2. Ensure adequate staff coverage on the units.
3. Keep documentation of the staff and hours of those assigned to the units.
4. Assist with triage and identification of residents.
5. Check the status of the residents on a continuous basis.
6. Maintain ongoing census using Master Census List and report to person in charge when it has been established that all residents have been evacuated and accounted for.
7. Ensure that all necessary items to be transported are in a central area.
8. Maintain a checklist of all items being transported.
9. Co-ordinate services and plans with other departments.
10. Upon completion of the evacuation of Bonnechere Manor proceed to the Holding Centre.

Resident Care Coordinator - HM2 - Duties during Evacuation Procedures:

1. Will go to initial Holding Centre and co-ordinate all plans for receiving residents.
2. Will assign duties to Registered Nursing Staff and other staff on the premises.
3. Will ensure that adequate nursing staff is on the premises, as the number of residents decreases at the Manor, the number of nursing staff will be increased at the Receiving Centre(s).
4. Endeavour to keep the residents and families informed at all times.
5. Co-ordinate plans with other departments.
6. Ensure that all incoming records and medications are placed in a secure and workable area.

ALWAYS BE CALM - WALK - DO NOT RUN

Bonnechere Manor Standard Operating Procedure

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7. While awaiting the arrival of the resident binders, will ensure that a documentation system is in place, so that the information can later be transferred to the binder or other necessary documents.
8. Responsible for the triage of the residents upon their arrival at the Receiving Centre(s) (if necessary).

DUTIES OF REGISTERED NURSING STAFF

All registered nursing staff will report to the Emergency Control Centre to be assigned their duties.

Director of Care and RCC- HMI will remain at the Manor until total evacuation is completed. DOC will also be back up for the Administrator.

Resident Care Coordinator - HMII with a Registered Nursing Staff Member and Personal Support Worker will be assigned to the Receiving Centre immediately to await the residents and begin the necessary preparations.

FIRE MARSHAL

Code Grey (Air Exclusion)

1. Put on vest and go to enunciator panel.
2. Announce over PA "Code Grey" 3 times.
3. Return to HM1 and push the Air make up shut off button, return to front Fire Panel.

Code Red (Fire)

1. Put on vest and go to enunciator panel.
2. Identify location of fire/danger area.
3. Announce over PA "Code Red" with the location 3 times.
4. Organize Command Centre in lobby.
5. Communicate with Fire Captain using portable phone.
6. Provide direction to the Fire Department upon their arrival.
7. Escort Fire Department to danger area and identify Fire Captain to Fire Department.
8. Return to main entrance.
9. Upon direction from Fire Captain announce "Code Green" 3 times.
10. Pull the pull station and activate stage 2 of Fire Alarm system.

ALWAYS BE CALM - WALK - DO NOT RUN

Bonnechere Manor Standard Operating Procedure

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11. Initiate Fan-Out Call In Procedure – delegate to receptionist to call contact leaders during business hours – otherwise initiate.
12. Delegate staff from labour pool (dietary, laundry, admin) upon request from fire scene.
13. Delegate 2 staff to clear furniture in auditorium, leaving sink area accessible.
14. Delegate 2 staff to assist First Aide Nurse in triage area. If on evenings or nights assign first 2 registered staff to Triage/First Aide area.
15. Restrict access to facility – only staff may enter
16. Deal with media until Administrator arrives “No comment at this time, the Administrator will answer your questions upon arrival”.

FIRE CAPTAIN

Code Grey (Air Exclusion)

1. Put on vest.
2. Instruct staff to close all windows.
3. Ensure Air Shut Off button is activated (If on HM1).

Code Red (Fire)

1. Proceed to the fire scene.
2. Direct staff to evacuate the critical triangle.
3. Delegate 1 staff to stand guard at the edge of the critical triangle and not let anyone past.
4. Direct staff to conduct horizontal evacuation of the unit to the dining room as a holding area. Call the Fire Marshal to deploy extra staff as needed.
5. Move up the corridor room to room ensuring no one breeches the hall behind you.
6. Once the area of the unit is evacuated assign staff to stay with residents in the dining room.
7. Post 1 staff to stand at fire door of wing evacuated to ensure no one breeches this area.
8. Proceed to the opposite end of the unit at the edge of the critical triangle. Conduct a horizontal evacuation of the remaining residents.
9. Delegate staff to assist in horizontal evacuation of the remaining units.
10. Obtain the head count information from the PSW.
11. Communicate head count to the Fire Marshal indicating any resident not accounted for.

FIRST AIDE NURSE

MDS Registered staff if in the building during Code Green is assigned to be the First Aide Nurse.

ALWAYS BE CALM - WALK - DO NOT RUN

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Code Grey or any Universal Code – respond to the Emergency Control Centre and take direction from the Fire Marshal.

Code Green (Evacuation)

1. Get trunk room key from HM1 med room. Proceed to trunk room for blankets and pillows located in the Emergency Supplies storage area.
2. Proceed to triage area and assist in preparing triage area.
3. Set up pylons for designated triage area, Auditorium - RRH
4. Log resident names on Evacuation log as they enter triage areas on the designated clipboard.
5. Call for extra staff to assist in triage for logging residents into triage areas (minimum of 3 extra staff).
6. As Emergency Medical Services transport residents keep accurate log as to each resident transferred to and transferred by.
7. Administer First Aide to injured residents using Triage Kit.
8. Ongoing triage of critical and injured residents.
9. Communicate to the Fire Marshal as needed.
10. When all residents are evacuated from triage, proceed with log sheets to Fire Marshal and communicate resident count to Fire Marshal.

Registered Nurse A4

Code Grey (Air Exclusion)

1. Put on vest
2. Instruct staff to close windows on the unit.

Code Red (Fire)

1. Prepared the unit as per the regular duties of a code red.
2. Ensure all residents on your unit are accounted for.

Code Green (Evacuation)

1. Proceed to reception area.
2. Collect Emergency Box supply and Triage Kit.
3. Put on vest from Emergency Box.
4. Set up pylons for designated triage area, Auditorium-RRH
5. Leave the appropriate coloured clipboard and pen in each triage area.
6. Proceed with Emergency Supply bin to Emergency Control Centre (Auditorium-RRH).
7. Get out Emergency Tags, coloured dots, Master Census List and pen.

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8. Prepare to receive residents at initial triage area.
9. Triage residents and tag with Emergency ID Tag.
10. Tick residents name off on Master Census List.
11. Place coloured dot on Emergency ID Tag Green – stable go, Red – critically injured, Yellow – injured and stable, Blue – deceased.
12. Communicate via phone with Fire Marshal ext. 1000 (other RN) at front door if you require additional staff support in triage area.
13. Delegate tasks to nursing staff working with you to identify, tag and triage residents.
14. Communicate to the unit any residents still not accounted for as per Evacuation Tags.
15. Upon completion of Evacuation give remaining tags to the Fire Marshal, who in turn gives the tags to the Rescue Personal.

RPN

Code Grey (Air Exclusion)

1. Put on vest.
2. Instruct staff to close all windows.
3. Ensure Air shut button is activated.

Code Red (Fire)

1. Go to area that is directly above or below the fire scene.
2. Direct staff to evacuate the critical triangle first.
3. Delegate to 1 staff to stand guard at the edge of the critical triangle and not let anyone past.
4. Direct staff to conduct a horizontal evacuation of the unit to the dining room as a holding area. Call the Fire Marshal to deploy extras as needed.
5. Move up the corridor room to room. Insuring no one breeches the hall behind you.
6. Once area of the unit is evacuated assign staff to stay with residents in dining room.
7. Post 1 staff to stand at fire door of wing evacuated.
8. Proceed to the other end of the unit and conduct a horizontal evacuation of the remaining residents.
9. Delegate staff to assist in horizontal evacuation of the remaining unit.
10. Obtain head count info from HCA/PSW.

Communicate to the Fire Marshal any residents not accounted for.

As the number of residents decrease at the Manor, the number of nursing staff will increase at the Receiving Centre.

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Staff will never leave their assignment until their replacement has arrived.

Endeavour to keep residents informed at all times.

Duties of Volunteers

Volunteers to report to the DOC/RCC's and to be assigned duties.

DOC/RCC's

The DOC & RCC HM1 upon completion of the evacuation of Bonnechere Manor, will relocate to the Receiving Centre.

1. Will be responsible for designated resident areas.
2. Will perform their regular duties and others as requested.
3. Will be responsible to give report to the groups they supervise.
4. Responsible for time and assignment sheets; replacement of staff.
5. Will ensure that the medication, treatments, documentation is completed as requested.
6. Report to Administrator in regards to other problems.
7. Assess resident status

PSW

Code Grey (Air Exclusion)

1. Take direction from RPN
2. Under the direction of RPN/Fire Captain proceed to close all windows on the unit
3. Reassure residents

Code Red (Fire)

1. Under direction of the Fire Captain respond to danger area directly below the fire scene.
2. Clear corridor of all carts, lifts and other materials.
3. Initiate REACT
4. Remove residents from critical triangle first.
5. Under the direction of the Fire Captain proceed to search and evacuate each room performing horizontal evacuation in a systematic manner removing residents to the dining room until all residents are removed from the corridor.

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6. Ensure Remar tags are engaged in the upward position on all doors of rooms searched and clear of resident.
7. Do not engage REMAR tag to upward position when a resident has remained in the room.

Code Green (Evacuation)

1. As above and prepare to evacuate the residents out of the building to the Holding Center.
2. Evacuate residents systematically through the triage area. Order of evacuation to be ambulatory, walkers and wheelchairs, bedridden, resistive residents.

FIRE RUNNERS

Code Red (Fire)

1. Runners are identified at the beginning of each shift.
2. Put on a green vest identifying you as the runners.
3. Proceed to danger area/fire scene when Code Red is announced. Identify yourself to the Fire Captain as a runner from your assigned unit.
4. Assist with REACT.
5. Take direction from the Fire Captain.

Code Green (Evacuation)

10. Proceed to the Emergency Command Centre and assist the Triage nurse in identifying residents, applying emergency tags and checking names off the master census list.

PERSONAL SUPPORT WORKERS - DUTIES DURING EVACUATION PROCEDURE

1. Receive and follow instructions as to when and where residents are to be taken for transportation
2. Assist in applying Emergency Identification Tags, as assigned.
3. Will assist in procuring necessary personal clothing articles and will ensure they are appropriate (seasonal).
4. Will also prepare the clothing of residents who are going home with families.
5. Using Emergency Census Lists, verify that all residents are accounted for and report information to Registered Nursing Staff.
6. Reassure residents.
7. Assemble wheelchairs, commodes and other necessary equipment in a central area ready to be transported.

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8. Assemble necessary personal care items in a central area ready for transport (i.e.: incontinent products, etc.)

PERSONAL SUPPORT WORKERS - Duties at Receiving Centre

1. Ensure that the necessary care is given to assigned residents.
2. Perform dietary duties as requested; distribution of snacks, meals, feeding, etc.
3. Endeavor to keep residents informed.
4. Arrange small group activities to keep residents occupied and decrease anxiety.
5. Constant supervision of residents for their safety in the new environment.
6. Wanderers to be grouped and monitored at all times.

FOOD SERVICES SUPERVISOR/DIETITIAN

Purpose:

Ensures staff are delegated to perform the following:

1. Report to Administrator or designate to co-ordinate action plan.
2. Plan and co-ordinate times and areas for the purpose of feeding at the Receiving Centre.
3. Ensures the Diet Kardex is transported to the Receiving Centre.
4. Ensure adequate on-going supplies of food and beverage and other supplies at Receiving Centre.

Sources for supplies:

- (a) Bonnechere Manor Stores
- (b) Direct purchasing and delivery to Receiving Centre
- (c) Local supplies (supermarkets, grocery stores, and local restaurants)

The actual source of supply would be determined by disaster (i.e. Fire would eliminate Bonnechere

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Manor source).

FOOD SERVICE EMERGENCY FEEDING PLAN

Purpose:

This plan was designed as a guideline to ensure the continuity of meal service to residents, staff and volunteers during an emergency situation.

All emergency situations can be classified into four categories:

- (a) Evacuation (fire, flood, industrial or transportation accident near by resulting in residents leaving building.
- (b) Relocation (resident’s relocated to another area of the building)
- (c) Reception (when home puts its “External Disaster Plan” into effect and receives residents from other homes.)
- (d) Survival (isolation) (loss of power or water, isolation due to blizzard/storm- limiting manpower and supplies)

This emergency feeding plan is a combination of plans for each category A, B, C, and D with major emphasis on Reception and Survival. This is only a **GUIDELINE**. Depending on the circumstances, common sense is often the best rule to follow.

FOOD SERVICE - EMERGENCY FEEDING PLAN

Personal Policies In Emergency Situations

1. Normal food service operations will cease and one of the emergency feeding plans (evacuation, relocations, reception, survival) will be put into effect.
2. Staff on duty at the time of the emergency is expected to remain in the department for instructions from the Food Services Supervisor or alternate in charge.
3. Depending on the nature of the emergency, staff may be contacted by the telephone Fan-Out

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System (Far 006 pg. 14 of 15). Staff may be requested to come to the home or they may be asked to remain “**on call**”.

4. It is of utmost importance that high standards of personal hygiene and sanitation be followed during any emergency situation to prevent the spread of disease.
5. If there should be an extreme workload on the food service operations, all home staff may be asked to bring their own lunches during the emergency period.
6. During an emergency situation meals and refreshments to staff and volunteers will be complementary. There will be no selective menu.

Personnel Assignments

1. **Food Services Staff:** All staff on duty is to report to the kitchen for instructions from the Food Services Supervisor or alternate in charge.
2. **Volunteers:** Volunteers can be obtained by contacting the Client Outreach Program Supervisor and Adult Day Services.
Volunteers are to report to the kitchen for duty assignment from the Food Services Supervisor or alternate in charge.
Volunteers may be needed in food service operations for the following duties:
 - a. Assume a position in servery during meal service hours to assist with resident meal assembly.
 - b. Waitress in dining areas to serve meals to the residents.
 - c. Assume a station on assembly line during meal service hours to assist with resident tray assembly.
 - d. Deliver food racks, hot wagons and hot carts of food supplies to resident care areas.
 - e. Assist with dishwashing, pot washing and/or general clean up.

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DUTIES AND RESPONSIBILITIES OF FOOD SERVICE PERSONNEL

In an emergency situation, it is expected that all staff co-operate in performing a wide variety of duties. Duties that were once designated for specific classifications may have to be shared and carried out by others. Supervisory personnel will assign job duties. Duties will vary, depending on the nature of the emergency.

1. Food Services Supervisor/Alternate

- a. Responsible for overall function of department and food service operations.
- b. Communicate with Administration, Maintenance, Housekeeping, and Nursing during the emergency situation.
- c. Plan menu and work schedule.
- d. Requisition food and supplies.
- e. Maintain necessary records.
- f. Enforce sanitary and safety practices.
- g. Assess staffing situation.
- h. Obtain volunteers if necessary.
- l. Maintain records for hours worked.
- j. Check and allocate supplies.
- k. Arrange for trash and waste removal.
- l. Oversee dishwashing and pot washing procedure; enforce sanitary technique.
- m. Assign cleaning duties to staff and volunteers.

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2. Designated Supervisory Personnel

- a. Organize assembly and assign duties to staff and volunteers.
- b. Determine size of portions to be served.
- c. Check food assembled to units.
- d. Organize bulk food sent to units in hot wagons.
- e. Organize meal service to residents and staff.
- f. Assign unit dining room serving duties.
- g. Oversee food operation to ensure adequate supply of food and beverage.
- h. Keep record of volume of food and beverage served to staff.

3. Chef/Designate

- a. Check food supplies.
- b. Follow menus and work schedules, organize all aspects of food production to meet estimated needs.
- c. Ensure all food is of high quality in taste and temperature.
- d. Arrange work areas for efficiency and keep them clean.
- e. Enforce personal hygiene and sanitization with food handlers.

4. Cooks

- a. Follow Supervisors directions.
- b. Assist with food preparation and service.
- c. Clean work areas; may have to assist with pot washing.

5. Food Service Workers

- a. Follow Supervisors or Cooks direction.
- b. Duties will be similar to normal working conditions, however job schedules will change.

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1. Assist nursing staff with residents.
2. Prepare clothing for residents as directed.
3. Distribute emergency supply of blankets to floors for evacuation purposes.
4. Secure linens, blankets, etc. and assemble ready for evacuation. Assist in transportation process of linen.
5. Reassure residents.
6. Assist at Holding Centre(s) as required, and other duties as assigned by Environmental Services Supervisor.

Maintenance Department - Duties During Evacuation

Under the direction of the Environmental Services Supervisor or Designate:

1. Co-ordinate vehicles for dispatch to Receiving Centre(s) with residents.
2. Ensure all utilities (gas, power, water) are shut off when necessary.
3. Co-ordinate delivery of emergency supplies to Receiving Centre(s), and assist in delivery process.
4. Co-ordinate manpower to set up equipment at Receiving Centre(s).
5. Keep close liaison with Administration for specific instructions.
6. Maintain close liaison with Police, Fire and other authorized personnel and assist as required.
7. In conjunction with Police, do on-going security checks.
8. Assist Police with traffic control on grounds.
9. Secure building after evacuation.

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Administrative Assistant - Finance

1. Responsible for taking resident financial records to Receiving Centre if possible.
2. Maintain accurate records including the name of the residents.
3. Notify the next of kin of the resident's whereabouts.
4. Assist other departments as required.
5. Responsible to keep accurate records of all equipment, supplies, and materials removed from the building and taking to Receiving Centre.

Receptionist

1. Set up communication area at Evacuation Centre.

Unit Clerk

1. Contact staff as required.

Administrative Assistant

1. Assist Administrator or designated.

UNIT CLERKS/STAFFING CLERK - Rehab Assistants - ACTIVITIES

Duties During Evacuation Procedures

1. Maintain records of transfer of evacuated residents Form #EP-006 page 19 of 34 (**Kept in Emergency box HM I Nursing Station**).
2. Assist nursing staff in applying Emergency Identification Tags at departure sites as necessary.

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3. Maintain a list of staff and Receiving Centre(s) dispatched to.
4. Assist nursing staff with triage of residents.

Duties at Receiving Centre(s)

1. Keep residents and families informed.
2. Arrange small group activities to keep residents occupied and decrease anxiety.
3. Document personal items and valuables brought to Receiving Centre(s) - or taken home by family.
4. Assist with supervision of residents for their safety in the new environment.

RESIDENT'S NAME (Surname First)	I.D.#	TRANSFERRED TO (Facility/Relatives)	TIME	TRANSFERRED BY (Rel./Amb./Bus)

Form #EP-006

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RETURN TO BONNECHERE MANOR - FROM RECEIVING CENTRE

When Bonnechere Manor is deemed safe for occupancy after the emergency situation, the Administrator will advise all Department Supervisors.

They will then contact their staff to begin the process of preparing the building for the residents.

Relocation to the manor will take place in an organized manner following the guidelines listed and under the direction of each Department Supervisors.

Nursing - On Return To The Bonnechere Manor

Under the direction of the DOC/RCC’s, when authorization has been given to return, the nursing staff will ensure that:

1. Families are notified.
2. Designated PSWs, Registered Nursing Staff and Administrator will return to the Manor to await the arrival of the residents and make preparations.
3. Check lists of residents, and maintain residents census will be kept.
4. As the number of residents from the Receiving Centre decrease, the number of staff will be altered in both locations.
5. Residents will be returned to their previous room (if applicable).
6. Residents’ personal belongings, clothing, etc., will be returned to their cupboards.
7. Lists of items being returned to the Manor will be checked as they leave the Receiving Centre and arrive at the Manor.
8. Staff hours and assignments will be monitored and recorded upon return to the Manor, so staff can resume their regular schedules.
9. DOC/RCC’s will be responsible for re-assigning staff if necessary.

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10. All regular duties will resume.

MAINTENANCE - On Return To The Bonnechere Manor

Under the direction of the Environmental Services Supervisor the Maintenance staff will:

1. Ensure the building is ready for occupancy.
2. Turn on power, gas, etc.
3. Assist with transportation of equipment etc. as required.
4. Assist with traffic control.
5. As Manor residents decrease at Receiving Centre, maintenance staff will begin portering all necessary supplies, equipment.
6. Designated staff will remain at Receiving Centre to assist with restoring that Centre back to original condition.

HOUSEKEEPING - On Return To The Bonnechere Manor

Under direction of the Environmental Services Supervisor, the Housekeeping staff will:

1. Ensure the building is cleaned and ready for occupancy.
2. Supplies are available in areas, such as bathrooms etc.
3. Assist nursing staff with residents as necessary.
4. Designated staff will remain at Receiving Centre to assist with restoring that Centre back to original condition.

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LAUNDRY - On Return To The Bonnechere Manor

Under direction of Environmental Services Supervisor, the Laundry Staff will:

1. Ensure the Laundry and laundry machines and equipment is in operation.
2. Ensure adequate supplies of linen and personal clothing are available.

FOOD SERVICES – On Return To The Bonnechere Manor

Under the direction of the Food Service Supervisor, the Food Services staff will:

1. Ensure all equipment, refrigerators/freezers are in acceptable working condition and in operation.
2. Ensure food supplies are available in main storage and on units to meet all residents’ therapeutic needs.
3. Ensure all equipment, refrigerators, freezers, counters, etc. are sanitized.
4. Ensure all foods that are associated with food borne illnesses have been discarded if stored in unacceptable conditions.

RESTORATIVE CARE AND ACTIVITIES - On Return To The Bonnechere Manor

Under the direction of the Director of Care and Resident Care Coordinator(s), the Restorative and Activities staff will:

1. Establish activities, crafts for residents to participate in as soon as possible.
2. Assist nursing staff with residents if requested until residents are re-located and settled.
3. Return to normal programming.

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BONNECHERE MANOR AS A RECEIVING CENTRE

General Information

In the event of an emergency within the Town of Renfrew, surrounding areas or Miramichi Lodge, Bonnechere Manor may be asked to receive people.

This will be a short-term measure and staff will be advised.

We will provide accommodation in our Auditorium and Day Care as necessary. This service must not unduly affect our residents’ accommodations and every effort will be made not to infringe on their rights and privacy. However, some compromises and adjustments will have to be made as it relates to common spaces, meal hours, etc.

Maximum accommodation in the event of overnight stays by other than our residents in each area are:

- Auditorium = Twenty (20) persons
- Day Care Area = ten (10) persons
- Beds & mattress would have to be accessed from outside sources

Total facility ability to overnight persons requiring emergency housing space = Thirty (30) persons.

When the request is received the Administrator, in conjunction with the DOC/RCC’s and other senior staff, will determine the numbers to be accommodated and the areas to be used, if we are requested to house a group in excess of Thirty (30) persons.

Cost control will be in effect and arrangements will be made for any costs outside our regular expenditures. Each Department Manager will be responsible to record additional expenditures for the Administrative Department.

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BONNECHERE MANOR AS A RECEIVING CENTRE

Specific Procedures

Certain staff members must assume specific responsibilities in the event that Bonnechere Manor is deemed to be a Receiving Centre:

ADMINISTRATOR

Co-ordination of all operations.

NURSING SERVICES

Nurse-in-Charge will ensure that the following is done:

1. Advise the Administrator, DOC/RCC's, and Medical Director.
2. Determine a plan of action with the Registered Staff.
3. Inform the nursing staff on duty and contact extra staff for back up if necessary.
4. Whenever possible make use of extra space to accommodate extra beds, bedding, etc.
5. Provide secure space for the purpose of medication distribution.
6. List names for those residents received into Bonnechere Manor.
7. Check with bed list, check identity and reassure each incoming resident.
8. Orient staff accompanying incoming residents to building, etc.

FOOD SERVICES SUPERVISOR

1. Mobilize and co-ordinate Food Services Staff and where necessary, volunteers (Utilize emergency call-in list).
2. Supply food and beverage when required.

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3. Plan and co-ordinate times and areas for the purpose of feeding.
4. Assist wherever else necessary with in-coming residents.

ADMINISTRATION SUPERVISOR

1. Obtain additional beds, mattresses and bedding supplies as required.
2. Co-ordinate, receive and deliver incoming supplies.
3. Arrange for set up of equipment in designated locations.
4. Implement tight security on all incoming and outgoing equipment, materials, water supply system and heating and electrical facilities.
5. Control parking areas to assure entry and exit of emergency vehicles.
6. Maintain close liaison with the Public Health Department.
7. Supervise available manpower sources as required.
8. Ensure that the office space is accessible 24 hours a day for period of emergency.

When conditions are stabilized and returned to normal all property affected should be restored to original function without delay.

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KNEE DROP - ONE PERSON

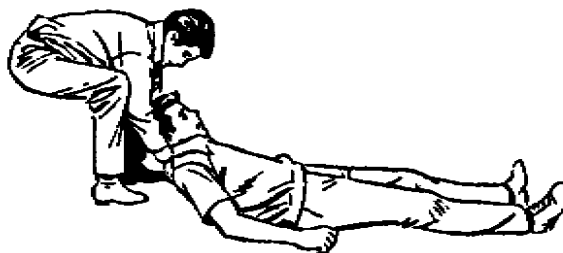
Place blanket on floor; kneel on it; pull residents down your chest into blanket. Drag resident to safety on blanket.



INCLINE DRAG

This technique is primarily used to bring a victim down an incline or stairway when he/she is unconscious. The procedure is as follows:

Bring the victim to a sitting position and kneel on one knee behind him/her so that his/her head will rest upon one of the rescuer's shoulders. Place your arms under the victim's armpits, grasp both of hi/her wrists, and pull his/her arms snugly against his/her chest. From this crouched or kneeling position, a rescuer can drag a victim on his/her buttocks and legs by moving backwards. Movement backwards on a level floor can be accomplished by alternately moving your own body an arms length away from the victim, then pulling him/her closely to you until the incline is reached. The same procedure can also be used at stair landings. When an incline or stairway is reached, the rescuer may raise to a stooped-standing position as he/she advances down the incline. From this position he/she drags the victim backwards and permits the buttocks and feet of the victim to slide down the incline. How to grasp the victim and the position of the rescuer is illustrated in Figure below.



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THE SEAT CARRY (Two Person)

The seat carry is a "two person" means of transportation, which consists of making a seat rest with one pair of arms and a backrest with the other pair. How the arms are arranged when completed is shown in Figure below, example B. The rescuers kneel, one on either side, near a victim's hips. Raise him/her to a sitting position and steady him/her with the arms around his/her back. Slip the other arms under the victim's thigh, clasp wrists and rise slowly in unison. Adjust the upper arms to form a comfortable backrest and to make the victim secure. If a victim is conscious, he/she can assist by grasping each man/woman around the neck with his/her arms as shown below.



METHODS OF MOVING RESIDENTS

- * Walking residents to exits of safe areas
- * Use wheelchair, commodes, and stretchers
- * Use of sheets, blankets and mattresses as temporary stretchers
- * Work in fours, place resident on sheet, roll sheet/blanket in a tight roll toward resident using the roll as a handle, lift resident and carry to safety.
- * Use of common chair, either alone or with a partner. Place resident in chair, tip chair backwards and drag to safe area or exit.

ALWAYS BE CALM - WALK - DO NOT RUN

Bonnechere Manor Standard Operating Procedure

SECTION: EMERGENCY PLANNING		SOP #: EP-401	
TITLE: EVACUATION PROCEDURES (Code Red, Green, Grey)			
ORIGINAL DATE: April 1996	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 28 of 28

FIREFIGHTER LIFT

STEPS

1. Turn resident to a face down position and kneel on one knee at their head, facing them. Pass your hands under the residents armpits, sliding your hands down the resident's sides and clasp them across the resident back.
2. Raise resident to their knees to enable a better grasp across the resident back.
3. Raise resident to a standing position, place your right leg between the residents legs, grasp their arm around the back of your neck and down your left shoulder.
- 4, Place your right arm between the resident's legs, stoop down quickly and pull resident across your shoulders.
5. Now grasp the resident's right wrist with your right hand and stand up.
6. Move residents to safety.
7. The procedure for lowering the resident to the ground is the reverse of the above procedure.



Previously SOP EP-102

ALWAYS BE CALM - WALK - DO NOT RUN

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-901
TITLE: Code Grey - Power Outage			
ORIGINAL DATE: April 1996	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 1

Purpose:

To ensure the safety of the residents and staff in the event of a power outage.

Procedure:

The Nurse in Charge will:

Notify the Maintenance on-call person who will, if needed notify the Environmental Services Supervisor.

Notify one of the Director of Care (DOC)/Resident Care Coordinators (RCCs).

Once at the Building the **Environmental Services Supervisor will:**

Determine subsequent action; i.e., fire/police, initiate fan-out/evacuation; contact Food Services Supervisor for emergency meal service.

Authorize expenditures for emergency supplies (lighting etc.).

Ensure generator has fuel.

In consultation with the DOC/RCC call extra staff to provide for resident security.

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-902
TITLE: Code Grey - Gas Leak/Gas Supply Interruption			
ORIGINAL DATE: May 1996	DATE LAST REVIEWED: March 1, 2024	COVERAGE: Residents, Visitors, Volunteers & Staff	PAGE #: 1 of 2

Purpose:

A procedure shall be in place to ensure the safety and well-being of residents, visitors, volunteers and staff in the event of a gas leak, **or supply interruption.**

Procedure:

1. Verify with co-workers the presence of an odour (garlic-like or rotten egg or sulfur smell).
2. **When a smell of natural gas is verified, investigate immediately.**
3. **Do not turn on light switches or electrical appliances etc.**
4. **Evacuate people for the immediate area.**
5. If a gas leak or suspected gas leak has been identified, the person in charge will contact the Maintenance Department or person on call after hours, the Fire Department by calling 911 and **Enbridge Gas at [1-866-763-5427](tel:1-866-763-5427)**. A phone should be used that is not in the immediate area of the suspected gas leak.
Maintenance Upon Arrival Will:
 - a) Check area where odour is occurring
 - b) Collaborate with Fire Department; regarding: gas shut off at main valve
 - c) Contact Management and all Departments
 - d) Contact gas supplier for service
6. Residents should be relocated to a safe area. The Director of Long-Term Care/Administrator/designate will advise if a full evacuation procedures is to be put into place.
7. Verify if any workers, residents or visitors are complaining of symptoms.
8. Open windows to ventilated area where suspected gas leak is noted.
9. No, electric switches/devices should be activated or matches/open flames be allowed, should a gas leak be suspected.

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-902
TITLE: Code Grey - Gas Leak/Gas Supply Interruption			
ORIGINAL DATE: May 1996	DATE LAST REVIEWED: March 1, 2024	COVERAGE: Residents, Visitors, Volunteers & Staff	PAGE #: 2 of 2

Gas valve in immediate area should be shut off, if this can be done safely and if not, then the main gas valve to the building should be shut off.

Gas Interruption

Purpose:

To ensure least amount of disruption of services to residents, visitors, volunteers and staff in the event of a gas supply interruption.

Procedure:

Maintenance Department will take all steps necessary to ensure the amount of heat loss from the building is kept to a minimum:

Air Handling Units will be shut down

Circulating pumps will be left running to radiant panels

All doors and windows will be kept shut

Electric heaters will be rented locally and placed in strategic locations

Extra staffing will be initiated

Laundry services will be carried out in the laundry facilities at Miramichi Lodge.

Extra blankets will be provided to all resident areas.

Food Services/Food Preparation will be arranged through Food Services at Renfrew Victoria Hospital. Disposable cups, plates, cutlery etc., will be provided. Staffing will be adjusted as required.

Nursing Department will assign extra staff as required. Will monitor windows and doors. Will ensure families are notified of situation. Will identify resident needs and requirements.

Administration will determine probable length of interruption. Will assess resident safety.

Director of Long-Term Care/Administrator or designate, will put the Evacuation Plan into effect if deemed necessary.

County of Renfrew Long-Term Care Homes Standard Operating Procedures (SOPs)			
DEPARTMENT: Emergency Planning			SOP#: EP-301
SOP: Code Orange - Flooding			
ORIGINAL DATE: Nov 28, 2022	DATE LAST REVIEWED: March 1, 2024	COVERAGE: Residents, Visitors, Volunteers & Staff	PAGE #: 1 of 2

PURPOSE:

To provide Residents, Visitors, Volunteers and Staff direction to maintain Health and Safety during a Flood.

PROCEDURE:

When a Code Grey event occurs, the Code Grey plan can be activated at an appropriate level as required. This will depend upon the nature and scope of the occurrence. Home notification is given using whatever site means are available at the time (except the fire alarm). As well, periodic notification will be provide until the all clear is given by those in authority.

Bonnechere Manor

When a warning of possible flooding is received, or if flooding is occurring, page Code Grey over the PA system, indicating where the command centre will be located. The location of the command centre will depend on the extent of the flooding event.

- All available staff will attend to the location for directions.
- The Charge Nurse or designate will assess the situation in consultation with appropriate management team members and indicate next steps for staff. (i.e., paging code green for evacuation).
- Consult the Bonnechere Manor Emergency Plan for support and direction with decision-making.
- Follow the procedures of the appropriate codes as paged.

Miramichi Lodge

When a warning of possible flooding is received, or if flooding is occurring, page Code Grey over the PA system, indicating where the command centre will be located. The location of the command centre will depend on the extent of the flooding event. Spring 2019 (Things Learned – Best Practices) monitoring of the Ottawa River twice a day reporting 0800 and 1500 to command centre (County of Renfrew – Property Management) at increase or decrease water level measurements from designate fence post at property line closest to the river’s edge. Note: lowest point of slab one meter below grade, the Elevator Pit which houses two electric sump pumps on generate backup power. At the highest point of the Ottawa River (100-year flood zone 2019) the bottom of the elevator pit was 2 meters higher.

County of Renfrew Long-Term Care Homes Standard Operating Procedures (SOPs)			
DEPARTMENT: Emergency Planning			SOP#: EP-301
SOP: Code Orange - Flooding			
ORIGINAL DATE: Nov 28, 2022	DATE LAST REVIEWED: March 1, 2024	COVERAGE: Residents, Visitors, Volunteers & Staff	PAGE #: 2 of 2

- All available staff will attend to the location for directions.
- The Charge Nurse or designate will assess the situation in consultation with appropriate management team members and indicate next steps for staff. (i.e., paging code green for evacuation).
- Consult the Miramichi Lodge Emergency Plan for support and direction with decision making.
- Follow the procedures of the appropriate codes as paged.

APPENDICES:

Appendix A – Flood Map

Appendix B – Debriefing Form

County of Renfrew Long-Term Care Homes Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-302
TITLE: Code Orange - Severe Weather Event (i.e., Earthquake)			
ORIGINAL DATE: May 1996	DATE LAST REVIEWED: March 1, 2024	COVERAGE: Residents, Visitors, Volunteers & Staff	PAGE #: 1 of 1

Purpose:

A procedure shall be in place to ensure the safety and well-being of residents, visitors, volunteers and staff in the event of an earthquake.

Procedure:

1. Stay calm. Panic will only make the situation worse.
2. Stay away from windows. **DO NOT** operate elevator and/or lifts.
3. Staff and residents should take cover **under** a heavy table or desk, if you are unable to do this, flatten yourself against a wall and protect your head as best you can, (i.e. use of a mattress for protection).
4. Be prepared for aftershocks.
5. Put all relevant Emergency and Evacuation Plans into effect as required.
6. **DO NOT** light matches or operate any electrical utilities or equipment.

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-906
TITLE: Emergency Cell Phone			
ORIGINAL DATE: Dec 20, 2019	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Staff	PAGE #: 1 of 1

Purpose:

A procedure shall be in place to ensure the safety and well-being of residents, visitors, volunteers and staff in the event of a loss of phone services.

Procedure:

1. An emergency cell phone will be provided in the event an in-house phone line failure occurs.
2. The phone will be kept in the HM1 Med room at **Bonnechere Manor**/two cell phones are kept in the RN's office C307 at **Miramichi Lodge** and will be identified with a label.
3. The emergency phone will have the phone number and password included on the labelling. The password will be given to the Charge Nurse.
4. The Charge nurse will be responsible to check the phone once per shift to ensure it is charged and in the designated location.
5. In the event the phone lines fail the Charge Nurse will retrieve the emergency phone and use it for required communications, and provide it to the Staffing Clerk/Nursing Secretaries for staffing purposes.
6. If a phone line failure occurs the manager on call and maintenance will be notified as soon as staff becomes aware of the failure.
7. During the failure phone communications will be limited to essential call only.

County of Renfrew Long-Term Care Homes Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-907
TITLE: Loss of Water/Boil Water Advisory			
ORIGINAL DATE: March 1, 2022	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 2

Purpose:

A boil water advisory, also known as a boil water order, is a public health advisory or directive administered by government or health authorities to inform residents when a community's water supply is, or could likely be, contaminated by pathogens such as bacteria, viruses and parasites.

Loss of water service advisory is generated by the Town/City's Water Department or can be an internal advisory and possibly unit specific.

Procedure:

1. The person receiving the advisory will immediately notify the Director of Long-Term/Administrator or designate as appropriate. After hours the Charge Nurse will notify the Manager-on-Call and Maintenance personal as per Standard Operating Procedure M-009.
2. All staff must take immediate steps to prevent the use of contaminated water by all residents, staff and visitors.
3. Administration will post signage at entrances doors and all public sources of water.
4. Maintenance will turn off all affected taps and equipment.
5. Environmental Services Supervisor/Designate will access available resources for alternate supplies and equipment. (Bottle water from internal pandemic supplies, contact external suppliers such as Culligan Water)
6. Food Services Department will be kept informed of the situation to ensure that contaminated water is not used for cooking as per Standard Operating Procedure FS-118.
7. Stay advised of the loss of water/boil water advisories and continue to provide updates to the staff.
8. When the advisory has been lifted, ensure maintenance/designate has provided an all clear before using any tap water. Maintenance will complete the flushing of lines, etc. as required.
9. Once it is safe to do so, maintenance remove all signage.

County of Renfrew Long-Term Care Homes Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-907
TITLE: Loss of Water/Boil Water Advisory			
ORIGINAL DATE: March 1, 2022	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 2 of 2

Joint Occupational Health and Safety Committee:

1. Consult on all matters relating to boil water or loss of water advisories relating to potential employee exposure.
2. Review all Debriefing Report forms and provide guidance and or direction for any required corrective actions
3. Once reviewed send all Debriefing Report forms to the Administrator.

Appendices:

- Appendix A: Bonnechere Manor Equipment Checklist
 Miramichi Lodge Equipment Checklist

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-303
TITLE: Emergency Shut Down of Air Supply to the Building			
ORIGINAL DATE: BM October 2000 ML June 23/22	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 2

Purpose:

To ensure air supply to the building can be shut down in case of an external environmental accident or situation.

Procedure:

1. Upon being advised of a dangerous or potentially dangerous external situation that would require the shutdown of the external air supply to the building, the Charge Nurse/Manager or designate already in the Home will take the following actions:
 - a) The person in charge will go to the crash button for the **Emergency Shutdown** of air supply to the building located on the south end wall of the HMI nursing station at Bonnechere Manor and only Environmental Services Supervisor / Maintenance Staff will use the Building Automation System to close outside air dampers to Miramichi Lodge.
 - b) Press this switch to stop all makeup air intake fans, **do not** use this switch in an internal fire emergency – this is not a fire alarm.
 - c) Announce Code Grey 3 times to alert staff to close windows and doors in their designated area.
 - d) Assign Staff to lock down front entrance doors. Incoming people can hold in place between interior and exterior doors.
 - e) Return to the charge area from which you came and wait for further instructions from the Fire Department, Police and/or a Management Staff member.
 - f) Notify the Manager on Call and Maintenance on call as per SOP M-009.

Alternate Procedure at **Bonnechere Manor**:

1. Go to main mechanical room, #2147
2. Shut off supply fans # 1, #2, #3, #4, just inside door on the right
3. Shut off power supplies to, #3, 4, 5, air handling units. (disconnect switches on each unit)
4. Proceed to Penthouse #3003 and shut down, #1 and #2 air handlers.
5. Proceed to Main Laundry, #1230 and shut down air handler #6.

County of Renfrew Long-Term Care Homes Standard Operating Procedure			
SECTION: Emergency Planning			SOP #: EP-303
TITLE: Emergency Shut Down of Air Supply to the Building			
ORIGINAL DATE: BM October 2000 ML June 23/22	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 2 of 2

Alternate Procedure at **Miramichi Lodge:**

1. Go to main mechanical room, C222 Power Panel MCC-B
2. **Shut off power supplies in this sequence by pulling “ON” lever down to “Off” to disconnect;** AHU 1 and then AHU 1 Return, AHU 2 and then AHU 2 Return, AHU 3 and then AHU 3 Return, AHU #4 (this will avoid negative pressure in the ductwork).
3. Then go to third floor C317 mechanical room back hallway, Power Panel MCC- A (right side of door entering)
4. **Shut off power supplies in this sequence by pulling “ON” lever down to “Off “:** EVR #2, EVR #1, ERV #4, EVR #3. (Disconnect switches on Power Panel right side coming through C).
5. Proceed to C314, open door, to the right behind door are all the Exhaust Fans switches EF1,EF3, EF4, EF5, EF6, EF7, EF9, EF10, EF11, EF13, EF14, EF15 turn them off

NOTE: This procedure must be done immediately upon notice given of such an emergency situation.

Standard Operating Procedure			
SECTION: Information Technology Division			SOP#: IT-59
POLICY: After Hours Information Technology Service Requests			
DATE: April 27/09	REV. DATE: July 2022 - CR	COVERAGE: All County Departments	PAGE #: 1 of 2

Please consult the following guidelines and procedures when requesting Information Technology Services for urgent issues outside the regular working hours of 8:00 AM to 4:00 PM, Monday through Friday. If the issue is not deemed as urgent please follow regular protocol of notifying the Information Technology Help Desk at HelpDesk@countyofrenfrew.on.ca.

Definition of Urgent Issues:

- **Multiple staff** are unable to login to the network from separate computers.
- **Multiple staff** are unable to access vital applications or data that is critical to their job functions (i.e. PCC, Dynamics GP, eMar, iMedic, Staff Schedule Care).
- Servers and/or networking equipment are making strange beeping and/or squealing noises.
- Email services are down for multiple staff.
- Loss or theft of a laptop, cell phone, pager or Smart Phone.
- Phone services for the County Admin Building are down.
- Environmental conditions such as extreme heat or cold in the server/LAN room, flooding near networking/server equipment, burning wire/plastic smells from server/networking equipment.
- Internet services are down

Definition of Non-Urgent Issues:

- Reset forgotten/expired passwords.
- The toner/ink cartridge in a printer needs to be replaced.
- Single computer hardware failure (i.e. monitor/CPU will not turn on, malfunctioning keyboard/mouse).
- Peripheral hardware failure (i.e. local printer/scanner/external hard drive/USB Drive).
- Unable to login to the network from only one computer but all other computers are in working order.
- Require a file to be restored from a backup tape.
- Cellular phone, or Smart Phone will not work, has been damaged or lost with the exception of Emergency Services Department.
- Unable to connect to a multimedia projector.
- Connecting laptops to home or non-county networks for high speed Internet access.
- Updates or documents to be posted on the COR website/intranet.

To contact the Information Technology Division in case of an urgent afterhours issue please use the following call in list:

1. Chris Ryn, Manager Information Technology 613-633-0811
2. Nick Ethier, Network Administrator 613-635-1724
3. Tyson Hilts, IT Technician 613-633-1994

Standard Operating Procedure			
SECTION: Information Technology Division			SOP#: IT-59
POLICY: After Hours Information Technology Service Requests			
DATE: April 27/09	REV. DATE: July 2022 - CR	COVERAGE: All County Departments	PAGE #: 2 of 2

If after unsuccessfully attempting to contact the IT staff listed above please leave a detailed voice mail for Chris Ryn, Manager Information Technology at 613-633-0811.

After Hours Response:

Please be advised that all calls deemed urgent, will be responded to as soon as possible by the Information Technology Division within our best efforts.

County of Renfrew Long-Term Care Homes Standard Operating Procedures			
DEPARTMENT: Emergency Planning		SOP #: EP-1000	
SOP: Code Purple Lock Down			
ORIGINAL DATE: November 2/16	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees	PAGE #: 1 of 6

PURPOSE:

County of Renfrew Long-Term Care Homes are committed to working with its employees to provide a safe environment for residents, staff and visitors.

Lockdown procedures protect individuals within a building in the case of an emergency. They require that the individuals stay safely sheltered within the building where they are located once an emergency is identified and declared, unless there is a specific threat within that building that requires them to exit.

A lockdown should be activated in situations:

- Where notification was received by local police or government
- Where an immediate life-threatening situation is occurring in the facility or on the grounds

The following security measures are for the protection of residents, employees, volunteers, visitors and leasees, should the decision be made by the person-in-charge to control accessibility in and/or out of the Home in response to a specified threat.

These measures are over and above the normal Building Security practices, as per SOP M-030.

DEFINITIONS:

“Lockdown” is a response to a major incident, or threat of violence within the building, or in the immediate area of the building. It attempts to isolate individuals from danger by requiring everyone to remain inside the building in secure locations.

Two levels of lockdown are addressed in this Policy: Hold and Secure, and Full Lockdown.

- A. “Hold and Secure” is a term used when it is desirable to secure a building because of an ongoing situation outside and there may be a potential threat to people inside the building. In this situation, the exterior doors to the building are locked, all windows and doors are closed (exception –some rooms may have to be kept open for monitoring) and occupants advised to keep away from windows until such time as the situation near the building is resolved. It protects individuals from leaving the building and entering into an area of danger and helps prevent a threat from entering the building.

County of Renfrew Long-Term Care Homes Standard Operating Procedures

DEPARTMENT: Emergency Planning		SOP #: EP-1000	
SOP: Code Purple Lock Down			
ORIGINAL DATE: November 2/16	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees	PAGE #: 2 of 6

- B. “Full Lockdown” is used when the physical threat is heading towards the building or is already in the building and there is an active threat where there may be bodily harm or death. Measures need to be taken to prevent the threat from accessing areas, to protect individuals from entering areas where the threat may be present and to protect individuals from remaining in areas to which the threat may be moving.

NOTE: Lockdown situations are in effect until the person-in-charge notifies staff over the building’s telephone PA system, email or other means of communication that the emergency has ended. Should the fire alarm sound while in Lockdown or a person is in need of medical assistance, the person-in-charge will provide further directions in light of the need for lockdown.

PROCEDURE:

1. Upon direction from the Person-in-charge, all occupants of the Home will be informed of the requirement for lockdown and the level, as defined above, via the building PA system.
Example: “Attention, this is a security alert. We are implementing ‘Hold and Secure’ procedures. Do not leave the Home. Further updates will be provided”.
As per Appendix A, each of these persons will:
 - respond back to the designated person to confirm this message has been received;
 - communicate to other staff as required; and
 - be alert for further directions and/or to communicate relevant information.
2. The Environmental Services Supervisor/designate will direct a maintenance person/designate to immediately manually lock all entrances to the building.
3. As human resources allow, a staff person may be delegated to monitor the main entrance to allow only persons visually identified and confirmed as having legitimate business in the Home to be manually permitted to enter the Home. Any persons without adequate reason for being within the Home may be asked to leave the premises.
4. Signs will be posted by the Environmental Services Supervisor/designate at all entrances as per Appendix B.
5. The risk of residents requiring to leave the Home for medical emergencies (911) will be discussed with the resident/substitute decision maker, physician and RN.
6. All other residents/Substitute Decision Makers and visitors in the building will be advised of potential risk.
7. Residents, employees and all other occupants should remain until the issue is resolved.

County of Renfrew Long-Term Care Homes Standard Operating Procedures

DEPARTMENT: Emergency Planning		SOP #: EP-1000	
SOP: Code Purple Lock Down			
ORIGINAL DATE: November 2/16	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees	PAGE #: 3 of 6

8. In the event the situation requires an emergency exit, the marshalling area is the same as that for evacuation for fire, east parking lot on the other side of the walking path. If there is an active threat within the building and the police are outside the building, avoid evacuating the building. The police will treat every person leaving the building as the active threat and this will confuse the issue.
9. A worker representative from the Joint Occupational Health & Safety Committee will be notified.
10. As required, the Ontario Provincial Police (OPP) will be contacted for assistance.
11. When the issue has been resolved, the person-in-charge will make an announcement of “All Clear” over the building’s telephone PA system, email or other means of communication and advise the applicable persons to resume normal business.
12. The person-in-charge will complete an Incident Report (Resident/Employee*/Critical Incident Report) and submit to the Administrator.
*Employee Incident Report may trigger Ministry of Labour Report.

NOTE: Any of the above may be modified, related to the specified risk and/or directions from other authorities including the Police.

*The RN/RPN will determine if the resident’s medical status allows for the door to be closed for this exception.

A. HOLD AND SECURE

“Hold and Secure” should be implemented for danger due to a physical threat outside the building or in the neighbourhood.

1. Police/Emergency Services may notify the person-in-charge if there is a need for a “Hold and Secure” or the decision may be made internally.
2. The person-in-charge will make an announcement “Hold and Secure” over the building’s telephone PA system, email or other means of communication.

This announcement should advise individuals inside the building of the threat, not to leave the Home, to control movement inside the building and to advise that further updates will be provided.

County of Renfrew Long-Term Care Homes Standard Operating Procedures

DEPARTMENT: Emergency Planning		SOP #: EP-1000	
SOP: Code Purple Lock Down			
ORIGINAL DATE: November 2/16	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees	PAGE #: 4 of 6

Example: "Attention, this is a Code Purple, We are implementing "Hold and Secure" procedures..."

3. The Department Head/designate will ensure that an individual(s) within their area of responsibility is/are assigned to close all windows and doors and advise all to keep away from windows.
4. All should remain in the "Hold and Secure" mode until the Police/Emergency Services advise the person-in-charge it is safe to come out.
5. The person-in-charge will make an announcement of "All Clear" over the building's telephone PA system, email or other means of communication.
6. In the event the situation requires an emergency exit, the marshalling area is the same as that for evacuation for fire.
7. The person-in-charge will complete an Incident Report.

County of Renfrew Long-Term Care Homes Standard Operating Procedures			
DEPARTMENT: Emergency Planning		SOP #: EP-1000	
SOP: Code Purple Lock Down			
ORIGINAL DATE: November 2/16	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Residents, Employees, Volunteers, Visitors and Lessees	PAGE #: 5 of 6

B. FULL LOCKDOWN

“Full Lockdown” should be implemented for danger due to an immediate physical threat coming into the building or already inside the building.

1. If feasible, Police/Emergency Services may notify the person-in-charge if there is a need for a “Full Lockdown” or the decision may be made internally. Call 911 if the police are not already involved.
2. The person-in-charge will make an announcement of a “LOCKDOWN” over the building’s telephone PA system, email or other means of communication.

This announcement should advise individuals inside the building of the threat and provide some direction depending on the situation such as “Attention, this is a security alert. The building is in “LOCKDOWN. Go to the nearest room, lock the doors and windows and hide”

Then advise that further updates will be provided.

3. Do not tell people to go to a certain room or area because the active threat may be inside the building and decide to go there also.
4. Avoid evacuating the building if possible if the police are involved as this will cause problems for the police as mentioned earlier.
5. All should remain in the “LOCKDOWN” mode until the Police/Emergency Services indicate to the person-in-charge it is safe to come out.
6. The person-in-charge will make an announcement of “All Clear” over the building’s telephone PA system, email or other means of communication.
7. In the event the situation requires an emergency exit, the marshalling area is the same as that for evacuation for fire.
8. The person-in-charge will complete an Incident Report.
9. Three (3) locations that are required to be locked:

Main Doors

The outside sliding door is locked using a stick that is hanging on the wall inside Switchboard/Reception area. The stick is painted and has "Lockdown" on it. It is laid on the track behind the door so the door will not slide open. The inside door is locked by flipping the

County of Renfrew Long-Term Care Homes Standard Operating Procedures			
DEPARTMENT: Emergency Planning		SOP #: EP-1000	
SOP: Code Purple Lock Down			
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rocker switch on the top right corner of the door frame. The white dot on the rocker switch is "on" and the no white dot is "off".

Employee entrance outside door

There is a manual thumb latch switch on the inside frame of the door on the left side. When the latch is turned, the door locks.

Greenhouse entrance (if it's not winter)

There is a rocker switch on the aluminium header on the right-hand side above the door.

Moving the rocker switch to the center position (Off) deactivates the door.

NOTE: If lockdown occurs between 7 am - 3 pm, then maintenance staff will look after locking these doors. If lockdown occurs outside of these hours, the Charge Nurse will be responsible for making sure these doors are locked.

Appendix A: Lock Down Checklist

Appendix B: Notice for Door

County of Renfrew Long-Term Care Homes Standard Operating Procedures (SOPs)			
DEPARTMENT: Emergency Planning			SOP#: EP-1100
SOP: Code Silver – Person With a Weapon			
ORIGINAL DATE: June 14, 2022	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 1 of 3

Purpose:

Code Silver is a planned response to ensure the safety of staff, residents and visitors when an individual is in possession of a weapon either Bonnechere Manor or Miramichi Lodge, County of Renfrew Long-Term Care Homes' property and an enhanced police response is required.

A Code Silver is called if there is a threat, attempt, or active use of a weapon to cause harm, regardless of the type of weapon.

Code Silver does not result in other staff coming to assist, as it is designed to keep people away from harm.

Police will be contacted as soon as Code Silver is announced.

Once Police are present, they are in **complete control** of the situation.

Procedure:

BONNECHERE MANOR

1. CALL Charge Nurse at ext. 1000.
2. Give Charge Nurse as much information as possible including:
 - Location of the assailant(s) current, last known, and /or direction headed
 - Type of weapons(s)
 - Description of the assailant(s)
 - Any comments or demands made by the assailant
 - information on victims and/or hostages
 - Any other information you feel may be relevant
 - Ask Reception or RN to notify the Police if not already done
3. Staff who are in the **IMMEDIATE AREA** of assailant:
 - Do NOT attempt to engage the assailant. This includes verbal and physical attempts to deescalate the situation
 - Remain **CALM** and **EVACUATE**
 - If unable to evacuate, **HIDE**
4. All staff in areas **NEAR** the code silver location:
 - If you can leave safely, **EVACUATE**
 - If you cannot leave safely, **HIDE**

County of Renfrew Long-Term Care Homes Standard Operating Procedures (SOPs)			
DEPARTMENT: Emergency Planning			SOP#: EP-1100
SOP: Code Silver – Person With a Weapon			
ORIGINAL DATE: June 14, 2022	DATE LAST REVIEWED: March 1, 2024	COVERAGE: All Employees	PAGE #: 2 of 3

- If you have no other option, as a last resort and only if your life is in imminent danger: plan to **SURVIVE**
 - Attempt to disrupt and/or incapacitate the assailant by acting as aggressively as possible against him/her, throw items and improvising weapons, yelling, commit to your actions
 - If others are available, work together to distract and attack the assailant as fiercely as possible
5. Do not attempt to return to your work area/Resident Home Area until “Code Silver All Clear” is announced or wait for further instructions to be announced by the Police.
 6. Once Code Silver has been called all clear, an announcement will go out indicating a safe meeting place for a debriefing.

MIRAMICHI LODGE

1. CALL Reception at “0” or Charge Nurse after hours at ext. 175 as soon as possible. Receptionist or RN is to page “Code Silver” and location if known.
2. Give Receptionist or Charge Nurse as much information as possible including:
 - Location of the assailant(s) current, last known, and /or direction headed
 - Type of weapons(s)
 - Description of the assailant(s)
 - Any comments or demands made by the assailant
 - information on victims and/or hostages
 - Any other information you feel may be relevant
 - Ask Reception or RN to notify the Police if not already done
3. Staff who are in the **IMMEDIATE AREA** of assailant:
 - Do NOT attempt to engage the assailant. This includes verbal and physical attempts to deescalate the situation
 - Remain **CALM** and **EVACUATE**
 - If unable to evacuate, **HIDE**
4. All staff in areas **NEAR** the code silver location:
 - If you can leave safely, **EVACUATE**
 - If you cannot leave safely, **HIDE**

County of Renfrew Long-Term Care Homes Standard Operating Procedures (SOPs)			
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Appendix A – Code Silver Debriefing Form

Bonnechere Manor Business Continuity Plan

Prepared by: The Management Team of Bonnechere Manor
September 23, 2009
Updated: January 2024

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Chapter 1: Introduction

Planning is a key component of emergency management, regardless as to the nature, size, or duration of the emergency. The possibility of an influenza pandemic, a natural event that occurs three to four times per century, is recognized as a significant threat that warrants dedicated and ongoing planning to minimize its impact on society. This document is part of a comprehensive emergency management strategy for Bonnechere Manor.

While the plan is as complete as possible at the time of publication, pandemic planning is an ongoing process. The plan is a living document that will be reviewed and revised annually.

Pandemic Response Goal

Consistent with the pandemic goals adopted by the federal and provincial government, the goal of the pandemic response at Bonnechere Manor is to:

- (1) Minimize illness and death; and
- (2) Reduce disruption at Bonnechere Manor as a result of an influenza pandemic.

Plan Purpose

The purpose of this plan is to identify the need for planning and to identify the roles, responsibilities and key activities of Bonnechere Manor in planning and responding to a pandemic emergency.

Pandemic Influenza

Pandemic influenza refers to the occurrence, three to four times per century, of a novel influenza A virus infection that circulates around the globe. For a pandemic to occur, the novel virus must have the capacity to spread efficiently from person to person and to cause widespread illness and death. The exact nature of the next pandemic virus, such as its virulence, genetic make-up, transmissibility, and epidemiologic features (e.g. age groups affected) will not be known until it emerges.

Three influenza pandemics occurred in the last century, the 1918-19 Spanish flu (H1N1), the 1957 Asian flu (H2N2), and the 1968 Hong Kong flu (H3N2). The Spanish flu killed over 40 million people worldwide, and predominantly attacked young, healthy adults between the ages of 15 and 35 years. Although not as deadly, the 1957 Asian flu resulted in an estimated two million deaths worldwide, most of whom were elderly and those with underlying medical conditions. The 1968 Hong Kong flu resulted in an estimated one million deaths, mostly among the elderly. In addition, there have been several pandemic alerts that involved the identification of a novel Influenza A virus to which the population was largely susceptible, but which lacked the ability to spread easily from person to person. H5N1 is a current example of a novel virus that is being monitored closely for its pandemic potential.

It is now believed that the 1957 and 1968 pandemics arose from genetic re-assortment between human and avian influenza strains. The origin of the Spanish flu virus is less clear,

although it is thought to have progressively mutated from an unknown avian strain of influenza.

Experts suggest that strains of pandemic influenza will likely originate in Asia where wild and domestic birds, pigs, and people live in close proximity. These living conditions create a favourable environment for the mixing of avian and human strains of influenza.

World Health Organization (WHO) Pandemic Periods and Phases

To provide assistance in pandemic planning and preparedness, and help coordinate response activities, the World Health Organization (WHO) has categorized the various phases of a pandemic. In April 2005, WHO revised the pandemic phases to take into account avian influenza and its possible relationship to human pandemics (see Table 2.1). WHO phases reflect the international risk or activity level, but do not necessarily reflect the situation in Canada. Therefore, an adaptation of the WHO numbering scheme has been developed nationally to reflect the Canadian situation. The WHO phase number will be followed by a period and then a number from 0 to 2 to indicate the level of activity in Canada. The Canadian adaptation of the WHO phases is as follows:

0 – no activity observed in Canada;

1 – single case(s) observed in Canada but no clusters; and

2 – localized or widespread activity in Canada.

For example, WHO Phase 6, a declared pandemic with sustained human-to-human activity, would be represented by Phase 6.0 if it has not yet arrived in Canada.

World Health Organization Phases for Pandemic Influenza

Period	Phase	Description
Inter-pandemic period	Phase 1	No new influenza sub-types have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered low.
	Phase 2	No new influenza subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human diseases.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or limited to rare instances of spread to a close contact.
	Phase 4	Small clusters with limited human-to-human spread, but spread is localized, indicating that the virus has not adapted to humans.
	Phase 5	Larger clusters. However, human-to-human spread remains localized, indicating that the virus is adapting to humans, although not yet fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Increased and sustained human-to-human transmission.

Business Continuity Plan for Bonnechere Manor

Post Pandemic Period		Return to Inter-pandemic Period.
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Planning Assumptions:

- At the peak of the pandemic, businesses should plan for up to 20-25% of their staff being absent (at a given time) as a result of personal illness, caregiver responsibilities, or fear of infection;
- Supply chains may be weakened or severely disrupted; and
- There may be intermittent disruptions and reduced service levels in critical infrastructure, including transportation, utilities, and emergency services.

Bonnechere Manor Demographics – Residents and Staff

Staff Population			
Department	Full-Time	Part-Time	Relief/Casual
Administration	12	0	
Maintenance	2	2	
Housekeeping	6	9	
Food Services	10	14	0
PSW	42	52	3
Laundry	4	5	4
Client Programs + Physio *1 FT + 1 PT Staff have PSW Cert.	6	7	
Registered Nurses	2	7	4
Registered Practical Nurses	10	18	3
Nursing Administration	6	2	
Day Programs – Renfrew/Cobden *1 FT + 1 PT Staff have PSW Cert.	1	2	
Total	101	118	14

Estimated Potential Impact of an Influenza Pandemic at Bonnechere Manor

Impact Indications	Residents	Staff
35% may become clinically ill	63	86
50% may seek medical care	90	122
1% may be hospitalized	2	3
0.4% may die	1	1
Without Interventions		
1-10% may be hospitalized	1.8 - 18	2.45 – 24.5
0.4 – 2% may die	0.72 - 3.6	0.98 - 4.9

Chapter 2: Overview of Health Sector Organizations

Long-Term Care Homes

Bonnechere Manor Dean Quade, Administrator 470 Albert Street Renfrew, ON K7V 4L5 Tel: 613-432-4873 / Fax: 613-432-7138	-	180 LTC Beds
Caessant Care Cobden Tami Sandrelli, Administrator 12 Wren Drive, Cobden, ON K0J 1K0 Tel: 613-646-2109 / Fax: 613-646-2182	-	64 LTC beds & 37 Retirement beds
The Four Seasons, Deep River Hospital Janna Hotson, Administrator 117 Banting Drive, Deep River, ON K0J 1P0 Tel: 613-584-3333 / Fax: 613-584-4920	-	10 LTC Beds, 4 Interim Beds
Groves Park Lodge, Renfrew Donna Pinkham, Administrator 470 Raglan St., Renfrew, ON K7V 1P5 Tel: 613-432-5823 / Fax: 613-432-5287	-	90 licensed beds, 11 Interim Beds & 4 Transitional beds Total = 90
Marianhill Inc., Pembroke Linda Tracey, Administrator 600 Cecelia St., Pembroke, ON K8A 7Z3 Tel: 613-735-6838 / Fax: 613-732-3934	-	167 LTC Beds
Miramichi Lodge, Pembroke Mike Blackmore, Director of Long-Term Care 725 Pembroke St. E., Pembroke, ON K8A 8S6 Tel: 613-735-0175 / Fax: 613-735-0861	-	164 LTC Beds, 2 Respite
North Renfrew Long-Term Care Services Shelley Yantha, Administrator Box 1988, 47 Ridge Rd., Deep River, ON K0J 1P0 Tel: 613-584-1900 / Fax: 613-584-9183	-	20 LTC Beds, 1 LTC Respite and 1 Community Respite, 9 Senior Apts
The Grove, Arnprior Janice Dunn, Vice President, Long-Term Care 275 Ida St. North, Arnprior, ON K7S 3M7 Tel: 613-623-6547/ Fax: 613-623-4554	-	60 LTC Beds, 1 Respite

Business Continuity Plan for Bonnechere Manor

Valley Manor, Barry's Bay
 Trisha Sammon, Administrator
 P.O. Box 880, 88 Mintha St., Barry's Bay, K0J 1B0
 Tel: 613-756-2643
 Fax: 613-756-7601

90 beds total at Valley Manor, no short stay and offers an Adult Day program on Tues and Thurs (6-8 clients)

Hospitals

Renfrew Victoria Hospital, 499 Raglan Street, Renfrew, ON K7V 4A7
 Julia Boudreau Tel: 613-432-4851 ext. 260 Fax: 613-432-8649

Arnprior & District Memorial Hospital, 350 John Street North, Arnprior, ON K7S 3M4
 Leah Levesque Tel: 613-623-3166 Fax: 613-623-4844

Pembroke Regional Hospital, 705 MacKay St., Pembroke, ON K8A 1G8
 Sabine Mersmann Tel: 613-732-2811 Fax: 613-732-9986

St. Francis Memorial Hospital, P.O. Box 129 Centennial Dr., Barry's Bay, ON K0J 1B0
 Julia Boudreau Tel: 613-756-3044 Fax: 613-756-0106

Deep River & District Hospital, 117 Banting Dr., Deep River, ON K0J 1P0
 Janna Hotson Tel: 613-584-3333 Fax: 613-584-4920

Bonnechere Manor Physician List			
Physician Name	Office	Home	Cell
Dr. Andrea DiPaolo Medical Director	613-432-9152	613-432-3303	613-585-8057
Dr. Bruce Strader Attending Physician	613-432-7927	Pager 613-432-4851 ext. 0	613-432-7927
Dr. Phillipe Pinard Attending Physician	613-433-5712	613-432-9265	343-369-1277 343-369-0526
Dr. Stephaine Langlois On-Call Physician	613-432-4815		

Business Continuity Plan for Bonnechere Manor

Dr. Ronald Lavigne On-Call Physician	613-432-5828		
Dr. Elizabeth Noulty	613-639-4513		

Business Continuity Plan for Bonnechere Manor

Essential Service Providers			
Name	Telephone	Fax	Services / Account #
DIETARY			
Dempsters (Tues & Thurs)	Steven Cell: 613-570-0052 Andrew: 613-371-0819	Customer Service 1-888-229- 1042	60472847Route # 9593 Bread & Buns
Summerlea Dairy Logistics	613-241-4242 Jenn: summerlea@rogers.com		Milk/Dairy Products
Complete Purchasing Tammy Armstrong	1-800-331-9433 ext. 448 tammy_Armstrong@aramark.ca		
Culligan	Peter Barr (owner) Cell 613-312-0677		Drinking water
Diversey 6150 Kennedy Rd Mississauga L5T 2J4	Jamie Sawyer Cell 613-880-8328	1-800-668- 7171	Chemicals Kitchen and Laundry
Sysco P.O. Box 6000 Peterborough, ON K9J 7B1	Bianca Saikaley: 343-998-6150 Order Desk: 1-800-461-6543	1-800-481- 8758	44200115890 Groceries / Dry / Fresh / Meat / Frozen
Vitality	1-800-538-3545		Juice/Coffee/Tea Machines

Business Continuity Plan for Bonnechere Manor

Essential Service Providers			
Name	Telephone	Fax	Services / Account #
NURSING			
Renfrew County & District Health Unit 450 O'Brien Rd. Renfrew, ON	613-432-5853 Main office 613-732-3629 613-623-2991	613-623-3382	
MediSystem 40 Camelot Drive Ottawa, ON K2G 5X8	613-224-3225 or 1-866-205-1355	1-888-243-2979	Pharmaceutical supplies
Cardinal Health 277 Basaltic Rd. Concord, ON L4K 5V3	1-905-417-2900 1-800-387-7025 Melanie MacDougall 613-449-2750	1-905-761-9929	Nursing Supplies
Life Labs	Stacie Cell 613-635-2453	905-790-3055	Laboratories Services
KCI Medical Canada, Inc. 95 Topflight Drive Mississauga, ON L6S 1Y1	1-800-668-5403 905-565-7187	905-565-7270	Specialty Nursing Supplies
Medical Mart 5875 Chedworth Way Mississauga, ON L5R 3L9	1-905-624-6200 1-800-268-2848	1-905-624-2848 1-800-563-6937	Incontinent Products and Medical supplies
Medigas, A Praxair Company 900 Ages Dr. Unit 900 Ottawa, ON K1G 6B3	613-732-4396		Oxygen
Ontario Medical Supplies (OMS)	613-244-4560 ext. 2582 1-800-461-3599 ext. 2582	1-800-373-4945	Pain Pump Supplies IV Supplies

Business Continuity Plan for Bonnechere Manor

Essential Service Providers			
Name	Telephone	Fax	Services / Account #
ENVIRONMENTAL SERVICES			
Medical Mart 5875 Chedworth Way Mississauga, ON L5R 3L9	1-905-624-6200 1-800-268-2848	1-905-624- 2848 1-800-563- 6937	Incontinent Products and Medical supplies
George Courey 6620 Ernest Cormier Laval, QC H7C 2T5	1-800-361-1087		Linen Supplies
MC Healthcare 4658 Ontario St. Beamsville, ON L0R 1B4	1-800-268-8671	905-563- 8680	Beds, mattresses, furniture
MIP 9100 Ray Lawson Blvd. Anjou, QC H1J 1K8	1-800-361-4964		Linen Supplies
Wood Wyant 42 Rue del'Artisan Victoriaville, QC G6P 7E3	1-877-726-4627 1-800-361-7691 Nancy Barns 613-851-5759		Housekeeping Supplies
Complete Purchasing Tammy Armstrong	1-800-331-9433 ext. 448 tammy_Armstrong@aramark.ca		All supplies
Diversey 6150 Kennedy Rd Mississauga L5T 2J4	Jamie Sawyer Cell 613-880-8328	1-800-668- 7171	Chemicals Kitchen and Laundry
VAC	Billy Patterson	613-432- 9279	Electrical and Controls
GF Heating	Gene Fex	613-432- 7741	Gas Refrigeration HVAC
Gal Power		1-800-619- 4219	Generator
Petro Canada	Sue Cell for emergency fuel 343-369-1490	613-432- 4201	Generator Fuel

Chapter 3: Roles and Responsibilities

Supervisory personnel will assign job duties and it is expected that all staff cooperate in performing a wide variety of duties. Duties that were once designated for specific classifications may need to be shared and carried out by others. Duties will vary, depending on the nature of the pandemic circumstances.

Nursing Department Roles and Responsibilities

Nursing Management Team:

- nursing care within their individual professional competencies
- take direction from the Renfrew County and District Health Unit and Medical Officer of Health, through the Infection Control Liaison or Designate
- the Home physicians will be asked to determine which residents are high risk and determine their treatment plan of care

Registered Nurses and Registered Practical Nurses:

- Registered Staff are expected to continue to adhere to the overall framework for the practice of nursing as outlined in the College of Nurses Practice Standards and Guidelines (Appendix I)
- Access current government and related health pandemic information

Type of Service	Level of Care	Services that could be reduced	Services that may be enhanced
Medications	Administered as prescribed	None	Antiviral administration
Assessment of Care needs	Ongoing	Frequency may be reduced	
Skin and wound Care	Routine Aseptic dressings, sterile dressings and colostomy care		
Communication with families/ decision makers, POA	Maintain regular communications		May have to increase frequency or change process method (website)
Contract Services	Determine whether Physiotherapy or Psychiatry visits should continue.	Defer foot care, hairdressing, dental hygienist dependent on residents need	

Business Continuity Plan for Bonnechere Manor

If no registered staff are available, consider:

Rank	Staffing Options
1	Qualified staff working in other departments
2	Nurse Practitioner
3	Resident Care Coordinators
4	Director of Care
5	Staff on leave of absences (LOAs)
6	Retired staff
7	Registered Staff from Miramichi Lodge
8	Renfrew Victoria Hospital
9	Algonquin College Nursing Professors/Students
10	AdvantAge Ontario
11	Agency Staff
12	Military Personnel

Personal Support Workers:

Type of Service	Level of Care that must be maintained	Services that could be reduced	Services that may be enhanced
Personal Care	Face, hands and perineum washed 2x daily and as needed to maintain skin integrity. Active care that reduces risk of health complications	Bathing limited to baths and showers as needed.	
Personal hygiene and grooming		Modify depending on resident health needs, staff availability; defer care of fingernails and feet.	
Oral Care	Twice daily		
Clothing and bed changes		As needed	
Toileting and continence Care	Maintain routine toileting and continence care. Maintain routine catheter care		
Assistance with eating	Provide as needed		

Business Continuity Plan for Bonnechere Manor

Type of Service	Level of Care that must be maintained	Services that could be reduced	Services that may be enhanced
Reposition bed residents		Once every 2 hours or as needed to promote comfort and prevent skin breakdown	
Management of natural deaths			Will likely increase

If no Personal Support Worker staff are available, consider:

Rank	Staffing Options
1	Qualified staff working in other departments
2	Registered nursing staff
3	Staff on leave of absences (LOAs)
4	Retired staff
5	Qualified staff from Miramichi Lodge
6	Renfrew Victoria Hospital
7	Designated Essential Care Givers
8	Volunteers
9	Qualified County of Renfrew staff (i.e., Social Services Department)
10	AdvantAge Ontario
11	Agency Staff (i.e., Bayshore Health Care 1-855-493-6087, Paramed Home Health 613-433-9408/1-866-656-9594)
12	Red Cross 613-735-1157
13	Military Personnel

Nursing Staff Contingency Plan in an Emergency Situation:

Position	Day Shift	Afternoon Shift	Night Shift
Personal Support Workers (PSWs): Pinnacle	5 staff 6:30 to 2:30	No Change	No Change
PSWs HM1	6 staff 6:30 to 2:30	No Change	No Change
PSWs HM2	6 staff 6:30 to 2:30	No Change	No Change
Registered Staff	reduce by 1 RN, add 1 RPN=6 RPNs and 1 RN	reduce by 1 RN, add 1 RPN=6 RPNs and 1 RN	No Change

- Cross training of non-nursing support staff to assist with personal care duties complete.

Food Services Department Roles and Responsibilities

The Food Services Department will provide:

- the continuity of meal service to provide adequate Nutrition and Hydration to 180 residents.
- responsible for food production and preparation, portering of food items to the resident home areas, serving meals and setting up nourishment carts.

Food Services Supervisor/Assistant Food Service Supervisor:

- Overall function of department and food service operations
- Plan menu and requisition food and supplies from suppliers
- Staffing work schedules

Cooks/Food Service Workers:

Type of Service	Level of Care that must be maintained	Service that could be reduced	Service that may be enhanced
Breakfast	Basic selection	Reduced selections	Cold options (i.e., cereals)
Lunch	Min 1 selection	Menu revision from 2 choices to 1	Pre-portioned items such as juices, milks, desserts etc. for tray service Pre-made entrees, soups, desserts, salads, sandwich fillings, etc.
Dinner	Min 1 selection	Menu revision from 2 choices to 1	Pre-portioned items such as juices, milks, desserts etc. for tray service Pre-made entrees, soups, desserts, salads, sandwich fillings, etc.
AM Snack	Min 1 selection	Reduced or cancelled	Individually purchased items
Hydration	Must be maintained	Can not be reduced	Bottled water
PM Snack	Min 1 selection	Reduced or cancelled	Individually purchased items
Hydration	Must be maintained	Can not be reduced	Bottled water
HS Snack	HS Snack	Reduced or cancelled	Individually purchased items
Hydration	Must be maintained	Can not be reduced	Bottled water
			Disposable dishes and cutlery for all service

Business Continuity Plan for Bonnechere Manor

Note: therapeutic diets will be liberalized. Emergency menus simplified to be practical for a variety of circumstances, with an attempt to provide food suitable for full, minced and puree diets. Selective menus will not be used.

Supply Item	Supply Ordering
Food (excluding perishables)	Every 7 days
Eggs, Milk, Bread, fresh produce	Every 3 days
Bottled water	Every 2 days
Chemical Supplies: hand cleaning & chemical dishwashing supplies	Every 2 weeks
disposable supplies; plates, cups, bowls, glasses, knives, forks, spoons, soup spoons	Every 7 days

Food Service Staff Contingency Plan in an Emergency Situation:

A minimum of ten (10) people are essential to provide normal meals and nourishments with as little modification as possible.

Position	Early	Late	Evenings
Food Service Supervisor	1 varied hours		
Assistant Food Service Supervisor	1 varied hours		
PT Registered Dietitian	1 varied hours		
Cooks	5:00-1:00 No Change	8:30-4:30 No Change	N/A
Food Service Workers	3 - 6:00-2:00 1 - 6:15-2:15	2 – 11:00–7:00	2 – 2:45–7:15 1 – 3:15–7:15

If no Food Service Worker staff are available, consider:

Rank	Staffing Options:
1	Qualified staff working in other departments
2	Staff on leave of absences (LOAs)
3	Retired staff
4	Qualified staff from Miramichi Lodge
5	Volunteers
6	Qualified staff working another division of the Corporation of the County of Renfrew (i.e., Social Services Department)
7	Renfrew Victoria Hospital
8	AdvantAge Ontario
9	Local qualified restaurants staff (i.e., Kim Limlaw, Rocky Mountain House 613-432-5801, Ullrich's on Main, Pembroke, ON, Marian Ullrich, 613-735-6025)
10	Military Personnel
11	Contract out meals from local restaurants

Environmental Services Roles and Responsibilities

Laundry

Type of Service	Level of Care that must be maintained	Service that could be reduced	Service that may be enhanced
Personal linen	Clean personal linen each day	None	increase based on the symptoms of the influenza like illness
Facility linen	Clean personal linen each day	If decreased services	Disposable items

Laundry Staff Contingency Plan in an Emergency Situation:

Position	Days
Laundry Staff	No changes # of staff 4

If no laundry staff are available, consider:

Rank	Staffing Options:
1	Qualified staff working in other departments
2	Staff on leave of absences
3	Retired staff
4	Miramichi Lodge laundry staff and/or qualified staff from other departments
5	Renfrew Victoria Hospital
6	Contract services (i.e, Ottawa Linen Services 1-888-770-2489)

Housekeeping

Type of Service	Level of Care that must be maintained	Service that could be reduced	Service that may be enhanced
Resident Rooms	Daily cleaning	Additional cleaning i.e. room pulls, deep cleaning	Enhanced cleaning of High touch areas Additional Staff related to increased volumes of linen and garbage
Resident Common Areas	Daily cleaning	Deep cleaning	Enhanced cleaning of High touch areas
Staff Areas	Daily cleaning	Reduced frequency of low touch areas Deep cleaning	Enhanced cleaning of High touch areas

Business Continuity Plan for Bonnechere Manor

Housekeeping Staff Contingency Plan in an Emergency Situation:

Position	Days	Afternoons
Housekeeping Staff	No changes # of staff 6	No changes # of staff 2

If no housekeeping staff are available, consider:

Rank	Staffing Options:
1	Qualified staff working in other departments
2	Staff on leave of absences
3	Retired staff
4	Miramichi Lodge housekeeping staff and/or qualified staff from other departments
5	Renfrew Victoria Hospital
6	Contract services (i.e., Jani King at jerry@janiking.ca or Chris at Diamond Shine 819-598-7633)

Maintenance

Position	Level of Care that must be maintained	Service that could be reduced	Service that may be enhanced
Maintenance Staff		Residents Needs: -phone/cable connection -furniture moving in/removal with admissions/transfers	
		Preventative Maintenance	
	Mechanical Equipment, safe operations		Priority
	Security		

Maintenance Staff Contingency Plan in an Emergency Situation:

Position	Days	Afternoons
Maintenance Staff	# of staff 1	# of staff 0

If no maintenance staff are available, consider:

Rank	Staffing Options:
1	Contractors for emergency repairs
2	Qualified County of Renfrew staff
3	Qualified Miramichi Lodge staff/ Environmental Services Supervisor

Business Continuity Plan for Bonnechere Manor

Rank	Staffing Options:
4	Staff on leave of absences (LOAs)
5	Retire staff
6	Contractual Companies

Client Services Department Roles and Responsibilities

- Client Services will have 19 staff available to assist on a daily basis

Type of Service	Level of Care that must be maintained	Service that could be reduced	Service that may be enhanced
Day Program	None	Closed	3 Program Staff with PSW Cert.
In-house Rec. Prog./ Rec. Therapist	Basic programming Daily Check-ins	Closed	7 Rec. Prog.
Restorative Care Staff / PTA	1:1	Closed	3 PT Rehab 3 PT PTA

Client Programs Staff Contingency Plan in an Emergency Situation:

Position	Days	Afternoons
Recreation Programmer/Therapist	2	2

If no Client Programs staff are available, consider:

Rank	Staffing Options:
1	Essential Care Givers
2	Volunteers

Administration Department Roles and Responsibilities

Type of Service	Level of Service that must be maintained	Services that could be reduced	Services that may be enhanced
Director of Long-Term Care / Administrator Direction	Administrator may provide directions from an offsite location; either County Administration building or home.		Act as Admin for both Bonnechere Manor & Miramichi Lodge
Administration Supervisor: Payroll HR Services Facility Budget	Payroll WSIB Form 7 completion – 3 day timeframe for reporting (backup AA-F, AS)	Financial/budget reports could request extension to any deadlines	
Human Resource Coordinator	Onboarding staff	HR duties	
AA-Finance Resident Finances	Monthly billing (backup ADS)	Payables reduce from bi-weekly to monthly or request County Administration assistance. Day Programs will be closed	Obtaining approval signatures from Managers working off site
AA-Administration Administrative	Backup AA-F, Receptionist		Admin support to ML
Receptionist Reception Duties	Switchboard (backup – system will remain on night service) Maintenance staff schedule and call-ins	Resident trust / mtc. payment / withdrawal	
AA-Administration/ HR HR Administrative Support	By-weekly Payroll (backup AAF, ADS) Onboarding of staff		
Staffing Clerk	Maintain staff schedules Call-ins		

Business Continuity Plan for Bonnechere Manor

Unit Clerks Nursing Administration Support	Support Nursing Managers and Department	Supply Ordering	Back-up support for Staffing Clerk Call-ins
-----------------------------------------------------	--------------------------------------------	-----------------	------------------------------------------------------

Administrative staff Contingency Plan in an Emergency Situation and will work in teams with one team on site and the other team off-site or if unavailable:

Team One	Team Two	If Teams One & Two are unavailable
Director of Care	Administrator	<ol style="list-style-type: none"> 1. Miramichi Lodge staff 2. County of Renfrew personnel 3. Renfrew Victoria Hospital 4. AdvantAge Ontario resources 5. Ministry of Long-Term Care resources 6. Military
Resident Care Coordinator	Resident Care Coordinator – Infection Prevention and Control Practitioner	
Environmental Services Supervisor	Food Services Supervisor	
Assistant Food Services Supervisor		
	Client Programs Supervisor	
Administration Supervisor	Administrative Assistant-Finance	
Administration Assistant-Admin	Administrative Assistant-HR	
Staffing Clerk	Unit Clerk FT	
Receptionist	Unit Clerk PT	
Physiotherapist		
	Dietitian	
Nurse Practitioner		

Municipal Sector Role

County of Renfrew Emergency Plan – Appendix III

Ministry of Long-Term Care

The MOLTC is responsible for coordinating the province-wide response to an influenza pandemic. The *Ontario Health Pandemic Influenza Plan (OHPIP)* has been updated annually since its release in 2004. The mandate of MOHLTC for pandemic planning, and response, is to:

- Implement national recommendations on influenza surveillance and immunization programs;
- Maintain provincial surveillance activities, report diseases caused by influenza, and participate in national surveillance activities;

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- Coordinate the investigation of outbreaks and clusters of febrile respiratory illness (FRI) and influenza-like illness (ILI);
- Undertake tasks most effectively done at the provincial level, such as bulk equipment purchasing, stockpiling and distribution of antiviral medications and vaccines, and the distribution of medical supplies;
- Provide guidelines and direction to local public health authorities to ensure consistent planning and response operations across the province by the health sector;
- Support special studies to enhance the capability of the providers to manage a pandemic;
- Coordinate public education campaigns;
- Provide guidelines and direction to local pandemic planning groups; and
- Provide guidance to the health sector.

Public Health Agency of Canada

The Government of Canada is responsible for coordinating the national response to a pandemic. The lead for national health pandemic planning is the recently created Public Health Agency of Canada (PHAC), which was previously part of Health Canada.

The *Canadian Pandemic Influenza Plan* (CPIP) was released in 2004, and a revised version for the health sector was released in late 2006. CPIP details the responsibility and role of the federal government, and outlines the expectations of the federal government for the provincial and territorial influenza pandemic health response.

With respect to pandemic influenza, the mandate of PHAC, together with Health Canada, is to:

- Liaise with the World Health Organization, the US Centers for Disease Control, and other national and international health organizations to coordinate surveillance, vaccination, and investigation activities;
- Procure and distribute diagnostic reagents and technical information to provincial/territorial public health laboratories;
- Establish domestic influenza vaccine manufacturing capacity;
- Acquire influenza vaccine and antiviral drugs, and allocate them to the provinces and territories;
- Work with provinces and territories to provide vaccine and antiviral drugs to specific populations for which the federal government is responsible (e.g. First Nations, etc); and
- Develop communication strategies and plans.

Chapter 4: Emergency Response and the Incident Management System

Incident Management System

The Incident Management System (IMS) is an international emergency management system that provides the basic structure and functions required to manage an emergency situation effectively. The use of IMS permits emergency response organizations to work together to manage multi-jurisdictional incidents. The benefits of IMS are to improve communication, streamline resources, enhance capacity, and facilitate the cooperation and coordination of operational activities between agencies.

IMS has been adopted by Emergency Management Ontario as an operational framework for emergency management in Ontario. The Ministry of Long-Term Care (MOLTC) also uses IMS to structure its emergency response activities. The *Ontario Health Pandemic Influenza Plan* suggests that all health organizations use the IMS model.

Description of the IMS Structure

The IMS structure is built around five sections (see Figure 6.2):

- (1) Command;
- (2) Planning and Intelligence;
- (3) Operations;
- (4) Logistics; and
- (5) Finance and Administration.

The size of the IMS structure is scalable, and is normally determined by the size of the emergency response organization and the complexity of the incident. In a small-scale, short-duration incident, one person may lead multiple sections. In complex, large-scale emergencies, the IMS may be expanded to include several people supporting each function. The scalability of the IMS allows for maintaining a span of control such that a person in a leadership role has no more than six persons reporting directly to him or her.

The **Command** section includes several key positions (e.g. Incident Commander, Liaison Officer, Public Information Officer, Safety Officer, and Document Control Officer).⁸ It determines the overall flow of emergency operations by identifying an operational (i.e. business) cycle and the strategic objectives to be achieved within operational periods. The Command Section is also responsible for communicating with the general public, monitoring the safety of departmental personnel, maintaining a record of all emergency response activities, and coordinating liaison activities with external partners. For Renfrew County and District Public Health, emergency operations are led by the Incident Commander, who consults with, and reports to, the MOH and the Renfrew County and District Public Health Commissioner, who are members of the RECG.

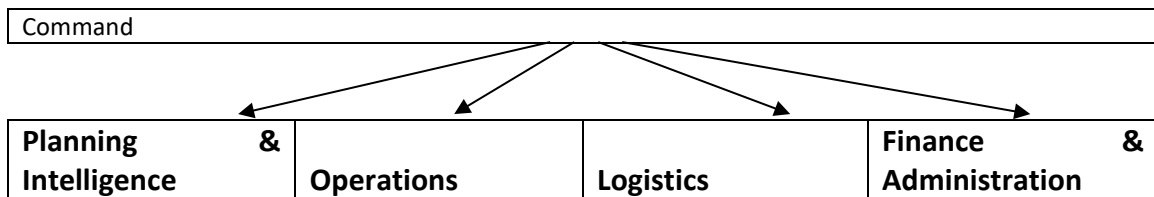
The **Planning and Intelligence** section is responsible for assessing the situation, identifying strategic objectives, and creating action plans so that objectives may be achieved within specific timeframes. For example, planning activities Bonnechere Manor include the collection and analysis of influenza surveillance data.

The **Operations** section is responsible for coordinating the operational activities of the agency or organization to achieve the strategic objectives identified by the Incident Commander. For example, operational activities for Bonnechere Manor may include mass vaccination clinics, pandemic telephone hotlines, and enforcement of medical orders.

The **Logistics** section is responsible for providing the physical space, services, materials, equipment, technology, and technical support necessary for all sections to achieve their objectives. For example, logistics activities for Bonnechere Manor may include the transportation of vaccines or secure physical space for a mass vaccination clinic.

The **Finance and Administration** section tracks all expenditures, claims, purchases, employee time-sheets, service contracts, and coordinates human resources, as well as, manages volunteers.

Figure 6.2: Typical IMS Structure



§ IMS position titles may be revised upon the release of the Provincial Incident Management System (PIMS), to reflect terminology used by Emergency Management Ontario.

Chapter 5: Authority and Legislation

It is the responsibility of the Head of Council to declare an emergency; thus, the Warden will declare an emergency.

The provincial government may also declare a provincial emergency, either for the entire province or in a particular jurisdiction. The Premier, and the Commissioner of Community Safety (formerly known as the Commissioner of Emergency Management), have this authority under the Emergency Management and Civil Protection Act.

Health Protection and Promotion Act

In Ontario, the *Health Protection and Promotion Act* (HPPA) requires Boards of Health to provide or ensure the provision of minimum levels of public health programs and services, including communicable disease control. Under the Act, physicians, labs, school principals, and others must report certain diseases, including influenza, to the local Medical Officer of Health (MOH).

Under Section 22 of the HPPA, an MOH is authorized to issue orders, under prescribed conditions, to control communicable diseases in his or her jurisdiction by requiring a person to take, or not take, any action specified in the order. Such orders may include requiring an individual to be isolated, quarantined, or to submit to an examination by a physician. Section 24 permits the MOH to issue directions to others, such as police, to ensure that orders are enforced.

Sections 83 and 86 of the HPPA permit the Minister of Health and Long Term Care and Chief Medical Officer of Health to provide direction to the local Board of Health and its staff. Section 87 also permits the Minister of Health and Long Term Care to require the occupier of any premises to deliver possession of all, or any specified part of, the premises to the Minister to be used as a temporary isolation facility or as part of a temporary isolation facility.

Chapter 6: Vaccine and Supplies

Interim Priority Groups for Pandemic Influenza Vaccination

Priority	Priority Group	Estimated Numbers at Bonnechere Manor
1.	Bonnechere Manor Staff	245
2.	Bonnechere Manor Residents	180

Supplies

Medical supplies will be in short supply during an influenza pandemic. The MOHLTC recommends that one-month worth of certain equipment and supplies be stockpiled.

Supplies include:

- Surgical masks,
- N95 masks, goggles,
- isolation face masks,
- hand sanitizer,
- stethoscopes,
- thermoscan covers,
- canisters for ActiV.A.C.,
- Flexiport blood pressure cuffs,
- shoe covers,
- vinyl powder free gloves,
- isolation gowns, and
- bottled water.

Progression of usage:

Medical Surgical masks

1. Work with regular suppliers
2. Work with other local health care providers (including Renfrew County logistics table regarding disbursement of locally donated supplies)
3. Submit daily PPE inventory status to the Ministry of LTC
4. Submit request for urgent PPE to the Regional Table Lead
5. Notify Ministry inspector PPE inventory has been escalated to the Regional Table Lead
6. If additional assistance is required, contact the Ministry's Emergency Operations Centre
7. Province has stated same day delivery if < 2 days stock on site

Business Continuity Plan for Bonnechere Manor

If no medical surgical masks available

- Expired N-95s
- Cloth masks

Medical grade N-95s

- Fit test as many direct care FT staff as possible

If no medical grade N-95 masks available

- Expired N-95s: must inform staff and have them inspect prior to use to ensure there is no damage
- Industrial Grade N-95s
- Surgical Masks
- Cloth masks

Attends products are in the laundry department.

Chapter 7: Health Services

The delivery of health services at Bonnechere Manor will be significantly challenged during an influenza pandemic. This is particularly true for acute care facilities, which are functioning at close to capacity during normal operations and often have difficulty coping with winter influenza outbreaks. In a pandemic, both hospital and community health care services could be overwhelmed by a surge in people seeking medical care.

The *Ontario Health Pandemic Influenza Plan (OHPIP)* estimates that the province will use approximately 86% of all acute care beds, 100% of the intensive care unit beds, and 74% of ventilator supported beds just for influenza cases during the peak of pandemic activity. It should be noted that these estimates are for an attack rate of 35%, and that the impact of the pandemic will not be uniform or evenly distributed across the province. In other words, some municipalities may experience higher, or lower, percentages of use.

To respond effectively to the increased demand, the health sector will require a coordinated approach to health services and may need to use non-traditional methods or sites to deliver health care. A change in public expectation will also be required to accommodate the demands placed upon the health sector. It may be necessary for health care services to reduce, or suspend, services to meet the needs of influenza-related care. In a severe pandemic, it may be necessary to triage who gets care, and who gets care first.

Long Term Care Homes

Provincial guidance for pandemic planning has been provided to long term care homes and OHIP clarifies additional areas to assist long term care (LTC) planning.

Expectations of long-term care homes include:

- Provision of, as much on-site care as possible, to avoid transfers to hospital unless absolutely necessary;
- Management of influenza outbreaks with limited assistance from Renfrew County and District Public Health;
- Consideration of capacity to transfer additional patients from hospital or community to free up hospital beds;
- Provisions for vaccination of residents, staff, and volunteers when vaccine is available;
- and
- Provisions to administer antiviral drugs to residents, staff, and volunteers for treatment, outbreak control and prophylaxis (as per provincial policy).

Bonnechere Manor Standard Operating Procedures

- IC-020 Influenza Vaccine Clinic Residents & Staff
- IC-021 Administration of Flu Vaccine

Staffing will present a severe challenge. Expanded roles for family members and volunteers will have to be explored.

Chapter 8: Communication Roles and Responsibilities

Hospitals, Long Term Care Homes, Champlain Local Health and Integration Network Home & Community Care, and other Health Care Organizations

Health care organizations are responsible for communication to their own staff, residents, clients, families, volunteers, and visitors at all pandemic phases. All media messages will be coordinated with the Administrator onto the County of Renfrew to ensure consistency.

During a pandemic, health sector communications will be facilitated if all organizations are using the Incident Management System (IMS). With this system each organization would have a Public Information Officer and a Liaison Officer, who form networks to problem-solve and share information.

Target Audiences

Internal	External	External: Health Sector	External: Non-Health Sector
Residents	Families	Contracted Personal	Suppliers
Staff	Physicians		

Communication Strategies

- Each health care organization needs to develop communication strategies to reach its target audiences.
 - Email addresses for families;
 - Website;
 - Media relations;
 - Facebook.
- IPAC communication board
 - Updates and alerts; Monitor in staff lounge area
- Joint Occupational Health and Safety communication board
- Dedicated telephone line with recording of updated information
- Current list of employee telephone numbers (Fan-out List)

The following will need to be notified when Bonnechere Manor goes into or out of outbreak

Name	Service	Contact Info
County of Renfrew IT Department	IT Services	613-735-3675 ext. 443/600
MediSystem	Pharmacy Services	613-244-3225 or 1-866-205-1355
Julia Okum	Foot Care Services	613-281-4240

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Name	Service	Contact Info
Nicole Quirion Dianne Briscoe	Hairdresser Porter for the Hairdresser	613-433-9197 diannebriscoe@hotmail.com
Jana Mossip	Registered Dental Hygienist	613-315-9900 pearldwhitening@gmail.com
Otis Elevators	Elevator Services	1-860-676-6847
PCO	Pest Control	1-800-762-7378
Sunshine Coach	Transportation Services	613-432-2134
Champlain LHIN Contact Person: Maria Desloges	Admissions	613-732-7007 ext. 5791
LifeLabs	Lab Services	1-877-849-3637
Medi-gas, Pembroke	Oxygen Services	613-732-4396
Champlain LHIN OT/PT Barbara White	OT Services	613-433-7851 Barbara.white@lhins.on.ca
Home Health Medical Glen Guyea, Devon Guyea	Mobility Supplier/Repair Technician	613-432-3846 hhms@bellnet.ca
Buske Office Equipment	Photocopier Service	613-735-2458

Physician Name	Office	Home	Cell
Dr. DiPaolo Medical Director	613-432-9152	613-432-3303	613-585-8057
Dr. Strader Attending Physician	613-432-7927	Pager 613-432-4851 ext 0	613-432-7927
Dr. Pinard Attending Physician	613-433-5712	613-432-9265	343-369-1277 343-369-0526

Chapter 9: Health Sector Planning and Response

Pandemic Phase

This chapter contains a series of charts that provide an overview of key planning and response areas for each part of the health sector. Table 15.1 deals with the inter-pandemic period (Phases 1 and 2). Table 15.2 covers the pandemic alert period (Phases 3, 4 and 5) while Table 15.3 covers the actual pandemic (Phase 6).

The charts summarize the key points from the previous chapters under the main components of the pandemic response – surveillance, vaccines, antivirals, public health measures, infection prevention and control (separated out from public health measures for ease of reading), health services and communication. The columns are for the different parts of the Renfrew County and District Health sector, with the second column representing the provincial role. It is hoped that the charts will provide a quick overview for each organization’s responsibilities and proposed activities

Abbreviations Used in Tables

Abbreviation	Description
AV	Antiviral
CCAC	Community Care Access Centre
ER	Emergency Room
FRI	Febrile Respiratory Illness
HC	Health Canada
HCW	Health Care Worker
HR	Human Resources
IPAC	Infection Prevention and Control
LTC	Long Term Care
LTCH	Long Term Care Homes
MOLTC	Ministry of Long-Term Care
PHAC	Public Health Agency of Canada
PHM	Public Health Measures
PPE	Personal Protective Equipment
Px	Prophylaxis
RCDHU	Renfrew County & District Health Unit

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Pandemic Alert Period – Phases 3, 4 and 5

Response Component	Proposed Activity				
	Province	Renfrew County & District Public Health	Hospitals	Long-Term Care	CCAC/Contract Agencies
Surveillance	Provide annual Surveillance guidelines. Collate surveillance data and report to PHAC Weekly Flu Bulletins. Provide influenza lab testing	Surveillance of outbreaks, lab confirmed cases, absenteeism surveys. Report cases, outbreaks and activity to MOHLTC. Weekly flu reports to stakeholders.	FRI surveillance. Report outbreaks and lab-confirmed cases to RCDHU. Provide influenza testing.	FRI surveillance. Report outbreaks and lab-confirmed cases to RCDH.	FRI surveillance. Report outbreaks and lab-confirmed cases to RCDPH.
Vaccines	Purchase, distribute and promote seasonal flu vaccine. Report adverse events to PHAC.	Distribute and promote seasonal flu vaccine. Conduct mass clinics. Report adverse events to MOHLTC.	Provide seasonal flu vaccine to patients, staff, and volunteers. Report adverse events to RCDHU.	Provide seasonal flu vaccine to residents, staff, and volunteers. Report adverse events to RCDHU.	Provide seasonal flu vaccine to staff and patients. Report adverse events to RCDHU.
Antivirals	Provide antivirals for LTCH outbreak control and guidelines for use.	Provide guidelines for use to LTC homes and physicians.	Treat flu cases. Use for Outbreak control.	Treat flu cases. Use for outbreak control.	Make clients and staff aware of antiviral distribution.
Public Health Measures	Mass campaigns to promote respiratory and hand hygiene.	Promote respiratory and hand hygiene to public. Investigate FRI reports and outbreaks.	Promote respiratory and hand hygiene to patients.	Promote respiratory and hand hygiene to residents.	Promote respiratory and hand hygiene to clients.
Infection Control (Health Care Settings)	Publish IPAC and FRI guidelines.	Follow IPAC and FRI guidelines.	Follow IPAC and FRI guidelines. Improve physical layout as needed.	Follow IPAC and FRI guidelines. Improve physical layout as needed.	Follow IPAC and FRI guidelines.
Health Services	TBD	TBD	Provide care for seasonal flu cases.	Provide care for seasonal flu cases.	Provide care for seasonal flu cases.
Communications	Ontario Influenza Bulletin & activity map Web site for public and health professionals Media releases.	Weekly flu reports to hospitals, LTC homes, HSCC etc. Health Prof. Updates Media releases; Website.	Updates to staff.	Updates to staff.	Updates to staff.

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Inter-pandemic Period – Phases 1 and 2

Response Component	Proposed Activity				
	Physicians	Other Community Practitioners	Paramedics	Community Pharmacies	Labs
Surveillance	FRI surveillance. Report lab-confirmed flu. Improve physical layout as needed.	FRI surveillance.	FRI surveillance.	TBD	Provide influenza testing or transport of specimens. Report lab confirmed flu.
Vaccines	Provide seasonal flu vaccine to patients/staff. Provide pneumococcal vaccine to patients. Report adverse events to RCDHU.	Promote seasonal flu vaccine to clients and staff.	Promote seasonal flu vaccine to clients and staff.	Promote seasonal flu vaccine to customers and staff. Consider on site vaccination clinics.	Promote seasonal flu vaccine to clients and staff.
Antivirals	Treat flu cases; consider prophylaxis as indicated.	TBD	TBD	Dispense antivirals and patient materials.	TBD
Public Health Measures	Promote respiratory and hand hygiene to patients.	Promote respiratory and hand hygiene to clients.	TBD	Promote respiratory and hand hygiene to customers.	TBD
Infection Prevention and Control (ICAP)	Follow IPAC and FRI guidelines.	Follow IPAC and FRI guidelines.	Follow IPAC and FRI guidelines.	Follow IPAC and FRI guidelines.	Follow IPAC and FRI guidelines.
Health Services	Provide care for seasonal flu cases.	TBD	Transport flu cases as needed.	Provide medications for seasonal flu cases.	Provide diagnostic influenza testing or forward specimens
Communications	TBD	TBD	TBD	Include flu messages in promotional materials.	TBD

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Pandemic Alert Period – Phases 3, 4 and 5*

***Note: All inter-pandemic activities shown in Table 1 are to continue**

Response Component	Proposed Activity				
	Province	Renfrew County & District Health Unit	Hospitals	Long-Term Care	CCAC/Contract Agencies
Surveillance	Develop surveillance plans and indicators for Phases 3-6. Develop lab protocols. Disseminate alerts.	Disseminate alerts and enhance surveillance as needed. Expand absenteeism surveillance. (schools, workplaces). Develop and pilot hospital, clinic and mortality indicators.	Develop and pilot hospital indicators in collaboration with RCDHU.	TBD	TD
Vaccines	Develop plans for pandemic vaccine storage, security and transport. Stockpile vaccination supplies.	Develop plans for pandemic vaccine storage, security, transport and mass clinics, monitoring uptake and adverse events. Enumerate priority groups. Train all RCDHU nurses to vaccinate.	Develop plans for pandemic vaccine storage, security, and clinics for staff, volunteers, patients.	Develop plans for pandemic vaccine storage, security, and clinics for staff, volunteers, residents.	Develop plans for pandemic vaccine storage, security, and clinics for staff, volunteers, clients.
Antivirals	Develop provincial antiviral strategy. Create antiviral stockpile.	Develop local antiviral strategy in collaboration with health sector. Develop plans for prophylaxis clinics as necessary.	Develop plans for antiviral storage, security, and administration (including staff Px).	Develop plans for antiviral storage, security, and administration (including staff Px).	Develop plans for antiviral storage, security, and administration (including staff Px).
Public Health Measures	Develop guidelines for PHM.	Investigate FRI reports and outbreaks. Case and contact management of suspect novel or avian flu cases. Help municipalities and schools plan for closures.	TBD	TBD	TBD

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Response Component	Proposed Activity				
	Province	Renfrew County & District Health Unit	Hospitals	Long-Term Care	CCAC/Contract Agencies
Infection Control (Health Care Settings)	Develop guidelines for avian/pandemic flu including PPE. Develop HCW IPAC training program.	Incorporate new guidelines. Train all staff.	Incorporate new guidelines. Train all staff.	Incorporate new guidelines. Train all staff.	Incorporate new guidelines. Train all staff.
Health Services	Provide guidelines for hospital, LTC and community care, including assessment and treatment centres. Stockpile supplies.	Lead health care sector collaboration to develop coordinated plans for health care in the region. Stockpile supplies (4 wks).	Develop plans for surge capacity to meet pandemic demands, including HR issues. Stockpile equipment and supplies (4 wks).	Develop plans for surge capacity to meet pandemic demands, including HR issues. Stockpile equipment and supplies (4 wks).	Develop plans for surge capacity to meet pandemic demands, including HR issues. Stockpile equipment and supplies (4 wks).
Communications	Develop detailed strategy for Phase 6. Plan Telehealth expansion. Enhance public messaging.	strategy for Phase 6. Enhance public messaging. Communicate with staff and the Health Sector Planning Committee re: pandemic planning.	Develop detailed strategy for Phase 6. Communicate with staff re: pandemic planning.	Develop detailed strategy for Phase 6. Communicate with staff re: pandemic planning.	Develop detailed strategy for Phase 6. Communicate with staff re: pandemic planning.

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Pandemic Alert Period – Phases 3, 4 and 5

Response Component	Proposed Activity				
	Physicians	Other Community Practitioners	Paramedics	Community Pharmacies	Labs
Surveillance	TBD	TBD	TBD	TBD	TBD
Vaccines	TBD	TBD	TBD	TBD	TBD
Antivirals	Develop familiarity with antiviral use.	TBD	TBD	Collaborate with RCDHU to define pandemic role re: antivirals	TBD
Public Health Measures	TBD	TBD	TBD	TBD	TBD
Infection Prevention and Control (ICAP)	Incorporate new guidelines. Train all staff.	Incorporate new guidelines. Train all staff.	Incorporate new guidelines. Train all staff.	Incorporate new guidelines. Train all staff.	Incorporate new guidelines. Train all staff.
Health Services	Participate in health sector planning to clarify role in pandemic.	Participate in health sector planning to clarify role in pandemic.	Develop plans to meet pandemic demands, including HR issues. Stockpile equipment and supplies (4 wks).	Participate in health sector planning to clarify role in pandemic.	Develop plans to meet pandemic demands. Stockpile equipment and supplies (4 wks).
Communications	Communicate with staff re: pandemic planning.	Communicate with staff re: pandemic planning.	Communicate with staff re: pandemic planning.	Communicate with staff re: pandemic planning.	Communicate with staff re: pandemic planning.

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Pandemic Period – Phase 6 *

***Note – inter-pandemic measures no longer apply, except as noted below**

Response Component	Proposed Activity				
	Province	Renfrew County & District Public Health	Hospitals	Long-Term Care	CCAC/Contract Agencies
Surveillance	Collate lab and health unit surveillance data and report to PHAC. Provide provincial alerts, status reports and info on pandemic epidemiology. Provide influenza lab testing.	Adjust surveillance indicators. Monitor lab confirmed flu, school and workplace absenteeism, hospital and clinic indicators, mortality. Report to MOHLTC. Provide local alerts and status reports.	Report activity indicators (ER visits, admits, etc.) to RCDHU. Report outbreaks. Provide influenza lab testing.	Report outbreaks to RCDHU.	TBD
Vaccines	Confirm priority groups; no. of doses. Release pandemic supplies and vaccine when available. Monitor provincial uptake, adverse events and effectiveness.	Confirm clinic sites and staffing. Supply vaccine to hospitals, LTC homes, CCAC etc. Provide clinics for priority groups and general public. Monitor uptake and adverse events.	Vaccinate staff, volunteers, patients when pandemic vaccine available. Report uptake and adverse events.	Vaccinate staff, volunteers, patients when pandemic vaccine available. Report uptake and adverse events.	Vaccinate staff, volunteers, patients when pandemic vaccine available. Report uptake and adverse events.
Antivirals	Distribute stockpiled antivirals. Confirm priority groups if necessary. Provide guidelines for antiviral use. Monitor resistance, uptake and effectiveness.	Distribute antivirals (if part of provincial strategy) Provide advice on use to health care providers, including when to start/stop. Provide prophylaxis clinics as necessary.	Use supplied AVs to treat ill patients/staff. Monitor use and report to RCDHU. Report adverse reactions to HC. Provide antivirals for staff prophylaxis if available.	Treat ill pts/staff. Monitor use and report to RCDHU. Report adverse reactions to HC. Outbreak control. Provide antivirals for staff prophylaxis if available.	Treat ill patients and staff (as per local strategy). Provide antivirals for staff prophylaxis if available. Report use and adverse events.

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Response Component	Proposed Activity				
	Province	Renfrew County & District Public Health	Hospitals	Long-Term Care	CCAC/Contract Agencies
Public Health Measures	Provide guidance for provincial and/or local PHM. Provide travel advisories.	Discontinue individual case/contact management. Provide public advice for isolation, contacts, self care, keeping well, social distancing, etc. Consider closing schools or public places.	TBD	TBD	TBD
Infection Control (Health Care Settings)	Provide additional direction for IPAC as required.	Follow provincial direction for IPAC.	Follow provincial direction for IPAC.	Follow provincial direction for IPAC.	Follow provincial direction for IPAC.
Health Services	Provide additional guidelines for hospital, LTC and community care. Provide additional supplies (beyond first 4 weeks).	Provide public advice on self care, when and where to seek medical care. Monitor health care sector capacity. Convene Health Sector Coordinating Committee.	Implement pandemic plan. Establish flu centres in conjunction with other organizations.	Implement pandemic plan.	Implement pandemic plan.
Communications	Expand Telehealth Enhance public messaging. Implement regular communications with health sector.	Expand Regional Customer Contact Centres. Enhance public messaging and web site. Enhance communications with health sector and practitioners. Communicate with staff.	Implement pandemic strategy. Communicate with staff, volunteers, patients, families.	Implement pandemic strategy. Communicate with staff, volunteers, patients, families.	Implement pandemic strategy. Communicate with staff, volunteers, patients, families.

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Pandemic Period – Phase 6

Response Component	Proposed Activity				
	Physicians	Other Community Practitioners	Paramedics	Community Pharmacies	Labs
Surveillance	Report activity measures (selected sites)	TBD	TBD	TBD	Enhance surveillance capacity re: lab testing. Report lab-confirmed cases.
Vaccines	Promote vaccination to staff and patients when available. Report adverse events.	Promote vaccination to staff and clients when available	Provide staff clinics. Report adverse events.	Promote vaccination to staff and clients when available	Promote vaccination to staff when available
Antivirals	Treat ill patients/staff. Report adverse reactions to HC.	TBD	Provide staff with antiviral prophylaxis if available. Report uptake and adverse events	Dispense antivirals as per local strategy.	Ensure forwarding of specimens for antiviral resistance monitoring.
Public Health Measures	TBD	TBD	TBD	TBD	TBD
Infection Control (Health Care Settings)	Follow provincial direction for IPAC.	Follow provincial direction for IPAC.	Follow provincial direction for IPAC.	Follow provincial direction for IPAC.	Follow provincial direction for IPAC.
Health Services	Provide ambulatory care in office or Flu Centres.	Assist with flu care as per local plans (to be determined).	Implement pandemic plan.	Implement pandemic plan.	Implement pandemic plan.
Communications	Implement pandemic strategy. Communicate with patients and staff	Implement pandemic strategy. Communicate with patients and staff	Implement pandemic strategy. Communicate with patients and staff	Implement pandemic strategy. Communicate with patients and staff	Implement pandemic strategy. Communicate with patients and staff

Occupational Health and Safety/Infection Prevention and Control Pandemic Checklist

Task/Activity	YES	NO	Action Required
1. Organization			
1.1 Does the organization have a Joint Health and Safety Committee (JHSC) or Health and Safety representative?			
1.2 Is the employer aware of it's' responsibilities under the OHSA?			
1.3 Are supervisors aware of their responsibilities under the OHSA?			
1.4 Are workers aware of their responsibilities and rights under the OHSA?			
1.5 Has the organization developed occupational health and safety measures and procedures for use during an influenza pandemic in consultation with the JHSC or health and safety representative?			
1.6 Does the organization have access to expertise in infection prevention and control?			
1.7 Does the organization routinely review and assess its' infection prevention and control programs in consultation with the JHSC?			
1.8 Does the employee have a respiratory protection program and are workers trained on the program?			
2. Education and Training			
2.1 Has the organization incorporated information for workers into the ongoing training programs?			
2.2 Do orientation program for new employees include information on infection prevention and control and occupational health and safety measures during influenza pandemic?			
3. Risk Assessment			
21 Has the organization completed a risk assessment in conjunction with the JHSC to determine workers' level of risk during influenza pandemic?			
3.2 Has the organization refined education and training plans based on the risk assessment?			
3.3 Does the organization have a procedure in place to regularly update risk assessments?			
3.4 Does the organization have a respirator protection, education and fit-testing program consistent with the Canadian Standards Association "Selection, Use and Care of Respirators"?			
4. Hierarchy of Controls			
4.1 Has the organization identified and implemented engineering controls that would reduce influenza transmissions?			
4.2 Has the organization reviewed and modified administrative and work practices to reduce the risk of influenza transmission?			

Business Continuity Plan for Bonnechere Manor

Task/Activity	YES	NO	Action Required
4.3 Has the organization identified the personal protective equipment that workers will require during influenza pandemic?			
4.4 Does the organization have a four-week stockpile of personal protective equipment?			
5. Infection Prevention and Control			
5.1 Does the organization have an ongoing FRI surveillance program?			
5.2 Does the organization have immunization policies that encourage workers who provide care and / or services to patients with Influenza Like Illness (ILI) to be immunized against seasonal influenza?			
5.3 Does the organization actively promote hand hygiene and consider it a standard of practice?			
5.4 Does the organization actively promote cough etiquette to workers, residents and the public?			
5.5 Are workers aware of and trained in the routine practices and droplet, contact and airborne precautions to be used during an influenza pandemic?			
5.6 Do workers have easy access to the equipment and supplies they need to consistently use appropriate precautions?			
5.7 Have workers who will have contact with influenza patients (based on risk assessment) been fit-tested and trained in the use of N95 respirators?			
5.8 Are workers trained in the safe use and removal (i.e., donning and doffing) of personal protective equipment?			
6. Managing workers with Influenza			
6.1 Does the organization have a procedure to assess whether workers are fit to work?			
7. Psychosocial Support			
7.1 Has the organization developed plans to provide psychosocial support for workers during influenza pandemic?			
8. Communications			
8.1 Has the organization developed plans and materials to communicate with workers, patients and the public about an influenza pandemic?			
8.2 Is there a designated area where workers can obtain information on / be alerted to potential influenza pandemic?			

Appendix II

Risk Assessment Checklist for Pandemic Influenza

Element	YES	NO	N/A	Recommendations (engineering controls, administrative controls, PPE, education and training)
1. Surveillance				
1.1 Has the staff been trained to record resident stats on the line listing?				
1.2 Has the staff been trained to notify the Renfrew County and District Health Unit of line listing statistics/findings?				
2. Pandemic Alert Status				
2.1 Has pandemic alert been declared by the Public Health Agency of Canada in conjunction with a Pandemic Period WHO alert of 6?				
2.2 Has the MOHLTC declared a pandemic alert (i.e., clusters of novel virus activity in Ontario)?				
2.3 Has an infectious agent been present?				
2.4 Screening policies and procedures for Influenza Like Illness (ILI) for residents, staff and visitors are initiated with PPE for screeners.				
2.5 Residents with ILI are placed in a separate room or cohorted.				
2.6 Internal and external reporting procedures are in place for reporting ILI in residents and staff.				
2.7 Residents with symptoms of ILI are asked to perform hand hygiene, wear a surgical mask and remain in a separate area or at a distance from other residents and staff.				
2.8 Residents with ILI can comply with cough etiquette.				
3. Health Care Worker				
3.1 Staff with direct resident contact has been identified.				
3.2 Staff with indirect resident contact has been identified.				
3.3 Staff who perform aerosol generating procedures have been identified.				
3.4 Staff report occupationally acquired ILI to their supervisors.				
3.5 Supervisors / employers report occupationally acquired ILI to JHSCs/Health and Safety Reps, WSIB and MOL.				
3.6 Return to work policies and procedures are in place.				
3.7 The immune status of the worker is known.				
4. Engineering Controls				
4.1 HVAC systems are properly maintained and inspected to reduce risk of transmission.				

Business Continuity Plan for Bonnechere Manor

Element	YES	NO	N/A	Recommendations (engineering controls, administrative controls, PPE, education and training)
4.2 There are accessible hand hygiene stations in appropriate locations with signage and instructions for staff, residents, visitors and volunteers on when and how to practice hand hygiene.				
5. Administrative and Work Practices				
5.1 Hand hygiene is performed before seeing the resident, after seeing the resident, and after removing and disposing of PPE				
5.2 Invasive ventilation procedures that could result in coughing are avoided on residents with ILI when possible.				
5.3 Only experienced staff perform aerosol generating procedures on residents with ILI if required.				
5.4 Close contact is minimized by sitting beside rather than in front of a symptomatic resident.				
5.5 The work environment is kept clean: contaminated areas are cleaned and then disinfected after each resident visit.				
5.6 When transferring a resident identified with ILI, information is provided / received to / from the other organization regarding the assessment.				
6. Personal Protective Equipment				
6.1 Gowns, gloves, face protection (if risk of splashing or spraying) are worn by staff if indicated by routine practices.				
6.2 N95 respirators are available, workers are fit tested, and know how to conduct seal checks.				
6.3 Workers know how to properly don and doff personal protective equipment.				

Resources

The follow lists resources for more information on aspects of planning for an influenza pandemic.

General Information:

Ontario Ministry of Long-Term Care Pandemic Planning information web site.

<https://www.ontario.ca/page/pandemic>

Government of Canada Information on the preparedness and response to a Flu pandemic. One-stop access to information from Government of Canada departments and agencies on pandemic, avian and seasonal influenza.

<https://www.canada.ca/en/public-health/services/flu-influenza/pandemic-plans.html>

Government of Canada pandemic influenza information hotline for answers to specific questions or comments about avian, seasonal, or pandemic flu. 1-833-784-4397

Public Safety Canada web site for Pandemic Preparedness. A compilation of pandemic preparedness plans from several organizations and levels of government (federal, provincial and municipal plans are linked from this site when available)

<https://www.publicsafety.gc.ca/index-en.aspx>

World Health Organization Web site for pandemic influenza planning, technical and surveillance information for pandemic influenza. <http://www.who.int/en/>

Ontario Centres for Learning, Research & Innovation in Long-Term Care – Specific Orientation for Incoming Team Members and COVID-19 Resources for Long-Term Care Homes. <https://clri-ltc.ca/orientation/>; <https://clri-ltc.ca/resource/covidcarelearning/>; <https://clri-ltc.ca/covid19/>; <https://clri-ltc.ca/resource/echo-covid19/>; <https://clri-ltc.ca/resource/thoughtfulwords-ceol/>.

Bonnechere Manor Standard Operating Procedure			
SECTION: Infection Prevention and Control			SOP #: IC-006
TITLE: Outbreak Management			
ORIGINAL DATE: Oct 1999	DATE LAST REVIEWED: January 14, 2024	COVERAGE: Residents/Employees	PAGE #: 1 of 4

Purpose:

The purpose of this protocol is to provide direction with respect to the prevention, detection, and management of infectious disease outbreaks of public health importance, including but not limited to respiratory and gastroenteritis outbreaks in institutional settings and facilities, such as long-term care homes and other institutional/facility settings.

Outbreak Definitions:

A **Suspect Gastroenteritis outbreak** is TWO suspected cases of infectious gastroenteritis in a specific area, such as a home, unit, or floor **within 48 hours**.

A **Declared Gastroenteritis Outbreak** is an enteric outbreak that is usually defined as three or more cases of infectious gastroenteritis in a specific area within a four-day period, or three or more units/floors having a case **within 48 hours**.

A **Respiratory Outbreak** is whenever there are two cases of acute respiratory tract illness **within 48 hours** on one unit, an outbreak should be suspected. Whenever an outbreak is suspected, testing should be done to determine the causative agent.

A COVID-19 outbreak is declared when two or more cases are noted in a home area or three cases within the Home.

Procedure:

1. On the suspicion of a potential outbreak the Infection Prevention and Control Practitioner or Designate will, identify the type of suspected outbreak based on the reported objective findings and report to Director of Care, the Administrator and to the Medical Director.
2. The Infection Prevention and Control Practitioner or Designate will then report the suspected potential Outbreak to the local Public Health Unit and complete the Ministry of Health Long-Term Care Critical Incident Report on-line.
3. The decision to declare a Confirmed Outbreak is the responsibility of the Public Health Unit. Once an outbreak has been declared the Infection Prevention and Control Practitioner or Designate as will notify all facility departments and bring The Outbreak Management Team to action to provide direction, regular updates and to ensure compliance with outbreak guidelines.

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4. The Infection Prevention and Control Practitioner or designate will review the outbreak management checklist from RCDHU (Renfrew County District Health Unit) and ensure all measures are put in place once a confirmed outbreak is declared.
5. During an outbreak the IPAC lead or designate will complete a weekly IPAC audit to submit to PHU. The nurses on the affected home area will complete nightly PPE audits. The IPAC lead or designate will increase hand hygiene auditing and on the spot training for IPAC measures on the affected areas.
6. The Outbreak Management Team will consist of:
Infection Control Designate, Administrator, Director of Care, Medical Director and management from all departments within the Home. The OMT will meet weekly during an outbreak and will complete a debrief meeting when the outbreak is deemed closed.
7. Staff will notify Power of Attorney's (POAs) of the type of outbreak within the home and provide some direction related to restrictions in place to mitigate the risk of spreading the virus.
8. **IPAC lead or designate with advise the charge nurses and staffing department of need for staff cohorting. Cohorting will be done with clinical judgement and consideration for organizational need. The staffing department and/or charge nurse will evaluate the staff schedules to ensure staff remain on the affected home area and that movement within the home areas from an affected to unaffected home area is limited. Staff are to accept reassignment during this time to meet the need for cohorting. Example: If pinnacle south home area was in outbreak staff present would remain assigned to pinnacle south with all efforts. Reassignment would be completed to ensure consistent staff to the affected home area.**
9. The Public Health Unit will provide assistance in the investigation, confirmation and management of the Outbreak. A line list of affected residents and staff will be sent to the Public Health Unit on a daily basis for the duration of the outbreak by 11am. The outbreak notification form should accompany the initial line listing to PHU.
10. The Ministry of Labour shall be notified where applicable when an employee reports an Occupational Illness. The employer's responsibilities are outlined in section 52 (3) of the Occupational Health and Safety Act as follows; the requirement to submit a report does not necessitate confirmation of an Occupational Illness, but simply that the employer has been notified about an illness by or on behalf of an employee or Workplace Safety and Insurance Board.

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11. The Infection Prevention and Control Lead or designate will notify key stakeholders and community partners of the facility outbreak status and update these parties as required.
12. The decision to declare that the Outbreak is officially over is the responsibility of the Public Health Unit.
13. The Infection Prevention and Control Practitioner or Designate will report to the Ministry of Health and Long-Term Care Compliance Officer on an interim basis, as well as a final notification per Critical Incident Report on-line.

References:

Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes –
Ministry of Health and Long-Term Care
http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/resp_infectn_ctrl_guide_ltc_2016.pdf

Institutional/Facility Outbreak Prevention and Control Protocol, 2016 - Population and
Public Health Division, Ministry of Health and Long-Term Care
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/institutional_facility_outbreak.pdf

Occupational Health and Safety Act
<https://www.ontario.ca/laws/statute/90o01>

Renfrew County District Health Unit:
https://www.rcdhu.com/wp-content/uploads/2018/08/2018_Outbreak-Management-Guide_REV.-AUG_28_FINAL.pdf

Public Services Health & Safety Association
<https://www.pshsa.ca/products/occupational-illness-infectious-disease-reporting-form/>

Appendices:

Appendix A: Provincial Case Definitions for Reportable Diseases - Disease: Respiratory
Infection Outbreaks in Institutions
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/respiratory_outbreaks_cd.pdf

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Appendix B: Enteric Line Listing

Appendix C: Respiratory Line Listing

Appendix D: PSHSA Occupational Health Reporting Form

Appendix E: General Outbreak Notification