

Emergency Operations Plan Index

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Emergency Operations Plan – Emergency Codes

Code Red:	Fire
Code Green:	Evacuation
Code Yellow:	Missing Resident
Code White:	Violent Incident
Code Black:	Threat (Bomb)
Code Brown:	Chemical spill, Gas Leak
Code Blue:	Medical Emergency, Outbreak, Pandemic
Code Grey	Loss of Essential Services: Water, Power, Generator Failure, Communication, Internet/ eMAR, Heat
Code Purple	Community Disaster (Dam failure, Nuclear Incident, Boil water Advisory)
Code Orange	Natural Disaster or Extreme Weather Event

Emergency Operations Plan – Introduction

Forward

Pinecrest Nursing Home is home licensed for 65 individuals who could not function independently in the community (Currently 47 reside due to COVID-19 precautions). Our residents are dependent on us for their care and accommodation. It is essential therefore to ensure the continuous provision of support and services by proper planning for any disaster that may befall us.

An emergency/ critical incident is an event that affects the normal operation of the Home and which can jeopardize our ability to provide care to the residents. There are many types of events that may be classified as an emergency/ critical incident including:

- Fire emergency (Code Red)
- Loss of one or more essential services: power, water and heat
- Bomb Threat (Code Black)
- Infectious disease outbreak (see IPAC_Outbreak_investigation_&_management)
- Natural disaster (eg. tornado, hurricane, broken windows, roof blown off, etc.)
- Community evacuation (eg. toxic gas leak, etc.)
- Medical Emergency (Code Blue)
- Chemical Spill (Code Brown)
- Missing Resident (Code Yellow)
- Violent behaviour (Code White)

The degree of disruption caused by those events may be minimal as in the case of loss of water for a brief period of time, or major, as in the case of fire requiring total evacuation. Additionally, the disruption may be created by the reception of individuals from another facility that has undergone a disaster.

Although we live in the hope that a disaster will never strike at our door, the truth is that they can and do occur. The purpose of this manual is to outline the actions to be taken in an emergency so as to:

- minimize any inconveniences to the Residents and staff and damage to the building and its contents
- protect the health and safety of our residents and staff;
- ensure continued operation as a nursing home; and
- recognize responsibility to the community we serve.

The effectiveness of Pinecrest's Emergency Operations Plan (EOP) is dependent upon you. Your familiarity of your duties will determine how you would fare should an emergency situation arise at Pinecrest. In an emergency your co-operation is not only necessary, but essential.

The Emergency Plan has been developed to ensure that all staff employed at Pinecrest Nursing Home are prepared to act effectively and efficiently in the event of an emergency.

POLICY:

In the event of an Emergency which threatens the life, health, safety or security of the Residents, all staff must be prepared to act, either on instructions from the Administrator, Director of Care, or Registered Staff , or follow the specific procedures outlined in our Policies and Procedures.

ORGANIZATION:

An organizational plan for dealing with emergency situations at Pinecrest has been developed to ensure a co-ordinated effort with services both inside and outside the Home and to eliminate as much as possible the elements of surprise and panic in an emergency situation.

In the event of an emergency occurring, the Registered Staff on duty shall be designated as the Code Coordinator and shall be responsible for conducting appropriate responses to the situation until relieved by the Owner, Administrator, Director of Care or an OPP, EMS or Fire Department supervisor.

Pinecrest has EOPs developed to

1. Deal with,
 - fires (Code Red)
 - Community disasters & Boil Water Advisory (Code Purple)
 - Natural Disasters, Extreme Weather Event & Floods(Code Orange)
 - violent outbursts (Code White)
 - bomb threats (Code Black)
 - medical emergencies Outbreak, epidemic, and pandemic (Code Blue)
 - chemical spills & Gas leak (Code Brown)
 - situations involving a missing resident, (Code Yellow)
 - loss of one or more essential services (Code Grey)
2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and staff.
3. Identifying the resources, supplies and equipment vital for the emergency response and ensuring they are readily available in the home
4. Identifying community agencies, partner facilities and resources that will be involved in responding to the emergency.

Using The Office of the Fire Marshal and Emergency Management's, "Hazard Identification and Risk Assessment Program Methodology Guidelines 2019" the Hazards were considered and a risk score was calculated for each Emergency.

Evaluation of Emergency Operational Plans

All emergency plans shall be evaluated and updated at least annually, including the updating of emergency contact information. The emergency plan will also be evaluated and updated within 30 days of being declared over, after each instance that an emergency plan is activated. Entities involved in the emergency response will be provided a chance to review emergency plan, review changes being made, and given a chance to offer feedback. Resident's Council will also be provided with an update of the evaluation, changes, and given an opportunity to provide feedback.

The emergency plans related to: outbreak, pandemic, the loss of essential services, natural disasters, fires, situations involving a missing resident, medical emergencies, boil water advisories, floods, and violent outbursts shall be tested on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency.

All other emergency plans shall be tested at least once every three years.

A planned evacuation shall be conducted at least once every three years

Written records shall be kept of the testing of emergency plans and planned evacuation and of

the changes made to improve the plans. The “Emergency Response Form” will be used for recording testing of the emergency plan. Testing of operations may consist of table-top exercises, drills, functional exercises and field exercises.

Emergency Provision

Pinecrest Nursing Home will keep a 3 month supply of personal protective equipment and 1 month of chemicals. For food and fluids Pinecrest Nursing home has a three day supply of food and fluids. In case of an emergency situation where supplies could not be delivered for an extended period of time, Food Service Supervisor or designate would source supplies from alternative retailers (Foodland, Independent, or Compass meals) or alternative delivery services. Staff may be assigned to collect more non-perishable supplies if safe to do so.

Medications

For provision of medications in emergencies, see CareRx policy 2-3 “Emergency Pharmacy Services” and 2-5 “Disaster Procedure”.

Emergency Lighting

Pinecrest Nursing Home has emergency lighting at Nurses Station, in the North, South and Service Wing hallways. Staff should also use flashlights from emergency totes. ***In the emergency tote, staff will find:

- Flashlights (8)
- Walkie talkies (4)
- Batteries
- Paper/pens
- Duct tape
- Box of garbage bags
- Food grade water hose
- Signage
- Battery operated radio

Implementation Of The Emergency Operational Plan:

In the event of an emergency, it would be expected that initially the Registered Staff would assume the role of Code Coordinator until the Director of Care or Administrator arrive. Procedures for Code Red, Code White, Code Black, Code Yellow and Code Green have been developed for the Code Coordinator to follow. All staff are expected to be familiar with these codes and understand what their responsibilities would be in responding to these emergencies. There are also procedures for responding to loss of essential services, community disasters, medical emergencies and chemical spills.

Activation Plan

The plan can be activated by Director of Care, Administrator, or Registered Staff- who will assume the role of Coordinator. Notifications of an Emergency and associated hazards that impact Pinecrest Nursing Home or community indicates staff need to activate appropriate Emergency Operations Plan. If emergency arises within the home, Code Coordinator will announce the code and follow the appropriate plan.

If situation requires immediate assistance of more staff, staff to follow Emergency Call in List in “Section B”.

Daily an Emergency Operations Team meeting will take place at 10 to monitor ongoing Hazards and associated Risk. This meeting will be multidisciplinary (Nursing, Activation, and Dietary) and used to

determine the ability for residents and staff to shelter in place.

Communication Plan

Code Coordinator will announce the code over the PA system. Once plan is activated, Administrator or designate will send email notification to resident substitute decision makers, staff, volunteers, students, and caregivers to notify of Emergency Operation Activation. Administrator or designate will notify residents by using "Resident Communication Update Form". The Administrator or designate will update at the beginning of an emergency, when there is a significant change throughout the emergency and when the emergency is over. Communication may also be in writing, postings, and Town Halls set up.

Lines of Authority

See Appendix 2: Emergency Operation Plan Organization Chart for lines of authority and general staff roles and responsibilities. See identified Emergency Operation Plan for specific staff roles and responsibilities.

Declaring an Emergency Over

Depending on the Emergency experienced, an external support may play a large role in declaring the emergency over. Once the officials for the emergency (PEOC Commander/Operations Chief, municipal officials, Office of the Fire Marshal and Emergency Management, Public Health, etc.) have declared that there is no longer a threat; Administrator and Director of Care will perform a final hazard and risk assessment. This assessment will take place with a multidisciplinary team to determine if any secondary hazards still remain a risk (i.e. human resource issues, distribution issues, etc). If not, Administrator or Director of Care can declare Emergency over, and move to Recovery Phase.

Recovery

Administrator and/or Director of Care will lead the recovery after an emergency has ended.

Debriefing: After the emergency is declared over, all involved parties will assemble for a debriefing, that is, a complete review of the situation (what went wrong, what was done well, changes to be implemented in the policy and procedure). Code Coordinator, DOC or Administrator will complete Emergency Recovery Form.

During the recovery, Administrator and Director of Care will determine how to return to normal operations. Residents, substitute decision makers, staff, volunteers, students, and caregivers will be informed of any changes to day to day operations.

As part of recovery, Pinecrest staff will identify who experienced distress during the emergency from the debrief. A multidisciplinary team will review how to determine who experienced distress and how to support those individuals. Supports will be offered to all in case any individuals wish to access anonymously. The Emergency Recovery Form will be used to document the debriefing, the return to normal operation process and how it was determined the individual who were distressed and how they were supported (this form will not include the individuals that were identified as distressed).

Emergency Operations Plan Quick Action: Code Red Fire

Responsible Staff	Action
Registered Staff (as code coordinator)	Announce "CODE RED zone" (as identified on Annunciator panel)
	Assign staff to: <ul style="list-style-type: none"> • search fire zone (on nights RN assists with search) • assist tub room staff • staff members to monitor doors (unlocked) and check pull stations • second registered staff to report to code coordinator situation (PSW if no second Registered staff), and if fire instruct staff to begin evacuating room of origin and surrounding/adjacent rooms and moving to next fire zone
Code Coordinator (Registered Staff)	If fire located, Call 911 and advise of: <ul style="list-style-type: none"> • fire zone • presence of oxygen concentrators in immediate area and in the building
	Instruct staff to: <ul style="list-style-type: none"> • Evacuate residents in red zone to next fire zone • assist residents coming from the red zone to safe location • turn off oxygen concentrators
	Give Fire department U key and fire plan
	Call administrator or DOC to initiate emergency call in list
	Follow instructions of emergency personnel
	Collect necessary items if Code Green evacuation required
	*If unable to identify source, call 911 and advise
	Do not reset the alarm
	May need to declare Code Green Evacuation
	Once emergency personnel declare safe to do so, "Announce Code Red All Clear"

****For full Policy and Procedure see EOP_CODE_Red_Fire_Plan**

Emergency Operations Plan Quick Action: Code Green Evacuation

Responsible Staff	Action
Registered Staff	Announce "CODE Green"
	Review Code Green Worksheet
	Notify Administrator/ DOC
	Designate safe area
	Identify main door to be used, all other will be restricted by personnel only
	Retrieve Code Green box & Emergency Tote
	Delegate tasks as per Code Green Worksheet
Maintenance	Once evacuated, building needs to be secured
Nurse Clerk	Staff assignments at evacuation locations

**** For full Policy and Procedure see EOP_Code_Green**

Emergency Operations Plan Quick Action: Code Yellow Missing Resident

Responsible Staff	Action	
Staff that notes missing resident	Notify Registered Staff	
Code Coordinator (Registered Staff)	Announce "Code Yellow: Missing Resident"	
	Initiate EOP Checklist and CODE YELLOW missing resident worksheet	
	Follow Missing resident worksheet	
	If missing greater than three hours or resident returns with injury or change in condition notify Ministry	1-888-999-6973
Code Coordinator	Once resident found, announce "All clear"	
Administrator or DOC	Complete Recovery	

EOP_Code Yellow: Missing Resident Procedure

Subject: Code Yellow: Missing Resident

Policy: Pinecrest Nursing Home will have a predetermined plan for an emergency search if it is identified that a Resident of Pinecrest is missing.

Identifying an at risk Resident:

- At admission every Resident will be assessed for the need to be registered with MedicAlert Safely Home, a wandering registry.
- If identified as appropriate the Registered Staff will:
 - contact the family for approval to pay the registration fee.
 - complete the registration form
 - post a follow-up reminder on desk calendar to follow up every 2 weeks until process is completed
- When registration information is received from MedicAlert, the Registered Staff will:
 - file any paperwork in the Resident's paper chart
 - document their Wandering Registry Number in the Resident's profile section (User Defined Fields)
 - Ensure that the Resident's care plan indicates that the Resident is at risk to wander and get lost and provide the registration number
 - give the Resident the identification bracelet which has the Resident's ID number, their first name and "Memory Loss, Call Police".

Hazards and Risk Assessment Hazard Identification and Risk Assessment

Using The Office of the Fire Marshal and Emergency Management's, "Hazard Identification and Risk Assessment Program Methodology Guidelines 2019" the risk was calculated. The Risk of Missing Resident was 20. This score using the Hazard Identification Risk Assessment Program methodology Guidelines indicate a "Very Low Risk".

All doors to exit Pinecrest Nursing Home are locked. The front door has a number code required to exit and the door to the Service Wing also has a number code. Every year and as required an Outside List is developed and posted at the Nurses' station and screening station. This list is used for all staff to know who can safely go outside independently. This list may be revised if concerns of residents safety arise.

Note: Staff are required to check all residents q1H as per policy.

In the event of an emergency (fire, power/generator failure, etc.) the exit doors become unlocked. Code Coordinator should assign someone to monitor exit doors as per policy.

In the Event a Resident is missing

If a Resident is identified as missing from Pinecrest, the Charge Nurse will act as Code Coordinator (if available, Director of Care and/ or Administrator may also coordinate the search plan)

The Code Coordinator will implement the search plan following the CODE YELLOW: MISSING Resident WORKSHEET

Worksheets are in the Disaster Manual under "Missing Resident" or on the Web Browser under Favourites "Code Yellow_Worksheet".

The Code Coordinator will page staff that we have a Code Yellow with the Resident's name.

All staff are to search their work area and report their findings to the Code Coordinator at the Nursing Station. (Mark rooms that have been searched by leaving a towel at the door) Assign the first two staff reporting to the Nursing Station to search the center core area and service wing.

The Code Coordinator will gather all available information for the Code Yellow Fact Sheet including the Resident's photo, a full description of the Resident including their clothing, the time and place the Resident was last seen, previous missing person incidents.

If the Resident is not found in the building within 10 minutes, three staff will be assigned to search the grounds outside. One staff is to go to the Highway, the other two staff are to walk around the building, in opposite directions and meet in the backfield behind the nursing home. All staff should then report their findings to the Code Coordinator. Staff should take their cell phones if available so they can call the nursing station

If the Resident has not been located the Code Coordinator will then call the Police as well as notify the Administrator, Director of Care and the Resident's Substitute Decision Maker.

Once the Resident has been missing for more than three hours, the Code Coordinator must report the Missing Resident to the MOHLTC immediately. (outside of business hours, the After Hours Pager would be used During Business hours, the DOC or Administrator would initiate the on-line CIS form)

When Police arrive, they would take over the search and staff would assist as directed, while at the same time, ensuring the other Residents are safe.

When the missing Resident is found, the Code Coordinator would make an announcement that the Resident has been found and the Code Yellow has been canceled.

The OPP, Administrator, Director of Care and Resident's SDM would be contacted as needed.

The Charge Nurse will then assess the Resident's condition.

If the Resident returns to the home with an injury or any adverse change in condition regardless of the length of time the Resident was missing, the Code Coordinator must immediately report to the MOHLTC (using the After Hours Pager #, or if during business hours, by initiating the on-line CIS form)

The Code Coordinator must document the incident on PCC under Risk Management "Elopement"

Modify the Resident's care plan with appropriate strategies

Following the resolution of the Code Yellow:

The Director of Care or Administrator will complete the report to the Ministry of Health and Long Term Care: if the Resident was missing for 3 hours or more
or if the Resident returned to the home with an injury or any adverse change in
condition regardless of the length of time the resident was missing.
or will initiate an on-line CIS report if the Resident was missing for less than three
hours and
returned to the home with no injury or adverse change or condition.

Emergency Operations Plan Quick Action: Code White Violent Person

Responsible Staff	Action
Any staff (experiencing threat of danger to themselves or others)	Leave area if able and call for "Code White"
Code Coordinator (Registered Staff)	Assess the situation (who is it, what is the imminent threat, etc)
	Direct staff to deal with situation
	Have staff remove anyone in harms way
	Have staff remove stimulation that could be triggering
	Have staff shut doors the safety of other residents (while being mindful of staff safety)
	Assess person, what is triggers them, allow to vent listen carefully and respectfully
	If resident remains a risk, and listening/validating not working- consider other interventions
	May need to contact physician
	If individual escalates, may require to call 911 for assistance- Resident and/or staff safety is at risk.
	Initiate EOP Checklist and EOP Worksheet
	Once situation is managed and all are safe, call "CODE WHITE All Clear"
	Notify DOC or Administrator
	Complete Risk Management and required reporting form, decision tree
Administrator or DOC	Complete Recovery

EOP_Code White: Violent Situation

Subject: Code White: Violent Situation

Purpose:

The Code White procedure provides staff with a standard response to follow when dealing with episodes where individuals become violent and/ or display behaviour which threatens staff and/or Resident safety. A Code White will be activated when attempts to de-escalate threatening behaviour have been unsuccessful or when staff/Resident safety is compromised.

A Code White intervention is employed in any situation in which there is a real or perceived risk of physical harm to a Resident or staff member or to property. Assistance should be sought sooner rather than later. Staff calling for help should not be challenged about their call for assistance as the decision to call for assistance is a subjective one.

Hazards Identification and Risk Assessment

Using The Office of the Fire Marshal and Emergency Management's, "Hazard Identification and Risk Assessment Program Methodology Guidelines 2019" the risk was calculated. The Risk of Violent situation (requiring response which threatens staff/ resident safety) is 15. This scores using the Hazard Identification Risk Assessment Program methodology Guidelines indicate a " Very Low Risk".

Staff are trained to manage behaviours by having training on responsive behaviours, aggression, agitation, resistive to care, etc. Pinecrest Nursing Home will offer frontline staff GPA (Gentle Persuasive Approaches) training to complete when there is enough staff to provide a course and the availability of a course. These training methods provide staff with the abilities to manage behaviours and prevent them from escalating in residents.

Calling a Code White:

Assistance should be sought when:

- staff perceive themselves or others to be in danger of physical harm from an aggressive Resident or individual.
- a Resident is acting out in a manner that is dangerous to self, others or the environment
- there is an imminent risk of acting out
- the situation is rapidly escalating out of control

When caring for Residents identified with the potential to exhibit verbally or physically aggressive or abusive behaviours all staff shall follow the interventions outlined in the Resident's plan of care. (Refer to "BSO 2 – Verbal Physical Aggression for additional interventions.)

If these interventions are not effective and a staff member believes there is a risk of physical harm to a Resident or staff member or to property a Code White should be initiated.

Staff should ensure their own and their co-worker's safety when dealing with aggressive individuals.

If possible, leave the area and use the paging system to call "Code White" and the location where you need assistance.

If you are unable to leave the area, attempt to pull a Resident call bell, alerting staff to the need for assistance. When staff respond, ask them to call a Code White, giving the location where assistance is required.

When staff hear the Code White announcement, all staff are to immediately report to the area and

follow the instructions of the Registered Nurse (who becomes the Code Coordinator).

Code Coordinator:

- assesses the situation
- acts as spokesperson for the team
- directs staff as to how to assist in dealing with the situation
- communicates with the Resident and tries to diffuse the situation.
 - start by attempting to speak quietly and helpfully to the individual.
 - give the Resident space, allow them to vent, listen carefully and with respect, try to validate their feelings. Do not be in a hurry to step in and touch the person. Listening and standing by is having a plan.
- Interventions may include: giving medications
 - allowing Resident quiet time to settle
 - consulting with the Resident's Physician
 - calling 911 if needed

Staff responding to the Code White should:

- follow the instructions of the Code Coordinator
- remember that the Code Coordinator is the only person speaking at the time of interaction with the Resident
- assist to remove vulnerable Residents from the area for their safety or if possible, help to remove the Resident/person to a safer environment.
- reduce stimulation in the area – removing other Residents, visitors, reducing noise levels by turning off radios/tvs, vacuum cleaners, etc.
- remove hazardous objects from the area that could cause injury
- shut doors to ensure the safety of other Residents

Guidelines during a Code White Team response:

- Remember to stay calm, take a deep breath, flex your knees and relax your face so you do not appear angry.
- For safety, remove items such as watches, glasses if not safety glasses, pens, pagers, scissors, name tags, etc.
- When dealing with physical aggression, physical interventions must be non-violent.
- Physical intervention is used as a last resort to safety control a physically acting out Resident until he regains control of his/her behaviour.
- The verbally aggressive Resident is managed through verbal defusing techniques.
- The Resident involved is always treated with utmost respect and professionalism. Interventions must respect the rights of staff and others to a safe environment.
- Safety priority occurs in the following order at all times: self and other staff safety, Resident, visitor safety and then environment.
- The team does not intervene in any situation that may pose a risk beyond their resources to intervene safely.

A “CODE WHITE” call becomes a “9-1-1” call or an emergency call to police:

- whenever there is a real or perceived threat that lives are in danger
- when initial or responding staff determine the situation is beyond their abilities to manage safely.
- whenever an “edged” weapon or firearm is involved
- when the aggressive behaviour occurs off Pinecrest property
- when the aggressor is not a Resident and threatens staff and Resident safety and other means of intervention are not available

Calling 9-1-1

- Call 911 and ask for POLICE.
- Tell them you have an aggressive Resident/person and describe the situation. Make it clear that you feel that Resident and/or staff safety is at risk.

- When the aggressor is not a Resident and threatens staff and Resident safety, call 911, ask for POLICE and give the details of the situation.
 - It is suggested that if staff are not able to stay on the line to answer questions, leave the phone off the hook (ie if staff need to return to the situation to assist)

- Be prepared to answer questions such as:
 - What is the nature of the incident? (e.g. person out of control, person with a knife, etc.)
 - Where exactly is the incident occurring?
 - Does the person have a weapon? Describe what it is? What is the person doing with the weapon?
 - Has anyone been injured?
 - How many people besides the person are in the room?
 - Can they safely leave?
 - Describe the person (name if known, race, sex, age, height, weight, colour/style of hair)
 - If the person leaves, what is the direction of travel? how long ago did the person leave?
 - Who is the witness/contact person and where is he/she (police will want to talk to someone as soon as possible when they arrive.)

- When the police arrive on the scene, they assume control of the situation directing staff and others as necessary.

- The police should remove the Resident/ person, taking them to the Ross Memorial Hospital for assessment or to the Police station if indicated. A Transfer package will be sent with the Resident if time allows or faxed, if staff have not had time to prepare.

- Contact the physician to complete a form 1 if required

After the situation is resolved:

Informal team debriefing:

This is a debriefing with all staff involved in the incident immediately following the incident. It provides the opportunity to collect information, and allows each team member to voice their comments, concerns and issues. Discuss what went right, what didn't and make recommendations on how to improve the Code White response.

Staff should report any injuries sustained during the procedure, receive medical assistance if required and complete an Employee Incident report

Code Coordinator:

- Initiate the Incident investigation following the Resident Incident Investigation Form
- Document all details of the incident using the Risk Management Incident form on Point Click Care (complete a Risk Management Report for each resident involved)
- If staff are injured, also complete an Employee Incident Form.
- If the incident involves someone other than Resident and/or staff, document the incident on an Employee Incident Form. Provide as much detail as possible.
- Following the Resident Incident Investigation form:

- Refer to the MOHLTC Decision Trees to determine if the event must be reported to the Ministry through the Critical Incident System.
- Initiate the Ministry of Health Critical Incident System (CIS) Report if required.
- Notify the Administrator and/ or Director of Care of the incident.
- Notify the family/SDM of the incident for all Residents involved.
- If necessary and appropriate, ensure that the Resident's physician is consulted to determine whether any changes in medication, medical treatment and/or other precautionary measures are necessary to eliminate or minimize the risk.
- Ensure oncoming staff are aware of the incident/ behaviour, especially if the Resident remains in the home.
- Update the Resident's Plan of Care to ensure that the triggers that may precipitate the aggressive behaviours, and appropriate interventions for staff to follow are identified.

Follow-Up

Follow-up is required if a staff member suffers an injury in a Code White Intervention or if any staff member becomes distressed over the incident. Provide staff support, contact family, etc.

If a Critical Incident System report was initiated to the MOHLTC, the Administrator or Director of Care will complete the report.

An operational review will be conducted by the organization into the incident to determine causes; proper follow-up measures have been taken and to identify risk control measures to prevent future occurrences. This follow-up review can be completed by any of the following: Behavioral Supports Team, Continuous Quality Improvement Committee or the Joint Health and Safety Committee.

Annually this Code White response will be reviewed.

References: Guidelines: Code White Response (A Component of Prevention and Management of Aggressive Behaviour in Health Care) produced in partnership with OHSAH, Workers' Compensation Board of BC and the Health Association of BC.

Emergency Operations Plan: CODE_GREY: Loss of Essential Service

In the event of power failure the generator will start automatically. The Generator can carry the load required for Pinecrest to operate normally.

Emergency Operations Plan Quick Action: Loss of Power

Responsible Staff	Action
Code Coordinator	Announce Code Grey- Loss of Power
Registered Staff	Start tracking generator activity in Generator Log
Registered Staff or designate	British Empire fuel (generator fuel) 705-738-2121 (call to refill generator, every 24 hours diesel fuel #1)
Registered Staff	Check Locks If there is a delay in switching to generator, locks may need reset, always check in housekeeping storage room 29 in centre zone.

Emergency Operations Plan Quick Action: Generator Failure

Staff Responsible	Action	
Code Coordinator	Announce Code Grey- Loss of Power & Generator Failure	
Code Coordinator or designate as assigned	Call Maintenance to come and evaluate situation. Paul Cosh/ Paul Burch if neither available contact Administrator	See Appendix 11
Code Coordinator	Initiate EOP Checklist & EOP Worksheet	
Code Coordinator or designate as assigned	If problem is lack of fuel for generator contact:	British Empire Fuel - 738-2121 (diesel fuel #1)
	If sufficient fuel and generator isn't functioning, contact for service	Somers Motor Generator Sales Ltd., 1-519-655-2396
	Contact Ontario Hydro to report outage and determine if there is an estimated time of return of power.	Ontario Hydro 1-800-434-1235
	If power (through Hydro or Generator) will not be restored within two hours, contact Administrator to report situation.	Jenelle Whalen (if unavailable) contact S. Griffin (Appendix 11)
	Suspend operations in Laundry and Dish Washing and Tub Room.	
	Implement "EOP_Dietary" procedure.	
	Assign staff to monitor exits	
	Obtain supplies from "Emergency Tote"	
	Post signage	
	Ensure staff remain vigilant for hazards (i.e. fire) as monitoring system will be off	

Emergency Operation Plan Quick Action: Loss of Heat (in Cold Weather)

Responsible Staff	Action
Code Coordinator	Announce Code Grey- Loss of Heat
Code Coordinator	Initiate EOP Checklist & EOP Worksheet
Code Coordinator or maintenance/owner if on site	Evaluate cause of loss of heat: total power loss, issue with power to baseboard units, individual baseboard issues
	For total loss of power, follow “EOP Quick Action: Generator Failure”
	For issue with power to baseboard unit or issue with individual baseboard:
Code Coordinator (or designate as assigned)	Call Maintenance Paul Cosh or Owner Paul Burch (Administrator if unable to reach) See Appendix 11
Assign staff	Ensure that all windows and exterior doors are closed Turn off all air supply and exhaust fans (mechanical room).
Assign other staff (housekeeping, laundry, screening)	Obtain additional blankets from storage (Room 68 & 75, 44) and use as necessary to keep residents warm
	Keep vacant room doors closed, to minimize loss of heat.
Code Coordinator	If temperatures drop to unacceptable levels and/or power supply will not be restored for an extended period of time, contact Administrator and/or DOC and prepare for evacuation (see Section E: Evacuation).

Emergency Operations Plan Quick Action: LOSS OF COMMUNICATION SERVICES

Telephone – loss of land lines

Responsible	Action	
Code Coordinator	Announce Code Grey- Loss of Communication Service	
Code Coordinator	Initiate EOP Checklist & EOP Worksheet	
Code Coordinator	Utilize staffs' personal cell phones and contact Bell Telephone Repair Service	On land line call 611 On cell phone call #611
	Notify them of the disruption in service and request immediate emergency repairs.	
Code Coordinator (or designate as assigned)	use email to communicate to families- Pinecrest "Gendelivery" email	(information posted at Nurses Station)

Loss of Internet Service

Pinecrest has two Internet Providers: The primary service is from CableCable and backup is provided by Bell. In the event CableCable service is lost, service from Bell should kick in automatically.

In the event Internet service is disrupted:

Responsible Staff	Action	
Code Coordinator	Initiate EOP Checklist & EOP Worksheet	
Code Coordinator	Contact Paul Burch	Appendix 11
Code Coordinator (or designate as assigned)	Call CableCable and report that service has been lost	(705) 887-6433 technical support: 1-888-697-6638
	If Bell service is disrupted	301BELL
	Use remote access to point click care and staff personal data plans- create "hotspots" on device, connect to hotspots (to be reimbursed)	

Loss of eMARs+-

Responsible Staff	Action	
If Pinecrest has Internet service, but emars is not working:		
Code Coordinator	contact Paul Burch	Appendix 11
Code Coordinator (or designate as assigned)	call eMARs support to report (or leave a message)	1-866-429-7335
Code Coordinator (or designate as assigned)	before the start of the next med pass, print the MARs sheets from the computer (emar - back up)	If internet service is available: sign into PCC in the gold bar: > Reports > Physicians Orders > Administration Record
print medication administration and treatment record for current month for North Wing and then for South Wing		

Responsible Staff	Action	
If internet service is not available		
Code Coordinator (or designate as assigned)	on the Medical Pharmacy computer: on desk top click on eMar Backup click on the top file which is the most recent click "I agree" click on: emar_North Mar 1 emar_South Mar 1	
print 2 sided		

Emergency Operations Plan Quick Action: LOSS OF WATER

In the event of a complete loss of water, the following procedure will be carried out.

Responsible Party	Action	
Code Coordinator	Announce Code Grey: Loss of Water	
Code Coordinator	Initiate EOP Checklist & EOP Worksheet	
Code Coordinator	Notify Maintenance and Owner if in the building Notify Administrator/ Director of Care if in the building Notify staff who are working	
Code Coordinator (or designate as assigned)	Contact the City of Kawartha Lakes – Bobcaygeon Service Center – to report loss of water to the building and determine if there is a problem occurring or work is taking place on the system.	Mon - Fri 8:30-4:30 705-324-9411 After hours/ week-end 1-877-885-7337
	In the event that water services will be returned to normal quickly, no further action need be taken.	
Code Coordinator (or designate as assigned)	If problem is not being dealt with by the City: Contact Maintenance Staff or owner to assess and determine expected duration of shut-down.	See Appendix 11 Paul Cosh Paul Burch, if neither Administrator
	In the event that water supplies will not be available for several hours, the following procedure is to be followed:	
Code Coordinator instructs staff	Milk and fruit juices are to be used to supply the fluid needs of the Residents. Paper products will be used for food and beverage service.	
	Laundry, dish washing operations, resident bathing shall be discontinued for the duration of the shortage.	
	Utilize disposable 'wet wipes' for personal care (purchase more from local drug stores if required ie Shoppers or Village Gate	
Maintenance	Turn off water in all residents room	
Code Coordinator	Place "Appendix 6: Water Tracking" sheets in kitchen and medication room	
	Total water used end of each day (2300) report to Administrator daily	
	<u>Minimize the use of toilets during the period of shortage. Remember, a tank toilet can be flushed once after supply to building is cut off.</u>	
Staff member assigned by Code Coordinator (laundry staff, housekeeper, etc)	Obtain Drinking water through local retail outlets Valu-Mart 705-738-6651 Foodland 705-738-2282 Sobeys 705-887-3611	
Code Coordinator	Notify Ministry of Long Term Care if loss of water for greater than 6 hours- Administrator or Director of Care to complete the online Critical Incident System or call the Service Ontario after hours reporting line 1-888-999-6973	
	In the event that water supplies will not be returned to normal indefinitely, the decision may be made to initiate Total Evacuation (see Code Green)	

EMERGENCY OPERATIONS PLAN Quick Action: Water Loss-Contamination

Responsible Party	Action	
Code Coordinator	Announce Code Grey: Loss of Water- Contamination	
Maintenance/owner (if unavailable- Code Coordinator)	Shut off water at Main immediately (see Appendix 1: Building Specific Information)	
Code Coordinator	Initiate EOP Checklist & EOP Worksheet	
Code Coordinator (or designate as assigned)	Notify Owner -Paul Burch Notify Maintenance- Paul Cosh Notify Administrator- Jenelle Whalen Director of Care- Shelly Griffin	See Appendix 11
Dietary	Implement "EOP_Dietary", provide juices and milk for fluids	
Staff member as assigned by Code Coordinator (laundry staff, housekeeper, etc)	Obtain Drinking water through local retail outlets Valu-Mart 705-738-6651 Foodland 705-738-2282 Sobeys 705-887-3611	
Code Coordinator	Notify Ministry of Long Term Care if loss of water for greater than 6 hours- Administrator or Director of Care to complete the online Critical Incident System or call the Service Ontario after hours reporting line 1-888-999-6973	
	In the event that water supplies will not be returned to normal indefinitely, the decision may be made to initiate Total Evacuation (see Code Green)	

EOP_Code_Grey_Loss_of_Essential_Services

Subject: Loss of Essential Services

Policy:

Emergency preparedness allows Pinecrest Nursing Home's staff to be prepared in cases of Emergency. In Emergency Planning, residents, staff and visitors health and wellness is the first consideration. In Emergency Operation Plans, Pinecrest Nursing Home will plan to shelter in place, if feasible. At commencement of an emergency, the Code Coordinator will assess if Sheltering in Place is safe, or if evacuation needs to be considered. Code Coordinator will use Appendix 3: "Shelter in Place Decision Tree".

Essential Services

Essential services include: power, heat, water, internet, and communications. These services are essential to operations within the home.

Hazard Identification and Risk Assessment

Using The Office of the Fire Marshal and Emergency Management's, "Hazard Identification and Risk Assessment Program Methodology Guidelines 2019" the risk was calculated. The Risk score of loss of essential services are very low. Loss of essential services is typically a secondary risk related to other hazards such as: community or natural disasters, extreme weather, etc.,

Initiating Emergency Operation Plan

At any point Pinecrest Nursing Home's essential services are compromised (loss of water, power, heat, internet, communications) Registered Staff will initiate Emergency Operations loss of Essential Services.

Loss of Water

Loss of water can be a result of a complication of town water (contamination, supply) or loss of power. Each situation will require a different approach. Code coordinator will follow EOP Emergency "Section L: **EMERGENCY OPERATIONS PLAN Quick Action: Water Loss**" for next steps.

Loss of water due to supply

Pinecrest will have to monitor water supply and measure use of water. There is enough water in the water heater (120 G) to support Pinecrest Nursing Home for 2 days. This has been calculated by considering both staff and residents (110 individuals) requiring 2L/ day, consuming approximately 60 gallons per day. Pinecrest will begin using EOP_Dietary immediately. Daily usage will be totaled by all departments to monitor supply levels. Code Coordinator will place "Appendix 6: Water Tracking" will be placed in the medication room and kitchen to track daily water usage. Code Coordinator will total amount used at end of each day (2300). If the supply falls below 60 Gallons (24 hours worth of water) and it can not be replenished or restored, Pinecrest Nursing Home will be considered at risk of critical levels and consider evacuation.

Loss of water due to contamination

Pinecrest Nursing Home will immediately discontinue use of water as required by the alert. Code Coordinator will follow the steps in "Section L **EMERGENCY OPERATIONS PLAN Quick Action: Water Loss-Contamination**" for next steps. Maintenance will turn off water supply at main supply in pump house. Code Coordinator will arrange for staff to obtain water from Foodland and Valumart.

Loss of water due to loss of power

Follow loss of power Emergency Operation. There is enough water in the water heater tank to support Pinecrest Nursing Home for 2 days. Pinecrest will begin using EOP_Dietary immediately for no power. Daily usage will be totaled by all departments to monitor supply levels. Water can be sourced

attaching designated water hose from Emergency Tote and filling **1L jugs for daily usage. If the supply falls below 60 Gallons (24 hours worth of water) and it can not be replenished or power will not be restored, Pinecrest Nursing Home will be considered at risk of critical levels and consider evacuation.

Loss of Power

In case of power outages, Pinecrest Nursing Home has a generator wired in. When the power fails, the Generator will start automatically. Pinecrest Nursing Home's generator can support the electrical load for Pinecrest to operate at full capacity. For next steps, Registered Staff should view Section I "Emergency Operations Plan Quick Action: Power Failure".

Loss of Generator Service

If the generator fails to start automatically, Registered Staff should refer to Section I "Emergency Operations Plan Quick Action: Generator Failure" for next steps. If generator can not be restored within two hours from shut off, contact Administrator (or Director of Care if unavailable). Complete "Appendix 3: Shelter in Place Decision Tree". If deciding to shelter in place, Registered Staff remain Code Coordinator until replaced by Director of Care or Administrator.

Emergency Tote contains supplies needed for loss of power: flashlights, batteries, walkie talkes, etc.

In Loss of Power/Generator service, Pinecrest systems will be down. Code Coordinator may also need to enact loss of internet/ loss of eMAR plan. Pinecrest Nursing Home's control panel will also not function. Call bells will not function and staff will have to manually round on residents frequently to ensure safety and well-being. Doors will become unlocked and staff will need to monitor residents.

Loss of Heat (in cold weather)

In the Loss of Heat, Code Coordinator will follow Section I "Emergency Operations Plan Quick Action Loss of Communications

In the loss of communications, Registered staff will follow steps in Section "J". Staff will utilize Walkie Talkies from emergency tote as need. Registered staff may also assign one staff to manually deliver message as required (to notify emergency personnel if their presence is required).

Roles and Responsibilities

Administrator

- Code Coordinator
- Monitor for ongoing updates regarding the essential services impacted by speaking with provider responsible (City of Kawartha Lakes, Hydro One, Bell, Cable Cable, etc).
- Ensure emergency operation plan is followed and implement new strategies based on emergency experienced
- Communicate updates as they pertain to Pinecrest Nursing Home to residents, substitute decision makers, staff, caregivers, students, volunteers
- Monitor the hazards and identify risks (staffing, supply issues, etc) on a daily basis
- Reassess hazards and associated risks to Pinecrest (considering residents and staff safety) with Director of Care, Registered Staff, Physicians (if able), Food Service Supervisor, daily during 10 am Emergency Operations Team Meeting or with any change in ongoing emergency
- Decide ability to shelter in place or need to evacuate using Shelter in Place Decision Tree
- Liaise with external authorities as required

Director of Care

- Code Coordinator
- Ensure Registered staff implementing directions received and overseeing all departments

implementing changes

- Monitoring and ensuring adequate medical supplies. Working with distributors to secure supplies and overcome distribution issues related to hazards (i.e. widespread power outages)
- Reassess hazards and associated risks to Pinecrest (considering residents and staff safety) with Administrator, Registered Staff, Physicians (if able), Food Service Supervisor, daily during 10 am Emergency Operations Team Meeting or with any change in ongoing emergency.
- Decide ability to shelter in place or need to evacuate based on Shelter in Place Decision Tree
- Assess need to implement Contingency plan from Pinecrest's Staffing Plan

Registered Staff

- Code Coordinator until replaced by Director of Care, Administrator, or external agency (for example, Fire)
- Monitor for communication alerts via general email
- Overseeing direction provided is implemented in all departments
- Ensure resident health and well being
- Contribute to frequent hazard and risk assessment

PSW

- Follow direction provided
- May be assigned to monitor doors
- Ensure resident health and well being of residents
- Report concerns to Registered Staff

Food Service Supervisor

- Ensure dietary staff are briefed and following any direction affecting dietary department
- Monitoring and ensuring adequate food/fluid supply
- Working with distributors on an ongoing basis to ensure supply and distribution will not be an issue
- Have EOP Dietary supplies in stock at all times in the situation that there is distribution issues
- Participate in daily Emergency Operations Team Meeting

Dietary Staff

- Follow direction provided by code coordinator and food service supervisor
- Adjust menu appropriately in cases of distribution issues
- Implement EOP Dietary in emergencies
- Report any concerns to food service supervisor or code coordinator (or Registered Staff in their absence)

Program Coordinator

- Ensure activity staff are briefed and following any direction provided
- Monitoring residents health and well being
- Assist with coordinating communication and updates as directed by code coordinator
- Participate in daily Emergency Operations Team Meeting

Activity Staff

- Follow direction provided by code coordinator
- May assist in monitoring residents health and well-being
- Report any concerns to Program Coordinator, Code Coordinator or Registered Staff (in Code/ Program Coordinators absence)

Nurse Clerk

- Monitoring and updating code coordinator on human resources
- Enact agreements with agency partners at discretion of DOC or Administrator
- Assist with family communications
- Assist with technical issues
- Assist departments with sourcing supplies

Housekeeping/ Laundry

- Adapt practices as required (I.e use premixed bottled products)
- Could be assigned to:
 - monitor doors
 - assist in picking up supplies from local retailers
 - assist in delivering communications
 - assist in other departments as able

Emergency Operations Plan Quick Action Code Blue: Medical Emergency

Code Blue- life threatening medical emergency usually this means cardiac arrest (when the heart stops) or Respiratory arrest (when breathing stops)

Responsible Staff	Action
Registered staff	Registered staff are notified that someone is experiencing a life threatening medical condition
	Announce Code Blue and location to alert staff to go to the area
	Assess person , level of care and the need for CPR or rescue breathing, (Mouth to Mouth CPR mask is in the medication room beside the fridge)
	Call 911
	Perform CPR if required (ie Resident's Health Care Directive is Level #4, staff member, caregiver/ visitor) until Paramedics arrive and directed to stop
	During CPR assign staff to complete Emergency Operations Worksheet
	Prepare transfer package to send to hospital
	Complete Risk Management/ Progress notes if a resident is involved
	After emergency Notify Administrator, Director of Care
	Document incident on "Emergency Response Form"

IPAC_COVID_Outbreak

Subject: COVID Outbreak Management

Policy: During COVID-19 outbreak, Pinecrest will follow outbreak management measures as outlined in Pinecrest Nursing Home's "IPAC_Outbreak_Investigation_Management", as well as additional measures outlined in this policy and as directed by Public Health, IPAC Hub, and Ministry of Long-Term Care.

Procedure: Once a resident or staff exhibits symptoms of COVID-19 Pinecrest will:

- Immediately isolate the symptomatic resident under Droplet and Contact precautions (in an isolation room where possible) and test for COVID-19 using a lab-based PCR test as per the "COVID-19: Provincial Testing Requirements Update"
- Isolate the roommate of the symptomatic resident under Droplet and Contact precautions, and test for COVID-19 using a lab-based PCR test as per the "COVID-19: Provincial Testing Requirements Update"
- Advise symptomatic visitor to leave Pinecrest immediately, self-isolate and get tested for COVID-19 using a lab-based PCR test.
- Test symptomatic staff using a lab-based PCR test, have them leave immediately and self-isolate while they await results.

IPAC Audits

Pinecrest Nursing Home supervisory staff will conduct frequent IPAC Audits (PPE, Hand Hygiene, Supervisory, etc) at a minimum of every two weeks. During an outbreak, IPAC Audits would be increased to a minimum of weekly.

Managing a COVID-19 Case

A potential exposure of COVID-19 of a resident or staff will be immediately reported to Public Health for further guidance. A lab-confirmed COVID-19 case in a resident or staff will be immediately reported to public health for further guidance. Staff will be advised to stay home, isolate and await further direction from Public Health. Resident will be placed in Droplet and Contact Precautions in an isolation room and the roommate will be placed in Droplet and Contact Isolation and tested for COVID-19 with lab-based PCR. All health care workers providing direct care to or interacting with a suspected, probable (i.e. placed in precautions as high risk contact, in an outbreak zone of the facility or recently transferred from a facility in outbreak) or confirmed cases of COVID-19 are a fit-tested, seal-checked N95 respirator (or approved equivalent), eye protection (goggles or face shield), gown and gloves.

Only the local public health unit can declare an outbreak and declare it over. The local public health unit will determine whether cases have a link as part of their investigation, which will inform their decision as to whether they will declare an outbreak.

"HKPR Covid Case Checklist for LTC" will be used when a positive covid case is identified.

COVID-19 Outbreak Declared

Leadership

Administrator, Director of Care and IPAC Lead are Pinecrest Nursing Home's leaders of the outbreak management, directed by Public Health and Pinecrest Medical Director. In their absence, Registered staff are in charge of outbreak management. The Nurse Clerk is responsible for staffing requirements. In the Nurse Clerks absence outside of business hours, Registered Staff are responsible for filling shifts. If the Nurse Clerk is unable to attend work, the Administrator or Director of Care will assist in this role during business hours.

Resident Measures

Once the Public Health Unit declares a COVID-19 outbreak, all residents will be placed in their rooms with tray service for meals. All residents will be tested for COVID-19 with a lab-based PCR test. Tray service will be provided for all meals for all residents.

Staff Measures

The Activity Room will be designated as North Staff room and Fireside Lounge will be designated as South Staff dining room. The service wing staff room will be designated to laundry, dietary, and administrative staff. Each staff room will be equipped with its required amenities, but staff will be encouraged to bring their lunches in a lunch pail with an ice pack to avoid personal items touching. The “staff washroom” will be designated as South Staff/ Caregiver washroom and the “visitor washroom” will be designated as North Staff/Caregiver washroom. Signs will be posted on the doors as reminders.

Routines and schedules will be adjusted as required to accommodate staff cohorting to the best of Pinecrest's ability (housekeeping routine adjusted, dietary, and staffing schedules).

If able, Pinecrest will:

- Add additional Nursing, Housekeeping, and assistive staff for additional supports.
- An additional housekeeping shift will be added for enhanced, more frequent cleaning and additional laundry supports.
- Additional Personal Support Workers for each shift to assist with outbreak demands
- Additional Personal Support Worker and Registered Staff on nights to further support staff cohorting efforts
- Adjust assignments to ensure cohorts are consistent

Staff who are ill will be replaced according to the staffing plan

Communication

Pinecrest Nursing Home management staff or Nurse Clerk will send out frequent communication updates to staff, residents, and families on the outbreak status. Pinecrest Nursing Home management staff will maintain communication with Ministry of Long-Term Care and Public Health Unit as required, and include pertinent information in an update to residents, staff and families. Other Community partners will be updated as required ie IPAC HUB, RMH, etc

- Ministry of Long Term Care will be notified immediately of any COVID 19 outbreak (suspect or confirmed) using the critical incident system during regular working hours or calling the after-hours line at 1-888-999-6973 after hours or on weekends.

Isolation Wing

The North wing where the designated isolation rooms are will be considered the “Isolation wing”. Lab-confirmed COVID-19 positive residents will be moved to an isolation room down the North wing if possible, on Droplet and Contact precautions. Their roommates will remain in isolation in their own room until they receive a lab-based negative COVID-19 test.

Activities

If approved by Public Health, small cohort group or 1:1 activities will be continued as advised after results from resident and staff COVID testing are received. Cohorts for activities must remain consistent. Public Health measures must be followed: physical distancing of 2 meters, universal masking (as tolerated), etc.

Personal Protective Equipment

Staff will follow the minimum requirements for personal protective equipment as directed by Public Health Unit, and may increase the level of personal protective equipment based on their personal care risk assessment.

Clearance

Pinecrest Nursing Home will follow Public Health COVID Clearance requirements for positive staff and residents, in addition to requiring two negative lab-based PCR's prior to discontinuing Droplet and Contact precautions and staff's return to work. or if unable to obtain 2 negative PCR tests, isolation will remain in place for 21 days. Residents and staff precautions would be removed with a negative rapid test on day 22.

Admissions/Readmissions

Admissions/readmissions are generally not permitted during a COVID-19 outbreak. Pinecrest Nursing Home will follow Public Health guidance and consider Pinecrest Nursing Home internal operations during the outbreak.

Note: Pinecrest will also follow direction provided by Ministry of Long-Term Care and Public Health Unit. Any external agency that participates in any suspect or confirmed outbreak response or completing an IPAC assessment may do so and must; inform the local public health unit of their involvement, and follow any directions the Public Health Unit advise.

Reference

Ministry of Health. "COVID-19 Directive #3 for Long-Term Care Homes under the LongTerm Care Homes Act, 2007". December 17, 2021.

Ministry of Health. COVID-19 Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes within the meaning of the Long-Term Care Homes Act, 2007. December 17, 2021.

Ministry of Health. "COVID-19 guidance document for long-term care homes in Ontario". December 17, 2021.

IPAC: Outbreak Investigation & Management Policy for Outbreak Investigation and Management

Goal: To protect the health and safety of the residents, staff and visitors, early identification of outbreaks, implementation of control measures, and management of the outbreak will be completed with a multidisciplinary team.

“Keys to successful Management of Outbreaks in LTCH and Retirement settings” is one of the resources used in addition to best practice resources listed below. Directions from Public Health, IPAC Hub, and Ministry of Long-Term Care will also be implemented/ followed. The keys to successful management of outbreaks in LTC and retirement settings was provided by the health unit and is in a white binder located in the chart room # 30 with 2 outbreak management bins. The Outbreak Bins include: Outbreak collection kits, signage (PPE donning, PPE doffing, Droplet/ Contact Precautions, Contact Precautions, Droplet precautions) and other tools to use during the outbreak. The binder contains Line listing /surveillance forms and check lists, as well as specific contact numbers for the Health Unit , General information, Respiratory Outbreak Management, Enteric Outbreak Management, and fact sheets on organisms that are common causes of outbreaks.

The following information is a more detailed and extensive outline of our policies and procedures during an outbreak.

Outbreak measures will be instituted whenever there is an incidence of infections above what would normally be expected, considering seasonal variations.

Respiratory symptoms include: abnormal temperature, headache, tiredness, lethargy, runny nose or sneezing, stuffy nose or nasal congestion, sore throat, muscle / joint pain, cough (new), hoarseness or difficulty swallowing.

Enteric symptoms include but are not limited to: fever, headache, vomiting, lethargy, diarrhea, nausea, bloody diarrhea, abdominal pain.

COVID 19 symptoms- refer to the Covid- 199 Reference Document for symptoms from Public Health for most recent document. The most common symptoms are fever, cough, shortness of breath. Other symptoms can include sore throat, runny nose, nasal congestion, new olfactory or taste disorder, Nausea and/or vomiting, diarrhea, and abdominal pain. Atypical signs and symptoms of COVID-19 also need to be considered including: chills, headache, conjunctivitis, fatigue, lethargy or malaise, myalgias, decreased or lack of appetite. New or unusual exacerbation of chronic conditions, tachycardia, low blood pressure, hypoxia, delirium, increased number of falls, acute functional decline.

The Infection Control Lead , Director of Care or delegate (Registered Staff) will conduct the outbreak investigation, with assistance from the local Health Unit (Haliburton, Kawartha, Pineridge-HKPR). Appropriate notifications will be completed within the home to the Medical Director, Owner, Administrator, Director of Care, all departments/ staff, attending physicians, nurse practitioner, residents/POA, family members and volunteers.

Outbreak monitoring and reporting will continue until resolution. The line list is emailed/ faxed daily to the Health Unit by 10 AM Monday through Friday or as directed by the Health Unit.

The Infection Control Lead, Director of Care or delegate (Registered Staff) will have the authority to implement control measures as appropriate, in coordination with our home's administration and medical staff as well as local agencies. For example: These control measures may include resident or

unit, or isolation measures for the entire home.

Outbreak Detection and Management

Even a relatively small respiratory outbreak in a home is disruptive. Early recognition of a situation signaling suspected outbreaks and swift action are essential for effective management. Timely specimen collection, communication and the implementation of appropriate control measures will make the difference in the impact of the outbreak and ultimately benefit both the Residents and the staff. The home is responsible for ensuring that the following steps are carried out. Direction from the Health Unit and role/responsibility clarification should be confirmed at the initial OMT(Outbreak Management Team) meeting. The Outbreak Management Team will consist of all department managers (i.e. Programcoordinator, Food Service Supervisor, Administrator, and Director of Care , Medical Director,, IPAC Lead Registered Staff, and other staff as required. For information on each Member's role see **IPAC: Outbreak Team Members Role**

Step 1. Assess the Potential or Confirmed Outbreak

Review "IPAC_Daily_Surveillance_Form" in the report book daily and the staff surveillance form . Begin a line listing from routinely collected surveillance data about Residents who are ill with respiratory/ enteric symptoms. The line listing provides for rapid assessment of the extent and nature of the suspected outbreak. It may be expanded to include other relevant data beyond what is recommended here as the investigation proceeds. Update the line list daily or as needed.

Keep records of how events transpired, who was notified and when, what specimens were collected and their results, when Residents were seen by their attending physician, which Residents required hospitalization, etc.

Confirm the population at risk in the home. This shall include:

- The total number of Residents and the number of all staff, including casual workers and non-patient care staff, employed at the home
- A separate line list will be initiated for staff who have respiratory/ enteric symptoms that fit the case definition.

Resident and staff line listing will be completed on the form provided by the Health Unit (respiratory or enteric). Information included: Person's name, room number, name of doctor, gender, Date of Birth, Onset date of symptoms, End date of symptoms, symptoms the Resident is experiencing, complications, Specimen/ diagnostics. The Health unit will give direction if this is to be a paper or electronic copy.

Step 2. Implement General Infection Control Measures

Control measures are to be implemented as soon as individuals become ill as well as their roommates in Droplet/ Contact precautions while investigating the type of infection, ie ruling out Covid- 19 infection. The resident is to be placed in a private room if available and placed on isolation precautions. All staff shall be notified quickly of the ill Residents and signage will be posted outside the Resident's rooms. A pink sticker (droplet/ contact) or yellow sticker (contact) will be placed on the Resident's name plate to identify who is on isolation precautions. An IPAC station is to be set up outside the residents door with the necessary supplies (i.e. gloves, gowns, Medical masks and N95 eye protection, wipes, signage on type of precautions that are to be used, donning and doffing PPE, etc.).

- reinforce with staff the need for proper hand hygiene in accordance with the Hand Hygiene Policy.
- PPE is to be used when caring for ill Residents (e.g. gowns, gloves, masks, eye protection). Signage will be posted outside the resident's room to remind staff and caregivers what PPE is required, as well as a sign inside the room to instruct on proper doffing procedure.
- Isolate ill Residents to a private room on the North wing if they have a roommate, if possible
- Only essential caregivers (no visitors) can enter the room for Residents on isolation and must wear appropriate PPE and then exit the home immediately following their visit with the ill resident.
- Avoid both Resident and staff interaction between affected and unaffected units refer to cohorting policy
- additional requirements specific to resourcing and supplies , personal protective equipment (PPE) and equipment for the emergency response, as well as a process to ensure that required items have not expired is in place.
- a plan for food, fluid and drug provision is in place.

For Covid-19 Refer to “COVID-19 OUTBREAK” policy , COVID-19 guidance document for long-term care homes in Ontario, and Public Health for Guidance

Step 3: Notify the Medical Officer Of Health or designate at the Health Unit of the Potential or Confirmed Outbreak.

- Provide the Medical Officer of Health or designate with an update of situation, concern and line listing. Note: do not wait until the line listing is completed to notify the Health Unit.
-
- With the assistance of the Health Unit determine if it is an outbreak and develop an outbreak case definition.
- Provide the Medical Officer of Health or designate with the name of the Infection Control Lead and Director of Care at the Home responsible for the outbreak investigation along with the person's phone number.
- Report the initial control measures that have been instituted.
- Obtain an Investigation Number (formerly referred to as an Outbreak Number) to assign to the investigation and to record on all laboratory submission forms.
- Health Units are responsible for notifying the Public Health Laboratory of the investigation and providing the laboratory with the particulars of the suspected outbreak.
- Discuss with the Health Unit how specimens will be collected, stored and submitted to the laboratory. Confirm the number of laboratory specimens to be taken during the initial outbreak investigation. Clarify which Residents should be tested and establish which Residents should not be tested i.e. nasopharyngeal swabs for respiratory outbreaks should only be taken from Residents with acute symptoms (onset within the preceding 24 or 48 hours) and preferably from a Resident with the most classical presentation of the illness suspected. All specimens must include the Resident's name, the Home's name and the Investigation Number. The lab requisition is to be on coloured paper, for the lab to easily identify that it is an outbreak specimen. **Laboratory's will not process incompletely labeled or leaking specimens.**
- During the Covid Pandemic, The Local public health unit is responsible for managing the outbreak response. Discuss if all resident's/ staff need to be tested. Notify pharmacy of positive COVID-19 test, to evaluate criteria for resident to receive Paxlovid.
- Registered staff will complete the Nasopharyngeal swabs as indicated (refer to Nasopharyngeal specimen collection which is located in the “Effective respiratory outbreak management” section of “**Keys to successful Management of Outbreaks in LTCH and Retirement settings**” binder.

- Notify the pharmacy if nasopharyngeal swabs are taken so that they can ensure we have Tamiflu orders for all residents.
- Bacterial, parasitic and viral agents may produce gastroenteritis. The Enteric Outbreak Kit has been designed for the investigation of these agents simultaneously at the beginning of an outbreak when the causative agent is unknown. Registered staff will ensure proper specimen collection.

Step 4: **Declare an outbreak**

- Any further progression of the 'potential/ suspect outbreak' situation (additional cases or laboratory confirmations) will confirm an outbreak.
- Only the local public health unit can declare an outbreak and declare when it is over. It is not the long-term care home's responsibility to determine whether cases have an epidemiological link. Local public health units will determine whether cases have an epidemiological link as part of their investigation, which will inform their decision as to whether or not they declare an outbreak.
-
- Arrange for an OMT (Outbreak Management Team) meeting with designated individuals from the Home and the Health Unit. Usually done via phone consultation due to location of our home. Plan a daily OMT meeting at 10AM. Due to the size of the home, 1:1 discussions with each department manager may be held instead of a group meeting. Alternatively a virtual meeting may be scheduled.
- Once an outbreak has been declared, the Director of Care or Administrator will notify the Ministry of Health and Long Term Care via the on-line CIS reporting system

Step 5: **Notify Appropriate Individuals Associated with the Home of the Outbreak and the Initial Outbreak Management Team Meeting**

In addition to notifying the local Medical Officer of Health or designate about the outbreak (see step 3), notification may include some or all of the following individuals:

- Medical director,
- Director of Care
- Administrator
- The operator/owner
- Infection control Lead
- Registered Staff
- Attending physicians
- Nurse Practitioner- Registered nurses in the extended class
- Dietitian
- Residents/ POA/ Caregivers/Family members
- Pharmacist
- Physiotherapist
- staff members of all departments
- community volunteers

Step 6: **Hold an initial OMT (Outbreak Management Team) meeting**

The OMT directs and oversees the management of all aspects of an outbreak. It should include representatives who have decision making authority within the home as well as a representative from

the Health Unit. The following roles and responsibilities should be assigned to members of the team:
Chairperson: The chairperson is responsible for coordinating the outbreak control meetings, setting the meeting time, agenda and delegating tasks, usually the Director of Care or Administrator.

Outbreak Coordinator: This role is often given to the IPAC Lead and Director of Care . The coordinator ensures that all decisions of the OMT are carried out, and coordinates all activities required to investigate and contain the outbreak.

Secretary: Sets location and notifies committee members of any changes. Records and distributes minutes of meetings (Director of Care or Administrator)

Media Spokespersons: (Health Unit and Home): The individuals assigned this responsibility are the only representatives of the OMT who should give information to members of the media. The media spokesperson can be a representative from the home (Administrator) or the health unit or alternatively, a spokesperson from each organization can be selected.

The Outbreak Management Team Should:

1. Review the line listing information , reason why the Health unit has declared the outbreak,ensure that all members of the team have a common understanding of the situation.
2. Develop a working case definition for the outbreak if one has not already been developed when the Outbreak was declared. A case definition is the criteria that will be used throughout the outbreak to consider a Resident or staff member as an outbreak associated case. Residents who meet this case definition will be considered a case regardless of the laboratory testing unless another diagnosis is confirmed.
3. Review the control measures necessary to prevent the outbreak from spreading. The Health Unit will review best practice/ recommended control measures that are to be in place and enforced by LTC staff. Control measures may differ for different organisms and may need to be monitored on an ongoing basis.
4. Appropriate signs and their placement should be confirmed
5. For Influenza Outbreaks, confirm the use of anti-viral medications for treatment of cases and/or prophylaxis of well Residents and non-immunized staff.
6. For influenza outbreaks, confirm the implementation of the exclusion policy, review and implement the staffing contingency plan.
7. Determine if additional influenza immunization clinics are required for non-immunized staff, and if so, how they will be organized.
8. For Covid- Confirm the use of Paxlovid.
9. Confirm the arrangements for the collection and submission of specimens for laboratory analysis. The Health Unit will advise the which residents that are to be tested.
10. Develop a process for resolving conflicts about the use of Personal Protective Equipment
11. Identify any additional persons/institutions that require notification of the outbreak such as:
 - acute care hospitals for information on transfers (infection control practitioner, admitting, emergency)
 - Home and Community Care/other LTCHs
 - emergency services, including dispatch
 - Ministry of Health and Long-Term Care
 - Ministry of Labour to report staff on the line list

Note: the Health Unit will post the outbreak on their website to notification other community Health Organizations regarding all outbreaks

11. Prepare a communication plan, including media release as necessary. Communication plan should be an ongoing process to residents, staff, family, volunteers, students, caregivers and Residents Council (Administrator)

12. Prepare internal communications for Resident, family and staff groups. Determine if education sessions are required for staff members and confirm who will conduct them.
13. Confirm who will be responsible for the ongoing monitoring of the outbreak in both Residents and staff members.
14. Discuss Cohorting Residents/staff. Cohorting is defined as the grouping together of individuals in a specific area to limit the contact between infected cases and non-infected cases, in order to decrease opportunities for transmission of infectious agents. If possible, exposed staff should remain caring for symptomatic residents on a daily basis and avoid transferring to other Residents/ staff.
15. Confirm that the Public Health Laboratory will phone results directly to the Health Unit. Health Unit staff are responsible for informing the home's IPAC Lead , Director of Care or/ Registered staff. Review the process for discussing laboratory results and control measures with Health Unit staff and the Home's IPAC Lead , or designate.
16. Confirm how and when daily communications will take place between the Home and the Health Unit. Ensure that contact telephone numbers are available for both the Health Unit and Home at all times.
17. Decide how frequently the OMT will meet and set next meeting.
18. Daily Meetings will be held with department supervisors IPAC Lead at 1000 to review the outbreak and address any issues.

Pinecrest has a designated IPAC lead or in their absence the Director of Care during normal business hours. The Registered staff on duty will take on the role outside of business hours or in the absence of the IPAC Lead or Director of Care. They may consult with the Director of Care, Administrator, IPAC Lead or the Health Unit at any time if they have questions/ concerns regarding the Outbreak.

Step 7: Communicate the results of laboratory tests

Public Health Laboratory will notify the Health Unit (or the Home, if specifically requested or Health Unit staff is not available) by phone of the results of the specimen testing, both positive and negative. Health Unit staff are responsible for informing the home's IPAC Lead, Director of Care or Registered Staff. Directions will be provided at that time regarding any additional control, treatment or prophylaxis measures to be implemented.

The Public Health Laboratory will send a hard copy of all results (negative and positive) to the Health Unit or submitter indicated on the data sheet.

Step 8: Monitor the Outbreak on an ongoing basis

Monitoring of the outbreak must include ongoing surveillance to identify new cases and update the status of ill Residents and staff. The Registered Staff (IPAC Lead, Director of Care or Registered Staff) of the home will update the line listing with new information and communicate this to the Health Unit contact person as previously arranged. The review of the updated information should examine the issues of ongoing transmission, and the effectiveness of control measures and prophylaxis. Changes in the outbreak control measures may be indicated from the review of the data. Some control measures may be lifted as the outbreak comes under control or alternatively other measures may be added if the outbreak is not being controlled successfully. Additional laboratory testing may be indicated as well. If new cases continue to be identified, prophylaxis failure or a new organism causing infections must be considered.

Elements of ongoing surveillance should include all of the following in the updating of line listing:

Resident Surveillance:

- addition of new cases with all appropriate information (see step 1, Resident line listing information)
- identification of Residents who have recovered
- updating of status of ill Residents including notation of issues such as worsening symptoms, clinical and or x-ray diagnosis of pneumonia
- adverse reaction to any prescribed antiviral prophylactic medication, or discontinuation of antiviral prophylactic medication.
- Transfers to acute care hospitals
- deaths

Staff surveillance:

- addition of new staff cases including all appropriate information (see step 1, staff line listing information)
- identification of staff who have recovered and confirmation with the Health Unit for return to work date.

Step 9: **Declare that the outbreak is over**

The length of time from the onset of symptoms of the last case until the outbreak is declared over can vary. Prior to declaring an outbreak over, the Home must not have experienced any new cases of infection (Resident or staff) which meet the case definition for the period of time as defined by the OMT. (Health Unit will advise on this). Past standards state: *As a general rule, viral respiratory outbreaks can be declared over if no new cases have occurred in 8 days from the onset of symptoms of the last Resident case. Enteric Outbreaks of unknown etiology where the symptoms are consistent with a viral illness can be declared over once the last case has been symptom free for 48 hours. Covid outbreaks are generally 14 days from last case but the health unit will confirm with the most recent information*

An interdisciplinary evaluation of the outbreak will be held by the Home's members of the OMT within 30 days after the outbreak is declared over.

Step 10: **Communicate findings**

- Document all information about the outbreak including a final line list of all ill Residents and staff; attack rates (infection rate during outbreak period); all pertinent laboratory findings; overall severity of illness; summary of educational programs for staff, Residents, and visitors; isolation or quarantine measures that were instituted; effectiveness of control measures; any sequelae of illness in Residents or staff; number of Residents hospitalized or deaths during the outbreak; and plans for prevention of a similar outbreak in the future.
- The Health Unit will graph the outbreak by date of onset, number of cases, location of cases, symptoms etc. This can be very helpful in illustrating what the initial cause of the outbreak was, the location of the index or first case. The incubation period, and the effectiveness of control measures.
- The communication plan has a process to ensure frequent and ongoing communication, initiated at the beginning of the emergency, when there is a significant status changes, and when the emergency is over.
- Pinecrest shall ensure that a website is developed and is open to the public. Includes a minimum of information including contact phone numbers and email addresses that are consistently monitored.

- the current emergency plans and visitor policy must be listed.

Step 11: **Initiate Measures to Prevent Future Outbreaks**

- Study and evaluate the outbreak once it has resolved, and consider what program changes might be indicated for the future, for example:
 - More inclusive influenza and pneumococcal , covid vaccination programs
 - Future education programs for staff, residents, and families/visitors about outbreak prevention
 - Surveillance programs for early detection of illness that may readily spread within the facility
 - Assistance of public health agencies in developing effective prevention programs
 - Participation in educational programs to become more familiar with illnesses that frequently cause outbreaks
- Present an interdisciplinary evaluation of the outbreak and recommendations for preventative measures at the PAC Meeting/infection Control Committee meeting.
- (see below)

Recovery

After every time the plan is implemented, there will be a debrief for residents, their substitute decision makers, if any, staff, volunteers, and students. The debrief will include how to resume normal operations in the home and establishing how to support those in the home who experienced distress.

Hazards and Risks

Risks during an outbreak include supply issues and staffing issues. Pinecrest maintains a 3 month supply of PPE and a month supply of chemicals used during an outbreak. These supplies are kept in preparation of extra consumption during an outbreak, and supply chain issues. Once an outbreak is declared, Pinecrest will evaluate supplies and order additional supplies to prepare for additional consumption. Staffing is another risk during an outbreak due to staff illness, un-immunized staff unable to work, etc. Pinecrest will contact agency contacts in preparation to secure extra staffing to prepare for staff illness, staff unable to work and increased workload during an outbreak. Pinecrest Nursing Home has contracts with: Plan A, Coffey Crown, Dawn of Angels, and TLC to support staffing. See “staffing plan” for more information related to staffing provisions.

Testing

Preparedness is essential for the management of any emergency plan. This plan will be evaluated annually and within 30 days of the emergency being declared over, after each instance the emergency plan is activated. The plan will be submitted to the Chief Medical Officer of Health or designate for an opportunity to provide feedback. This plan will be tested annually with a kept record of the test and changes made.

Special Circumstances

During an outbreak caused by new, emerging pathogens (eg MERS-CoV, avian influenza A, Covid -19), recommendations developed to the emerging pathogen will be followed. This information will be available from the MOHLTC's Health Systems Emergency Management Branch (HSEMB) online at:

http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/default.aspx

During an influenza pandemic, recommendations for management and control may be altered, guidance documents specific to pandemic outbreak management. This information will be

available from the MOHLTC's HSEMB online at
http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/default.aspx

References:

Control of Respiratory Infection Outbreaks in Long Term Care Homes, Ministry of Health and Long Term Care November 2018

† *Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, Ministry of Health and Long Term Care March 2018.*

†

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Annex B – Best Practices for Prevention of Transmission of Acute Respiratory Infection. Annexed to: Routine Practices and Additional Precautions in All Health Care Settings. Toronto, ON: Queen's Printer for Ontario; 2013.

(revoked June 11, 2022)

COVID-19 guidance document for long-term care homes in Ontario. June 11, 2022

IPAC: Outbreak Team Members Role

Policy: To establish clear communication channels both internally and externally in the event of an infectious outbreak. To identify and clarify the role and responsibility of members of the Outbreak Management Team

Objectives: Ensure the health and wellness of residents and staff by early recognition of potential outbreaks. Implementation of measures to contain and control further spread. Provide early recognition of potential outbreak.

To contain/control further spread.

To determine optimum treatment.

If possible, prevent future outbreaks

Procedure for managing outbreaks: Refer to Policy/ Procedure:
IPAC_Outbreak_Investigation_&_Management

Team Members Roles:

1. Administrator/Director of Care or delegate (IPAC Lead/ Registered Staff):

- Notify the Medical Officer of Health (Local Public Health Unit) of possible outbreak, collaborate the planned response when an outbreak has been declared.
- Convening the Outbreak Management Team at the start of the outbreak and regularly throughout the outbreak
- Notify Owner/ Operator
- Notify the Medical Director of possible outbreak, other physicians and NP
- Notify the Ministry of Long Term Care
- Communicate with staff, Residents/POA, Caregivers and volunteers
- Co-ordinate scheduling staff with assistance of Nurse Clerk
- Monitor and direct ongoing infection control measures within the Nursing home
- Ensure accurate disease related information is tracked and documented
- Provide IPAC related education and training to staff and others to support the outbreak response
-
- Advise on IPAC practices to manage the outbreak and minimize risks to residents, staff and visitors
- Provide a liaison with the pharmacy, laboratory, RMH and Ministry of Long Term Care
- Ensure that Outbreak control measures are followed as directed by Health Unit and Ministry of Long Term Care
- Auditing- completing/ overseeing hand hygiene, PPE, and other required audits ie PHO self assessment audit tool for LTC, PHO Covid 19- infection prevention and control checklist for LTC
- secure IPAC related resources needed to support the outbreak management response. ie PPE and other supplies required
- Organize a debrief session after the outbreak is declared over to assess IPAC practices that were effective and ineffective in the management of the outbreak. A summary of findings/ recommendations for improvements to outbreak management practices and monitor their implementation.

2. Medical Director (Physician):

- Clinical/medical monitoring within the home. Provide medical directions to the staff on management of the outbreak .Ie antivirals, new best practice
- Ensures physicians are in compliance with procedures for infection control
- Liaisons with hospitals and updates medical officer of health re: clinical/medical problem; monitors spread of the disease
- Available for medical consultation with attending physicians
- Available to communicate with Families/ POA regarding residents health status

3. Medical Officer of Health (Health Unit)

- Provides direction to support management of cases, contacts and outbreaks associated with diseases of public health significance.
- Co ordinate outbreak investigation, declare outbreak, and direct outbreak control measures, declare outbreak over
- Provides best practice recommendations and may make recommendations re: procedures, staffing, equipment, etc.
- Assist facility with laboratory testing
- Assist with follow up education
- Assist with communication updates to Media

4. Registered Staff

- Monitors Resident Health Condition, addressing any concerns
- Contacts POA/families and attending physicians with changes in the residents condition regarding treatment and discuss goals of care
- Maintain line list of ill resident's, monitoring ill residents
- Monitor staff health status, maintain line list of ill staff with assistance from Nurse Clerk Director of Care, IPAC Lead
- Ensures proper infection control procedures are carried out
- Provides education to staff and residents
- Ensure the correct specimens are collected and sent to the lab for testing. Follow up on results.
- Address any concerns from staff, residents, families referring to appropriate person as required
- Audits- hand hygiene, PPE etc.

5. Department Heads

- Provide direction and supervision of IPAC procedures in your department and outbreak management changes (ie no large group programs, all trays considered contaminated)
- Monitor staff health status of department
- Ensure that proper supplies are ordered as required
- Adjust routines as required

6. Staff

- Follow infection control practices at all times with special emphasis on hand washing/ hand hygiene techniques and proper use of PPE
- Report immediately any changes in resident's status
- Complete self monitoring of symptoms and report to Registered staff immediately if any identified on your shift.
- Follow co-horting procedures and other directions given to help control the spread of infection.

References:

Control of Respiratory Infection Outbreaks in Long Term Care Homes, Ministry of Health and Long Term Care November 2018

Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, Ministry of Health and Long Term Care March 2018.

IPAC_Pandemic Plan

Subject: Pandemic Plan

Policy: During a pandemic, a number of factors, such as a shortage of staff or hospital resources, may contribute to challenges. In the event that a pandemic is declared by the provincial Ministry of Health, Pinecrest will partner with community partners to ensure residents receive the services and care they require.

Procedure:

- Pinecrest will follow outbreak Investigation and Management procedures as required
- In a Pandemic event, Pinecrest will take direction from the Provincial Ministry of Health emergency management branch, Ministry of Long Term Care and Local Health Unit <http://www.hkpr.on.ca>
- Additional information will be accessed at the College of Nurses website which states they will maintain a section on their website to:
 - facilitate access to current government and related health pandemic information,
 - provide links to all College standards and guidelines, and identify those that may be particularly relevant during a pandemic,
 - provide pandemic - related scenarios and their resolutions, and
 - announce any teleconferences or web offerings as they become available; and
 - make every effort to continue practice consultation services by phone and email. <http://www.cno.org>
- A plan will be developed with the interdisciplinary care team - Medical Director, physicians, Nurse Practitioner, Owner, Administrator, Director of Care and Registered Nurses in consultation with our community partners
- Communication will be maintained with the local hospital - Ross Memorial Hospital and the Halliburton, Kawartha, Pine Ridge District Health Unit
- Agency staffing may be used to cover staff shortages: Plan A, Coffey Crown, Dawn of Angels, TLC staffing service and other organizations and agencies as required ie LHIN or RMH

Human Resources

Staffing will be scheduled in accordance with staffing needs and appropriate ratios. In the event of shortages, agency staffing may be used to cover shortages and expedited hiring processes. New staff and agency staff will be trained using "Orientation_Pandemic_Training" (a condensed version of orientation) in order to start work as soon as possible. In the event of short staffing, staff are to follow short staffing procedures.

Staff will be reassigned duties as required. See Pinecrest Nursing Home's "Staffing plan".

IPAC

Staff are educated on Infection Control and Prevention at orientation and annually. Education includes proper hand hygiene and donning and doffing of PPE. Staff are monitored for their compliance with infection control program through regular auditing. PPE will be adequately stocked and alcohol based hand rub readily available. Staff to continue with surveillance practices of both residents and staff to determine an increase in infection numbers. Registered staff to adhere to "Surveillance" policy and

use “Daily Surveillance” and “Staff Surveillance sheets” as a part of daily practice, to track trending infections. Residents that develop symptoms will be isolated in a private room with no other residents (where feasible) and appropriate precautions for identified organism will be used. Two housekeepers are staffed daily. Housekeeping staff are trained on cleaning isolation, additional precautions, and routine during outbreak. Housekeeping’s IPAC compliance is monitored through regular auditing.

Physical distancing will be required for droplet preventative measures. Staff and residents must attempt to maintain a physical distance of two meters whenever possible. Staff are required to practice routine practices and additional precautions (as determined by public health and Ministry of Long-Term Care).

Residents or staff may be cohorted. The outbreak management team will decide based on risk and case analysis if cohorting is necessary. New admission or readmissions (residents returning from hospital or temporary absences) must isolate for a predetermined time, based on their vaccination status and direction in place.

When the organism is identified, and symptoms known, Pinecrest Nursing Home will begin screening measures for all that enter Pinecrest Nursing Home. Pinecrest will work with local public Health Unit to determine how to handle individuals that fail screening.

Communications:

The Administrator or delegate will be identified as the Communications lead for the Home.

The Administrator will initiate “Resident and Families Emergency Communications Plan” in the event residents are placed in their rooms for a long duration of time. Residents will be given weekly updates with pertinent information related to the pandemic and the changes within the home. Power of Attorney/ Families, Caregivers will receive frequent updates of the status of what is happening in the home, and changes being made to better protect residents and staff. To ensure congruent communication between management staff and all departments, staff communications will follow “Staff Emergency Communications Plan” to ensure staff in all departments are receiving pertinent updates as they become available.

Media Management: The communications lead will use EOP: Media Management as a guideline to dealing with the media throughout the Pandemic.

Medical Leadership

Medical Director will be involved in planning a specific pandemic plan. Physicians may use virtual care model if required, maintaining communications with nursing staff, resident and families. View the “Emergency Virtual Medical Care Model” policy.

Pandemic Leadership

The Director of Care and Administrator will jointly lead the pandemic efforts within the home. They are communicating with a range of agencies (MOHLTC, PHU, RMH, etc.,) as well as families.

Administrator will lead communication plans (staff, families, and residents). The Director of Care and Administrator in joint efforts with the nurse clerk will attempt to ensure adequate staffing. DOC and Administrator will provide daily update to staff in all departments on protocols and changes happening within the home. For questions, staff should see registered staff, Director of Care, or Administrator.

Provisions

There are food, fluid, drug, and PPE provisions for emergencies. See “EOP_Emergency”.

References/resources:

College of Nurses of Ontario: Pandemic Planning

College of Nurses of Ontario: Practice Guideline- Preparing for an Influenza Pandemic

College of Nurses of Ontario: Nursing During a Pandemic
College of Nurses of Ontario: Pandemic Scenarios
Ministry of Health: Emergency Planning and Preparedness
Ontario Health, "Preparedness Assessment For Long-Term Care Homes", Version #3, August 10, 2020

This policy is used in conjunction with other IPAC policies based on the Pandemic identified to implement and manage measures of Infection Prevention and Control*

Specific policies/ procedures that have been mentioned can be found in Pinecrest Nursing Home's Policies & Procedures

Emergency Operations Plan Quick Action: Community disaster

Emergency Operations Plan Quick Action: Code Purple Community Disaster- Dam Failure

Responsible Party	Action
Code Coordinator	Announce Code Purple: Community Disaster-Dam Failure (within the City of Kawartha Lakes that does not directly affect Pinecrest)
Code Coordinator	Initiate EOP Checklist & EOP Worksheet
Code Coordinator	Notify Administrator (or Director of Care if unavailable)
Code Coordinator or designated as assigned	Post signage "Code Purple- Community Disaster"
	Communication update to all required
All departments	continue to function as usual
Code Coordinator or designate assigned	cancel appointments outside the building if needed
Nurse Clerk	arrange for additional staffing if necessary
	Monitor for ongoing updates of situation
Code Coordinator	prepare to receive residents from an outside facility if required (see Reception Guidelines)
	If situation escalates, may need to consider evacuation EOP_Code_Green

Emergency Operations Plan Quick Action: Code Purple Community Disaster-Nuclear Incident

Responsible Party	Action
Code Coordinator	Announce Code Purple: Community Disaster-Nuclear Incident
Code Coordinator	Initiate EOP Checklist & EOP Worksheet
Code Coordinator	Notify Administrator (or Director of Care if unavailable)
Code Coordinator or designate assigned	Post signage "Code Purple- Community Disaster"
	Communication to all required
All departments	continue to function as usual
Code Coordinator	Monitor for ongoing updates of situation
Code Coordinator	If ingestion control measures implemented, may implement Code Grey-loss of water (contamination)
Food Service Supervisor	Monitor food/fluid supply closely
Code Coordinator	prepare to receive residents from an outside facility if required (see Reception Guidelines)

Emergency Operations Plan Quick Action: Code Purple- Boil Water

Responsible Party	Action								
Code Coordinator	Announce Code Purple: Boil Water & Code Grey- Water Contamination								
Maintenance/owner (if unavailable- Code Coordinator)	Shut off water at Main immediately (see Appendix 1: Building Specific Information)								
Code Coordinator	Initiate EOP Checklist & EOP Worksheet								
Code Coordinator (or designate as assigned)	<table border="1"> <tr> <td>Notify Owner -Paul Burch Notify Maintenance- Paul Cosh Notify Administrator- Jenelle Whalen Director of Care- Shelly Griffin</td> <td>See Appendix 11</td> </tr> </table>	Notify Owner -Paul Burch Notify Maintenance- Paul Cosh Notify Administrator- Jenelle Whalen Director of Care- Shelly Griffin	See Appendix 11						
Notify Owner -Paul Burch Notify Maintenance- Paul Cosh Notify Administrator- Jenelle Whalen Director of Care- Shelly Griffin	See Appendix 11								
Dietary	Implement "EOP_Dietary", provide juices and milk for fluids								
Staff member as assigned by Code Coordinator (laundry staff, housekeeper, etc)	<table border="1"> <tr> <td>Obtain Drinking water through local retail outlets</td> <td></td> </tr> <tr> <td>Valu-Mart</td> <td>705-738-6651</td> </tr> <tr> <td>Foodland</td> <td>705-738-2282</td> </tr> <tr> <td>Sobeys</td> <td>705-887-3611</td> </tr> </table>	Obtain Drinking water through local retail outlets		Valu-Mart	705-738-6651	Foodland	705-738-2282	Sobeys	705-887-3611
Obtain Drinking water through local retail outlets									
Valu-Mart	705-738-6651								
Foodland	705-738-2282								
Sobeys	705-887-3611								
	Post signage "Code Purple: Boil Water"								
	Turn off water to all Resident rooms, medication room, diningrooms and washrooms								
	Suspend Tubs if required by City of Kawartha Lakes								
	Turn main water on								
Dietary Staff	Begin follow Boil Advisory instructions								
	Call "Code Grey- All clear"								
Environmental Services	Place ABHR in all resident room and common washrooms								
Code Coordinator	Notify Ministry of Long Term Care if loss of water for greater than 6 hours- Administrator or Director of Care to complete the online Critical Incident System or call the Service Ontario after hours reporting line 1-888-999-6973								
	In the event that water supplies will not be returned to normal indefinitely, the decision may be made to initiate Total Evacuation (see Code Green)								

EOP_Code_Purple_Community_Disaster_Boil_Water

Subject: Community Disaster

Policy:

Emergency preparedness allows Pinecrest Nursing Home's staff to be prepared in cases of Emergency. In Emergency Planning, residents, staff and visitors health and wellness is the first consideration. In Emergency Operation Plans, Pinecrest Nursing Home will plan to shelter in place, if feasible. At commencement of an emergency, the Code Coordinator will assess if Sheltering in Place is safe, or if evacuation needs to be considered. Code Coordinator will use Appendix 3 "Shelter in Place Decision Tree".

Pinecrest Nursing Home Staff will follow this plan for a Community Disaster. Community Disasters could include: Dam Failures, Nuclear incident, and Boil Water Advisories.

Hazard Identification and Risk Assessment

Using The Office of the Fire Marshal and Emergency Management's, "Hazard Identification and Risk Assessment Program Methodology Guidelines 2019" the risk was calculated. The Risk of Dam was rated as 20, Nuclear Incident was "44", and Water Quality issues "32". These scores using the Hazard Identification Risk Assessment Program methodology Guidelines indicate a "Low Risk".

Dam Failures are very unlikely to impact Pinecrest Nursing Home and the community. The hazards involved in these community disasters would include: loss of essential services, safety of Pinecrest Nursing Home's structure, flooding, and resource/supply issues. Loss of essential services and flooding each have their own Emergency Operation Plan see "EOP_Flooding" and "EOP_Loss of Essential Service". Any Dam failures that result in impacts such as flooding will be announced through the City of Kawartha Lakes alerts. Pinecrest Nursing Home's Registered staff, Director of Care and Administrator receive City of Kawartha Lakes alerts through work email.

Unsafe Structure

In the event of a community disaster that resulted in Pinecrest Nursing Home's structure being questioned for safety, or the structure obviously being deemed unsafe (large foundation cracks, obvious structure damage, etc.) staff would follow Code Green: Evacuation.

Nuclear Incident

Darlington Nuclear Generating Station and Pickering Nuclear Generating Station, are the closest stations to Pinecrest Nursing Home. The Darlington nuclear facility consists of one power generating station with four Canada Deuterium Uranium (CANDU) nuclear reactors, each having an electric power generating capacity of 881 megawatts. The Pickering Nuclear facility consists of eight Canada Deuterium Uranium (CANDU) nuclear reactors, grouped as PNGS-A and PNGS-B, each with four reactors. Each of the reactor units was built with an electric power generation capacity of 540 megawatts.

Both facilities have a "Provincial Nuclear Emergency Response Plan (PNERP) Implementing Plan". In this plan is designated zones that would require different interventions based on their possible exposure to radiation. The "Ingestion Planning Zone" is "A pre-designated area surrounding a reactor facility where plans or arrangements are made to:

- a) protect the food chain;
 - b) protect drinking water supplies;
 - c) restrict consumption and distribution of potentially contaminated produce, wild grown products, milk
- ***Em from grazing animals, rainwater, animal feed; and Note: Wild-grown products can include mushrooms and game.

d) restrict distribution of non-food commodities until further assessments”.

For both the Darlington and Pickering stations, the City of Kawartha Lakes is within the “Ingestion Planning Zone”. The Provincial Emergency Operations Centre Commander will follow appropriate notifications based on their Provincial Nuclear Emergency Response Plan (PNERP) and the specific situation. Pinecrest Nursing Home Administrator and Director of Care will follow and implement directions regarding Ingestion control measures released as per the Provincial Nuclear Emergency Response Plan.

Boil Water Advisory

If a “Boil Water Advisory” is issued by the City of Kawartha Lakes Code Coordinator will initiate a Code Purple. Depending on the instructions issued, Code Coordinator will likely also issue a Code Grey-loss of water as well to provide time to follow the instructions. Code Coordinator will follow “Emergency Operations Plan Quick Action Code Purple Boil Water”.

Typically, when a water boil advisory is announced, instructions will be provided. For most situations, water must be boiled for at least one minute (that is timed for one minute once it has reached a full rolling boil). The boiled water can be cooled and stored in sterile containers with lids for safe use.

For washing hands, tap water could be used, followed by ABHR- preferably potable water will be used. For brushing teeth, pre-boiled or potable water brought in must be used. It is usually recommended sponge baths (bed baths) to avoid accidental consumption. Any altered skin integrity should be covered with water proof bandages. It is preferred potable water be used if possible. Pinecrest will follow these measures as issued, as well as bringing in water from safe sources.

Housekeeping staff will switch to using premixed bottled chemicals. Laundry services can continue as normal unless otherwise advised.

Once the water advisory has ended, the system will be flushed by running all faucets for at least 5 minutes (Administrator or designate will consult with City of Kawartha Lakes for recommendations). Code Coordinator announces Code Purple- water boil all clear once all required precautions to return to normal operations are completed.

Resources and Supplies

Pinecrest Nursing Home will keep a 3 month supply of personal protective equipment and 1 month of chemicals. For food and fluids Pinecrest Nursing home has a three days supply of food and fluid. In case of an emergency situation where supplies could not be delivered for an extended period of time, Food Service Supervisor or designate would source supplies from alternative retailers (Foodland, Independent, or Compass meals) or alternative delivery services.

Plan Activation

The plan can be activated by Director of Care, Administrator, or Registered Staff. Notifications of Dam Failures or Nuclear incident and associated hazards that impact Pinecrest Nursing Home or community indicates staff need to activate Community Disaster Plan. If situation requires immediate assistance of more staff, staff to follow Emergency Call in List. If Registered Staff are activating Community Disaster Plan, they should follow Emergency Operations Plan “Section N” for next steps. Once plan is activated, Administrator or designate will send email notification to resident substitute decision makers, staff, volunteers, students, and caregivers to notify of Emergency Operation Activation. Administrator or designate will notify residents by using “Resident Communication Update Form”. The Administrator or designate will update at the beginning, when there is a significant change throughout the emergency and when the emergency is over.

Roles and Responsibilities

See Appendix 1 for Emergency Operation Plan Organization Chart

Role specific to Community Disasters

Administrator

- Code Coordinator
- Monitor for ongoing updates and directions from PEOC Commander (or may be delegated to PEOC Operations Chief), municipal officials or Office of the Fire Marshal and Emergency Management
- Ensure directions received are implemented
- Communicate updates as they pertain to Pinecrest Nursing Home to residents, substitute decision makers, staff, caregivers, students, volunteers
- Monitor the hazards and identify risks (flooding, supply issues, ingestion measures may affect food supply, etc) on a daily basis
- Reassess hazards and associated risks to Pinecrest (considering residents and staff safety) with Director of Care, Registered Staff, Physicians, Food Service Supervisor, daily during 10 am Emergency Operations Team Meeting or with any change in ongoing emergency
- Decide ability to shelter in place or need to evacuate using Shelter in Place Decision Tree
- Liaise with municipal officials and Office of the Fire Marshal and Emergency Management as required

Director of Care

- Code Coordinator
- Ensure Registered staff implementing directions received and overseeing all departments implementing changes
- Monitoring and ensuring adequate medical supplies. Working with distributors to secure supplies and overcome distribution issues related to hazards (i.e. flooding)
- Reassess hazards and associated risks to Pinecrest (considering residents and staff safety) with Administrator, Registered Staff, Physicians, Food Service Supervisor, daily during 10 am Emergency Operations Team Meeting or with any change in ongoing emergency.
- Decide ability to shelter in place or need to evacuate based on Shelter in Place Decision Tree
- Assess need to implement Contingency plan from Pinecrest's Staffing Plan

Registered Staff

- Code Coordinator until replaced by Director of Care, Administrator, or external agency (Fire)
- Monitor for communication alerts via general email
- Overseeing direction provided is implemented in all departments
- Ensure resident health and well being
- Contribute to frequent hazard and risk assessment

PSW

- Follow direction provided
- Ensure resident health and well being of residents
- Report concerns to Registered Staff

Food Service Supervisor

- Ensure dietary staff are briefed and following any direction affecting dietary department
- Monitoring and ensuring adequate food/fluid supply
- Working with distributors on an ongoing basis to ensure supply and distribution will not be an issue
- Have EOP Dietary supplies in stock at all times in the situation that there is distribution issues

- Participate in daily Emergency Operations Team Meeting

Dietary Staff

- Follow direction provided by code coordinator and food service supervisor
- Adjust menu appropriately in cases of distribution issues
- Report any concerns to food service supervisor or code coordinator (or Registered Staff in their absence)

Program Coordinator

- Ensure activity staff are briefed and following any direction provided
- Monitoring residents health and well being
- Assist with coordinating communication and updates as directed by code coordinator
- Participate in daily Emergency Operations Team Meeting

Activity Staff

- Follow direction provided by code coordinator
- Report any concerns to Program Coordinator, Code Coordinator or Registered Staff (in Code/ Program Coordinators absence)

Environmental Services

- Transition to bottled products (discontinue using products from dispenser) as required
- Assist to post signage
- Laundry services continue normal operation if able

Declaring an Emergency Over

In relations to a community Disaster an external support may play a large role in declaring the emergency over. Once the officials for the emergency (PEOC Commander/Operations Chief, municipal officials or Office of the Fire Marshal and Emergency Management or City of Kawartha Lakes) have declared that there is no longer a threat, Administrator and Director of Care will perform a final hazard and risk assessment with a multidisciplinary team to determine if any secondary hazards still remain a risk (i.e. human resource issues, distribution issues, etc). If not, Administrator or Director of Care can declare Community Disaster Emergency over, and move to Recovery Phase.

Emergency Operations Plan Quick Action: Code Orange Natural Disaster

Responsible Party	Action
Code Coordinator	Announce Code Orange: Natural Disaster/Extreme Weather
	Instruct staff to move residents away from windows and close curtains (preventing broken windows/debris from entering)
Code Coordinator	Initiate EOP Checklist & EOP Worksheet
	Turn Battery operated radio to 162.400 (MHz)
Code Coordinator	Notify Administrator (or Director of Care if unavailable)
Code Coordinator or designated as assigned	Post signage "Code Orange Natural Disaster/Extreme Weather"
Maintenance or owner	Check fuel in generator
Administrator	Update required individuals

EOP_Code_Orange_Natural_Disaster_Extreme_Weather

Subject: Community Disaster

Policy:

Emergency preparedness allows Pinecrest Nursing Home's staff to be prepared in cases of Emergency. In Emergency Planning, residents, staff and visitors health and wellness is the first consideration. In Emergency Operation Plans, Pinecrest Nursing Home will plan to shelter in place, if feasible. At commencement of an emergency, the Code Coordinator will assess if Sheltering in Place is safe, or if evacuation needs to be considered. Code Coordinator will use Appendix 3 "Shelter in Place Decision Tree".

Pinecrest Nursing Home Staff will follow this plan for a Natural Disaster and Extreme Weather Events. Natural Disasters and Extreme Weather could include: tornado, hurricane, thunderstorm, high winds, winter storm, etc).

Hazard Identification and Risk Assessment

Using The Office of the Fire Marshal and Emergency Management's, "Hazard Identification and Risk Assessment Program Methodology Guidelines 2019" the risk was calculated. The risk of Natural disaster or extreme weather averaged score calculated to be 64. These scores using the Hazard Identification Risk Assessment Program methodology Guidelines indicate a "Moderate Risk".

Natural Disasters or extreme weather events are likely to impact Pinecrest Nursing Home and the community. The hazards involved in these disasters would include: loss of essential services, safety of Pinecrest Nursing Home's structure, flooding, and resource/supply issues. Loss of essential services and flooding each have their own Emergency Operation Plan see "EOP_Flooding" and "EOP_Loss of Essential Service". Pinecrest Nursing Home's Registered staff, Director of Care and Administrator receive City of Kawartha Lakes alerts through work email. If a natural disaster impacted the Community or Pinecrest Nursing Home, Code Coordinator would initiate the EOP_Code Orange Natural Disaster plan. Code Coordinator to follow "Emergency_Operations_Quick_Action_Code_Orange_Natural_Disaster_Extreme_Weather" for next steps. Continue to monitor evolving situation for increased hazards.

Unsafe Structure

In the event of a Natural disaster that resulted in Pinecrest Nursing Home's structure being questioned for safety, or the structure obviously being deemed unsafe (large foundation cracks, obvious structure damage, etc.) staff would follow Code Green: Evacuation.

Resources and Supplies

Pinecrest Nursing Home will keep a 1 month supply of personal protective equipment and 1 month of chemicals. For food and fluids Pinecrest Nursing home has a three daysupply of food and fluid. In case of an emergency situation where supplies could not be delivered for an extended period of time, Food Service Supervisor or designate would source supplies from alternative retailers (Foodland, Independent, or Compass meals) or alternative delivery services. CareRx has provisions for drug supply in an Emergency.

Plan Activation

Designated code coordinator is most senior supervisor/manager in building at time of incident. Registered Staff will be code coordinator, until replaced by Administrator, Director of Care or external party in specific instances. Once plan is activated, Administrator or designate will send email notification to resident substitute decision makers, staff, volunteers, students, and caregivers to notify

of Emergency Operation Activation. Administrator or designate will notify residents by using "Resident Communication Update Form". The Administrator or designate will update at the beginning, when there is a significant change throughout the emergency and when the emergency is over.

Roles and Responsibilities

See Appendix 1 for Emergency Operation Plan Organization Chart

Role specific to Community Disasters

Administrator

- Code Coordinator
- Monitor for ongoing updates and directions from municipal officials, local weather advisors, or Office of the Fire Marshal and Emergency Management
- Ensure directions received are implemented
- Communicate updates as they pertain to Pinecrest Nursing Home to residents, substitute decision makers, staff, caregivers, students, volunteers
- Monitor the hazards and identify risks (flooding, supply issues, ingestion measures may affect food supply, etc) on a daily basis
- Reassess hazards and associated risks to Pinecrest (considering residents and staff safety) with Director of Care, Registered Staff, Physicians (as available), Food Service Supervisor, daily during 10 am Emergency Operations Team Meeting or with any change in ongoing emergency
- Decide ability to shelter in place or need to evacuate using Shelter in Place Decision Tree
- Liaise with municipal officials and Office of the Fire Marshal and Emergency Management as required

Director of Care

- Code Coordinator
- Ensure Registered staff implementing directions received and overseeing all departments implementing changes
- Monitoring and ensuring adequate medical supplies. Working with distributors to secure supplies and overcome distribution issues related to hazards (i.e. flooding)
- Reassess hazards and associated risks to Pinecrest (considering residents and staff safety) with Administrator, Registered Staff, Physicians, Food Service Supervisor, daily during 10 am Emergency Operations Team Meeting or with any change in ongoing emergency.
- Decide ability to shelter in place or need to evacuate based on Shelter in Place Decision Tree
- Assess need to implement Contingency plan from Pinecrest's Staffing Plan

Registered Staff

- Code Coordinator until replaced by Director of Care, Administrator, or external agency (Fire)
- Monitor for communication alerts via general email
- Overseeing direction provided is implemented in all departments
- Ensure resident health and well being
- Contribute to frequent hazard and risk assessment

PSW

- Follow direction provided
- Ensure resident health and well being of residents
- Report concerns to Registered Staff

Food Service Supervisor

- Ensure dietary staff are briefed and following any direction affecting dietary department
- Monitoring and ensuring adequate food/fluid supply
- Working with distributors on an ongoing basis to ensure supply and distribution will not be an issue
- Have EOP Dietary supplies in stock at all times in the situation that there is distribution issues
- Participate in daily Emergency Operations Team Meeting

Dietary Staff

- Follow direction provided by code coordinator and food service supervisor
- Adjust menu appropriately in cases of distribution issues
- Report any concerns to food service supervisor or code coordinator (or Registered Staff in their absence)

Program Coordinator

- Ensure activity staff are briefed and following any direction provided
- Monitoring residents health and well being
- Assist with coordinating communication and updates as directed by code coordinator
- Participate in daily Emergency Operations Team Meeting

Activity Staff

- Follow direction provided by code coordinator
- Report any concerns to Program Coordinator, Code Coordinator or Registered Staff (in Code/ Program Coordinators absence)

Environmental Services

- Transition to bottled products (discontinue using products from dispenser) as required
- Assist to post signage
- Laundry services continue normal operation if able

Declaring an Emergency Over

In relations to a Natural Disaster an external support may play a large role in declaring the emergency over. Once the officials for the emergency (PEOC Commander/Operations Chief, municipal officials or Office of the Fire Marshal and Emergency Management or City of Kawartha Lakes) have declared that there is no longer a threat, Administrator and Director of Care will perform a final hazard and risk assessment with a multidisciplinary team to determine if any secondary hazards still remain a risk (i.e. human resource issues, distribution issues, etc). If not, Administrator or Director of Care can declare Community Disaster Emergency over, and move to Recovery Phase.

Emergency Operations Code Brown Quick Action: Chemical Spill & Gas Leak

Responsible	Action	
Code Coordinator	Announce Code Brown- Chemical Spill inside Pinecrest	
	Remove Residents, visitors, staff away form immediate area	
	Block off area surrounding spill	
	Refer to MSDS or SDS for direction on spill	
Maintenance or Code Coordinator	If flammable, remove heat & turn electrical power to affected room	
	Staff in area to wear PPE as directed by SDS	
	Housekeeping staff to clean as per MSDS or SDS requirement If easy to clean, no further action	
	If hazardous substance, continue to investigate and contact Poision Control or Emergency services as necessary	1-800-268-9017 911
	Initiate EOP Checklist & EOP Worksheet	
	Notify Administrator and maintenance	
	Take Direction from emergency personnel	
Administrator/ Code Coordinator	When situation is under control and safe to do so, announce All Clear	

Responsible	Action
Individual Suspecting Gas Leak	Notify Registered staff and call 911
Code Coordinator	Announce Code Brown- Gas Leak inside Pinecrest
	Remove Residents, visitors, staff away form immediate area
	Block off area to gas leak
	Shut off propane at Propane tanks (See site map)
	Initiate EOP Checklist & EOP Worksheet
	Notify Administrator, Maintenance and owner
	Take Direction from emergency personnel
	Assign staff to monitor individuals exposed
Administrator/ Code Coordinator	When situation is under control and safe to do so, announce All Clear

Responsible	Action
Code Coordinator	Announce Code Brown- Chemical Spill & Gas leak outside Pinecrest
	Initiate EOP Checklist & EOP Worksheet
	Restrict access to/from outside if required
	Close windows
	Shut off air intake (See Appendix 1))
	Contact Administrator and Director of Care
	Follow instructions of City Of Kawartha Lakes or Emergency personnel
	If indicated by City or Emergency responders, prepare to evacuate "Code Green"
Administrator/ Code Coordinator	When situation is under control and safe to do so (as directed by officials), announce All Clear

Code Brown: Chemical Spill_Gas_Leak

Subject: Chemical Spill or Gas Leak

Environmental Spill Reporting – 1-800-267-7270

Poison control: 1-800-268-9017

Policy:

Emergency preparedness allows Pinecrest Nursing Home's staff to be prepared in cases of Emergency. In Emergency Planning, residents, staff and visitors health and wellness is the first consideration. In Emergency Operation Plans, Pinecrest Nursing Home will plan to shelter in place, if feasible. At commencement of an emergency, the Code Coordinator will assess if Sheltering in Place is safe, or if evacuation needs to be considered. Code Coordinator will use Appendix 3: "Shelter in Place Decision Tree".

Hazard Identification and Risk Assessment

Using The Office of the Fire Marshal and Emergency Management's, "Hazard Identification and Risk Assessment Program Methodology Guidelines 2019" the risk was calculated. The Risk of Chemical Spill was 33 and Gas Leak was 27. Both of these scores average using the Hazard Identification Risk Assessment Program methodology Guidelines indicate a "Low Risk".

Most chemicals within Pinecrest Nursing Home can be carefully cleaned up by staff with low risk and minimal incident. Gas leaks in Pinecrest Nursing Home or the surrounding community could occur. Pinecrest has prevention measures in place to monitor for gas leaks in the home. Both the rooms that house appliances using propane have Dyson monitored carbon dioxide detectors.

Chemical Spill

All chemicals within Pinecrest Nursing Home have MSDS or SDS sheets. They can be found in each department for department specific chemicals, as well as a main copy at the Nurses' station, and under booked marked on Pinecrest desktops, "PNH>WHMIS" and search specific product. Most products can be cleaned up by staff, with proper equipment without incident. Staff should exercise caution when cleaning spill for the safety of themselves and others.

Gas leak

Internal

Carbon Monoxide

Pinecrest Nursing Home has propane for the water heater and dryers. Both the mechanical room and laundry room that house these appliances are equipped with carbon monoxide monitors that Dyson Alarm monitor.

Note: In a power/generator failure these will no longer be functioning. Staff will need to self-monitor for symptoms of carbon monoxide exposure. Symptoms include:

- Headaches
- nausea
- dizziness
- burning eyes
- loss of coordination, and
- confusion.

Plan Activation

The plan can be activated by Director of Care, Administrator, or Registered Staff. If there is a chemical spill inside Pinecrest that can not be easily or safely managed by staff, designated Code Coordinator will initiate Code. If there is a Chemical spill or gas leak outside of Pinecrest advised by city officials or emergency personnel, Code Coordinator will announce Code and follow "Emergency Operations Plan

Quick Action:EOP Code Brown for required actions. If there is a gas leak inside Pinecrest, the individual that discovered the gas leak is to call 911 and notify Registered Staff. Code Coordinator will then follow "Emergency Operations Plan Quick Action: EOP Code Brown" for required actions. Once situation is under control and able to do so, Code Coordinator to announce "Code Brown all clear". Administrator or Director of Care to move to recovery phase.

Role specific to Community Disasters

Administrator

- Code Coordinator
- Monitor for ongoing updates and directions from municipal officials or Emergency Personnel (external Chemical Spill or Gas Leak)
- Ensure directions received are implemented
- Communicate updates as they pertain to Pinecrest Nursing Home to residents, substitute decision makers, staff, caregivers, students, volunteers
- Monitor the hazards and identify risks (supply issues, staffing issues) on a daily basis
- Reassess hazards and associated risks to Pinecrest (considering residents and staff safety) with Director of Care, Registered Staff, Physicians, Food Service Supervisor, daily during 10 am Emergency Operations Team Meeting or with any change in ongoing emergency
- Decide ability to shelter in place or need to evacuate using Shelter in Place Decision Tree with consultation of officials if an external incident
- Liaise with municipal officials and Emergency Personnel

Director of Care

- Code Coordinator
- Ensure Registered staff implementing directions received and overseeing all departments implementing changes
- Monitoring and ensuring adequate medical supplies. Working with distributors to secure supplies and overcome distribution issues related to hazards (i.e. blocked roads)
- Reassess hazards and associated risks to Pinecrest (considering residents and staff safety) with Administrator, Registered Staff, Physicians, Food Service Supervisor, daily during 10 am Emergency Operations Team Meeting or with any change in ongoing emergency.
- Decide ability to shelter in place or need to evacuate based on Shelter in Place Decision Tree

Registered Staff

- Code Coordinator until replaced by Director of Care, Administrator, or external agency (Emergency Personnel)
- Overseeing direction provided is implemented in all departments
- Ensure resident & staff health and well being
- Assign staff to monitor individuals with potential exposure to gas leak
- Contribute to frequent hazard and risk assessment

PSW

- Follow direction provided
- Ensure health and well being of residents
- Report concerns to Registered Staff

Food Service Supervisor

- Ensure dietary staff are briefed and following any direction affecting dietary department
- Monitoring and ensuring adequate food/fluid supply
- Working with distributors on an ongoing basis to ensure supply and distribution will not be an

issue

- Have EOP Dietary supplies in stock at all times in the situation that there is distribution issues
- Participate in daily Emergency Operations Team Meeting

Dietary Staff

- Follow direction provided by code coordinator and food service supervisor
- Adjust menu appropriately in cases of distribution issues
- Report any concerns to food service supervisor or code coordinator (or Registered Staff in their absence)

Program Coordinator

- Ensure activity staff are briefed and following any direction provided
- Monitoring residents health and well being
- Assist with coordinating communication and updates as directed by code coordinator
- Participate in daily Emergency Operations Team Meeting

Activity Staff

- Follow direction provided by code coordinator
- Report any concerns to Program Coordinator, Code Coordinator or Registered Staff (in Code/ Program Coordinators absence)

Environmental Services

- Transition to bottled products (discontinue using products from dispenser) as required
- Assist to post signage
- Review MSDS or SDS for spill product
- Clean spill according to MSDS (if safe to do so)
- Laundry services continue normal operation if able

Maintenance

- Shut off propane (for internal leak)
- Shut off air intake for external chemical spill/ gas leak
- Assist emergency personnel as needed

If required, code coordinator will contact poison control or environmental Spill reporting.

Emergency Operations Code Black Quick Action: Bomb Threat

Responsible	Action	
Individual receiving call	Grab any paper and obtain as much information as possible including what they say, what you notice about the caller, the call itself (i.e. background noise), ask specific questions if able (bomb location, when it will detonate, type of bomb, etc)	
	If not Registered staff, calmly notify Registered Staff	
	Registered Staff assume "Code Coordinator" role until replaced by authorities	
Code Coordinator or designate	Call police	
	Announce Code Black and ask all staff to the Nurses station	
	Pull Bomb Threat Worksheet	
Individual that received the call	Go to quiet, uninterrupted area to complete "Bomb Threat Call Report"	
	If suspicious package identified, Code coordinator determines if evacuation necessary, and which type of evacuation necessary	
	If evacuation required, see EOP_Code Green	
	Administration DOC Owner	Jenelle Whalen Shelly Griffin Paul Burch See Appendix 11
	Initiate EOP Checklist & EOP Worksheet	
	Take Direction from emergency personnel	
Administrator/ Code Coordinator	When situation is under control and safe to do so, announce All Clear	

Code Black: Bomb Threat

Subject: Code Black: Responding to a Bomb Threat at Pinecrest

Description

Bomb threats usually fall into two categories; those which threaten the entire building and those which threaten one particular area. The procedure for dealing with both is basically the same; however, the number of people involved will vary depending on the area affected.

Bomb threats are normally transmitted by telephone and the person receiving the call should obtain as much information as possible. Try to stay calm - if you appear upset, frightened or nervous to the caller, he/she is less likely to stay on the line. By staying calm and in control of your voice level, you are more likely to keep the caller calm.

To allow yourself time to react, ask the caller to repeat what they have said. Try to collect as much information as possible including:

1. The time the call was received and on what telephone number.
2. The exact words of the person making the call including location of bomb, description and time factor involved.
3. Whether the caller is a male or female and approximate age.
4. Does the caller have an accent? Possible origin?
5. Does the caller sound intoxicated or unbalanced?
6. Background noises such as traffic, music, other voices, etc.
7. Is the voice familiar? if so, who does it sound like?

If you are able, try to ask questions such as:

- When is it set to explode?
- Where Located? Floor _____ Area _____
- Kind of bomb? _____
- Description? _____
- Why kill or injure innocent people? _____

If you are not a Registered Staff or Manager, immediately notify the Registered Staff of the call.

The Registered Staff will become the Code Coordinator.
Pull Bomb Threat Worksheet from disaster manual and follow the steps outlined there
The worksheet will lead the Code Coordinator through the event in a predetermined format.

Call police 911

The individual receiving the call should complete the Bomb Threat Report as soon as possible after the call has ended and include as much detail as can be recalled. The Bomb Threat Report is included with the Bomb Threat Worksheet located in the Emergency Operation Manual at the nursing station.

The Code Coordinator will announce over the P.A. System,
*“ATTENTION All Staff, We Have A **Code Black**.
Please Report To The Nursing Station Immediately”*
and repeat the announcement

All staff report immediately to the Nursing Station

The Code Coordinator will inform staff of the bomb threat, direct staff to return to their work area, (assign 1 or 2 staff to center core) get a count of residents in each of the nursing home areas and ensure all residents are safe while waiting for the police to arrive.

Staff are to report any unusual findings to the Code Coordinator immediately.

It is up to the Code Coordinator to decide if a particular area of the nursing home or the entire nursing home will be evacuated based on the call that is received and any unusual findings reported by staff.

The Code Coordinator should notify the Administrator, Owner and Director of Care of the threat if they are not in the building

SET UP COMMAND CENTRE AT NURSING STATION. The Code Coordinator is not to leave the command post. All direction is to be issued from the command center by the Code Coordinator until the Police or Fire Department arrives. They will work with the Official, acting as Pinecrest liaison.

Staff will **FOLLOW ALL DIRECTIONS BY THE OFFICIAL ON SITE.**

Administrator/DOC or designate will communicate with all residents, substitute decision makers, staff, volunteers, students, caregivers, Resident's Council, and the Family Council on the emergency in the home. This communication will take place at the beginning of the emergency, when there is a significant change throughout the course of the emergency and when the emergency is over. How this communication takes place and what is communicated will be at the discretion of the Administrator/DOC in conjunction with the official on site.

INITIATE SEARCH PROCEDURE

The police will ask staff who are familiar with the nursing home to assist in the search of the building (Police or other persons responding would not be familiar with the normal contents of the resident's rooms, storage areas, etc.)

The search is directed and documented by the Code Coordinator. The Code Coordinator will divide staff into four teams, each team assigned to search one of the four fire zones in the building. The Code Coordinator will record the areas searched, who was on each team, and all information reported by the team on the Bomb Threat Worksheet – (if 2 registered staff on duty, one to check Room 68, med room, treatment room, Office 33 or give fire keys to a staff member)

When searching the building:

KNOW WHAT TO LOOK FOR:

- any unusual package, box or container which is not readily recognized.
- any rearrangement of items which would not be expected, eg. Bookshelves, caddies, linens, etc. which may hide an object.
- complaints or comments from residents about an unusual visitor, etc.

Staff should check each room in their assigned area including:

closets and wardrobes
bathrooms
dressers
under beds

trunks or cupboards belonging to residents
utility areas
storage areas, mechanical rooms and offices

Place a towel outside each door to indicate room has been searched

Report back to the Command Center to give report and for reassignment by Code Coordinator

Report any unusual findings to Command Center immediately

When completed, wait instructions re: action and/or evacuation.

At all times Remain calm. A panic stricken staff member is a liability to the ability of the code coordinator to maintain order and prevent resident panic.

It has been recommended that a person who panics and leaves the site should be let go, in the interest of panic control and the need to address the immediate safety concerns of the residents and staff. Don't waste your time chasing the staff member.

Role specific to Bomb Threat

Administrator

- Code Coordinator
- Monitor for ongoing updates and directions from official onsite
- Ensure directions received are implemented
- Communicate updates as they pertain to Pinecrest Nursing Home to residents, substitute decision makers, staff, caregivers, students, volunteers
- Monitor the hazards and identify risks (safety and well-being of staff and residents)
- Decide ability to shelter in place or need to evacuate using Shelter in Place Decision Tree with consultation of officials
- Liaise with officials and Emergency Personnel

Director of Care

- Code Coordinator
- Ensure Registered staff implementing directions received and overseeing all departments implementing changes
- Monitoring and ensuring adequate medical supplies.
- Reassess hazards and associated risks to Pinecrest (considering residents and staff health and well being)
- Decide ability to shelter in place or need to evacuate based on Shelter in Place Decision Tree

Registered Staff

- Code Coordinator until replaced by Director of Care, Administrator, or external agency (Emergency Personnel)
- Overseeing direction provided is implemented in all departments
- Ensure resident & staff health and well being
- Assign staff to monitor home areas
- Contribute to frequent hazard and risk assessment
- Assign staff involved in search as directed by Emergency Personnel

PSW

- Follow direction provided
- Ensure health and well being of residents

- Report concerns to Registered Staff immediately

Food Service Supervisor

- Ensure dietary staff are briefed and following any direction affecting dietary department
- Monitoring and ensuring adequate food/fluid supply
- Report any concerns immediately to Code Coordinator and/or Emergency Personnel
- Participate in daily Emergency Operations Team Meeting

Dietary Staff

- Follow direction provided by code coordinator and food service supervisor
- Adjust menu appropriately if required
- Assist in search as able
- Report any concerns to code coordinator

Program Coordinator

- Ensure activity staff are briefed and following any direction provided
- Monitoring residents health and well being
- Assist with coordinating communication and updates as directed by code coordinator

Activity Staff

- Follow direction provided by code coordinator
- Report any concerns to Code Coordinator or Emergency Personnel

Environmental Services

- Assist in coordinated search if able
- Follow directions from code coordinator or emergency personnel

Maintenance

- Assist emergency personnel as needed

Risks and Hazards:

If a bomb is located, the official on site will determine the next steps (i.e. evacuate immediate area, evacuate building, etc.)

Evacuation: if evacuation procedures are initiated, follow the direction of the Code Coordinator to ensure an orderly and safe evacuation refer to Code Green evacuation procedure in the Emergency Operations Manual

Debriefing: After the bomb threat episode is over, all involved parties will assemble for a debriefing, that is, a complete review of the situation (what went wrong, what was done well, changes to be implemented in the policy and procedure.) Code Coordinator, DOC or Administrator will complete Emergency Recovery Form.

Review of Emergency

This emergency plan will be reviewed and updated annually. The emergency plan will also be evaluated and updated within 30 days of being declared over, after each instance that an emergency plan is activated. Entities involved in the emergency response will be provided a chance to review emergency plan, review changes being made, and given a chance to offer feedback. The emergency plan will be tested every three years.

Code Black WorkSheet

Bomb threat received:

Reported by:

Time:

Call police 911

Staff member receiving phone call completes BOMB THREAT CALL REPORT as fully as possible. (attached)

KEEP CALM: Do not get excited or excite others.

The Nursing Station becomes the Command Post and the Charge Nurse acts as Code Coordinator. Do NOT leave the Command Post at any time. You are in charge until the Police or Fire Department arrives. Then you will work with the Official, acting as Pinecrest liaison.

Staff	Code Coordinator		
	Announce over the P.A. System <i>"Attention All Staff, We Have A Code Black. Please Report To The Nursing Station Immediately"</i>		
	repeat the announcement		
All staff report immediately to the Code Coordinator		All Staff accounted for: Missing staff:	
	<ul style="list-style-type: none"> - Tell staff of the bomb threat; - All staff are to return to their work area, (assign 1 or 2 staff to remain in center core) - Get a count of number of residents in each of the nursing home areas - Wait for the police to arrive. - Report any unusual findings IMMEDIATELY to the Code coordinator. 		
Staff return to work areas Report any unusual findings immediately	Issues Reported:		
	Notify the Administrator, Owner & Director of Care if not in the building	Admin contacted _____ DOC contacted _____ Owner contacted _____	
Based on information received from staff, the Code Coordinator may decide to evacuate a particular area or the entire home.			

Once Police arrive they will assume command of the Code.

Staff will FOLLOW ALL DIRECTIONS BY THE OFFICIAL ON SITE.

SEARCH PROCEDURE: The police will ask staff who are familiar with the nursing home to assist in the search of the building. Provide Fire Keys for access to locked rooms.

(Police or other persons responding would not be familiar with the normal contents of the resident's rooms, storage areas, etc.)

<p>Code Coordinator directs and documents search Remind Staff: look for anything unusual, out of place, unfamiliar, unfamiliar visitors check: closets and wardrobes, bathrooms, dressers, under beds, trunks or cupboards belonging to residents, utility areas, storage areas, mechanical rooms, offices Place a towel on the floor outside door to indicate room has been searched Report any unusual findings <u>immediately</u> When finished, report back to the Command Center for reassignment</p>			
North Wing	South Wing	Center Core	Service Wing
Staff Assigned:	Staff Assigned:	Staff Assigned:	Staff Assigned:
Results	Results :	Results	Results
Areas not searched?			

When search is completed, wait for instructions re: action and/or evacuation.

Next Steps: Document the next steps taken:

If Evacuation ordered: refer to evacuation procedure in Disaster Manual to ensure an orderly and safe evacuation (continue documenting on Evacuation Work Sheet)

Debriefing: After the bomb threat episode is over, all involved parties will assemble for a debriefing, that is, a complete review of the situation (what went wrong, what was done well,

changes to be implemented in the policy and procedure.) Document all issues discussed.

BOMB THREAT CALL REPORT – to be completed by the person taking the initial call

Phone answered by:

Position:

TIME Call received

Time Call Terminated

EXACT WORDS of caller

Did the caller tell you:

- A. When is it set to explode
- B. Where Located: Area
- C. Kind of bomb
- D. Description
- E. Why they want to kill or injure innocent people

DESCRIPTION OF VOICE:

Male Female Can't tell

Nervous? Yes No

Young Old Middle-Aged

Rough Voice Refined Voice

Accent (Accent sounds like)

Speech Impairment
(describe)

Unusual Phrases the caller used

Did you recognize voice? Yes No

If so who do you think it is?

BACKGROUND NOISE: circle any sounds below you heard on the call. Describe as fully as possible.

Music Running Motor (type?) _____ Traffic Whistles
Bells Horns Aircraft Tape Recorder Machinery
Other

Describe:

ADDITIONAL INFORMATION:

Did Caller indicate knowledge of Pinecrest? Yes No

If so, how?

Any other information you can add:

Signature:

Date:

Reception of Evacuees

Upon receiving notification that we have been requested to receive evacuees from another facility, the following procedure will be followed:

	Who	What
Authorization For Reception	Registered Staff	Contact Administrator or Director of Care for Authorization for the reception of residents from an outside facility in an emergency situation
Preparing For Reception During Business Hours	Administrator & Director of Care	<ul style="list-style-type: none"> - immediately call a meeting of the Registered Staff, Nurse Clerk, and representatives from Dietary, Activities, Housekeeping and Maintenance to advise them of the situation and delegate duties. - Contact the Advisory Physician to advise of impending reception - Initiate & submit a Critical Incident Report form identifying this as a "Critical Incident" - should also contact LHIN to notify that receiving residents from elsewhere - Direct Nurse Clerk to contact staff if it is determined that additional staff are required.
Outside normal working hours	Charge Nurse	<ul style="list-style-type: none"> - Phone the MOHLTC After Hours Pager to report intake of evacuees from another facility - contact LHIN - notify the Administrator and/or Director of Care of the request to receive evacuees. - contact Nurse Clerk, to come to assist with reception - Notify Maintenance, Dietary Supervisor, Housekeeping / Laundry and request they come to Pinecrest
Receiving evacuees		
Reception Area		Upon arrival, all evacuees are to be directed to the Nursing Station
Registration and Admission	Director of Care, Registered Staff,	<ul style="list-style-type: none"> - Document the following information from each evacuee: name, address, age, sex, next of kin - Receive any paperwork, medications accompanying the evacuee - Apply an identification bands if they do not already have one.
		- If the evacuees are coming from Case Manor, it would be hoped that a staff member from there would be able to come here at some point and using their remote access, provide the Resident's plan of care, and medication records from Point Click Care.
Nursing and Personal Care	PSWs	Nursing Staff will provide the care required to the incoming evacuees.

		Any staff from the evacuated facility are to perform their regular functions in the Home under the direction of the supervisory staff at the facility.
Medical Care	Medical Director	<ul style="list-style-type: none"> - will examine and assess the evacuees as required and attend to any emergencies. - MD/NP/Paramedics to assist as required
Inquiries	Nurse Clerk	The Nurse Clerk will receive and respond to inquiries regarding evacuees.
Medical Supplies:		<ul style="list-style-type: none"> - Medical supplies which are normally stocked in the Home should be adequate to enable staff to cope with the intake of evacuees. - Provision of emergency medication supplies are not necessary, as evacuees would have to have their medication re-ordered by the Medical Director

Duties

Nurse Clerk

- arrange extra nursing staff to assist with evacuees
- arrange additional dietary staff to assist in the kitchen
- arrange an additional registered staff (RPN) to assist with medication administration of evacuees

Food Service Supervisor:

- review current day menu and revise to accommodate additional individuals
- develop of supplies required from local sources (for example: additional food, paper, disposable dishes, cutlery)
- assist Dietary staff with preparation and food service

Housekeeping:

- Collect required supplies – sheets, pillows, blankets, towels, facecloths.
- Maintenance:
 - Pick up needed supplies as directed by Administrator, Director of Care and Dietary Supervisor.
 - Retrieve any extra mattresses from storage as well as bed frames, lounge chairs and set up in designated areas.
- Activation
 - Assist with welcoming evacuees, helping to register, showing to common area
 - Assist with meal and nourishment service
 - Other duties as delegated by Administrator, DOC and Registered Staff

Emergency Operations Plan: ABSENCE OF DIETARY STAFF

PLAN IN THE ABSENCE OF THE DIETARY STAFF DUE TO INCLEMENT WEATHER

In case of bad weather and **Dietary Staff** cannot get in to prepare **BREAKFAST**, PLEASE DO THE FOLLOWING:

<u>Coffee</u>	Turn Coffee Machine on to prepare hot water for tea and to make coffee. Coffee packages and filters are below the counter, tea bags in plastic container.
<u>Cereal</u>	Containers of cold cereal are located on the shelf above the toaster. Additional cold cereal is in the store room, <u>Room # 42</u> . Use a "U" key to unlock the door.
<u>Hot Cereal</u>	<u>Cream of Wheat</u> : Put on large pot of 3 liters of water for Cream of Wheat Cereal . When water comes to a boil, stir in 1 liter of cereal and 1/4 cup ground flax. Reduce heat, stir well until starts to thicken and let simmer until cereal reaches the desired consistency. Cream of Wheat cereal is located in storeroom # 42 on the lower shelf straight in from the door.
	<u>Brown Sugar</u> is in a container on the shelf above the toaster. For diabetics, use the <u>packages of Sugar Twin</u> which are in a container with sugar packets above the toaster, or on the top of the milk fridge. If more are required, they are located in a bin on the wire rack by the windows.
	<u>Milk</u> for the cereal is located in the milk refrigerator.
	<u>Cereal bowls</u> are located on the shelf beside the steamer. <u>Plates</u> are located under the hot food cart.
<u>Bread</u>	<u>Bread</u> is kept in the storeroom # 42 on a moveable cart. Or on the shelf under the toaster At breakfast we generally use: 2 loaves raisin bread, 3 loaves of brown bread Place bread in a pan in hot food cart where you will serve it from. Spread the bread with <u>Margarine</u> which is located in the milk refrigerator. Cut in half and stack bread in pan in hot food cart. Cut crusts off approximately half of the brown toast to accommodate texture modified diets. For pureed texture diets, use the prepared pureed bread in the small steam pan kept in the walk-in cooler.
<u>Jam & Peanut</u>	Portion packs of Jam And Peanut Butter are located in baskets found under the toaster counter or in room #42. (in bins along the side wall)
<u>Juices</u>	Juices are found in the Walk-in Refrigerator and glasses are on two carts

	<p>which have been set up the night before</p> <ul style="list-style-type: none"> - <u>Juice</u> is in Walk-in on right hand side. Glasses are on trays on a cart, ready for distribution. PSW staff distribute the beverages.
	<p><i>If still no dietary staff have arrived, and it is time to serve, ask the Housekeeper to come to the Kitchen to assist with breakfast service.</i></p>
<p><u>Set up cereal cart to go to main dining room</u></p>	<ul style="list-style-type: none"> - containing pitchers of milk, sugar, sweetener, cold cereal, bowls. - Portion 10 bowls of porridge on trays for the main dining room.
<p><u>Activity Room Cart</u></p>	<ul style="list-style-type: none"> - On cart for Activity Room dining room place juices and glasses, add milk, sugar, sweetener, empty bowls, cold cereal
<p><u>Serving</u></p>	<p>Guidelines listing resident preferences and diets are located in the database binders. Use these guidelines to serve residents in Activity Room and then Main Dining Room.</p> <ul style="list-style-type: none"> - add hot cereal pot to hot food cart and take to Activity Room to serve residents there.
	<p>Return to kitchen and proceed to serve residents in main dining room.</p>

If necessary, use disposable plates and cutlery to eliminate dishes. Use the regular cereal bowls.

EOP_Dietary Plan

Pinecrest Nursing Home

Disclaimer: Any PRINTED version of this document is only accurate up to the date of printing. Always refer to the electronic version of the Policies, Procedures and Processes for the most current versions of the documents in effect.

Policy:

- To provide a flexible feeding plan which can be adapted quickly to meet a number of emergency situations in the most appropriate way.
- To provide for an immediate food service appropriate for the particular environmental conditions and staffing constraints.
- To ensure we provide special nutritional needs for resident on modified diets.

General Considerations:

1. All food served must be safe, that is, clean and uncontaminated, prepared under the most sanitary conditions possible and served quickly.
2. Meals should be simple and use familiar and acceptable foods.
3. Food should be easily prepared, distributed, served and eaten and require minimum staff, fuel, equipment and eating utensils.
4. Methods and procedures are modified and streamlined under emergency conditions.
5. Use perishable refrigerated foods first to avoid waste and spoilage. Frozen foods will remain in a safe condition for 36 to 48 hours if entrance to freezer is controlled.
6. There is a three day supply of non-perishable foods available at all times.
7. If there is an extended emergency, prepared meals will be outsourced through the Compass group/ Marquise hospitality. Extra dietary staff will be sourced through the staffing agency 'Plan A'.

Note:

If no safe water – use disposal food service items.

If hot water available - provide hot beverages at all meals.

- provide hot soup – using canned soup

Emergency Supply: Disposable plates and cutlery, Styrofoam cups can be found in the dry storage room, or room 44

A BBQ and Propane tanks are available at the nursing home.

Dietary Staff are to follow the 3 day contingency menu plan.

Subject: Absence Of Dietary Staff Due To Inclement Weather Or Unable To Fill Position.

Policy: In the event of inclement weather and dietary staff cannot get in to prepare any meal it will be necessary for nursing staff to prepare and serve the meals.

Procedure:

- Follow the instructions for Breakfast preparation and service, starting on the next page.
- Instructions for meal preparation are provided for reference.
- You must have soft and bite sized, minced and moist and pureed options for each menu choice at all meals

- SOFT AND BITE SIZED- pieces are no larger than 1.5 cm X 1.5 cm (width of the tines of a dinner fork)
- MINCED AND MOIST– Pieces are equal or less than 4 mm – make sure there are no large chunks of food and holds shape on a teaspoon
- PUREE – Pudding consistency – use thickener or water as needed to achieve this after processing until smooth
- Use paper plates and plastic spoons to eliminate dishes. Plates, cups, glasses and cutlery are located in storage room # 44.
- When serving meals, use the database binder. They are organized by dining room and then by table. Each resident has a separate page which provides information such as diet, texture and fluid, allergies, additions, etc.

Pinecrest Nursing Home		Contingency Menu	Breakfast
Menu Item	Instructions		Location
	Apple Juice Cream of Wheat Cereal Bread Jam, Peanut Butter		
Turn one well of the hot food cart on for porridge. Use remaining wells for cold cereal, breakfast extras, etc.			
Cream of Wheat	Recipe below Cream of Wheat is okay for all textures.		Cream of Wheat is located in dry storage room. Unlock door with a “U” Key. Flax is located on the shelf above the toaster.
Supplements & Extras	Use the “Supplements by Dining Room” chart in the front of the Main database binder to portion the amounts needed for breakfast service. (Supplements, and Milkshakes are distributed by the PSW's.) Prunes, Prune Juice, Cranberry Juice and thickened beverages are distributed by the Laundry Staff. All other extras are given out by dietary staff during service – use the database binder to find who gets what on their individual resident information sheets.		Supplements, milkshakes, prunes, prune juice, flax, yogurt, super pudding and cranberry juice are all in the walk-in fridge. Bananas are in the white container on top of the dresser in between the walk-ins .
Coffee & Tea	Turn on all burners of coffee machine - ensure basket is in place. Make 3 pots of hot water for tea and 3 pots of coffee and place them in thermoses – white thermoses for tea and black for coffee: Tray Cart - 1 thermos of each (If needed)		Filters, coffee and teabags are below the coffee maker counter. Note – put 3 teabags in each thermos for tea

	Portion 9 bowls of porridge(using a 6 oz ladle) on trays for the main dining room Cereal is served by PSW's and activity staff.	blue tubs).
Serving – Outer Dining Room 1 st	Put jugs (with blue lids) containing cold cereal on black cart with coffee & tea for the outer dining room. Put 8 bowls of porridge(using a 6 oz ladle) on trays for the outer dining room. Put all outer dining room extras in cold wells of the hot food cart (yogurt, bread, bananas, etc). Serve with the information in the (Outer Dining Room) binder that states diets, textures, likes and dislikes etc, to ensure resident safety and satisfaction.	Jugs full of cold cereal are on the shelf above the toaster.
Serving – Main Dining Room 2 nd	Serve using the information in the (Main Dining Room) binder that states diets, textures, likes and dislikes etc, to ensure resident safety and satisfaction.	

Cream of Wheat Cereal

Step	Ingredients	Servings
	enter your serving size here ==>>>	25
1	Water	4 Liters
2	Cereal, Cream of Wheat, Dry	4 cups
3	Flax	½ cup

Instructions:

Bring water to a boil in heavy stock pot.

Stir dry cream of wheat and flax gradually into boiling water, using wire whip. Stir until some thickening is

apparent. Reduce heat and cook until cereal reaches desired consistency and raw starch taste

has disappeared. Cereal should be thick and creamy but not mushy. Hold cereal hot for service

{>140°F/60°C for a maximum of 2 hours}. This is a potentially hazardous food. Discard if not used. This recipe is suitable for all textures.

After meal service – return pitchers of beverages to cooler, milk fridge. Wash work areas, empty hot food cart and wipe wells, and surfaces with clean cloth and hot soapy water (to clean the surfaces)and then a clean cloth soaked in D10 (to sanitize the surfaces).

*** AM Nourishment Carts go out at 10:30 am.**

Time	Beverages (on each cart)	Food (on each cart)
10:30:00 AM Two Carts – 1 South & 1 North	1 Coffee 1 Tea 1 Jug of Juice (refer to nourishment menu for type) 1 Jug of Water 1 jug of Milk AM Supplements * (pre-assembled on trays in walk-in)	Sugar & Sweetener (on top of small refrigerator)

Note: All juice is found in the walk-in fridge along the right side on the middle shelf

Subject: Food Service in the event of no electricity - If there is no generator back- up.

- Use disposable utensils, plates and cups to manage the dirty dish volume and risk of cross contamination until electricity is restored.
- First use perishable food from the refrigerator, or pantry.
- Then use food from the freezer.
- To limit the number of times you open the freezer door, post a list of freezer contents on it.
- Finally use non-perishable food items. Mark all opened food with a date stamp.
- In the event of an extended power outage, water may or may not be available. If there is no water, send staff to purchase bottled water at local stores

Using the suggestions listed below to adapt the contingency menu when the building has no power

Breakfast

- cold cereal with milk
- bread/roll/bun with peanut butter, jam, marmalade, honey
- protein: cheese slices, peanut butter
- fresh, canned fruit (used fresh fruit up first before offering canned options)

Lunch & Dinner

- canned or dehydrated soups made using bottled water & heated on BBQ
- Sandwiches: cheese, peanut butter & jam, canned meat or fish, precooked meat, cream cheese & cucumber or tomato
- cheese & cracker plate
- pre-cooked meat on lettuce salad with fresh veggies (whatever is available) and a roll or bread
- on the BBQ: burgers, hot dogs, chicken burgers
- Cut up veggies with dip, Caesar or Garden salad, Coleslaw
-

Snacks/ Desserts

- Canned/fresh fruit
- cookies
- pudding
- ice cream, sherbert

- cakes, cream pies and squares from freezer
- crackers and cheese

Drinks

- Juice (concentrated with bottled water)
- pop
- bottled water
- milk
- supplements such as Ensure, Resource 2.0
- milkshake

Subject: Food Service in the event of no water supply

- Use disposable utensils, plates and cups to manage the dirty dish volume and risk of cross contamination until water is restored.
- Mark all opened food with a date stamp.
- Counters can be cleaned with disposable wipes or cleaner (D10) and cloth.
- Where possible reuse water – water used for rinsing veggies may be used for the mop bucket to clean floors once cleaner is added.
- If possible, send staff to local stores to purchase bottled water
- A 48 hour potable water supply is available from the hot water tanks. Supply will be reassessed prior to the end of this time frame.

Use the suggestions listed below to adapt the contingency menu when the building has no source of water

Breakfast

- cold cereal with milk
- french toast with syrup, fruit or yogurt
- bread (or toast), rolls or buns with peanut butter, jams, marmalade, honey
- protein options: cheese slices, peanut butter / sausages, eggs (scrambled, baked, omelet, etc)
- fruit – use fresh fruit first before offering canned options

Lunch/ Supper

- canned or dehydrated soups made with bottled water
- sandwiches: cheese, peanut butter and jam, canned fish, precooked meat, cream cheese and cucumber, tomato etc.
- Cheese and crackers with salad or cut up veggies and fruit
- Pre-cooked meat on lettuce salad with whatever fresh veggies and a bun/slice bread
- Sides: Tossed salad, coleslaw salad, veggies with dip, rice made with broth or juice instead of water
- Various options of meat – bake or roast
- Potatoes – use frozen prepared potato products, bake in oven
- Vegetables: Use broth or bottled water to help replace water in certain recipes (roast or bake vegetables in oven with small amount of water in pan rather than steam)

Snacks and Desserts

- Canned/fresh fruit

- cookies
- ice cream
- cakes, cream pies and squares
- muffins
- pudding
- crackers and cheese
- ½ sandwich meat or cheese

Drinks:

- juice – bottled/canned
- pop
- milk
- supplements such as Ensure/ milkshakes
- bottled water
- tea/ coffee made from bottled water

Contingency Menu		Day 1
Breakfast	Apple Juice 125 ml Thickened for #2 Mildly or #3 Moderately thick textures	
	Assorted Cold/Hot Cereal- 6 oz portions Cream of Wheat cereal for pureed texture	
	Bread- 2 slices- Crustless for easy to chew, soft & bite sized, minced textures, #12 pureed bread for pureed texture	
	Jam/Peanut Butter- portion packages	
	Yogurt- portion packages	
Lunch	Main	Alternate
	Tomato Soup or Pineapple Juice-125 ml Thickened Juice for #2 Mildly or #3 Moderately thick textures For soup 125 ml- Strained soup for Easy to Chew, Soft & Bite sized, Minced & Moist and Pureed Textures.	
	Cheese Omelet- 4" X 2" portion for all portions except pureed. Pureed Texture (#8 scoop -125 ml) process to a pudding consistency	Salmon Salad Sandwich- 1 each. For Easy to Chew, Soft & Bite Sized 1 crustless sandwich. For Minced & Moist #10 scoop minced salmon filling on crustless bread. For Pureed Texture- #10 pureed filling with #8 scoop pureed bread
	Steamed Mixed Vegetables-(125 ml #8 scoop). Easy to Chew, Soft & Bite -sized, Minced & Moist (#10 ivory scoop 95 ml) processed accordingly.Pureed texture #16 scoop 60 ml)- must be processed.	Tossed Salad – (180 ml/6 oz. spoodle. Easy to chew, soft & bite sized, minced & moist - (#16 blue scoop 60 ml)- must be minced. Pureed texture #16 scoop 60 ml)- must be processed.
	Ice Cream or Sherbet (125 ml #8 scoop)	Applesauce (125 ml #8 scoop) All Textures
Supper	Main	Alternate
	Orange Juice-125 ml Thickened Juice for #2 Mildly or #3 Moderately thick textures	
	Frozen Vegetable Lasagna (250 ml/8 oz spoodle)-Regular, Easy to Chew. (180 ml/ #5 Scoop)- Soft & Bite Sized, Minced & Moist- Must be processed.	Cheddar Cheese and Fruit Salad Plate – See instructions below for all textures.

	(#8 scoop)- Pureed – Must be processed	
	Dinner Roll or Bread – (1 each) – Regular texture. Easy to Chew, Soft & Bite sized, Minced & Moist can have crustless bread/ dinner roll. Pureed texture (#16 blue scoop)- must be pureed	Dinner Roll or Bread – (1 each) – Regular texture. Easy to Chew, Soft & Bite sized, Minced & Moist can have crustless bread/ dinner roll. Pureed texture (#16 blue scoop)- must be pureed
	Canned Peaches- Regular, Easy to Chew (125 ml #8 scoop), Soft & Bite Sized (125 ml #8 scoop Diced), Minced & Moist (125 ml #8 scoop Minced), Pureed (125 ml #8 scoop Pureed.	Chocolate Pudding (125 ml #8 scoop) All Texture

Contingency Menu		Day 2
Breakfast	Orange Juice- 125 ml Thickened for #2 Mildly or #3 Moderately thick textures	
	Assorted Cold/Hot Cereal- 6 oz portions Cream of Wheat cereal for pureed texture	
	Bread - 2 slices- Crustless for easy to chew, soft & bite sized, minced textures, #12 pureed bread for pureed texture	
	Jam/Peanut Butter - portion packages	
	Yogurt- portion packages	
Lunch	Main	Alternate
	Cream of Mushroom Soup/Cranberry Juice- 125 ml Thickened for #2 Mildly or #3 Moderately thick textures, For soup – 125 ml strained soup for Easy to Chew, Soft & bite Sized, Minced & Moist and Pureed Textures	
	Hot Dogs- 1 each for Regular. Easy to Chew, Soft & Bite Sized, Minced & Moist (# 6 scoop 180 ml) must be minced, Pureed (#6 scoop 180 ml)- must be pureed	Peanut Butter and Jam Sandwich -1 each. For Easy to Chew, Soft & Bite Sized, Minced & Moist- crustless bread. For Pureed #12 scoop pureed sandwich.
	Hot Dog Bun– (1 each) – Regular texture. Easy to Chew, Soft & Bite sized, Minced & Moist . Pureed texture (#16 blue scoop)- must be pureed	Steamed Mixed Vegetables-(125 ml #8 scoop). Easy to Chew, Soft & Bite -sized, Minced & Moist (#10 ivory scoop 95 ml) processed accordingly.Pureed texture #16 scoop 60 ml)- must be processed.
	Broccoli- Regular, Easy to Chew(125 ml- #8 scoop), Soft & Bite Sized, Minced & Moist (#12 scoop- 80 ml), Pureed (#12 scoop -80 ml)	Fruit Cocktail-Regular, Easy to Chew, Soft & Bite Sized(125 ml #8 scoop), Minced & Moist (125 ml #8 scoop Minced), Pureed (125 ml #8 scoop Pureed).
	Tapioca/ Rice Pudding (Canned)-(125 ml #8 scoop) All Textures except Pureed -(#8 scoop 125 ml) Vanilla Pudding	

	Main	Alternate
Supper	V-8/ Tomato Juice- 125 ml Thickened for #2 Mildly or #3 Moderately thick textures	
	Sliced Meat Sandwich- 1 each. For Easy to Chew- crustless bread. For Soft & Bite Sized, Minced & Moist #12 scoop minced meat and crustless bread. For Pureed #12 scoop pureed sandwich filling and #8 scoop pureed bread.	Baked Fish- 1 Each for Regular, Easy to Chew, Soft & Bite Sized. Minced & Moist (#10 scoop 95 ml) must be minced. Pureed (#10 scoop 95 ml) must be pureed.
		French Fries/ Wedges- Regular, Easy to Chew (125 ml #8 scoop), Soft & Bite Sized, Minced & Moist, Pureed (125 ml #8 scoop mashed potato & gravy)
	Tossed Salad– (180 ml/6 oz. spoodle. Easy to chew, soft & bite sized, minced & moist - (#16 blue scoop 60 ml)- must be minced. Pureed texture(#16 scoop 60 ml)- must be pureed.	Steamed Carrots - Regular, Easy to Chew(125 ml-#8 scoop), Soft & Bite Sized, Minced & Moist (#12 scoop- 80 ml)must be minced, Pureed (#12 scoop -80 ml) must be pureed
	Pear Slices - Regular, Easy to Chew (125 ml #8 scoop), Soft & Bite Sized (125 ml #8 scoop Diced), Minced & Moist (125 ml #8 scoop Minced), Pureed (125 ml #8 scoop Pureed.	Ice Cream or Sherbet (125 ml #8 scoop) All Textures except thickened fluids
Contingency Menu Day 3		
Breakfast	Apple Juice- 125 ml Thickened for #2 Mildly or #3 Moderately thick textures	
	Assorted Cold/Hot Cereal- 6 oz portions Cream of Wheat cereal for pureed texture	
	Bread- 2 slices- Crustless for easy to chew, soft & bite sized, minced textures, #12 pureed bread for pureed texture	
	Jam/Peanut Butter - portion packages	
	Yogurt- portion packages	
Lunch	Main	Alternate
	Minestrone Soup/White Grape Juice- 125 ml Thickened for #2 Mildly or #3 Moderately thick textures, for soup strain portions for Easy to Chew, Soft & Bite Sized, Minced & Moist, and Pureed Textures	
	Chicken Burgers- 1 Each- Regular, Easy to Chew. Soft & Bite Sized, Minced & Moist (#8 scoop 125 ml- minced). Pureed (#16 scoop – 60 ml)	Tuna Salad Sandwich- 1 Each. For Easy to Chew, Soft & Bite Sized on crustless bread. For Minced & Moist #12 Minced Tuna filling on crustless bread. For Pureed #12 scoop pureed tuna filling and #8 scoop pureed bread.

	Hamburger Bun– (1 each) – Regular texture. Easy to Chew, Soft & Bite sized, Minced & Moist . Pureed texture (#16 blue scoop)- must be pureed	Coleslaw-(125 ml #8 scoop) Regular, Easy to Chew, Soft & Bite sized, Minced. Pureed (#10 Scoop, 96 ml)- must be processed
	Green Beans-Regular, Easy to Chew(125 ml-#8 scoop), Soft & Bite Sized, Minced & Moist (#16 scoop- 60 ml minced), Pureed (#16 scoop -60 ml pureed)	Butterscotch Pudding (125 ml #8 scoop) All Textures
	Banana- 1 each. For soft & bite sized and Minced & Moist- mash 1 banana. For Pureed texture (# 10 scoop 96 ml) pureed banana	
Supper	Main	Alternate
	Lemonade- 125 ml Thickened for #2 Mildly or #3 Moderately thick textures	
	Macaroni & Cheese- Regular, Easy to Chew (#6 spoodle 180 ml). Soft & Bite Sized, Minced & Moist (#6 scoop 160 ml minced). Pureed (# 5 scoop 180 ml pureed)	Egg Salad Sandwich – 1 each. For Easy to Chew on crustless bread. For Soft & Bite Sized, Minced & Moist – minced filling on crustless bread. For Pureed Texture- #10 scoop pureed filling, #8 scoop pureed bread.
	Garlic Bread- 1 Slice Easy to Chew, Soft & Bite Sized, Minced & Moist- Remove crusts. Pureed Texture use #16 scoop pureed bread	Pickled Beets -Regular, Easy to Chew, Soft & Bite Sized (125 ml #8 scoop), Minced & Moist (#16 scoop- 60 ml) minced, Pureed (#16 scoop – 60 ml) pureed
	Tossed Salad– (180 ml/6 oz. spoodle. Easy to chew, soft & bite sized, minced & moist - (#16 blue scoop 60 ml)- must be minced. Pureed texture #16 scoop 60 ml)- must be pureed.	
	Fruit Yogurt- (125 ml #8 scoop) All Textures	Ice Cream or Sherbet – (125 ml #8 scoop) All Textures except thickened fluids- provide (125 ml- #8 scoop vanilla pudding)

Nourishment Menu

Time	Beverages (on each cart)	Food (on each cart)
10:30:00 AM Two Carts – 1 South & 1 North	1 Coffee, 1 Tea 1 Jug of Juice 1 Jug of Water 1 Jug of Milk 1 large thermos of water (only 1 for both carts to stay at the nursing station) AM Supplements *	Sugar & Sweetener (on top of small refrigerator)
02:30:00 PM	1 Coffee, 1 Tea 1 Jug of Juice	Cookies/ wafers (store room, right side)

Two Carts – 1 South & 1 North	1 Jug of Water 1 Jug of Milk 1 large thermos of water (only 1 for both carts to stay at the nursing station) 1 Fruit Basket PM Supplements*	Fruit bowl Portion cups of applesauce/ puddings/ fruit for textures Sugar & Sweetener
08:00:00 PM Two Carts – 1 South & 1 North	1 Coffee, 1 Tea 1 Jug of Juice 1 Jug of Water 1 Jug of Milk HS supplements*	HS Snack – sandwiches, muffins, bagels, etc Fruit Bowl Portion cups of applesauce/ puddings/ fruit for textures Sugar & Sweetene

Suggested Cooking Times

Food Item	Cooking Time
Vegetable Lasagna	1 hour & 20 minute in convection oven with lid on – take lid off and continue cooking for 10 more minutes
Cheese Omelet	30 minutes in convection oven
Frozen Vegetables such as; Carrots, Mixed Vegetables, Green Beans Broccoli	12 minutes in steamer 8 - 10 minutes
Hot Dogs	Cook hot dogs for 20 minutes in steamer until up to temperature
Baked Fish	20 – 30 minutes in convection oven
French Fries	20 minutes in convection oven

Name of Equipment	Where to Find It
Strainers - Mixing Bowls - Small Pots – Scales - Food Processors - Steamer Pans - Hot Well Inserts - Spices	Wire Storage Rack (near the walk-ins)
Immersion (Hand) Blender – Ice Cream Scoops – Food Processor Inserts – Mashers – Hand Mixer – Tin Foil – Parchment Paper - Gloves	Drawers at the end of the cook's table
Scoops and all other portioning tools	Drawers of the breakfast table (by the toaster)
Small White Bowls – Trays – Cutlery (regular and plastic) – Glasses – Mugs – Small Tea Pots	Along the wall in the dish room

Whisks – Scrapers – Measuring Spoons/Cups – Small Can Opener – Metal/Wooden Spoons – Lifters	Drawer of the cook's table
Juice Jugs & Large Containers	Shelves along the windows
Small Knives – Thermometers – Plastic Wrap – Thickener – Oil – Timer – Liquid Measuring Cups – Cooking Spray	Top shelf of the cook's table
Large Knives	Knife holder at the end of the cook's table
Large Can Opener	On the end of the cook's table by the small sink
Hair Nets	In the Dresser at dishroom
NOTE – 1 tray of small white bowls = 12 portions	
NOTE – use cooking spray in all inserts and pans when cooking in them	
NOTE – Resident's meal plans with food restrictions. Keep them in mind when preparing meals!	

Equipment Operation

Convection oven

- Set temperature at 325 F.
 - Turn the on/off switch to ON.
 - Turn the cook/cool switch to COOK.

Toaster

Turn the black knob to toast.

To toast raisin bread turn the Speed knob to # 5 Power to # 5

To toast whole wheat/white bread to Speed knob to # 8 Power Knob to #5.

Wait 5 minutes for toaster to warm up before using.

Steamer:

Fill pan on bottom with (10 L) of water

Press the green ON button

Wait approximately 10 minutes for it to heat up before using.

Safe Internal Cooking Temperature Reference Chart

	Temperature
Beef, veal and lamb (pieces and whole cuts)	
Medium-rare	63°C (145°F)
Medium	71°C (160°F)
Well done	77°C (170°F)
Pork (for example, ham, pork loin, ribs)	
Pork (pieces and whole cuts)	71°C (160°F)
Ground meat and meat mixtures (for example, burgers, sausages, meatballs, meatloaf and casseroles)	
Beef, veal, lamb and pork	71°C (160°F)
Poultry (for example, chicken, turkey)	74°C (165°F)
Mechanically tenderized beef (solid cut)	
Beef, veal	63°C (145°F)
Steak (turn over at least twice during cooking)	63°C (145°F)
Poultry (for example, chicken, turkey, duck)	
Pieces	74°C (165°F)
Whole	82°C (180°F)
Egg	
Egg dishes	74°C (165°F)
Seafood	
Fish	70°C (158°F)
Shellfish (for example, shrimp, lobster, crab, scallops, clams, mussels and oysters) (Since it is difficult to use a food thermometer to check the temperature of shellfish, discard any that do not open when cooked. Learn more.)	74°C (165°F)
Others	
Others (for example, hot dogs, stuffing, leftovers)	74°C (165°F)

<http://healthycanadians.gc.ca/eating-nutrition/healthy-eating-saine-alimentation/safety-salubrite/tips-conseils/cook-temperatures-cuisson-tbl-eng.php>

Recipes / Preparation:

Cream of Wheat

Step	Ingredients	Servings
	enter your serving size here =====>	25
1	Water	4 Liters
2	Cereal, Cream of Wheat, Dry	4 Cups
3	Flax	½ Cup

Instructions:

Bring water to a boil in steam jacket kettle or heavy stock pot.

Stir dry oatmeal and bran gradually into boiling water, using wire whip. Stir until some thickening is apparent. Reduce heat and cook until cereal reaches desired consistency and raw starch taste has disappeared. Cereal should be thick and creamy but not mushy. Hold cereal hot for service (>140°F/60°C for a maximum of 2 hours). This is a potentially hazardous food. Discard if not used. This recipe is suitable for all textures.

Breakfast Bread Pureed: in food processor, puree slices of bread with peanut butter and enough milk to produce a pudding consistency. Serve in small fruit nappies using #8 scoop.

Bread Pureed:

Bread Pureed: add milk to bread in a food processor until you have reached pudding consistency.

Lasagna:

Cooking instructions are on the lid – cook in convection oven for 1½ hours with lid on. Remove lid & continue cooking 10 minutes more.

Cut each lasagna into 15-18 pieces and serve using a lifter.

Residents on soft and bite sized and minced and moist textures require Lasagna to be processed to reach required consistencies. Serve with a #5 teal scoop 180 ml

Pureed Texture-Puree lasagna in food processor, adding hot water if needed to reach pudding consistency.

Place in ¼ deep insert, cover and reheat in oven until time to service. Serve pureed lasagna with a #8 grey scoop (125 ml).

Cheddar Cheese & Fruit Salad Plate:

Choose two different kinds of canned fruit (pineapple, pears, apricots or mandarin oranges), strain & place each into an insert.

Puree enough of each for residents on puree diet. (pudding thick)

Cover and refrigerate until serving time.

Serve regular texture and easy to chew fruit using #8 Scoop (125 ml), Soft and Bite Sized diced fruit using #8 Scoop (125 ml) and pureed fruit with a #10 green scoop (95 ml), Minced and Moist textures diced fruit using #8 Scoop (125 ml) (Minced fruit must be processed in food processor)

Use the mild cheddar cheese – not processed cheese slices.

Cut cheese into slices ¼ inch thick and then into triangles. For Regular, Easy to Chew and Soft & Bite Sized Textures. Use #8 scoop (125 ml) cottage cheese for Minced & Moist Texture.

Puree cottage cheese for residents on a puree diet using the immersion blender or use pureed portion cups of cottage cheese (if available)

Place cheese slices and pureed cottage cheese in inserts, cover and refrigerate until serving time.

Serve regular cheese slices with tongs.

Serve Residents on regular, easy to chew, soft and bite sized textures two pieces of cheese

Serve Minced & moist textures #8 scoop (125 ml) cottage cheese.

Serve pureed cottage cheese with a #8 grey scoop (125 ml).

Chocolate Pudding

Combine 20 cups of milk and 4 cups of pudding mix using the kitchen aid mixer.

Portion into small white bowls with a # 8 grey scoop (125 ml). (fill 3 trays)

Canned Soup

Using the soup kettle- Add 20 oz. water to base.

Empty 2 cans of soup into the top of the pot. Fill the pot with milk or water depending on the soup. Cook on medium heat until boiling. Turn the heat down and let simmer until service.

Serve in soup bowls using a 4 oz ladle.

Omelet

Step	Ingredients	Servings Amount
		35
1	Milk,2% Cold	350 ml
	Eggs,Liquid	4.20 l

Step: Instructions:

- 1 Spray pan release. Mix eggs and milk and pour into half steam table pans. Cook until eggs are set. Eggs must reach an internal temperature of {165°F/74°C for a minimum of 15 seconds}. Hold cooked omelets at {140°F/60°C for NOT MORE THAN 1 hour}. One Half Steam Table Pan = 10 , 4"x2" portions.

Divide mixture evenly between 3 half size insert pans.

Prepare mixture in pans and refrigerate until baking time.

Cook approximately 30 minutes in convection oven (300 degrees.)

After 20 minutes, sprinkle 1 cup shredded cheese on each pan.

Portion each pan into 12 portions and serve using a lifter. .

Residents on a soft and bite sized and minced and moist texture may have Omelet

For pureed diets: Place required amount of product into a food processor and purée gradually adding hot milk, blending between additions until a "pudding consistency" is achieved. Hold hot for service

Serve the pureed egg option with a #8 grey scoop (125 ml).

Salmon Salad Sandwich

Step	Ingredients	Servings
	enter your serving size here ====>	35
1	Egg, hard cooked, chopped	7 each
2	Fish, pink salmon canned	2.1 kg
3	Celery, diced frz	84 g
4	Onion, diced frz	42 g
5	Relish	157.5 ml
6	Mayonnaise, Light	647.5 ml

Combine with remaining ingredients including eggs. Toss evenly to mix well.

Fold in mayonnaise and mix until well combined. Cover. Label and date. Chill to {<40°F/4°C}.

Spread the filling on the buttered bread using a blue scoop (60 ml). Cut into 4's.

Use a #10 scoop (95 ml) to portion out the salmon filling onto buttered bread and cut into 4s. Crustless sandwiches are used for soft and bite sized and minced and moist textures.

Serve pureed salmon with a #10 scoop (95 ml), and pureed bread with a #8 scoop (125 ml)

Tossed Salad

Chop lettuce and dice a variety of fresh vegetables. Use any dressing of your choice.

Toss salad in an insert right before service to avoid the lettuce going soggy.

Serve regular salad with 180 ml/ 6 oz spoodle..

Serve easy to chew, soft and bite sized and minced and moist textures, minced salad using a #16 blue scoop (60 ml). For pureed texture serve pureed salad with a #16 blue scoop (60ml).

Steamed vegetables:

Place vegetables of your choice in a perforated steamer insert and cook in steamer for approx 10-15 minutes.

broccoli and cauliflower - (2 bags)

carrots, mixed vegetables (1½ bags)

Puree vegetables to pudding consistency using hot water as needed to achieve pudding consistency. Keep hot until service

Mince vegetables in food processor enough for easy to chew, soft and bite sized and minced and moist textures Keep hot until service.

Serve regular vegetables using a #8 grey scoop (125 ml).

Serve soft and bite sized and minced and moist textures, vegetables with a #10 ivory scoop (95 ml).

Serve pureed texture with a #16 scoop blue scoop (60 ml).

Tuna Salad Sandwich

Step	Ingredients	Servings
	enter your serving size here ==>	35
1	Bread, whole wheat	70 each
2	Tuna, Low Sodium	2.8 kg
3	Celery, fresh chopped fine	14 stalk
4	Onions, red chopped	105 ml
5	Lemon juice	35 ml
6	Cumin	35 ml
7	Mayonnaise	0.875 L

Instructions:

Finely chop celery and onion. In a bowl, combine Tuna, Celery, Onions, Lemon, Cumin and mayonnaise until well blended. (Note: if cumin is not desired, season with salt and pepper to taste). Place 10 slices of Bread on a sanitized work surface. Place 125 mL of filling on half of the slices of bread. Spread the sandwich filling to the edge of the bread slices. Place the second slice on top of the filling. Cut sandwiches as desired. Place on a suitable sandwich plate and wrap with plastic cling film. Hold chilled for service at {<40°F/4°C for a maximum of two hours}.

Hot Dogs

Use frozen weiners. Put into a perforated steamer pan without overlapping them and cook for 15 – 20 minutes in steamer. Check internal temperature reaches 74C (165F). Continue to steam until temperature is reached.

Easy to Chew, Soft & Bite Sized and Minced & Moist Textures require wieners to be minced use a #6 scoop -180 ml to serve on bun.

Pureed Texture require wieners to be pureed use a #6 scoop- 180 ml to serve with pureed bread #8 scoop 125 ml.

Sliced Meat Sandwiches

Use two slices of meat on each sandwich.

Cut sandwiches into 4s.

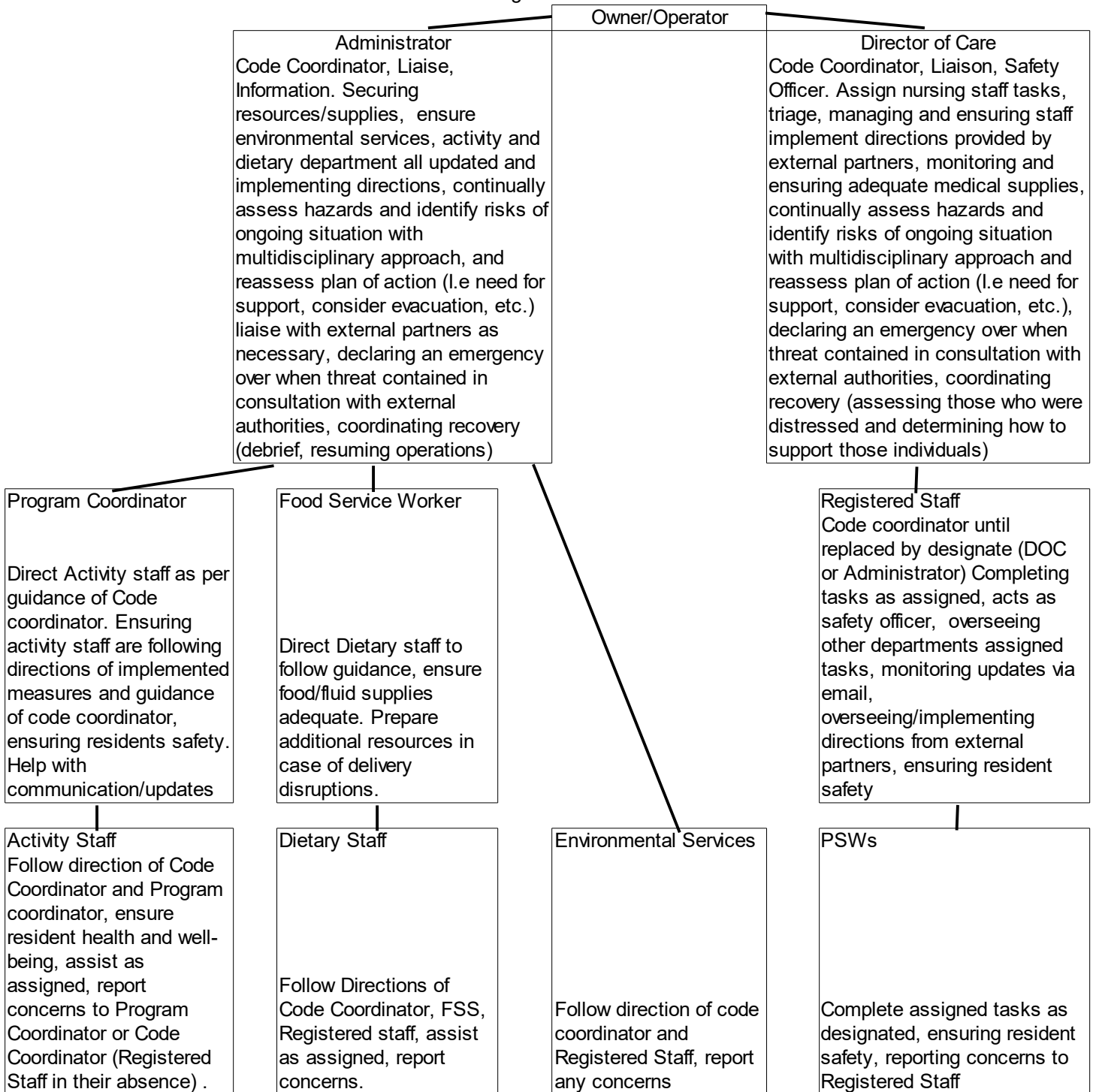
Soft and Bite Sized and Minced and Moist sandwiches: mince sandwich meat in food processor and mix with mayonnaise. Spread on crustless bread

Use a #16 green scoop to portion spread onto crustless buttered bread.

Use a #16 green scoop to serve pureed filling, and #8 scoop pureed bread.

Appendix 2: EOP Organization Chart

EOP Organization Chart



Appendix 3: Shelter in Place Decision Tree

Shelter in Place Decision Tree

