Braemar
Retirement Centre
Create Purpose

compassion respect empathy acceptance teamwork empowerment

# Emergency Disaster Plan

Revised April 2026

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BPSO RNAO BEST PRACTICE SPOTLIGHT ORGANIZATION

DEMENTIABILITY

**EMERGENCY DISASTER PLAN**


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**Introduction:**
Braemar Retirement Centre is Family owned and operated retirement home situated just at the North end of Wingham, Ontario. The home is Licenced for 69 long-term beds and actively supports 51 Residents.

Braemar Retirement Centre can face a variety of potential threats and hazards. These may include natural events such as tornadoes, severe weather (including strong winds, rain, and occasional snowstorms), floods, fires, and loss of essential services. Additionally, there are man-made hazards like hazardous materials spills and external disasters. While each of these threats presents challenges on its own, they often lead to secondary issues, such as extended power and phone outages. In some instances, these events can disrupt the supply chain of critical resources, including food, medical supplies, and other services. It is essential to be prepared for these types of disasters to ensure the safety and well-being of residents, staff, and visitors in long-term care facilities.

The goal of this emergency plan is to be proactive and minimize the potential impact of any losses. This plan aims to:

- Ensure the safety of residents and staff.
- Prevent injuries and save lives.
- Minimize property damage and protect assets.
- Maintain operational continuity and facilitate recovery during unforeseen events.
- Provide clear guidance and direction during emergency situations.

An emergency is defined as any urgent situation that poses an imminent threat to the health or safety of residents and others in the home, requiring immediate action to protect everyone involved.

Examples of emergencies include, but are not limited to:

- Incidents that cause or have the immediate potential to cause fatal or severe injuries requiring medical care or first aid.
- Unexpected events that could lead to fires or explosions.
- Natural disasters such as severe windstorms, floods, tornadoes, snowstorms, or earthquakes.
- Deliberate acts of harm, including vandalism, sabotage, or riots.

**Purpose**
The purpose of Braemar's Emergency Plan is to ensure the safety of residents, staff, and visitors in the Long-Term Care home during emergencies. The plan is designed to prevent injuries, reduce risk, and maintain continuity of care by outlining clear procedures for responding to incidents such as fires, medical emergencies, natural disasters, and deliberate harm. Emergencies may include events that cause, or have the potential to cause, serious injury or death; unexpected operational disruptions such as fires or explosions; natural disasters; or intentional acts such as sabotage, riots, or malicious mischief. In such events, Braemar is committed to maintaining essential services. These include the continued provision of resident care and medication administration, food preparation and hydration, infection control and hygiene services, and effective communication with families, staff, and relevant authorities. Together, these efforts ensure that the facility remains prepared and that all individuals understand their roles and responsibilities during an emergency.

**Regulatory Compliance**
This Emergency Plan complies with the following regulatory bodies and agencies to ensure a swift and effective response.

- **Fixing Long-Term Care Act (FLTCA)**, 2021.Compliance with emergency preparedness regulations set by the MLTC and collaborate for necessary inspections and reporting.
- **Ministry of Long-Term Care (MLTC) Regulations and Standards:** Implementation of policies and procedures in accordance with MLTC's regulations to maintain safety, preparedness, and quality care in long-term care settings.
- **Federal, Provincial, and Municipal Government**: Adhere to regulations and guidance provided by various government agencies regarding public health, safety, and emergency response.
- **Ministry of Labour, Immigration, Training and Skills Development**: Workplace safety standards for employees, particularly in the case of workplace accidents or hazardous situations during an emergency.
- **Public Health of Ontario**: Infection control protocols and public health guidance, especially in the event of outbreaks or pandemics. Adhere to infection control protocols in collaboration with specialized hubs for the prevention and management of infectious diseases, especially in the case of pandemics or outbreaks.
- **Fire Department/Fire Marshall and Emergency Management Ontario**: Regularly review fire safety protocols, evacuation plans, and emergency management procedures in cooperation with local fire departments and Emergency Management Ontario.
- **Coordinate with the Ministry for matters related to law enforcement, security threats, and emergency response support to maintain a safe and secure environment.**
- **Accreditation Canada-** Health Care Standards of Accreditation Canada

**Types of Emergencies**
Braemar has emergency action plans in place to protect residents, staff, and visitors. These plans cover both internal and external emergencies. Regular emergency response training and fire drills ensure employees can react quickly and safely. Floor plans displaying escape routes and designated assembly points for headcounts are posted in each department.

This plan is designed to safeguard all Braemar residents and employees while minimizing damage and disruption in the event any emergency.

**Resident/ Family Involvement with Emergency Preparedness Documentation**
Residents and their Substitute Decision Makers (SDMs) are actively informed about the home's emergency policies to promote transparency and engagement. Ongoing updates are shared through newsletters and Resident Council meetings to ensure residents remain informed. In the event of a real emergency, designated staff members will provide timely status updates and safety assurances directly to residents. Feedback from residents is welcomed and used to review and enhance emergency protocols. In accordance with Ministry of Long-Term Care (MOLTC) legislation, the Emergency Plan is also publicly available on the home's website for resident access.

Braemar Retirement Centre's Emergency Plan is aligned with the Municipality of Morris-Turnberry Emergency Response Plan. Regular communication and coordination are maintained with key municipal partners, including the local Fire Department, Police Services, the Huron County Emergency Management Coordinator, and Huron Perth Public Health. This collaboration supports a well-integrated and effective response during regional or large-scale emergencies.

To ensure preparedness and continuous improvement, all emergency drills and exercises are thoroughly documented. This includes recording the date and type of drill conducted, staff attendance, detailed observations, debriefing notes, and any identified areas for improvement along with corresponding action plans. This structured approach supports accountability, learning, and ongoing refinement of the home's emergency response procedures.

**Employee Responsibility**

Any employee who identifies an emergency must immediately notify a supervisor, providing specific details about the nature and location of the emergency.

Upon being informed of an emergency, the Charge Nurse will assess whether evacuation is necessary. Depending on the nature of the emergency, the Charge Nurse should call the appropriate emergency services: 9-1-1, Ambulance, Fire Department, Hospital, Police, Hydro Utility, or Gas Utility. Evacuation orders should be communicated via the telephone paging system or verbally.

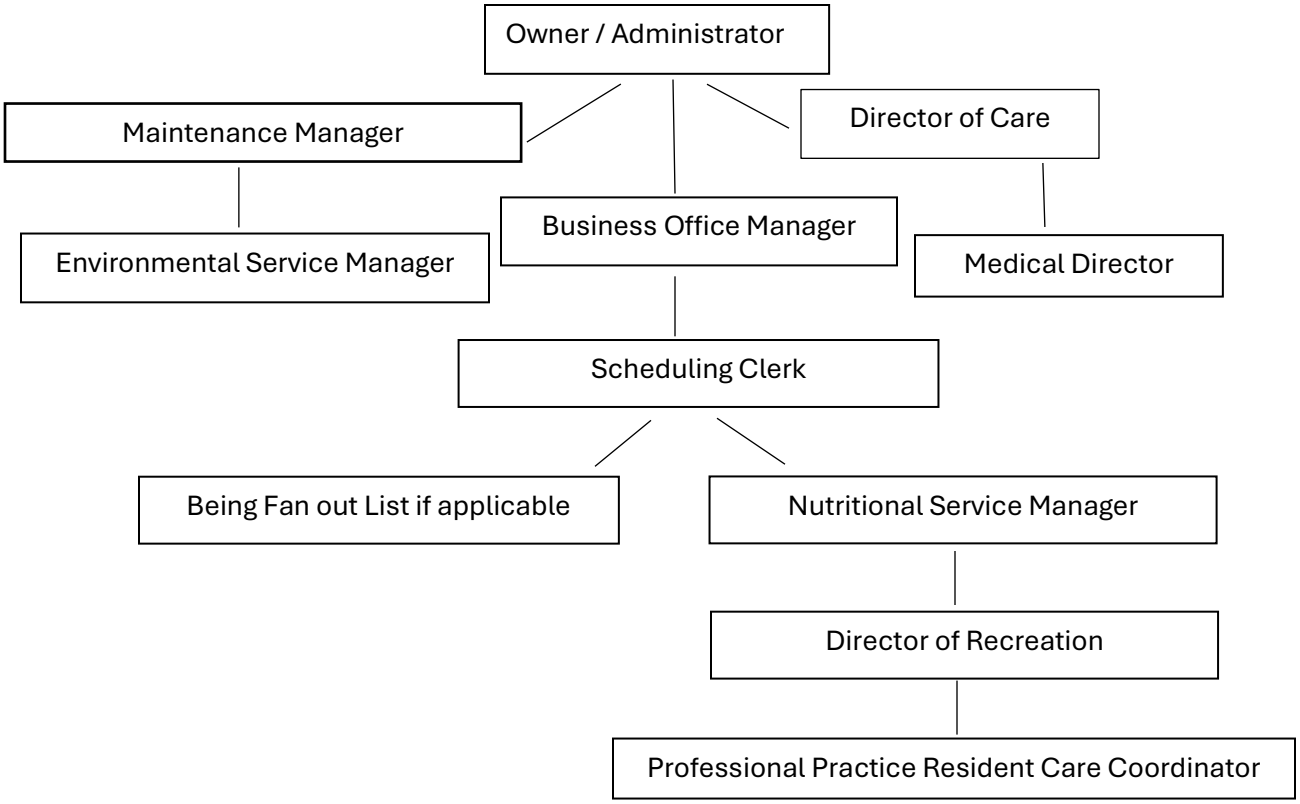
If the emergency involves a small fire, use a portable fire extinguisher to attempt to put it out. The Charge Nurse is responsible for supervising the evacuation of employees, ensuring all doors are closed, and ensuring everyone leaves the building safely. The designated outdoor collection area should be the final gathering point.

While on-site, the Administrator has full authority to activate any part of the Emergency Plan and assumes the role of Emergency Coordinator, maintaining overall command until emergency personnel (such as the Fire Department or Police) arrive.

**Emergency Chart**

The Emergency Chart (below) identifies key personnel responsible for coordinating and supporting emergency preparedness, response, and recovery efforts within the Long-Term Care Home. These designated roles ensure effective leadership, structured communication, and a unified approach to safeguarding residents, staff, and visitors during any emergency.

In the event of an emergency, the call-out and communication process is activated to provide timely and organized notification of essential personnel. This enables a coordinated response, rapid decision-making, and the continued delivery of critical services and resident care. Clear lines of communication are maintained throughout the emergency to ensure that all internal teams, external agencies, and resident families are informed and supported.




**Emergency Preparedness and Response**

**Preparedness Phase**
Upon notification of a potential internal or external emergency, the Administrator or designated Person in Charge will implement the following preparedness actions to ensure the safety of residents, staff, and visitors:

- Activate the Emergency Response Plan and alert the internal leadership team. Staff will be briefed on the immediate safety measures required to protect residents and colleagues.
- For weather-related threats, continuously monitor official alerts and updates, and provide ongoing communication to department leads.
- Notify relevant external agencies (e.g., Public Health, Ontario Health, Emergency Services) about the emerging situation and the home's intended response.
- Initiate relevant emergency procedures, including evacuation protocols if needed. Staff and residents will be guided on their roles and responsibilities under the Emergency Plan.
- Begin communication with families and Substitute Decision-Makers (SDMs) to ensure transparency and reassurance.
- Secure the facility by restricting access to authorized personnel only and ensuring that all exterior doors are locked or actively monitored.
- Confirm staffing levels, especially for essential personnel, and arrange transportation or accommodations for extended staffing needs if required.
- Coordinate advance planning for residents requiring specialized medical care, including transportation and documentation to support continuity of care.

- Assess current inventory of emergency food and water supplies and procure additional resources if necessary.
- Monitor updates from Emergency Management Ontario, local authorities, and radio broadcasts for evolving information and guidance.
- Verify continuity of medication delivery with the primary pharmacy provider Silverfox and confirm emergency arrangements with the backup pharmacy.
- Ensure access to digital and printed care documentation, such as eMARs (Electronic Medication Administration Records) and eTARs (Electronic Treatment Administration Records).
- Communicate with residents and staff, providing regular updates and reassurance. Adjust staffing as needed, extending shifts for essential workers and placing additional personnel on standby in case conditions escalate.

**Response Phase**
Once an emergency has been confirmed, the Administrator will oversee a coordinated and effective response, ensuring safety and continuity of care:

- Complete all applicable preparedness actions as outlined above.
- Fully activate the Emergency Response Plan, including opening the Command Centre for operations management, documentation, and centralized communication.
- Maintain ongoing communication with families, medical professionals, external partners, and relevant stakeholders to provide consistent, compassionate, and transparent updates.
- Assess ongoing resource needs and escalate requests for assistance to municipal, regional, or provincial authorities as required.
- Coordinate efforts with external emergency services, including Public Health, EMS, and Fire Services, to ensure a collaborative and effective response—particularly in cases involving evacuation or environmental hazards.
- Protect and securely transfer resident records, ensuring continuity of care and confidentiality, especially if relocation becomes necessary.

**Post-Emergency Recovery**
After the emergency has been resolved, the Administrator or designate will take the following steps to support the home's recovery:

- Conduct a thorough assessment of the impact on residents, the facility, and staff well-being.
- Collaborate with municipal Emergency Management offices, Ontario Health, and other community partners to restore essential services and return to normal operations.
- Offer emotional support and, if needed, crisis counseling to residents, families, and staff members.
- Provide authorities with a verified list of any residents or team members who were displaced, injured, missing, or deceased. Promptly notify substitute decision-makers and family contacts as required.
- Distribute public health advisories and hygiene protocols in the event of compromised food or water sources.
- If necessary, facilitate temporary relocation arrangements for residents until the home is deemed safe for return.
- Submit all required reports through the Ministry's Critical Incident System and contact the Ministry of Long-Term Care directly for immediate reporting, if applicable.

**Media Communication Protocol**
In the event of an emergency, only the Administrator or the designated Person in Charge will serve as the official spokesperson for Braemar. The Administrator or the designated Person will be solely responsible for all communication with the media to ensure consistency, accuracy, and control of information being shared publicly. If the issue arises after hours the on-call manager must be notified, who will contact the Administrator and provide the reporter's name and contact information.

All public messages must be carefully prepared in collaboration with leadership and relevant departments. Messages should be clear, factual, and compassionate, ensuring that the tone reflects the seriousness of the situation while also maintaining calm and public trust.

Key elements that will be included in any public statement:

- Prioritization of Safety:
  Clearly communicate that the health and safety of residents, staff, and visitors is the highest priority of the home.
- Reassurance of Action:
  Assure the public that all appropriate steps are being taken to manage the situation, mitigate risks, and restore normal operations.
- Transparency and Responsibility:
  Provide honest and transparent updates, including what is known, what is being done, and who is involved, without disclosing sensitive or identifying information.
- Timely Updates:
  Indicate how and when future updates will be provided and through which official channels (e.g., press releases, website, family communication lines).
- Contact Information:
  Include a designated contact for follow-up inquiries, which may be a dedicated phone line or email managed by administration.

Unauthorized staff members must not provide any information to media representatives. Any media inquiries received by staff must be immediately referred to the Administrator or designated spokesperson.

This controlled approach to media communication helps prevent the spread of misinformation, protects the privacy and dignity of residents and families, and supports public confidence in the home's emergency response efforts.

**Communication During Emergencies**
Effective communication is essential during emergencies or outbreak situations. The Administrator or delegated staff member is responsible for overseeing all communications. Information shared must be accurate, timely, and delivered at key intervals—such as the onset of the emergency, during significant developments, and once the situation has been resolved.

Residents should be informed of the home's emergency procedures and kept updated throughout the duration of any emergency. During both real and simulated drills, staff must provide clear reassurance to help residents remain calm and to build awareness of emergency protocols. Key components of the Emergency Plan are reviewed with residents upon admission and discussed regularly with the Residents' Council to promote understanding of safety measures.

Efforts will be made to keep families and individuals important to the residents informed throughout emergencies or outbreaks. Ongoing communication helps maintain trust, reduce anxiety, and support collaboration during critical situations.

**Phone communication**

Braemar will contact all resident POA's to assure them of their family members safety and advise them of the plan for the situation. When calling, the assigned staff member will:

- Report if unable to contact family members via phone.
- Advise family members that Braemar will be concentrating on providing resident care and safety.
- Confirm the primary family contact, their phone number and email address for staff to use for updates.
- Leave a voicemail and advise where family members can call for further information.

**Contact Lists**

**Emergency Contacts**

| Local Agency | Telephone Number |
|---|---|
| Police, Fire Department, Ambulance | 911 |
| Huron County OPP (Clinton office) | 519-482-1677 |
| Wingham District Hospital | 519-357-3210 |
| Hydro One | 1-800-434-1235 |
| Sommers Generator | 1-800-690-2396 |
| Blackcreek Technologies | 519-275-3095 |
| Fibernetics Corporation | 1-866-973-4273 |
| Enbridge Gas Company | 1-866-763-5427 |
| Municipality of Morris-Turnberry | 519-887-6137 |
| Huron Perth Public Health | 1-888-221-2133 |
| Ministry of Labour | 1-800-531-5551 |
| Ministry of Health After Hours | 1-800 999-6973 |
| Sliver fox Pharmacy | 1-844-365-0080 |
| Silver Fox Pharmacy After Hours | 1-844-639-6447 |

**Mutual Aid and Relocation Agreements**

In the event of an emergency requiring partial or full evacuation of the home, Braemar Retirement Centre has established the following Mutual Aid and Relocation Agreements to ensure continuity of care and resident safety:

Relocation Agreements:

The following facilities have agreed to provide temporary accommodations for Braemar residents in the event of an evacuation:

- Wigham District Hospital- For residents requiring urgent or emergency medical care only.

Long-term care placement for medically stable residents during extended displacements.

  - Bluewater Retirement Home – 3 Residents
  - Fordwich Village Nursing Home- 5 Residents

- Exeter Villa LTC & Retirement Home-5 Residents
- Huronview Home for the Aged Clinton- 5 Residents
- Huronview Home for the Aged Brussels- 5 Residents
- Kingsway- 8 Residents
- Maitland Manor- 5 Residents
- Queensway Long Term Care Home- 5 Residents
- Seaforth Long Term Care Home & Retirement Community- 5 Residents
- Sprucelodge- 1 Residents
- West Perth Village- 4 Residents

These agreements help ensure Braemar residents are relocated to safe environments that can accommodate their care needs promptly and effectively.

Transportation Agreement:

To facilitate emergency transport during evacuations or critical situations:

- Montgomery Buslines

**Exercise Education, Types and Frequencies**
Exercise Education:
All employees will receive education during orientation and on an ongoing basis. Training may be conducted through simulated or actual drills, online learning sessions, in-person sessions, or tabletop exercises.

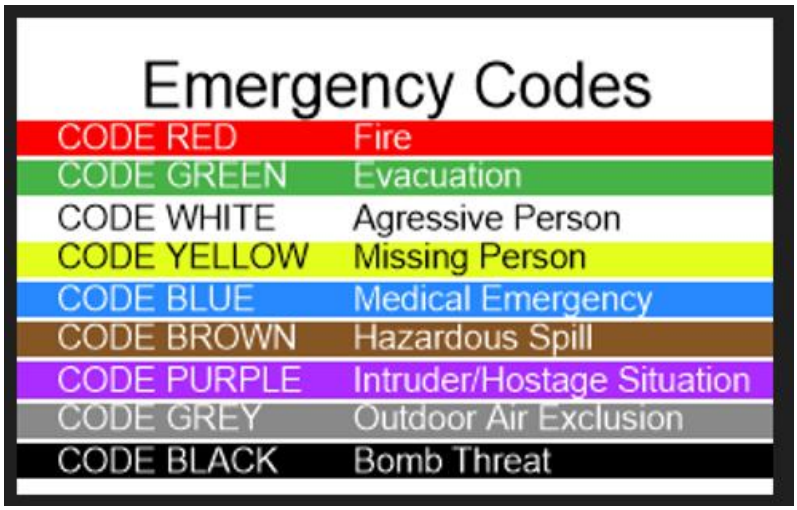
For all simulated, actual, or tabletop exercises, documentation will be maintained, including participant details, identified areas for improvement, and any corrective actions implemented as needed.

When appropriate, multiple emergency codes may be tested together—for example, a fire or bomb threat scenario that results in an evacuation.

Whenever possible, community partners such as the fire department or emergency services should be involved in these exercises.

**Types and Minimum Frequencies:**

| Type: | Frequency | Required: |
|---|---|---|
| Fire (Code Red) | 1 per shift every month | Fire Code, Accreditation |
| Evacuation (Code Green) | Simulated annually (zones)<br>Complete actual every 3 years | MLTC, Accreditation |
| Code White (Aggressive Person)<br>Code Yellow (Missing Person)<br>Code Blue (Medical Emergency)<br>Code Brown (Chemical / Hazardous spill<br>Code Purple (Intruder/Hostage Situation)<br>Code Grey (Outdoor Air Exclusion<br>Code Black (Bomb threat) | Annually, one each shift | MLTC, Accreditation |
| Code Orange: Natural Disaster and Extreme Weather | Annually, one each shift | MLTC |
| Boil Water Advisory | Annually, one each shift | MLTC |
| Outbreak/Infectious Diseases | Annually, one each shift | MLTC |
| Flood | Annually, one each shift | MLTC |
| Gas Leaks | Annually, one each shift | MLTC |



**Emergency Procedures**

**Code Red** - Fire Alarm Response Policy Summary

When a fire alarm goes off:

1. RPN to check panel at front door and reports to RN.
2. RN then announces CODE RED and area x3. Call 911
3. RN takes one whistle & vest and gives bag to designated RPN.
4. Designated RPN waits at front door for emergency services with fire bag ready to go outside if evacuation is needed. (Vest and whistle in bag for her also)
5. If during business hours- office will call fan out list for all hands-on deck
6. PSWs ensure all resident doors are closed in passing on way to nurse's station.
7. Recreation will ensure tv lounge and small dining windows are closed on way to nurse's station.
8. Kitchen staff to turn off everything in kitchen and ensure large dining room windows and doors are closed along with immediate areas on way to nurse's station.
9. Housekeeping to shut off dryers and shut all doors along service hallway on way to nurse's station.

**Staff are to pick-up fire extinguishers, evacuation blankets ect, on way to the nurse's station.

If staff and/or visitor finds a fire:

1. If able to safely do so, remove any resident(s) in immediate danger and shut door.
2. Pull Fire Alarm, Call for Help- yelling FIRE!
3. If able to safely do so, attempt to put out fire using fire extinguisher. Using a sweeping motion, starting from the base of the fire.
4. RN will proceed to implement fire plan and assess if full evacuation is required.

When a fire is located:

If fire identified is not in designated PSW area. One PSW stays behind fire door and one in front and wait for further direction.

1. Alert of Fire, and/or pull fire Alarm
2. If safe to do so, put out fire with extinguisher using sweeping motion, starting from base of fire (voluntary measure).
3. If not safe to extinguish. Begin Evacuation of residents in immediate danger.
4. Evacuate residents to safe side of fire door. Extra help will porter residents along right side of wall to designated wait area (Large Dining or Blue Wing)
5. If possible, remove highest risk residents within fire area first then, directly across, and on either side of fire area.
    - Start with Independent and ambulatory residents.
    - Then Wheelchair/ Semi-Ambulatory
    - Then Bed bound/Lift
    - Last being aggressive residents.
6. RN will designate 1-2 staff to wait in designated safe zone to support residents. Staff in safe zone will complete head count for those being evacuated and report to RN.
7. If fire has been put out and confirmed safe by fire department call Code Red, all Clear x 3 on PA.

8. All PSW's are to lay eyes on residents they are responsible for to complete resident head count and report to RN immediately.
9. Each Department completes head count for respected dept and reports to RN.
10. If full evacuation is needed announce Code Green x3 on PA. Begin full Evacuation at this time.

Full evacuation:
Designated Meeting Spot is the South end of the parking lot (close to the gazebo). Alternate is North end of MJA Building

1. RN to Announce Code Green x 3 over the PA system.
2. RN designate RPN to wait outside at designated location to take residents. (RPN will wear vest and whistle, taking fire bag outside with them)
3. Using the Buddy system- 4 PSW's pairing in teams of two will work along one side of the hallway being evacuated. (2 PSW's assigned to that wing, plus bath PSW's or designate)
4. RN will designate two extra staff to go in (one with each team of two) to assist with removing residents to the fire doors as PSW's check each room and bring them out.
5. PSW's need to ensure all doors are shut once room is emptied. If possible, add wet towels along the bottom of the door.
6. PSW's assigned to wings not immediately being evacuated will stay in their respective wings and begin evacuating independent and ambulatory residents first from their wings. Staff from other departments will porter from end of hallway to outside meeting area.

Room Sweeps
When evacuating Residents out of their room/wing make sure of the following:

1. Complete sweep check of bathroom, under/around bed and in each closet.
2. If possible, ensure all windows are closed.
3. Once room is swept/evacuation has been successfully completed- flip the markers on top corner of doors to indicate the room has been checked/cleared
4. Ensure all utility rooms and hallway closets are swept and cleared

**Department Responsibilities**
DIETARY STAFF

1. Turn off all equipment in kitchen and ensure large dining room windows and doors are closed along with immediate areas on way to nurse's station.
2. Ensure all doorways are closed along service hallway
3. Assist with portering residents to safe zones during evacuations.
4. Follow directions given by RN.

Please Note: If there is a fire in the Kitchen complete following steps:

1. Kitchen suppression Pull Station (Will activate system)
2. Grab K Class extinguisher and put out spot fires
3. Ensure doors are closed and leave are immediately.

HOUSEKEEPING/ LAUNDRY DEPARTMENT
Shut off dryers and shut all doors along service hallway on way to nurse's station.

1. Assist with portering residents to safe area during evacuations.

2. Follow directions given by RN.

RECREATION/RESTORATIVE

1. Ensure tv lounge and small dining windows are closed on way to nurse's station.
2. Keep resident list and resident admission records up to date in fire bag whenever a resident is admitted or discharged.
3. Assist with portering residents to safe area during evacuations.
4. Follow directions given by RN.

VOLUNTEERS/ VISITORS

If a visitor finds a fire

1. If able to safely do so, remove any resident(s) in immediate danger and shut door.
2. Pull Fire Alarm, Call for Help- yelling FIRE!
3. If able to safely do so, attempt to put out fire using fire extinguisher. Using a sweeping motion, starting from the base of the fire.
4. RN will proceed to implement fire plan and assess if full evacuation is required.

On hearing the alarm

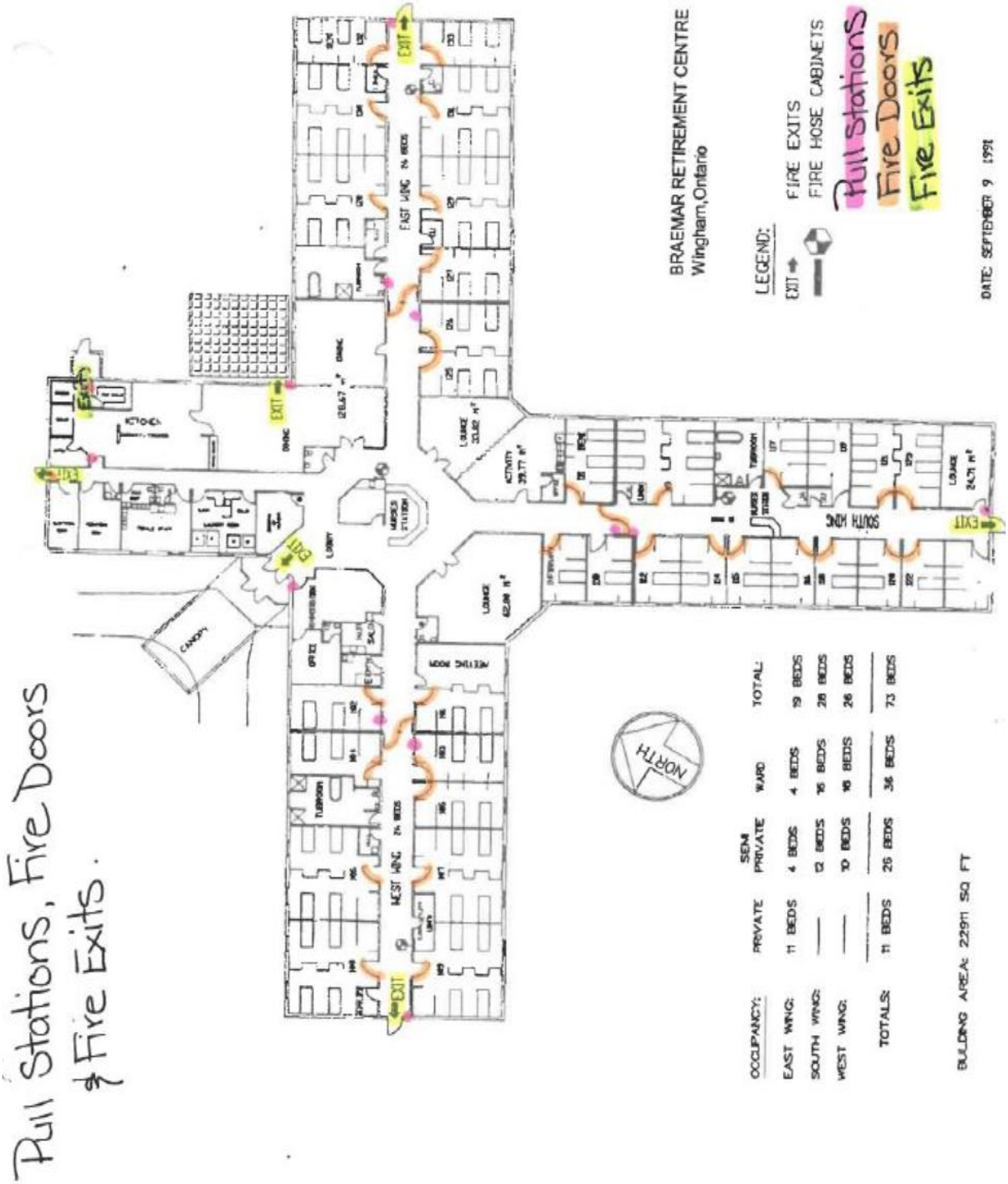
1. Remain Calm and stay where you are.
2. Await instructions from staff.

ADMINISTRATIVE STAFF

1. Complete call out to off duty employees for assistance
2. Assist with portering residents to safe area during evacuations.
3. Follow directions given by RN.

**Floor Plan:**

Gas Hook-ups, Fire Cabinets
& Fire Extinguishers
Main Shut off
BRAEMAR RETIREMENT CENTRE
Wingham,Ontario
LEGEND:
EXIT
FIRE EXITS
FIRE HOSE CABINETS
Gas Hook-up
Fire Cabinets
Fire Extinguishers
DATE: SEPTEMBER 9 1991
EAST WING
WEST WING
SOUTH WING
NORTH
OCCUPANCY: PRIVATE SEMI PRIVATE WARD TOTAL:
EAST WING: 11 BEDS 4 BEDS 4 BEDS 19 BEDS
SOUTH WING: 12 BEDS 16 BEDS 28 BEDS
WEST WING: 10 BEDS 18 BEDS 28 BEDS
TOTALS: 11 BEDS 26 BEDS 36 BEDS 73 BEDS
BUILDING AREA: 22911 SQ FT




Pull Stations, Fire Doors & Fire Exits.

**Fire Alarm And Detection System**
Name of Company: Mircom
Model Number: FA 1000
Type: Two Stage
Primary Power: Hydro One
Backup Power: Battery/Generator
Location of Panel: Electrical Room
Location of Annunciator panel: Front Entrance

The annunciator panel shows that the main floor of the building is divided into five (5)Zones separated by fire doors.

The annunciator panel shows that the attic is divided into four (4) zones separated by hourly rated material.

**Location Of Fire Alarm Pull Stations**

Main Floor:

Central:

North exit door – adjacent to electrical room
Main entrance outside main office
Patio door exiting off dining room
Blue Wing- on either side of fire door
Yellow Wing- on either side of fire door
Green Wing- on either side of fire door
Kitchen: Adjacent to Nutrition Manager's office
Adjacent to food storage room

East Wing (Green):

Adjacent to tub room inside fire doors
Fire exit door – east wing 7 | P a g e

South Wing (Yellow):

Adjacent to Room 112 inside fire doors
Fire exit door – south wing

West Wing (Blue):

Adjacent to Room 103
Fire exit door west wing

**Location Of Bells**

**Main Floor**

Central:

Adjacent to Hair Salon
Adjacent to Activity room
Adjacent to Dining Room entrance
Adjacent to Laundry Room

Kitchen:

Above dish storage cupboard

East Wing (Green):

Adjacent to Soiled Linen Room
Adjacent to Room 130

South Wing (Yellow):

Adjacent to Room 113
Adjacent to Room 123

West Wing (Blue):

Adjacent to Room 104
Adjacent to Room 108

**Location Of Heat Detectors**

Rate of Rise Heat Detectors are installed throughout the building. They are located in the following areas:

Storage Rooms
Office
Attics (4)

All other areas as indicated on Annual Test and Inspection Report

**Location Of Smoke Detectors**

Smoke Detectors located throughout the building, and can be found in the following areas:

All bedrooms
Corridors

**Standpipe Hose Cabinets**

Central: Across from main dining room entrance

East Wing (Green):

Adjacent to Room 131

South Wing (Yellow):

Adjacent to Tub Room

West Wing (Blue):

Adjacent to Room 109

Hose: Certified nylon fire hose

Nozzles: Combination Fog

Note: **Fire Hoses are only to be used by trained persons (Fire Department Only)**

Inspected Annually by Georgian Bay Fire Safety

**ALL OUTDOOR CONNECTIONS ARE TO BE KEPT CLEAR AT ALL TIMES OF SNOW AND BE CLEARLY VISABLE AT ALL TIMES.**

Central: Across from main dining room entrance

East Wing: Adjacent to Room 131

(green)

South Wing: Adjacent to Tub Room

(yellow)

West Wing: Adjacent to Room 109

(blue)

Hose: Certified nylon fire hose

Nozzles: Combination Fog

Note: **Fire Hoses are only to be used by trained persons (Fire Department Only)**

Inspected Annually by Georgian Bay Fire Safety

**ALL OUTDOOR CONNECTIONS ARE TO BE KEPT CLEAR AT ALL TIMES OF SNOW AND BE CLEARLY VISABLE AT ALL TIMES.**

**Portable Fire Extinguishers**

| TYPE ABC: Dry Chemical | |
|---|---|
| Central Area | Mechanical Room<br>Electrical Room<br>Staff Room<br>Laundry Room<br>Activity Room<br>Nurses Station<br>In standpipe hose cabinet |
| East Wing (Green) | In standpipe hose cabinet |
| South Wing (Yellow) | In standpipe hose cabinet |
| West Wing (Blue) | In standpipe hose cabinet |
| **TYPE ABC: Dry Chemical<br>Electrical, Flammable & Liquids** | |
| Kitchen | Outside wall of Nutrition Manager's office |

| TYPE K: Wet Chemical | |
|---|---|
| Kitchen | On wall to the right, above the stove hood. Pull pin outside Nutrition Manager's office |

A staff member will endeavour to extinguish a fire only if residents are safe, the Fire Department has not arrived and, if in the opinion of the employee, it is safe to do so.

**Automatic Extinguishing System**
Location: Kitchen
Name of Company: Range Guard
Model: 25G
Type: Wet Chemical System
Karbaloy II
Coverage: Range Hood
Location of Pull Handle: Left hand side of outside wall to Nutrition Managers office
Type of fuel for cooking: Natural Gas
Automatic fuel shut-off: Yes- Located on the wall between the Parsteamer and the freezer.

**Sprinkler System**
Sprinklers are partially installed in the following high-risk areas:

Electrical Room
Mechanical Room
Kitchen
Staff Room
Laundry Room
Half of Large Dining Room closest to Kitchen

Backside of Nurses station
Maintenance hallway

**Exits From All Floor Areas**
Central: Main Entrance
Kitchen: Delivery Entrance Exit
East Wing (Green): East Exit Door
South Wing (Yellow): South Exit Door
West Wing (Blue) : West Exit Door
Large Dining Room: Patio Exit Door

**Exits are to be kept clear of all debris and snow at all times.**

**Emergency Lighting**

Model: As per OFC Standards
Type: Battery
Cover:

Hallways and corridors
Small Dining Room
Large Dining Room
Kitchen
Mechanical Room Electrical Room
Dirty Utility Room East Wing Dirty
Utility Room West Wing
Dirty Utility Room South Wing

**Emergency lighting units within the home are tested monthly by Braemar's environmental services manager and tested and inspected yearly by georgian bay fire safety.**

**Location Of DSPA-5**
Located in the Front Entrance

**Standpipe Siamese Connection**
Located at outside of front entrance

Inspected Annually by Georgian Bay Fire Safety

**OUTDOOR FIRE WATER SUPPLY**

**Located: Back Kitchen Door**

South/East Back Driveway

**Emergency building shut off (locations)**
**Water:**
In the event where an EMERGENCY WATER SHUT OFF PROCEDURE is needed to be performed (massive water leak, plumbers need water down for repairs, etc.) 1. Enter the MECHANICAL ROOM. 2. In the far-RIGHT corner of the room is a valve with a red handle labelled:

"WATER SUPPLY SHUTOFF"

**Hydro**
Main Power shut off- Located in the Electrical Room. **Hydro One or Fire Department to shut off.**

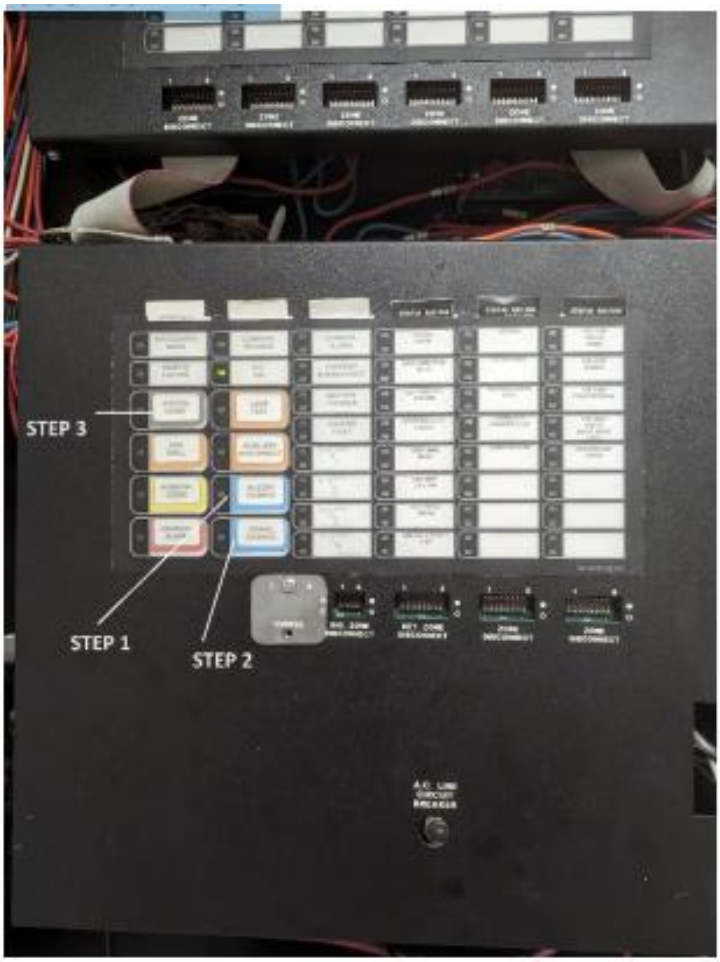
**Natural Gas**
Located outside of the Kitchen- **Enbridge or Fire Department to shut off.**

**Fire Panel Reset Procedure**

In the event of a fire, the alarm system will sound, followed by the automatic release of any magnetic fire exit doors. The alarm will sound until it is reset.

RESETTING THE FIRE PANEL: The FIRE PANEL is in the ELECTRICAL ROOM.

1. Open the panel door, then PRESS AND HOLD the BUZZER SILENCE button (fig.1)
2. Then PRESS AND HOLD the SIGNAL SILENCE button (fig.1)
3. Finally, PRESS AND HOLD the SYSTEM RESET button.
4. If the system was properly reset, the only light that will remain on should be labelled A.C ON




1. If the alarm was triggered for a drill, then Fire Monitoring (1-800-563-3840) needs to be notified that the drill is over, and the system can resume function. You will be asked the address and your name:
2. BRAEMAR NURSING
   719 JOSEPHONE ST. N.
   WINGHAM, ON
   N0G2W0

RESETTING THE MAGNETIC LOCKING SYSTEM:

After the FIRE PANEL is reset, you will still hear an audible alarm. This is the magnetic door system

alarm. All doors will currently be unlocked until you manually reset the system. The DOOR SYSTEM PANEL is in the service hall between the MECHANICAL ROOM and the

ELECTRICAL ROOM

1. Press the RESET button to arm the magnetic doors.

2. If the door alarms are still sounding, you will need to enter the passcode for all the exit doors until the alarm ceases. As well, ensure that the doors are properly clos

**Code Green:** Evacuation- Policy Summary
Code Green is activated when an immediate evacuation is required due to an emergency or disaster.

Types of Evacuations:

1. Code Green (Zone Evacuation): Evacuates only the area directly affected by the emergency.
2. Code Green Stat: Evacuates residents beyond fire doors when required.
3. Code Green Total: A full building evacuation to a designated safe area outside or another facility.

Procedure:

Identify the disaster area (room of emergency, adjacent rooms, and the room directly across).

- Announce "Code Green" over the communication system.
- Move residents to a safe designated area.
- If a full evacuation is needed, the Control Officer or Fire Department will announce "Code Green Total", specifying the exit to use.

Staff Responsibilities:

- All employees must know evacuation procedures and designated safe areas.
- Follow direction from the Control Officer for a safe and orderly evacuation.
- Ensure resident safety during transport to another location.

**Code White**: Aggressive Person- Policy Summary
A Code White is activated when a resident exhibits violent or potentially dangerous behavior that escalates beyond staff control.

Procedure:
Call out "Code White" – All nearby staff must respond immediately.

- Ensure safety – Remove other residents and staff from the area to a safe zone.
- Have someone page "Code White" with the location.
- Return to the resident and secure the environment.
- Charge Nurses must respond to every Code White.

Situation Assessment:

1. If the situation can be de-escalated:
2. Stay with the resident, provide reassurance, and assess triggers.
3. Document interventions and outcomes.

If the situation cannot be de-escalated:

- Call 911 for emergency response.
- Maintain a safe distance and prevent others from entering.
- Assign a staff member to notify the physician, family, DOC, or Administrator.

After the Incident:

- Complete a Critical Incident Report (if applicable).
- Conduct a debriefing with staff to analyze causes and contributing factors.
- Update the Resident Care Plan with new intervention strategies.

**Code Yellow:** Missing Person- Policy Summary
If a resident is at risk for wandering or elopement (leaving a secured dementia unit without proper supervision) and cannot be located, staff will follow the Missing Resident Policy promptly.

Definition:

- Elopement: When a resident leaves the secured dementia unit without appropriate supervision, as per their most recent nursing assessment.

Procedure:
Immediate Actions When Resident is Missing:

- Notify the Charge Nurse who will implement the missing resident plan.
- Investigate: Check if the resident is with family, friends, or staff, or if they are away from the building.
- If location unknown: Notify other staff, search the building and grounds.
- Check resident rooms, common areas, storage, and public spaces.

Prepare a description of the resident, including photo, last known clothing, and potential areas they may frequent.
Search Steps:

- Assign staff to search specific areas (rooms, common areas, grounds).
- Double-check all areas, including parking lots.
- Report findings back to a central number or via walkie-talkie.
- If Still Missing After 30 Minutes:
- Notify the Administrator/designate.
- Call 911 and provide necessary details:
- Resident's name, description, and last known location
- Update the resident's POA about the situation.

Ongoing Search:

- Continue the search until the resident is found or authorities advise to stop.
- Expand the search to include all available staff (Management, Services, etc.).

Media Involvement:

1) Only the Administrator/designate is authorized to speak with the media.

When Resident is Found:

- Notify involved parties (police, family, physician, etc.).
- Complete a critical incident report and send it to MOHLTC

**Code Blue:** Medical Emergency -Policy Summary

Code Blue alerts staff to a medical emergency (e.g., cardiac arrest, seizure, chest pain, respiratory distress).

- Assumes potential infectious disease risk, requiring precautionary measures.

Immediate Actions (Resident Emergency):

- Alert staff: Pull the nearest call bell and ask someone to announce Code Blue with location.
- If no one responds: Page "Code Blue" yourself and return to assist the person.

Charge Nurse:

- Takes control of the emergency and directs care.
- Assigns staff to call 911 for an ambulance if needed.
- Ensures Basic Life Support (BLS) interventions are applied.
- Assigns a staff member to meet the ambulance at the entrance.
- Registered Staff assist as needed.

CPR & Oxygen:

- If no pulse → Start chest compressions until paramedics arrive.
- If respiratory distress → Provide oxygen as per guidelines.
- Medical Intervention & Infection Control:
- Perform Point of Care Risk Assessment before intervening.
- Use proper PPE (gloves, N95, face shields, gowns).
- Limit room access to essential personnel only.

**Code Brown:** Chemical/ Hazardous Spill-Policy Summary
All employees must understand their role during Code Brown and attend mandatory annual chemical spill training.
Immediate Actions for a Chemical Spill:

1. Leave the area immediately.
2. Report the spill to the Environmental Services Manager (ESM) or Charge Nurse if the ESM is unavailable.
3. ESM/Charge Nurse investigates the spill.
4. Clean the spill using WHMIS guidelines, PPE, and a Chemical Spill Clean-Up Kit.

If Staff Experience Irritation (Eyes/Throat):

1. Evacuate the area & close doors.
2. Announce "Code Brown" and location 3 times over the P.A. system.
3. Report to ESM/Charge Nurse.
4. If after hours, notify ESM/designate.
5. For toxic spills, call 911 (Fire Department assists but does not clean spills).
6. Close all resident room doors if safe to do so.
7. Monitor residents' health while awaiting emergency responders.
8. If the spill is too hazardous, the ESM consults the Administrator to arrange external cleanup.
9. Administrator/designate completes a Critical Incident Report as required by MOHLTC.

Outcome:
Proper containment measures will ensure the safety of residents, staff, and visitors.

**Code Purple:** Intruder/Hostage Situation- Policy Summary
In the event of to initiate an appropriate effective response to the presence of unauthorized person(s) in the home.

Identifying an Unfamiliar Individual:

1. Staff must report unknown or suspicious individuals to the Charge Nurse.
2. The Charge Nurse and another staff member will professionally approach the individual to determine their purpose.

If the visitor is aggressive, the Charge Nurse must proceed with caution.
Handling an Unwanted Intruder:

- If deemed an intruder, they should be asked to leave if it is safe to do so.
- If they refuse, call 911 immediately.
- The Charge Nurse may initiate Code Purple if the individual:
- Acts suspiciously or aggressively.
- Has a visible or suspected weapon.
- Refuses to leave or follow directions.
- Displays atypical behavior.

**1.** If the intruder leaves, the Charge Nurse must notify the police and provide a full description.

Initiating Code Purple:

1. Announce "Code Purple – Intruder" and the location via the paging system.
2. Call 911 and provide details of the situation.
3. Assign a staff member to meet and guide the police upon arrival.
4. Notify the Administrator or designate.

**Code Grey:** Air Exclusion- Policy Summary

In the event of the release of airborne chemical, biological, radiological, nuclear, or explosive (CBRNE) contaminants/agents and/or in the event of a nuclear emergency and/or the activation of the Huron/Bruce Nuclear Emergency Response Plan, or by direction of the Provincial Emergency Operations Centre (PEOC) as per the Provincial Nuclear Emergency Response Plan (PNERP), the Code Grey-Button Down Plan will be implemented.

- To prevent contamination of the internal air supply of the building.
- To provide for the safest possible environment, sheltering in place, for the residents, staff, volunteers, and visitors within the home, during the specified time of a localized situation of outside air contaminants.
- To reduce the possibility of negative physical effects for individuals inside the building, during a situation involving external air contamination believed to be of a short-term duration.
- Announce "Code Grey – Button Down" three times via the paging system. If unavailable, use runners to notify staff.
- Wear an emergency vest for identification.
- Activate the Home's Button-Down Plan.
- If evacuation is needed, implement Code Green (refer to policy).
- Assign staff to secure windows and exits.
- Ensure Environmental Services shuts down ventilation and gas appliances.
- Confirm all residents are indoors and direct staff to report back after tasks.
- Oversee room checks and ensure all departments complete assigned duties.
- Secure windows and doors.
- Turn off non-essential equipment (except air purifiers & oxygen machines).
- Restrict entry/exit, lock doors if necessary.
- Inform callers: "The Home is temporarily closed due to an outside emergency."
- Post "Code Grey" signs and shut down building ventilation fans.
- Await direction from the Senior Manager on duty/Charge Nurse.

**Code Black:** Bomb Threat- Policy Summary
Remain calm - do not panic, Call 911 immediately

**TELEPHONE BOMB THREAT CHECKLIST**

**KEEP CALM……. Do not get excited or excite others.**

SIGNAL SOMEONE WITH GESTURES……. Write "Code Black" on a piece of paper

TIME: Call Received_____ Call Ended_____
Exact words of caller: _____
_____
_____

DELAY CALLER as long as possible

ASK QUESTIONS AND WRITE ANSWERS:
When is it set to explode? _____
Where is it located? Floor_____ Wing_____ Area_____
What kind of bomb is it? _____
Can you describe it to me? _____
Why kill innocent people? _____

**Description of Voice**
Male_____ Female_____ Nervous_____ Young_____ Old _____
Middle-aged_____Rough_____Refined_____Accent_____
Speech impediment_____ Unusual Phrases Used _____
_____
Recognize voice? _____ If so, who do you think it was? _____

**Background Noise**
Music_____ Running motor (type)_____ Traffic_____
Whistles_____ Bells_____ Horns_____ Aircraft_____ Tape recorded_____ Machinery_____ Animal (type)_____
other_____

**ADDITIONAL INFORMATION:**
a. Did caller indicate knowledge of the home? If so, how?
b. What line did call come in on?

**FURTHER INSTRUCTIONS:**
a. Check the phone for Caller ID—record number
b. Call 9-1-1
c. Immediately advise Administrator
d. A copy of this report must be given to the Emergency Response Personnel immediately upon their arrival.

Signature_____ Date_____

**Flooding -** Policy Summary
The home will have a plan in place to handle flooding incidents, ensuring minimal disruption to residents and staff.

Procedure:
Flooding Due to Plumbing Malfunction:

- Contact the Environmental Services Manager (ESM) immediately with details of the flooding.
- If ESM cannot resolve the issue, they will contact a Plumbing Contractor.
- If ESM is unavailable, contact the Plumbing Contractor directly and locate the water shutoff valve in the mechanical room.
- Block off the affected area and assign staff to monitor resident safety if necessary.

Flooding Due to External Disaster (e.g., rainfall, burst water main):

1. Notify the Administrator and ESM immediately.
2. If flooding is caused by a burst water main, call 9-1-1 for assistance from Fire Department and Public Utilities.
3. Relocate anyone in immediate danger to a safe area.
4. Attempt to slow the water entry if possible.
5. Assign staff to move supplies and furniture to prevent damage.
6. Unplug electrical equipment if safe to do so.

Escalation & Damage Control:

- If flooding disrupts normal home operations, the Administrator will notify the Insurance Company and Ministry of Health & Long-Term Care (MOHLTC) and submit a Critical Incident Report.
- Work with the Fire Department and other services to assess damage and disruption.

Contingency Plan Considerations:

- Assess damage and necessary repairs.
- Secure an external potable water supply if needed.
- Adjust menu and food delivery if the kitchen is affected.
- Ensure essential resident care continues.
- Modify laundry services as required.
- Notify emergency transport services if needed.
- Arrange external inspections for fire alarms and safety systems.
- Adjust staffing levels to meet resident needs.
- Plan for possible disruptions in equipment and supply deliveries.

**Code Orange:** External Disaster- Response Summary
A Code Orange is declared when an external disaster occurs that may:

Require Braemar Retirement Centre to temporarily shelter individuals from the community or other healthcare facilities, or

- Necessitate evacuation of Braemar residents and staff if the home itself is at risk.

Notification of a Code Orange may be received from Community Emergency Services, other long-term care homes, or local media outlets. Upon notification, the home will begin preparations to either receive evacuees or evacuate its own residents, depending on the nature of the event.

**Staff Training & Preparedness:**
Code Orange procedures are reviewed annually, with training provided to all staff upon hire and during annual refreshers.

- Practice drills are conducted at least once per year, and procedures are updated as needed to maintain compliance and readiness.

**Procedures**
**Receiving Residents:**
The Administrator or designate will authorize the acceptance of residents from other facilities or the community.

1. The phrase "Code Orange Alert" will be communicated internally to notify staff of a potential resident influx.
2. Once confirmed, "Code Orange Confirmed" is announced to indicate incoming residents are en route.
3. The Reception Plan is activated to accommodate new arrivals, ensuring appropriate placement and care.
4. The Emergency Fan-Out List is used to alert and mobilize off-duty staff to support increased care needs.
5. Staff will receive direction to obtain and prepare additional supplies (e.g., beds, linens, medications, food) for incoming residents.

**Evacuating Braemar Residents:**

- If the disaster directly affects Braemar and evacuation becomes necessary, the Administrator/designate will implement evacuation procedures as outlined in Code Green (Evacuation Policy).
- Evacuation may be partial or full depending on the scope of the emergency.

**Outcome:**
Upon activation of Code Orange:
Braemar efficiently transitions to serve as a temporary shelter or initiates evacuation protocols, depending on the situation The Reception Plan is implemented, and all staff respond under clear, pre-defined roles to ensure the safety and continuity of care for all residents—both existing and incoming.

**Loss of Natural Gas**- Policy Summary
The home will have a protocol to minimize disruption to residents and staff in the event of a natural gas outage.

Procedure

1. Contact the Gas Supplier *(Enbridge Gas: 1-866-763-5427)* to determine the expected duration of the outage.
2. Ensure contact information is available for Supervisors handling after-hours incidents.
3. Notify the Ministry of Health (MOH) and file a critical incident report if necessary.

Short-Term Outage (1–2 Hours)

1. Adjust food preparation as needed.
2. Postpone laundry services or use an external laundromat.
3. Use baseboard heaters for temporary heating.

Extended Outage (Over 4 Hours)

- Suspend laundry services.
- Modify bathing routines if water heating is affected.
- Implement alternative food preparation methods.
- If indoor temperatures drop to critical levels, the Administrator may initiate the Emergency Evacuation Plan to ensure residents' safety.

Reporting & Escalation

1. MOH must be contacted and a critical incident report filed for prolonged outages.
2. The On-Call Manager must be notified for any service interruption.

**Boil Water Advisory** -Policy Summary
The home will implement a plan to manage a boil water advisory while minimizing disruptions and ensuring resident and staff safety.

Procedure
Immediate Actions:
Assign a Person-in-Charge to oversee the response.

1. Notify the Administrator and Environmental Services Manager (ESM).
2. Secure a potable water supply using one of the following:
    1. Boiling water for 1 minute, cooling, and storing in a sanitized container.
    2. Using commercially bottled water.
    3. Transporting potable water from an approved public supply.
    4. Chlorinating small batches using household bleach.
3. Disconnect water-dependent equipment (ice machines, coffee makers, etc.).
4. Post signs at faucets and in key areas warning not to drink the water.
5. Ensure cognitively impaired residents are supervised to prevent unsafe water consumption.

Food Preparation & Cooking:
- Discard any prepared food made with unsafe water (coffee, juice, ice, jello, etc.).
- Restrict the menu to minimize water use.
- Use only potable water for washing fruits, vegetables, and ingredient mixing.

Handwashing & Personal Hygiene:
- Provide heated potable water in an insulated container for handwashing.
- Follow up with alcohol-based hand sanitizer.
- Use potable water for brushing teeth and denture care.
- Bathing may continue if water is not ingested, and skin is intact.

Monitoring for Illness:
- Follow enteric illness outbreak protocols.
- Notify the Health Unit if any resident or staff shows symptoms.
- Exclude sick staff from work until symptom-free for at least 24 hours (or 48 hours if part of a community outbreak).

Medical & Cleaning Procedures:
- Use potable water for any medical procedures that require water.
- Use single-use utensils when possible.
- Commercial dishwashers (82°C / 180°F final rinse) may still be used. Chemical sanitizers may not be effective if the water is contaminated with parasites.
- Manually wash dishes using potable water if needed.
- Use potable water for mixing cleaning and disinfecting solutions.

Laundry & Facility Cleaning:
- Continue laundry operations as usual.
- Ensure laundry staff has potable water for handwashing.

# BOIL WATER ADVISORY

_____ Water System is advising all users to boil their water before using it for drinking, cooking, washing food, or brushing teeth, due to a potential problem with the water system.

The water can be made safe by boiling it for at least two minutes at a rolling boil. Boiled water should be stored in a clean container in the refrigerator.

Alternatively, bottled water can be used.

You will be notified when service is returned to normal and the water is again safe to drink. Thank you for your co-operation in this matter.

**Loss Of Telephone**

1. In the event of a loss of regular telephone services, utilize a cell phone to advise the service provider of the loss of services. IN the event of loss of telephone, first check breaker panel in Service Hallway
2. When notifying regarding the loss of services, advise the phone company of the disruption and request immediate emergency repairs.
3. If phone outage is indicated for a long duration, advise the Manager On Call if after hours.

**Loss Of Internet**

1. In the event of a loss of internet services, call the internet provider to determine the outage time.
2. Switch to paper for documentation requirements.
3. Utilize printed eMAR sheets for medication administration if outage is ongoing. eMAR files are backed up to the Charge Nurse Computer.

**Loss Of Nurse Call System**

This system is on the generator and should have uninterrupted service.

1. If unusual circumstances happen where the nurse call system is not working or the system fails, contact telephone company
2. While awaiting repairs staff should use 15 min. round checklists anywhere the call bell system is not functioning.
3. Other options are to use chair alarms/bed alarms & servant bells.
4. A Critical Incident Report will be filled out on-line by the Director of Care or designate as per required timeline if required.

**Loss Of Pharmacy**

In the event of emergency contact the Sliverfox afterhours Pharmacy 1-844-639-6447

1. Medications are to be given out as long as they last. This may require sharing of some drugs.
2. Documentation of drugs used should be kept.
3. Ministry of Long-Term Care to be notified by Director of Care or designate.
4. Contact Back Up pharmacy as required.
5. Utilize Emergency Drug Box medications as needed.
6. Contact Medical Director for medication compression for residents are required.

**Loss Of Building Security /Mag Lock System**

1. Charge Nurse to notify Environmental Services Manager if there is a failure of the front door alarm or mag lock.
2. All home doors will be locked and checked frequently. Schedule staff to monitor all exit doors.
3. Staff to monitor status of any wandering residents or residents who like to roam.
4. If possible, engage wandering residents in one area with a staff member to monitor them.

**Loss Of Refrigeration/Freezer**

If refrigeration or freezers break down and are unable to be repaired the home will look at purchasing small additional refrigeration or hiring onsite refrigerated truck.

**Loss Of Generator**

1. Call the service provider immediately, if unable to repair, alternate generator services will need to be provided.
2. If incident occurs after hours, Contact On-Call Manager.

**Loss Of Laundry Services**

1. Call service provider for support.
2. Try to reduce laundry by conserving or delaying laundry where able.
3. If laundry equipment is unable to be repaired in a timely manner, the home will utilize local laundromats.

**Loss Of Supplies**

If for any reason there is an anticipated loss of supplies, due to delivery issues the home should have a backup plan. The home will be advised of any anticipated supplies by vendors, and should stockpile supplies, review alternate suppliers, advise corporate office and arrangements will be made to assist in obtaining supplies, or borrowing from other surrounding homes on a temporary basis

| Emergency Plan - Food and Fluids | |
|---|---|
| **Food** | **Amount** |
| Cereal - Variety | 1 case |
| Canned Fruits | 1 case |
| Canned Vegetables | 1 case |
| Instant Potatoes | 1 case |
| Instant Rice | 1 case |
| Canned Meat (Chicken,tuna, salmon) | 1 case |
| Canned Soup - Variety | 1 case |
| Crackers | 1 case |
| Applesauce | 1 case |
| Pudding Cups - Variety | 1 case |
| Jello Cups | 1 case |
| Cookies | 1 case |
| Granola Bars | 1 case |
| Pasta Noodles | 1 case |
| Pasta Sauce | 1 case |
| Granola Bars | 1 case |
| Bread | 12 loaves |
| Peanut Butter | 1 case |
| Jam | 1 case |
| Muffins | 1 case |
| Supplements | 1 case |
| Thickener | 1 case |
| Chips | 1 case |

| | |
|---|---|
| Sugar Packets | 1 case |
| Splenda Packets | 1 case |
| Salt and Pepper | 1 case |
| Dry Milk Powder | 1 case |
| Margarine | 1 case |
| **Fluids** | **Amount** |
| Apple juice | 1 case |
| Orange juice | 1 case |
| Bottled water | 6 case |
| Coffee | 1 case |
| Orange Pekoe | 1 case |
| Hot Chocolate | 1 case |
| Nectar Thick Juice | 2 case |
| Nectar Thick Milk | 2 case |
| Nectar Thick Water | 2 case |
| Honey Thick Juice | 1 case |
| Honey Thick Water | 1 case |
| Honey Thick Milk | 1 case |
| **Other** | **Amount** |
| Disposable Plates | 1 case |
| Plastic Cups | 1 case |
| Paper Cups | 1 case |
| Disposables Bowls | 1 case |
| Cutlery Sets | 1 case |
| Napkins | 1 case |
| Aluminum Pans | 1 case |
| Thermometers | 2 each |
| Gloves | 1 case |
| Aprons | 1 case |
| Cooking Utensils | 1 item |
| Plastic Spoons | 1 case |
| Hairnets | 1 case |
| Can opener | 1 item |
| Hand Sanitizer | 1 case |
| Sanitizer Wipes | 1 case |

**Outbreak Management:**

Isolation rooms: will be designated by the Administrator or Director of Care if necessary

Outbreak Supplies: Emergency supplies are in the MJA Building. Inventory will be maintained, rotated, and checked frequently

**Surveillance to Detect Potential Outbreak- Summary**

**Purpose:**
To ensure early detection, proper monitoring, and timely reporting of infectious symptoms in residents, allowing prompt intervention, outbreak identification, and support of infection prevention efforts.

Daily Monitoring & Documentation:

1. All staff on all shifts must monitor residents daily for any signs or symptoms of infection.
2. If symptoms are noted:
    a. Registered Staff must enter affected residents in the "Follow-Up" section of the Day Planner.
    b. Residents must be monitored for a minimum of 6 shifts or until symptoms resolve/plan of care changes.
    c. Document resident condition in PCC on each shift with appropriate follow-up actions.
3. This process helps establish baseline infection rates, detect early signs of enteric or respiratory illness, and guide infection control initiatives.

**Case Definitions- Subject to change in alignment with Public Health surveillance or directives**

Respiratory Illness:
A case is defined as two or more of the following symptoms:

1. Cough
2. Sore throat
3. Fatigue
4. Runny nose
5. Hoarseness
6. Headache
7. Muscle aches
8. Increased shortness of breath
9. Pneumonia
10. Fever or abnormal temperature (≤35.5°C or ≥37.5°C)

Note: Diarrhea and/or vomiting may precede respiratory symptoms. Residents with these should be isolated and monitored closely for further development.

Respiratory Outbreak:

1. Three or more cases of acute respiratory illness occurring within 48 hours on one unit.

Enteric (Gastrointestinal) Illness:
A case meets criteria if any of the following are present:

1. Two or more episodes of diarrhea (liquid/watery stool) in 24 hours
2. Two or more episodes of vomiting in 24 hours
3. One episode each of vomiting and diarrhea in 24 hours
4. Lab-confirmed GI pathogen with at least one GI symptom (e.g., nausea, vomiting, diarrhea, abdominal pain)

Enteric Outbreak:
Confirmed if:

1. Three or more cases of infectious gastroenteritis occur in a specific area within 4 days
   OR
2. Three or more units/floors have a case within 48 hours

After-Hours Protocol:

1. Contact the on-call Public Health Inspector at 519-482-7077 to report:
    1. New resident or staff illness
    2. Hospitalization
    3. Resident death
2. Call PHU for any concerns, including:
    1. Suspected outbreak
    2. Isolation questions
    3. General guidance

**Documentation & Supplies:**

1. Registered staff must document infection control actions in resident progress notes and update symptom progression or improvement.
2. Outbreak kits (with swabs, line lists, PPE, etc.) are stored in the medication room.
3. IPAC Lead is responsible for checking kits regularly and monitoring expiration dates.

**Confirmed Outbreak as per PHU Policy- Summary**
Ensure timely, accurate processing and administration of Tamiflu to all residents during a confirmed influenza outbreak, following proper consent and medical directives.

Initial Procedure Upon Outbreak Testing:
Once a nasopharyngeal (N/P) swab with an outbreak number is submitted to the Public Health Unit (PHU) lab:

A. Immediately notify SliverFox Pharmacy.
B. Inform pharmacy of swab results, whether positive or negative.
C. Pharmacy will have staff on 24/7 alert for outbreak confirmation from Braemar.

Tamiflu Administration Protocol:
If positive:
Tamiflu may only be administered if BOTH of the following are in place:

a) Consent from the resident or Substitute Decision Maker (SDM).
b) Physician's order, issued under a specific medical directive.

Dosages for treatment or prophylaxis are calculated by pharmacy based on:

a. The resident's current creatinine clearance (lab work must be dated after June of the current year).
b. The resident's current weight.
c. Nursing must fax lab work/weight to pharmacy if requested.

Important Notes:

1. Do not administer Tamiflu unless both doctor's order and consent are obtained.
    a. Pharmacy may send Tamiflu for all residents, or there may be orders entered without confirmed consent—these must be verified before use.
2. Treatment Dosage:
    a. All cases (even unconfirmed by swab) will usually receive a 5-day treatment course unless otherwise ordered.
    b. After the treatment dose is completed:
        i. Unconfirmed cases revert to prophylaxis dosing to remain protected.
        ii. Lab-confirmed cases do not require further prophylactic Tamiflu.

Pharmacy Responsibilities:

1. All Tamiflu orders will be entered by pharmacy staff directly into the PCC E-MAR.
2. Nursing staff must NOT enter Tamiflu orders themselves. This is mandatory per pharmacy policy.

Ongoing Communication:

1. Nursing staff must update pharmacy daily on any new symptomatic cases.
    a. This ensures timely adjustment from prophylaxis to treatment dosing where applicabl

**Working at Other Facilities During Outbreak Expanded Summary**
To prevent the transmission of infection between facilities and protect vulnerable residents and staff during a confirmed outbreak. Public Health directives take precedence and may override facility policy based on circumstances.

General Guidelines:

1. All staff are required to follow specific exclusion measures if symptomatic or if they work at multiple facilities during an outbreak.
2. Public Health directives regarding staff exclusion will be communicated and must be followed.
3. These measures apply to both respiratory and enteric (gastrointestinal) outbreaks.

Respiratory Outbreak Guidelines:
Symptomatic Staff:
Must not work while experiencing respiratory symptoms or fever.

1. Can return to work:
    1. Fever resolved and symptom improvement,
       OR
    2. When symptoms are resolved
       OR
    3. After 5 days from symptom onset, whichever comes first.

Subject to change in alignment with Public Health guidelines or Directives

Working at Multiple Facilities:
Concurrent employment at another facility is prohibited during a non-influenza respiratory outbreak.

1. Staff must choose one facility or wait 72 hours (3 days) between working at different locations.
    1. This matches the incubation period for most respiratory viruses.

Influenza-Specific Rules:

1. Staff ill with influenza and taking antivirals for treatment (not prophylaxis):
1. Must stay home for 5 days from symptom onset or until recovered—whichever is shorter.
2. After 5 days, influenza is not considered contagious.
3. During a confirmed outbreak:
1. Only vaccinated staff may work at Braemar.
2. Unvaccinated staff can return only if taking approved antiviral prophylaxis, and proof (prescription or labeled vial) is required.
3. Vaccinated staff working at other outbreak facilities may work at Braemar if:
    1. They shower and change clothes between locations.
    2. Public Health approves the arrangement.

*Subject to change in alignment with Public Health guidelines or Directives*

Enteric Outbreak Guidelines:
Symptomatic Staff:

1. Must not work if experiencing gastrointestinal symptoms.
2. Can return to work only after being symptom-free for 48 hours.

Working at Multiple Facilities:

1. Staff may not work at more than one facility during an outbreak unless:
    a. They choose one site, or
    b. They wait 48 hours between shifts at different facilities (to cover the enteric virus incubation period).
2. If another facility where a staff member works is in outbreak:
    a. Staff must wait 48 hours after their last shift at that location before working at Braemar.

*Subject to change in alignment with Public Health guidelines or Directives*

Reporting & Communication:

1. Staff working in multiple settings must inform each employer if any of their workplaces is in outbreak.
2. Facility-specific policies and Public Health guidance will determine if staff can continue to work.
    a. Some facilities may allow continued work if showering and uniform changes are enforced.
3. Public Health may impose stricter measures than facility policy, and their authority prevails.
4. Staff calling in sick will be asked about outbreak-related symptoms and will be advised on work exclusion if applicable.

Important Notes:

1. If a microorganism has a specific policy, that policy takes precedence over general outbreak rules.

*Subject to change in alignment with Public Health guidelines or Directives*

**Health and Safety Requirements**

Any emergency that results in a worker becoming ill or injured must be reported in accordance with WSIB requirements.

If a worker becomes ill due to an outbreak, the illness must also be reported to the WSIB.

**Reporting Requirements:**
Critical Incident Reporting

Ontario

Ministry of Long-Term Care

# Reporting Requirements—Reference Sheet

*October 2022*

### Report Immediately

If during business hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.), submit a Critical Incident System (CIS) report.

If outside of business hours or during a statutory holiday, call the Service Ontario After-Hours Line (1-888-999-6973), and submit a CIS report the next business day.

Investigate and report findings of the investigation via an amendment to the original CIS report within 10 days.

- **Section 28(1)** (Certain matters)
  For example, improper or incompetent treatment or care of a resident, abuse of a resident, unlawful conduct, misuse or misappropriation of a resident's money or funding provided to a licensee. Refer to the *Fixing Long-Term Care Act, 2021* for full details.

- **Regulation 115(1)** (Critical Incidents)
  For example, emergency situations, an unexpected or sudden death, a missing resident, outbreak of a disease of public health significance, contamination of the drinking water supply. Refer to the *Fixing Long-Term Care Act, 2021* for full details.

- **Regulation 109** (Complaints)
  A complaint that alleges harm or risk of harm, including but not limited to physical harm, to one or more residents.

### Report in 1 Business Day

Report via the Critical Incident System (CIS) within one business day. Do not call the after-hours telephone line.

Investigate and report the findings of the investigation via an amendment to the original CIS report within 10 days

- **Regulation 115(3)** (Critical Incidents)
  For example, a breakdown of the security system, a loss of essential services, flooding, a missing or unaccounted for controlled substance, certain incidents that cause injury to residents, a medication incident or adverse drug reaction. Refer to the *Fixing Long-Term Care Act, 2021* for full details.

When making a report to the Director, be sure to include a description of the incident, the actions taken in response, an analysis of the incident, and follow-up actions being taken. Also, include the name, title, and contact information of the person making the report.

# Report Types submitted in the CIS

| Type | Sub-Type |
|---|---|
| **Mandatory Reports** | |
| Abuse/Neglect [24(1)(2)] | |
| | Resident to Resident |
| | Visitor to Resident |
| | Staff to Resident |
| Improper/Incompetent treatment of a resident that results in harm or risk to a resident [24(1)(1)] | |
| Misuse/Misappropriation of residents money [24(1)(4)] | |
| Unlawful conduct that resulted in harm/risk of harm to resident [24(1)(3)] | |
| Misuse/Misappropriation of funding provided to a licensee [24(1)(5)] | |
| **Critical Incidents** | |
| Unexpected Death [107(1)(2)] | |
| Disease Outbreak [107(1)(5)] | |
| | Acute Respiratory Illness (ARI) |
| | Enteric Illness |
| | Antibiotic Resistant Organism (ARO) |
| | Influenza A |
| | Influenza B |
| | Other |
| Incident that causes an injury to a resident for which the resident is taken to hospital and which results in a significant change in the resident's health status [107(3)(4)] | |
| | Fracture not related to Fall |
| | Fall with Injury |
| | Injury of unknown cause |
| | Other |
| Medication incident/adverse drug reaction [107(3)(5)] | |
| | Errors in administering that alter a resident´s health status |
| | Adverse reaction that alter a resident´s health status |
| Emergency [107(1)(1)] | |
| | Bomb threat |
| | Fire |
| | Unplanned Evacuation (partial or full) |
| | Intake of evacuees |
| | Strike (Staff Shortage) |
| | Pandemic |
| | External Chemical Spill |
| | External Air Quality |
| | Severe Weather |
| | Violent Outburst |
| Environmental Hazard [107(3)(2)] | |
| | Failure/breakdown of major equipment |
| | Failure/breakdown of major system |
| | Loss of essential services |
| | Flooding |
| | Other |
| Missing Resident >= 3 Hours [107(1)(3)] | |
| Missing Resident <= 3 Hours [107(3)(1)] | |
| Missing Resident with Injury [107(1)(4)] | |
| Controlled Substance missing/unaccounted [107(3)(3)] | |
| Contamination of drinking water supply [107(1)(6)]) | |

**Pandemic/Epidemic Plan**

Response and continuity procedures related to epidemic or pandemic events are addressed in a separate document titled **" Pandemic/Epidemic Plan ."**
Please refer to that guide for comprehensive strategies, protocols, and contingency plans.