AU CHÂTEAU CONTINGENCY PLAN

December 15, 2025

CONTINGENCY PLAN

INDEX

OTHER EMERGENCY PREPAREDNESS PLAN

The Plan deals with possible emergency situations, other than fire. They are as follows:

a) Power Outages
b) Water Disruption/Contamination
c) Natural Gas Outages
d) Heating/Cooling Failure
e) Bomb Threat
f) Violent Outbursts/Aggressive Person Response Plan
g) Gas Leak

Au Chateau's concern remains, first and foremost, the safety and well-being of our residents.

Au Chateau has prepared strategies for all possible emergency situations. We are committed to provide the necessary resources, both in equipment and personnel.

For this reason, all staff must be prepared for these types of occurrences and be ready for call-ins.

Emergencies brought on by damage to our building or perhaps a toxic spill from a train derailment could result in the relocation of residents to alternate locations – either in our building, to other facilities or to their families' home. Staff must be prepared for : call-in, implementing evacuation procedures, notifying families, transporting residents, moving residents supplies and medical records.

The following items are normally on hand and the list serves as an on-going reminder for re-stocking:

- Food supply
- Papers towels
- Bottled drinking water
- Extra disposable incontinence products
- Garbage bags
- Disposable wipes
- Disposable bibs
- Diesel fuel
- Medical supplies
- Batteries for flashlights
- Spare linens and blankets
- Disinfectant waterless hand wash
- Disposable dishes
- Disposable aprons
- Extra propane tanks
- Battery operated smoke detectors

FOOD SUPPLY

The Home currently stocks food supplies for 60 days. Should the emergency last longer than this, then the following plan is activated:

- Access the supply of non-perishable food items.
- Immediately contact local food market to place emergency order of products:

No Frills	: Paul Healy	: 866.987.6453
Metro	:	: 705.753.4033
Don's Butcher Shop	: Don Leblanc	: 705.753.9500

- Immediately contact local restaurants for food preparation and supplies:

Angele's	: Angèle Dumont	: 705.753.0960
Gervais	: Eric Guénette	: 705.753.1520
McMakens	: Billy Tsougas	: 705.753.1199

MEDICATION SUPPLY

In order to prepare for circumstances that may limit or prevent medication to be delivered at the Home, the Home must prepare and ensure timely access to such in order to meet the needs of our residents.

As part of our on-going medication management and review the Home:

- Ensures that medication reconciliation are up-to-date.
- List of medication and descriptions are accurate.
- Assistive devices such as oxygen therapy are properly labelled and available during emergencies. Also, ensure back-up stock is available.
- Ensure that floor lifts are available on all floors should power failure exists.

Our pharmacy Care RX has implemented an emergency plan to ensure consistent and uninterrupted supply of medication.

a) ***HYDRO OUTAGES***

NOTE: **Every 1st Friday of every month, the generators will be tested between the hours of 12:00 and 12:30 pm, whereby full hydro service is shut down. Responsible staff (maintenance) reviews the checklist of all equipment on the generator to ensure proper functioning.**

01. **Administration**

i) Administration's computer system including the Home's server, payroll unit, accounts payable and residents' trust unit work on our generator power. There should not be any disruption as it relates to computerized payroll system as well as residents' and general accounting.

ii) Our telephone system works on generator power and thus no interruption in communication is anticipated.

02. **Building Resources**

In the event of power failure "no hydro" power is restored automatically in 30 seconds by our fuel powered generator.

List included of area powered by generator.

i) In all hallways, receptacles have been installed at the end of the lights. The receptacles function with the generator.
ii) Extension cords are in all medical rooms of Section 1-2-3-A, under the sinks. Section C – in room C-16, Section B – in room B22.
iii) One receptacle at Nursing stations 1-2-3-A is marked "Emergency", function with generator.

To confirm that all equipment that is adapted to generator is functioning properly, the Home shall have monthly tests of generators by shutting power.

Immediately when generator provides the Home with energy (for indefinite time) maintenance employees with the use of a checklist will record all inspected equipment and hand in forms to supervisor.

03. **Contingency**

In the event that there is a power failure and the generator does not start, Shawn Valley of Val's Equipment Services, 35 Ferris Drive, North Bay ON, will be onsite within 2 hours with a portable generator to ensure power is restored. Existing generator will be fixed promptly and issues evaluated to ensure it does not happen again.

EMERGENCY EQUIPMENT CHECKLIST

ALL AREAS				
Equipment	**Description area / Room #**	**Yes**	**No**	**Call**
Air Units	1st – 181 2nd – 240 3rd –340-341 Section A – 54 Section B – Ceiling by B-12 Section C – C-12 Kitchen & Lounge 114			Honeywell 495-1465
Boiler Room	Both Boilers, Basement 26			Honeywell 495-1465
Compressor Room	Refrigerators 16 Basement			Honeywell 495-1465
Computer	Maintenance Room a-23 (heat, water, etc)			
Elevators	One elevator in Nursing (102 beds) 1st room 139 Id # FPN329225 Freight Basement room # 20, Id # FPN329099			Otis 1-800-238-6837
Emergency Pump	For all fire hose cabinets (boost water pressure) – Basement 26			Troy Sprinkler 1-800-461-5914 ext. 29 or 22
Fire Alarm Panels	Main Entrance, Receiving Entrance, Nursing Stations 1-2-3			Troy Sprinkler 1-800-461-5914 ext. 29 or 22

EMERGENCY EQUIPMENT CHEKCLIST

ALL AREAS				
Equipment	**Description area / Room #**	**Yes**	**No**	**Call**
Intercom (Main Office)	1st Floor Nursing station microphone			Maintenance on call
Kitchen	Natural Gas Stove Convention Oven Pizza Oven Dishwasher Steamer Fryer Receptacles Refrigerator / Freezer			SNS Kitchen (705)840-6777 Honeywell 495-1465
Laundry Room	Equipment			HARCO Cell 1-416-543-9574 Parts 1-800-387-9503 ext. 304
Lighting	Basement Hallway Sections A-B-C Nursing Hallway Links to Apartments Laundry Residents' Rooms			Brian Keough 753-2002 (bus) 471-5336 (cell)
Nursing Call	Section A – Room 30 102 Bed shelter 2nd Floor - Room 205			Austco (905)731-1830 (w) (416)624-2690 ©
Nursing Receptacles on Hallway Lights	Section A-B-C 1st – 2nd – 3rd			Brian Keough 753-2002 (bus) 471-5336 (cell)
Sprinkler System	Basement #26, Open and drain valves			Troy Sprinkler 1-800-461-5914 ext. 29 or 22

EMERGENCY EQUIPMENT CHECKLIST

ALL AREAS				
Equipment	**Description area / Room #**	**Yes**	**No**	**Call**
Sump Pump	Stand-by pump, Basement #26			Smitty's Plumbing Craig Smith (705)358-4500
Telephones	Basement			NCC – Matthew Desjardins – (owner & tech) 705-618-6021
Portable Generator **5000 watts**	Office computer) Phone System) in outside garage PA System) (in case generator fails)			In-house
Power Pack	in Maintenance basement shop			
Generator				Val's Equipment Wayne Valley (705)752-4164

a) **Generator Emergency Equipment Checklist**

The generators are located in the maintenance garage and use a mechanical system for auto system start-up upon failure of hydro. No system software is used to operate the generator.

The generator is powered by a diesel engine. There is a 200-gallon diesel fuel tank sufficient for power outages between 5 to 7 days, depending on load. Our local supplier, Co-op, is available for immediate fuel delivery as we are "top priority" in case of an emergency. (see letter at end of this section).

The generator checklist will be completed by Maintenance Department:

- Emergency lighting
- One elevator
- All refrigeration equipment
- Cooking equipment
- Laundry equipment
- Fire protection sprinkler system
- Fire detection
- Nursing call
- Door alarms

b) **Elevators**

There are four (4) elevators in use – freight receiving (1) main building one (1) and two (2) in the 102 (West wing). All elevators use system software for operation.

We currently have two (2) elevators (102 section) and one (1) Freight on our generator power.

In the event of a power outage, other than the two on generator power, the elevators will automatically lower to the first floor landing and the doors will open.

If people are stranded, the maintenance staff will be advised and initiate passenger rescue.

In the event that you cannot reach the staff, call the Elevator Repair Service of the phone numbers listed in the Emergency Contacts section.

c) **Heating Equipment**

All heating in the building is baseboard heating controlled by wall thermostats. Honeywell control system software is used for the system to control hot water boilers.

In the event of a power outage, the boilers will continue to operate and residents' bedrooms will continue to be heated.

All hallways and dining room and one duct in each resident room are heated by air handling units (Boiler fed). (see "Air Supply System" below).

d) **Air Supply System**

Make up air units are controlled by a Honeywell Control System, which monitors air temperature, to provide heated air in the winter and tempered or cooled air in the summer.

In the event of a power outage, this air supply system will continue to operate on generator power.

e) **Door Alarms and Nurse Call System**

The door alarm system is a mechanical operated system. No computer system involved. The door alarms and the nurse call system operate under generator power.

In the event if no hydro power or generator power, the Home will provide additional staff:

- to monitor exits and doors leading to stairwells, as magnetic locking devices will not be in operation and residents could leave the building. Staff to place tape across the doorways as a preventive measure and a way to determine if someone has exited the building.

- for the resident areas affected to monitor residents' rooms to provide assistance as required.

f) **Fire Alarm**

No computer system is used for activation of fire alarms. Fire alarms will work on generator service, and there is also an emergency battery back-up.

03. Dietary Services

All food is prepared on site. A two-week supply of food is maintained in dry storage, freezers and walk-in coolers.

In the event of a power outage, the generator will operate all freezers and refrigeration equipment, any electric stove and selected equipment.

In the event of disruption in power with no generators available, the following will be performed:

1) Refrigerators / Freezers

1.1 Evaluate stock, use perishable items first.

1.2 Weather permitting (4°C colder), store items outside.

1.3 Keep doors closed as much as possible.

1.4 Store food in portable coolers.

1.5 Monitor temperature of food closely.

2. Lights

2.1 Emergency lighting.

2.2 Use of flashlights and batteries.

3. Meals

3.1 Switch to contingency menu (Appendix A)

3.2 Cooking equipment available: gas stove, gas fryer, 2 BBQs.

3.3 Use pre-prepared products for pureed diets.

3.4 Ensure safe temperatures are maintained of foods that will be consumed.

4. Dishwashing

4.1 Manual washing with chemical sanitizer in rinse water.

4.2 Use disposable dishes and cutlery.

APPENDIX "A"

Emergency Menu

In the event of a disaster, which interrupts normal service, this one-day menu can be produced without availability of water or utilities or generator.

Emergency Menu

Breakfast	-	Canned Juice
	-	Cold Cereals
	-	Milk
	-	Bread / Butter / Jam / Peanut Butter
Noon	-	Canned Juice / Milk
	-	Salmon, Cold Cuts, Cheese
	-	Pickles / Beets
	-	Canned Fruit / Cakes / Cookies
Supper	-	Canned Juice / Milk
	-	Beans or Cheese Sandwiches or Tuna
	-	Bread / Crackers etc.
	-	Canned Fruit / Cakes / Cookies

Pureed diets: Strained Baby Food
Pureed no bread diets: Use Marsan Bread Pudding
Thickened fluids: Pre-prepared shelf stable milks and juice

All routines and staffing shall be adjusted accordingly.

5. **Resident Fridges and Fridges in Canteens**

In the event of a power failure in relation to refrigeration equipment outside the Dietary department that is not connected to the generator, the following will be done:

5.1 Food Service Supervisor will notify Nursing to empty resident refrigerators of perishable products. The products will have to be put in garbage bags and brought to the garbage room.

5.2 Dietary staff will empty fridges in canteens on 1st, 2nd, 3rd, and Section A. Refrigerators in first floor dining room will also have to be emptied. The supplies will be returned to the Kitchen and the Food Service Supervisor will determine which will be disposed.

EMERGENCY 3 DAY MENU

	Day 1			Day 2			Day 3		
	Diab &/or Full/Regular	**Diab &/or Full/Ground**	**Diab &/or Full/Puree**	**Diab &/or Full/Regular**	**Diab &/or Full/Ground**	**Diab &/or Full/Puree**	**Diab &/or Full/Regular**	**Diab &/or full/Ground**	**Diab &/or Full/Puree**
Breakfast	*Corn Flakes 4 oz *Orange Juice 6 oz *Bread 1 slice & Margarine with Peanut Butter or Cheese Whiz *2% Milk 6 oz	*same *same *same *same	*soaked *same *soaked with cheese whiz *same-	*Hot Cereal 4 oz *Orange Juice 6 oz *Bread 1 slice & Margarine with Peanut Butter or Cheese Whiz 2% Milk 6 oz	*same *same *same *same	*soaked *same *soaked with cheese whiz *same	*Hot Cereal *Orange Juice *Bread 1 slice & Margarine with Peanut Butter or Cheese Whiz 2% Milk 6 oz	*same *same *same *same	*soaked *same *soaked with cheese whiz *same
A.M. Nx	*Crystals 6 oz *Tea/Coffee *Social Tea 2 each	*same *same *same	*Instant Breakfast with Skim Milk	*Crystals 6 oz *Tea/Coffee *Graham Wafer 2 each	*same *same *same	*Instant Breakfast with Skim Milk	*Crystals 6 oz *Tea/Coffee *Bran Crunch 2 each	*same *same *same	*Instant Breakfast with Skim Milk
Lunch	*Tomato Soup 4 oz *3 Crackers *Salmon Sandwich (2 slices bread and 2 oz salmon) *Beet Pickles 2 oz *Applesauce 4 oz *2% Milk 6 oz *Tea/Coffee *Water 6 oz	*same *crushed *same *ground *same *same *same *same	*same *same *soaked in milk *pureed/mashed *same *same *same *same	*Potato Soup 4 oz *3 crackers *Baked Beans *1 slice bread and margarine *V-8 Juice 6 oz *Peach 4 oz *2% Milk 6 oz Tea/Coffee *Water 6 oz	*same *crushed *same *same *same *same *same *same *same	*same *crushed pureed/mashed soaked in milk *same *same *same *same *same	*Vegetable Soup 4 oz *3 crackers *Tuna Sandwich (2 slices bread and 2 oz tuna) *3 Bean Salad 4 oz *Pear 4 oz *2% Milk 6 oz Tea/Coffee *Water 6 oz	*same *crushed *same *ground *same *same *same *same	*same *same *soaked in milk *pureed/mashed *same *same *same *same
P.M. Nx	*Assorted Pop x 1 *Tea/Coffee *Nutri-grain bar x 1	*same *same *same	*same *same *soaked cookies	*Assorted Pop x 1 *Tea/Coffee *Nutri-grain bar x 1	*same *same *same	*same *same *soaked cookies	*Assorted Pop x 1 *Tea/Coffee *Nutri-grain bar x 1	*same *same *same	*same *same *soaked cookies
Supper	*Chicken Stew 6 oz *Mixed Vegetables 4 oz *Instant Potatoes 4 oz *Bread 1 slice & margarine *2% Milk 6 oz *Tea/Coffee *Assorted Pudding	*same *ground *same *same *same *same *same	*P' Chicken & Broth *P'Peas *same *soaked *same *same *same	*Ham *Carrots 4 oz *Instant Potatoes 4 oz *Bread 1 slice & margarine *2% Milk 6 oz *Tea/Coffee *Assorted Pudding	*same *ground *same *same *same *same *same	*P' Ham *P' Carrots *same *soaked *same *same *same	*Chili 6 oz *Waxed Beans 4 oz *Instant Potatoes 4 oz *Bread 1 slice & margarine *Skim Milk 6 oz *Tea/Coffee *Assorted Pudding	*same *ground *same *same *same *same *same	*pureed *P' Waxed Beans *same *soaked *same *same *same
H.S. Nx	*Crystals *Tea/Coffee *Bread & Hazelnut	*same *same *same	*Resource Plus	*Crystals *Tea/Coffee *Peanut Butter & Crackers	*same *same *same	*Resource Plus	*Crystals *Tea/Coffee *Cheese Sandwich	*same *same *same	*Resource Plus

Note: Thicken Fluids diets will follow Full/Regular and replace all drinks with "thicken" drinks.

Fresh fruit and vegetables and milk will be used if available. IF NO FRESH MILK - POWERED SKIM MILK

04. **Activity Programs**

In the event of a Hydro failure, residents could become restless, agitated, aggressive, bored or frightened. Alter programming to include activities that can be conducted on each floor; use exercise programs that increase body heat (winter emergency).

Call in Volunteers to assist with one-on-one programs.

05. **Maintenance and Housekeeping Services**

Maintenance and Housekeeping Services are provided seven days a week.

During the disruption of normal delivery of services and accommodation, providing a safe, clean and comfortable environment for residents will continue to be a priority. Staffing and staff routines will be adjusted accordingly.

Staff will utilize back-up supplies and equipment to maintain a comfortable environment (i.e. back-up heaters, emergency lighting, ensure resident washrooms are functional and safe, on-going sanitation of resident areas).

06. **Laundry Services**

Laundry Services operate seven days a week. Equipment will run on generator power.

In the event of a power failure, operate the equipment in the evenings and during the night when less load is on the generator (in off hours to kitchen equipment use).

07. **Nursing Services**

Computers in the nursing stations run on generator power. Some resident records and documentation will be done manually and records are to be kept at the Nursing Station.

Equipment use for transporting and lifting residents is serviced regularly and does not use system software.

On 2nd Floor, all ceiling lifts are on the generator.

In the event of a power failure, ensure that residents are safe and comfortable. Adjust staffing ratios and procedures to ensure residents' basic needs are met. Decrease clothing changes and increase incontinent changes during the day. Increase the use of disposable wipes and dishes.

During a power outage, stairs will be the only access from floor to floor, and stairs should be used by staff, visitors and able residents only. Unable residents will remain in their sectors until further notice.

As a result of loss of power, oxygen concentrators will not function. Portable oxygen will be filled and used for all residents on O2. Supplier will be called to deliver refilling tanks until power service is resumed.

Oxygen concentrators in rooms can be plugged in on the light fixture outside the resident room; these are on the generator. They are located on the ceiling, just outside the resident's room.

Medication rooms are all on generator as part of Nursing Stations.

b) **WATER DISRUPTION / CONTAMINATION**

Water is provided by the Municipality of West Nipissing from the Sturgeon River. The water is treated and pumped into the system as well as a water storage tank. Pumps are hooked up to emergency generator. Drinkable water is always maintained on site. Arrangements have been made to obtain additional drinking water.

01. **Administration**

The receptionist, over the Public Announcement System, will announce that there is a water disruption with the town supplied water.

Residents and staff are restrained from drinking and using tap water.

Remind residents not to be alarmed as we are well prepared to handle such emergency.

Administrator (coordinated with Activity staff) to meet with residents and advise them of the situation to re-assure them that the Home is handling the situation and ask for their full cooperation.

02. **Maintenance Department**

In the event of a sudden loss of service from the water plant for more than three (3) hours with an indefinite length of time, the contingency plan will be initiated.

The following shall be implemented:

a) i) **Environmental Services Manager or Maintenance – Skilled Employee** will call for the delivery of water (safe to ingest) from All Season Mobile Wash at (705)753-3061. They agreed to deliver water in three (3) hours.

ii) Confirm with Municipality Water plant duration of loss of service, phone # (705)753-5287.

iii) Shut off watermain coming in buildings and drain water lines.

b) Delivery will be made to garage on 1st floor where the water pool is located. (the water pool holds 2200 gallons).

c) The pool shall be disinfected and properly rinsed prior to water being put in.

d) All water dispensers on floors are to be checked and re-filled as needed.

e) i) Once the plan is activated, all plastic pails are stored as follows:

Section A

1	55L	A-22 with pail, bucket and cover
1	55L	A-52
2	55L	Kitchen

A-13 Fill tub with water (need bucket)
A-66 Fill tub

1st Floor

1	55L	Servery
1	55L	in #180 Tub
1	55L	in #182 with bucket
1	55L	Washroom near servery
1	55L	in #176 soiled utility room

2nd Floor

1	55L	Servery
1	55L	both tub rooms # 235A and $235B
1	55L	#237
1	55L	#C-16
1	55L	Soiled utility room

3rd Floor

1	55L	Servery
1	55L	Tub room #335
1	55L	Tub room #337
1	55L	Soiled utility room

ii) Maintenance will provide metal carts to deliver pails of water to each section 1, B, 2, C, 3, A with pails. The location of pails will be in the tub room of all floors, and staff working on the unit are to ensure that the door to the tub room is locked at all times.

f) Employees are asked to be very conscious of water usage.

03. **Dietary Services**

In the event that town water fails, there are 350 liters of bottled water in storage in the basement, plus large water dispensers on each floor. One maintenance staff member will be responsible for ensuring that adequate bottled water will be stored in the main kitchen and the three (3) kitchenettes in the North section of the building.

There is adequate water in the building for cooking. The contingency menu will be implemented.

There is enough bottled water in the building for 3-4 days. Sysco Foods, Culligan, or Osmosis (5 gallons), will be notified and put on notice to have bottled water available.

Nursing staff will have every access to water dispenser and bottled water.

Residents will continue to have easy access to water as there are water coolers on each floor. Suppliers are on notice to provide emergency supplies.

Maintenance will deliver water to kitchen from supplier, when it becomes available.

The Dietary Supervisor and / or delegate will review menu / food production requirements keeping in mind that the steamers are not operable. The menu will be revised and simplified to make use of operable equipment and to reduce the amount of pots and pans used in production.

Possible revisions:

- Delete soup if on menu.
- Limit choices of entrée, vegetables and desserts to one. Choose most popular items.
- Verify freezer for pre-prepared entrées such as lasagna, meat pies and casseroles.
- Use instant mashed potatoes.
- Make use of canned vegetables, fruits, juices and prepared desserts.
- Instant coffee to be used or large percolator with ground coffee (staff from serveries will need to bring coffee thermos to kitchen).
- For an extended water disruption, refer to the emergency menu.

Maintenance will deliver paper supplies from emergency stock. Manual ware washing with chemical sanitizer will be used. Gas stoves will be used to heat water. Staff from serveries will be required to bring their soiled equipment to main kitchen.

Dietary work duties and staffing may be re-organized and adjusted if required.

Paper suppliers may be contacted and put on notice that extra supplies may be required urgently; this is not an issue with suppliers.

Other steps to be implemented included:

a) Water may be heated using electric stoves in servery areas or small electric kettles. Constant supervision will be required while stoves are on.

b) Manual ware washing to be done with chemical sanitizer in rinse water.

c) Limit the amount of use of pots and pans. Use single service utensils and dishes, as much as possible.

d) Steamer will not be available, therefore make use of all available electric and gas stoves.

e) For hand washing purposes, extra stock of disposable gloves, towelettes, hand sanitizer (70% alcohol content), and water containers with spouts will be available, plus one in each servery. A general purpose hand washing station will be available for staff in the servery area.

f) All water used to wash and prepare fruits and vegetables, and any water used as an ingredient in a ready-to-eat food product must be from a safe drinking source, that is from bottled water or a dispenser with potable water.

04. Housekeeping

In the event of water disruption, no water will be available for hand washing. A general purpose hand washing station will be available for staff in the servery area.

Alcohol-based hand sanitizer (70%) will be on hand and will be dispensed by housekeeping staff to listed areas, along with towelettes. Disposable gloves will be available.

Alcohol-based hand sanitizer (70%) and peri wash antibacterial will be used for residents. For those abled residents (e.g. Section A) alcohol-based hand sanitizer will be provided in their washroom.

05. **Laundry Services**

In the event of no running water, and lack of clean linen, the Environmental Services Manager will contact Eastholme, in Powassan, for soiled linen pick-up and delivery.

Laundry employees are to take out clean linen in reserve and send to all sections.

Laundry employees will be responsible to sort and bag all dirty linen for pick-up by the contracted company, wearing proper PPE.

A general purpose hand washing station will be available for staff in the laundry room, along with hand sanitizer and towelettes.

06. **Nursing Services**

Residents' personal hygiene needs shall be met despite a water disruption. Staff will take every measure to prevent spread of infections despite the water storage.

The following will be implemented:

a) If interruption occurs without notification, contingency plan will apply in each section.

b) For the period of interruption, there will be bed baths and partial washes only.

c) For Staff:

Hand hygiene can be done with alcohol-based hand rub (ABHR 70%) as per usual infection prevention and control protocol. If hands are visibly soiled, before using ABHR, soiling must first be removed using disposable towelettes.

For Residents: Simple hands and face wipes can be done with disposable towelettes. Upon water disruption, the Administrator will secure and obtain towelettes from all local pharmacies and grocery stores, Care RX and Medline.

In addition, Future Med and / or Medical Mart will be contacted, and towelettes will be shipped within 24 hours delivery to match the anticipated down time.

e) Plastic pails shall be stored in all washrooms, as overflow for unanticipated use for toilets only.

f) Extra resident wash basins are kept in storage for available use.

g) Ensure proper disinfecting of wash basins after each use, with Saber wipes.

Section A

01. All personal care to be done in resident room only.

1st Floor Nursing Department

01. **Tub room #180** will be the delivery site for water filled plastic cart (tubs) by the **Housekeeping Staff.**

02. Another plastic water filled container (e.g. large round garbage pail), will be stored in **Shower Room #182** and **Bathroom #175,** and delivered by **Housekeeping Staff.**

03. Smaller plastic pails will be available to transport water from these areas to required areas when the need arises (e.g. to wash residents, flush toilets).

04. Commode chairs will be made available to those residents who require them.

05. Residents' personal clothing and bed linen are to be changed only if essential.

06. Partial bed baths will consist of washing face, hands, axillas, breasts and perineal areas. Staff to get water from designated areas as indicated above. Buckets provided must be used to fill residents' individual wash basins with water.

07. Soiled water from baths is to be discarded in soiled water pails to use for toilet flushing. Commode chair basins, urinals and bedpans are to be emptied in toilets. Clean water from containers in the tub room is to be used to flush and clean urinals, bedpans and basins. As a rule, equipment touching the resident's skin must be cleaned/rinsed with clean water.

08. Wipes will be made available to wipe face and hands after meals. They may also be used for pericare, instead of facecloth, after brief change. If stool incontinence, excess to be removed using brief, toilet paper or Kleenex, then discarded with soiled garbage / brief container. This will minimize the use of facecloths and towels.

2nd Floor Nursing Department

01. **Tub room #235** will be the delivery sites for water filled plastic cart (tubs), by the **Housekeeping Staff.**

02. Another plastic water filled container (e.g. large round garbage pail) will be store in **Bathroom #237 and C-16 Utility room,** and be delivered by **Housekeeping Staff.**

03. Smaller plastic pails will be available to transport water from these areas to required areas, when the need arises (e.g. to wash residents, flush toilets).

04. Commode chairs will be made available to those residents who require them.

05. Residents' personal clothing and bed linen are to be changed only if essential.

06. Partial bed baths will consist of washing face, hands, axillas, breasts and perineal areas. Staff to get water from designated areas as indicated above. Buckets provided must be used to fill residents' individual wash basins with water.

07. Soiled water from baths is to be discarded in soiled water pails to use for toilet flushing. Commode chair basins, urinals and bedpans are to be emptied in toilets. Clean water from containers in the tub room is to be used to flush and clean urinals, bedpans and basins. As a rule, equipment touching the resident's skin must be cleaned/rinsed with clean water.

08. Wipes will be made available to wipe face, hands after meals. They may also be used for pericare instead of facecloth, after brief change. If stool incontinence, excess to be removed using brief, toilet paper or Kleenex then discarded with soiled garbage / brief container. This will minimize the use of facecloths and towels.

3rd Floor Nursing Department

01. **Tub room #325** will be the delivery site for water filled plastic cart (tubs), by the **Housekeeping Staff.**

02. Another plastic water filled container **#337** (e.g. large round garbage pail) will be store in **Bathroom #330,** and be delivered by **Housekeeping Staff.**

03. Smaller plastic pails will be available to transport water from these areas to required areas when the need arises (e.g. to wash residents, flush toilets).

04. Commode chairs will be made available to those residents who require them.

05. Residents' personal clothing and bed linen are to be changed only if essential.

06. Partial bed baths will consist of washing face, hands, axillas, breasts and perineal areas. Staff to get water from designated areas as indicated above. Buckets provided must be used to fill residents' individual wash basins with water.

07. Soiled water from baths is to be discarded in soiled water pails to use for toilet flushing. Commode chair basins, urinals and bedpans are to be emptied in toilets. Clean water from containers in the tub room is to be used to flush and clean urinals, bedpans and basins. As a rule, equipment touching the resident's skin must be cleaned/rinsed with clean water.

08. Wipes will be made available to wipe face, hands after meals. They may also be used for pericare instead of facecloth after brief change. If stool incontinence, excess to be removed using brief, toilet paper or Kleenex then discarded with soiled garbage / brief container. This will minimize the use of facecloths and towels.

Infection Control During and After Water Disruption

Interruption of water supply is a situation that requires immediate recovery and remediation measures to ensure the health and safety of residents and staff. When delivery of potable water through the municipal distribution system has been disrupted, or following a disruption from an internal source, appropriate infection control measures must be put in place, which addresses the following:

- Is the water disruption expected or unexpected?
- Why was the water shut off?
- When did the problem happen?
- Is the problem on the private or public side?
- Who is responsible? E.g. Private contractor/property manager and public works point person?
- What is the estimated time for repair/duration of shut off?
- Is the Home currently dealing with an outbreak?
- Does the contingency plan/actions need to be revised?

GUIDELINES AND CONSIDERATIONS DURING THE WATER DISRUPTION

Water Requirements

- Drinking water/potable water
- Hand washing
- Food services
- Ice
- Manual flushing of toilets
- Resident hygiene and personal care
- Laundry services

Prepare signage/tags that clearly identifies potable water from water that should not be consumed (e.g. "Do not drink" signs)

Bottled Sterile Water

- Dressings and other procedures
- Resident-care equipment
- Pharmaceutical preparations

Same principles and procedures continue to apply.

Bottled sterile water is obtained from the Home's regular supplier (e.g. Medline).

Potable Water

The demands for water should be estimated for the entire facility, in advance of significant water disruptions (e.g. especially those expected to result in extensive and heavy microbial or chemical contamination of the potable water.)

- Sufficient potable water shall be provided, either from bottled sources or truck delivery.

- Advisory notices shall be posted by the Administrator against consuming tap water, ice, or beverages made with water (alert residents, families, staff and visitors not to consume water, ice or drinks made from tap water (e.g. coffee machine), while the advisory is in effect, unless the water has been disinfected or the water is bottled, and notices indicate that water/drinks are safe for consumption.

Hand Washing

Hand hygiene is the single most effective method of infection prevention and control.

- **If hands are not visibly soiled or contaminated,** they can be cleaned with alcohol-based hand rub, for minimum of 15-20 seconds, for example:

  - Before donning clean PPE and when removing PPE;
  - Before and after performing non-sterile procedures;
  - Before medication administration;
  - Before and after each resident contact, or contact with their environment;
  - Whenever hand hygiene is indicated (e.g. before and after meals, after using the toilet, blowing your nose, coughing or sneezing, after handling garbage or soiled linen bags…);
  - After contact with any high-touch item; and,
  - Before retrieving water from tubs and clean water containers (gloves must be used).

- **If hands are visibly soiled or contaminated**, soap and bottled/potable water must be used for hand washing:

  - First, remove gross soiling from hands using towelettes;
  - Wash hands with soap and water for a minimum of 15-20 seconds;
  - Rinse as best as possible;
  - Pat hands dry with paper towel: and,
  - Follow-up with alcohol-based hand sanitizer, with 70% alcohol content.

- Directions for handwashing shall be posted at all hand washing stations.

- Mentally capable residents shall be provided with hand sanitizer and others will be assisted with hand hygiene.

- Volunteers, family members and visitors shall be advised to use alcohol-based hand sanitizer before and during their visits, and to clean their hands as per the protocol above.

- The use of disposable gloves can provide an additional barrier to contamination, but gloves cannot replace hand washing. Frequent and thorough hand washing remains the first line of defense in preventing disease, including food-borne illness.

Food Services

Food may not be safe to eat/drink during and after an emergency. Safe water for drinking and cooking includes bottled water, boiled or coming from an unaffected approved public water supply in a covered sanitized container. The Health Unit, depending on the category/nature of water disruption, may give specific recommendations.

- ***Identify and throw away food/fluids that may not be safe for consumption:***
  - Throw away food/fluids that have an unusual odor, color, or texture.
  - Throw away food/fluids that may have come in contact with contaminated water.
- Rinse raw food and cook food in potable/bottled water.
- Disposable dishes and utensils shall be used.
- Beverages are to be prepared using bottled water, and any water used as an ingredient in a ready-to-eat food product (e.g. coffee, juice, Jell-O, ice etc.).
- Restrict menus to items that require little or no water to prepare (items requiring heating only, pre-rinse or pre-cut fruits and vegetables).
- Prepare food in advance if shut-off is planned or expected.
- Food preparation in the facility must be discontinued when cleanliness of the kitchen jeopardizes food safety.

Ice

- Disconnect the ice machines before planned water disruptions.
- Discard ice cubes.
- Prior to use, lines are to be flushed and the ice machine to be disinfected/cleaned, as per protocol.

Manual Flushing of Toilets

- Use non-potable water in the tubs of designated washrooms, for each resident care area, to manually flush the toilets.
- Small buckets will be provided to pick up the water.
- Water from washbasins, following residents' personal care, may be discarded in residents' bathroom toilets.
- Do not leave excrements in toilets – regular flushing will avoid overgrowth of microorganisms and control odors.
- Portable toilets may need to be used – their necessity will be assessed at the time of the interruption.

Resident Hygiene and Baths

- Staff shall wear gloves to retrieve water from tubs and clean water containers, but gloves do not replace proper hand hygiene. Hands shall be cleaned prior to donning gloves, and after removing gloves, and as per the hand hygiene section, above.
- Because of water shortage, tub baths will be temporarily cancelled.
- Residents' personal care will be provided at the bedside, using clean/potable water in a wash basin, or towelettes.
- Residents will be advised that water for personal care will be brought directly to the rooms by staff.
- Wash basins shall be cleaned following each use, with the bottled disinfectant (Saber) provided by Housekeeping staff. Basins shall be dried with paper towel and stored as usual.
- In the event that a resident does not have a wash basin, they can be obtained from nursing staff, and they are stored in the Medical Reserve.

Laundry Services

Services will be provided by an outside provider.

Returning to normal operations after water interruption

Advise the Home's Public Health Inspector, by calling 705-474-1400.

- When the water is turned back on, air in the pipes may make the water cloudy and the plumbing may vibrate or make noise. If this happens, air can be removed by briefly turning on the taps from the lowest to the highest faucet in the building, that is starting in the basement, first floor, and finishing on the top floor. Flush the toilets as well.
- The water should be kept running until the water is clear, cold to the touch and any vibration or noise has stopped.
- Consult with the building engineer or PHU regarding Legionella control or for the control of other types of contaminants. Follow ASHRAE recommendations. (ASHRAE – American Society of Heating, Refrigerating, and Air-Conditioning Engineers – ashrae.org)
- Public Works will test the chlorine residual water upstream and downstream from the event.
- The PHU may test the chlorine residual water inside the facility.
- Notify on-call Public Health Inspector (PHI) if the interruption extends into after business hours.

- Other measures as required:
    - Corrective decontamination of the hot water system might be necessary after a disruption, with an approved/registered product, and refilled.
    - Drain, disinfect and refill water storage tanks if needed.
    - Change filters, if any.
    - Flush and restart equipment and fixtures according to manufacturers' instructions.
    - The Public Health Unit may have specific recommendations concerning the remediation of the water system, and their directives must be followed, especially in the case where a water contaminant is suspected, like Cryptosporidium, which is a highly chlorine-resistant organism, or other harmful microorganisms (Coliform bacteria, E. coli, Giardia, Legionella, Shigella, Salmonella etc.).

*****Maintain a high level of surveillance for waterborne disease among residents after a boil water advisory is lifted, or a disruption in water supply. Report immediately if you observe discoloration or clouding of the water.**

c) **NATURAL GAS OUTAGES**

01. **Building Resources**

a) Boiler Room # 26

The supply of gas for this section of the home is provided by the meter along the garage outside the loading dock. The main line then enters the building in the boiler room located in the basement. If a leak occurs between the meter and the first shut off valve, this line can be isolated at the meter. If a gas leak occurs indoors, there are isolation valve located along the north wall near the entrance. These valves isolate the laundry room and the kitchen. If a leak occurs at an appliance, all appliances are equipped with shut off valves, the appliance in question can be isolated.

b) Natural Gas Fired Hot Water boilers, which provide domestic hot water. This system provides domestic HW to all sections of the home except the 1st, 2nd, and 3rd floor.

Note; In the event of an outage that would affect the HW Boilers, we would have approximately 2 hours of reserve and as such, rationing would be required. The laundry facilities receive hot water from these boilers as well as the kitchen. For rationing purposes, laundry would be shut down and the HW reserve kept for the Kitchen

c) Natural Gas Boilers that provide heating to the common area via various air handlers throughout the home as well as to the Chapel which has a hot water rad system.

Note: Most of the home has a secondary heating systems in all common areas consisting or electric baseboard heats. In the event of an outage, additional portable heaters would be installed where required.

02. **Laundry Services**

The Natural Gas appliances in the Laundry room consist of 3 commercial clothes dryers. If a leak occurs with one of the appliances, it can be isolated with a valve at the appliance. If a leak occurs on the supply line between the appliance and the main, the zone can be isolated with a zone valve.

A general Gas outage will result in no hot water for the washers nor gas for the dryers and as such Laundry would be taken to the local Laundry Mats, 2 in Sturgeon Falls, and 1 location in Verner. We also have access to assistance from LTC Facilities – Casselholme and Easthome.

03. **Dietary Services**

The following guidelines are to be followed in the event of disruption in gas service:

a) Natural Gas Fired Equipment:

1. Two Convection Oven
2. Steamer
3. Deep Fryer
4. Griddle
5 Stove and Oven

In the event of a gas leak to the appliances, all appliances have a shut off valve to isolate it.

In the event of a leak between the appliances and the main entering the building, the zone can be isolated via a valve on the North wall of the Boiler Room. If the leak causes disruption to the Domestic Hot Water Boilers, alternative measures are required.

Section for 1St, 2nd, and 3rd Floor.

Natural gas to this section of the building is provided via a feed entering the building at the Northwest Corner of the 1st floor. 2 Meter are situated in this area and both meters have isolation valve at the meter. In the event of a leak between the meter and the appliances, the gas supply can be shut off at the meter. If a leak presents itself between the meter and the street, the Gas Company much be contacted to shut the gas.

One meter provides gas to the Domestic Hot Water tanks in room #183. It also provides Gas to boilers situated on the 2nd and 3rd floor. Mechanical rooms #240 and #340.

The boilers in rooms #240 and #340 provide hot water for heating of the Intake Air to the Air Handlers situated in these mechanical rooms. These air handlers provide warm air to the hallways during the usual heating season. In the event of an outage to this meter, ambient temperatures should be maintained as all resident rooms are heated with electric baseboard heaters. Should additional heating be required, portable heaters will be used.

If the Domestic HW supply is disrupted, HW can be transported from the Main Section of the home.

The Natural Gas Meter provides Natural Gas to the Room Top unit on the 3rd Floor. This roof top unit provides a heat source for the 3 Dining Rooms through the central air ventilation. The Dinning Room areas also have a secondary heat source being Electric Baseboard heaters.

b) **Manual and mechanical dish washing**

i) Disposable dishes and cutlery will be used where possible.

ii) Menu may be modified to decrease amounts of pots and pans.

iii) Soup kettle or hot water dispenser can be used to heat water.

iv) Chemical sanitizer to be used in rinse water.

c) **Food preparation equipment: gas range, steamer, griddle, fryers.**

i) Electric ranges available in craft and exercise rooms.

ii) Five (5) BBQ's stored in garage can be used.

iii) Modify menu, limit food preparation.

iv) Use of instant mashed potatoes and scalloped potatoes.

v) Vegetables can be cooked in pans in electric oven (allow extra time).

vi) No hot cereal preparation unless instant is available.

vii) Pureed diets – double servings of Marsan pureed pudding or instant hot cereal at breakfast.

04. **Nursing Department**

Loss of heat will expose residents and staff to health and safety hazards.

To keep residents warm the following actions will be taken:

a) All extra clothing such as heavy sweaters and pants, socks, jackets and coats will be used.

b) Extra blankets are stored in Utility rooms.

c) Frequent checks will be done to ensure normal body temperatures.

d) Dressing residents will prepare them for an evacuation.

e) Gathering of residents and exercise will increase body temperatures.

2. *BOMB THREATS*

Bomb Threat Procedure:

A bomb threat is not to be ignored at any time. The local police will direct you. Any information received about a bomb should be considered as a real threat and the following actions taken:

The person receiving a bomb threat by telephone should do the following **AND NOT HANG UP THE TELEPHONE:**

- Note the time of the call, the exact wording of the message, any oddities of the caller's speech, and listen and note any background noises.
- Have someone call 911. Explain that you have a bomb threat,
- Keep the caller on the line as long as possible and try to ask the following questions:
    - Where is the location of the bomb?
    - What type of bomb is it and what time is it set to go off?
    - What type of container or package is it in?
    - Why are you doing this?

Notify the following:

- 911
- Emergency Management Coordinator
- Immediate Supervisor

Action to be taken

The Emergency Management Coordinator will coordinate evacuation of the building. The Police will decide if a building-wide search will be carried out.

Remain calm

- Follow the evacuation procedures; and,
- Remember you have been trained and you do have a plan.

Precautions:

If you discover a device or suspect device, do not touch or move it; notify the police and do not assume that it is the only one.

Media Relations

All media relations should be done in coordination with police.

Re-Entry

Re-enter the building only after the police authorities and the EMC give the "all clear".

3. VIOLENT OUTBURST / THREATENING PERSON – CODE WHITE

Purpose of the Plan

In the event of a situation involving a violent person (resident, visitor, staff, etc…) within the Home, the CODE WHITE procedure will be followed. The purpose of the plan is to provide a safe environment for residents, visitors and staff, and to prevent self-injury or injury to another person.

The CODE WHITE alert system will be used for employees to indicate that a potentially dangerous situation is occurring in the workplace, which has the potential to escalate, or is escalating beyond the employee's ability to control.

Most situations can be deferred by a show of strength. The presence of a large number of staff will frequently cause an aggressive person or person who is acting out, to de-escalate his/her behavior and accept direction.

CODE WHITE Team

- Registered Nurse assigned to the resident
- Director of Care
- Administrator
- Environmental Services Manager
- RPN assigned in the affected area

Assessment of violent or potentially violent situations:

In assessing the situation, consider the following:

1. Is the person considered to be a high-risk person for violence? (e.g. due to substance abuse or a certain medical condition).

2. Does the person demonstrate argumentative behavior or imply a real or perceived threat? (e.g. Statements such as "don't touch me", or "Let me out of here this minute")

3. Does the person verbally threatens violent behavior to self, other people, or property? (e.g. Verbal statements such as "I'm going to get you for this", "If you touch me I'll hit you". Non-verbal actions such as shaking of first, aggressive pointing and gesturing, attempts to grab people or equipment.)

4. Does the person demonstrate assaultive behavior towards self, other people or property" (e.g. attempts to throw equipment, attempts to bite or spit, punches wall …).

5. Does the person demonstrate out of control behavior to self, other people or property? (Kicking, biting, screaming, breaking property, self-inflicting injuries).

Procedure

Request a staff member to have CODE WHITE paged. Provide as much information possible, as follows:

- Violent person (if known)
- Sex
- Physical description
- Description of behavior
- The involvement of any weapons or items that can be used as a weapon

The police will be contacted immediately upon a CODE WHITE. Staff who page the code, will contact the police by calling 911. This will enable the staff member directly involved in the CODE WHITE to focus on the violent person and not be distracted.

- Use available means of summoning for help (verbal call for help, panic button, telephone …)
- Dial switchboard or have someone else dial, or page directly if able, and inform switchboard to call a CODE WHITE, and state location of incident.

Person requesting assistance with violent person:

- Face the violent person at all times. Do not touch or approach the violent person.
- Attempt to maintain the ability to step away from the person at all times.
- Always stand between the person and the door ensuring that you always have an escape route.
- Talk in a calm voice and offer appropriate instructions and explanations.
- Assume control of the situation until help arrives and remain calm.

Switchboard or Charge Nurse on nights:

- Make an announcement over the public address system: announce CODE WHITE and location. Repeat this announcement three (3) times.
- Keep the line open in case of further calls.
- Notify Police by calling 911, if asked to do so.
- Once CODE WHITE is cleared, announce CODE WHITE ALL CLEAR over the public announcement system three (3) times.

Incident Manager

- This role will be assumed by the Charge Nurse (RN) and will be responsible for managing the incident.
- The Police will immediately be called on the CODE WHITE paged.
- Provide instructions and coordinate all health care personnel in order to resolve the situation as quickly and as calmly as possible.
- If the violent person is a visitor and RN needs support, the Administrator will be paged and/or called on cellular phone.
- Make the decision regarding the implementation of a "lockdown" or "limited Access Procedures" to restrict access to the area. Paging a lockdown or limited Access Procedures will indicate to all staff that the Home is dealing with a violent situation in the facility, and staff should take precautions.
- Have Switchboard page "CODE WHITE ALL CLEAR" once the situation is resolved.
- Complete appropriate incident report.

Respond Code White Team

- Upon hearing the announcement of CODE WHITE, all available personnel will proceed immediately to the location identified in the announcement, to demonstrate a "show of force".

- Take instructions from the Incident Manager. Do not assist unless instructed to do so by the Incident Manger.

4. OTHERS

01. Nursing

i) Nursing Supplies

Although a surplus of medication and supplies have been ordered uncontrollable circumstances may happen.

Medical and nursing supplies may run scarce.

The following action will be taken:

a) Medication such as pain relievers, anti-emetic and other symptom reliever may be ordered from local pharmacies.

b) Medical and Nursing care supplies are stored in surplus to last approximately one month.

Nursing Contingency Plan

ISSUE:

Interruption of delivery services related to:

a) Incontinent Products
b) Ministry of Health – Ontario Drug Benefits (ODB)
c) Medical Supplies
d) Resident Medications

ACTION:

a) Incontinent Products
   1. There will be a total of 4 weeks supply of briefs/incontinence products on hand.
   2. Briefs/incontinence products are to be available in the event that Au Château will be sheltering others from the community.
   3. Incontinence products are available for residents being evacuated.

b) Resident Medication (see appended CareRx Pharmacy Policy & Procedure Manual)

OUTSIDE CONTACTS:

1. Tena – Medline
   Tel: 1-905-624-6200 or 1-800-268-2848 (Customer Service)

ODB SUPPLIES:

Ministry of Health order – Ontario Drug Benefit (ODB)
Ensure an adequate stock of ODB supplies on hand.

INVENTORY CONSIDERATIONS REGARDING ODB SUPPLIES:

1. Assign Registered Nurse to take stock.
2. Inventory all extra stock.
3. Extra stock stored in locked cupboard in treatment room.

OUTSIDE CONTACTS:

1. Ministry of Health (Ontario Drug Benefits)
   Tel: 1-416-237-0837 Fax: 1-416-327-0818

2. Care RX
   Tel: 1-800-773-7749 Fax: 1-866-463-1771

MEDICAL SUPPLIES - INVENTORY:

Medical supplies - Ensure adequate stock of medical supplies available.

MEDICAL SUPPLIES INVENTORY CONSIDERATIONS:

Director of Care or Registered Staff to do inventory of supplies and store in locked, labeled cupboard in the treatment room.

OUTSIDE CONTACTS:

Care RX - Tel: 1-800-773-7749

ii) **Defective Generator**

In the event of the generator malfunctioning, loss of use would result:

a) difficulties for transferring residents – no elevators
b) loss of secured entry/exits of resident area
c) loss of Life Safety System would result in risk to residents
d) loss of heat

The following actions will be taken:

- Threshold for action 10°C.
- Advise Administrator of need to consider initiation of evacuation.
- Plan and initiate Emergency Plan.
- Shut off main water supply.
- Drain water pipe (including sprinkler system), empty toilet bowls etc.
- Unplug refrigerator to prevent damage to compressors.
- Open all refrigerator doors (when power down for 48 hrs.).
- Shut power at the main to prevent damage to equipment and reduce risk of fire.
- When alarm system is without power: Emergency plan will require 24 hrs. surveillance, including an hourly "Fire watch" walk through of the entire building.
- Gas meters and regulators should be inspected, including fresh air intakes, all vents and direct gas appliance exhausts, to ensure they are open when power is restored.

After prolonged power outages, when hydro is restored, if requested to conserve energy:

- Shut down of air units – not to use ovens.
- Lighting – close laundry room - thermostat 65°F.
- Hallway baseboard heaters turned off.
- When power is restored inspection (with recording forms) should be initiated to ensure that no appliance has been left on.
- Call fire alarm maintenance contractor to conduct through testing of system and record the inspection in Fire log book.

iii) **Defective Fire Alarm**

For the safety of our residents and staff – to sound alarm if fire is detected and alarm or pull station is defective, use the available signal horn (used for boaters etc.) located in fire hose cabinets at:

- All Nursing Stations on 1st , 2nd, 3rd Floors and Section A
- Section B
- Kitchen in Main Entrance
- Link to Villa du Loisir (Hallway along Main dining room)
- Main Office
- Laundry (across Boiler room)
- Maintenance shop (apartments etc.)

In the event of a malfunctioning alarm, go to the nearest fire hose cabinet containing a signal horn. Do not shake container, twist top of container (can) squeeze top three (3) quick bursts in hallway. Then go to middle of stairwell and sound three (3) quick bursts for other floors to hear. Next floor, do the same until alarm has rung in all sections. The floor with the fire, sound a continuous blast of longer duration as frequently as you deem necessary for all sections to be aware of danger.

iv) **Call Bell System**

In the event of Call Bell System not functioning the following action will be implemented:

- Portable bedside bells purchased and stored by medical secretary's office.

- Each floor has a predetermined number of bells as requested by unit charge nurse –
  Section A = 42 2nd Floor = 41
  1st Floor = 45 3rd Floor = 34

- Bells are to be distributed according to predetermined lists on each unit.

- Unit charge nurse is responsible to pick up and have distribution executed.

5. EVACUATION PLAN

1. ***EVACUATION PROCEDURES***

Evacuation may refer to a complete evacuation of the building, or refer to the moving of residents from the area affected by the fire to a safer area within the building, generally on the same floor (horizontal evacuation) or to another floor (vertical evacuation) or complete evacuation to other facilities.

a) The Administrator (see letter agreements) will perform the following:

i) Arrange alternative sites that are available.
ii) Arrange transportation.
iii) Contact the MLTC - SAO to advise of off-site evacuation and relocation of residents, whether partial or full.

b) The Director of Care will ensure safe transfer of residents to alternate sites by doing the following:

i) Have on site identification bracelets for residents: names, DOB, file numbers, health card numbers and pertinent information related to their medical condition (all in chart (binders) to be taken with residents).

ii) Prepare list of all residents going to alternate sites for family notification by registered staff.

iii) Liaise with family members to determine families that can take residents home.

iv) Adjust staffing pattern to accompany evacuating residents – considering gender of residents and their medical requirements.

v) Registered staff to prepare list of personal belongings, medical supplies, treatments and medication that may be needed for resident transfers.

vi) Reassure residents during evacuation procedures.

vii) If evacuation initiated by Administrator, RN's and RPN's prepare medication and treatments to go to the alternate facility – use Pharmacy bins. Include individual MARS (medication and treatments). Ensure safe transfer of all controlled drugs.

viii) Ensure diabetics identified and all sent to same facility where possible. All diabetic supplies sent with residents (insulin and testing equipment).

ix) Notify pharmacy of resident transfers to alternate facilities to arrange medication delivered to that site.

x) Prepare first aid kit go to each alternative site.

HORIZONTAL EVACUATION - CODE YELLOW

Horizontal evacuation refers to the moving from a fire-affected area to a safer area within the building **on the same floor**. The boundary between the fire affected area and the safer area in this case is a fire separation across the floor which has a fire resistant rating of at least one hour and which includes a self-closing door or doors across the corridor.

Horizontal evacuation should be started without delay when it has been determined that the fire cannot be easily extinguished or contained or if smoke is threatening that zone.

Since our facility is suitably compartmented by fire separations across all floor areas, horizontal evacuation will be the predominant type of evacuation.

VERTICAL EVACUATION - CODE YELLOW

Vertical evacuation refers to the moving of residents from a fire affected area to safer area within the building **on another floor**. In this case, the boundary between the fire affected area and the safer area is the fire separation between the floors. Elevators should not be used.

Procedures:

When it becomes necessary to evacuate horizontally or vertically, the staff member in the COMMAND POST will announce over the communication system CODE YELLOW and repeat 3 times. At this signal, the nurse in charge will use the Red Clip Board as a checklist; she will station herself in a strategic position where she can account for every resident being evacuated.

The staff members will start to evacuate the residents in immediate danger first, and closest to the fire, going from room to room and working their way outwards from the fire area. In general, the order of evacuation should be as follows:

a) Residents in immediate danger from the fire
b) Ambulatory residents
c) Non-ambulatory residents including wheel-chair users.

When all the residents in a given room are out, the bedroom door will be closed and the **Markers** behind the residents' doors will be utilized. A resident door with a yellow door marker leaning on the door frame indicates that the room has been evacuated. If someone re-enters the room, the **Marker** will swing down indicating that there may be someone in the room.

COMPLETE EVACUATION OF BUILDING - CODE BLUE

It is highly improbable that complete evacuation of the building will ever be necessary, but the possibility still remains and cannot be ignored.

If it is determined by the highest administrative officer in the building, in collaboration with the fire department, that complete evacuation is necessary, the fire alarm will be re-activated. The staff member in the command post will be asked to announce **"CODE BLUE" OVER THE VOICE COMMUNICATION SYSTEM.**

When **CODE BLUE** is announced, the nurse in charge will use the Red Clip Board as a check list – she will station herself in a strategic position where she can account for every resident being evacuated.

The staff members will start to evacuate the residents in immediate danger first, and closest to the fire, going from room to room and working their way outwards from the fire area. In general, the order of evacuation should be as follows:

a) Residents in immediate danger from the fire.
b) Ambulatory residents
c) Non-ambulatory residents, including wheel-chair users.

Since the residents will be going outside, they should be wrapped in a blanket when moved from their room.

When all the residents in a given room are out, the bedroom door will be closed and the **Marker** behind the residents' door will be utilized. A resident door with a yellow door marker leaning on the door frame indicates that the room has been evacuated. If someone re-enters the room, the **Marker** will swing down indicating that there may be someone in the room.

All residents have to be accounted for before leaving the building. Residents will all travel by bus or ambulance to facilitate accountability.

The Administrator must communicate with the MLTC – SAO contact and provide the necessary materials and information. To help in such communication, see attached Ministry of Long Term Care's "*Guide on the Policy, Process, and Procedures during Emergency Evacuations*" (Appendix "A").

The Administrator must follow the *Evacuation Placement Process* which outlines the process and the implementation to be transmitted during unplanned evacuations from the Home.

2. *EMERGENCY LIFTS AND CARRIES*

Preliminary planning and rehearsal of the most effective responses to a fire or another emergency situation are essential. There is scant time to act in an actual emergency situation, let alone to plan a course of action.

Many methods might be used to move residents or to give them assistance, support and added speed, however, experience and practice will increase anyone's ability to move heavier and disabled persons under adverse conditions. A selection of five useful techniques for moving residents needing assistance follows:

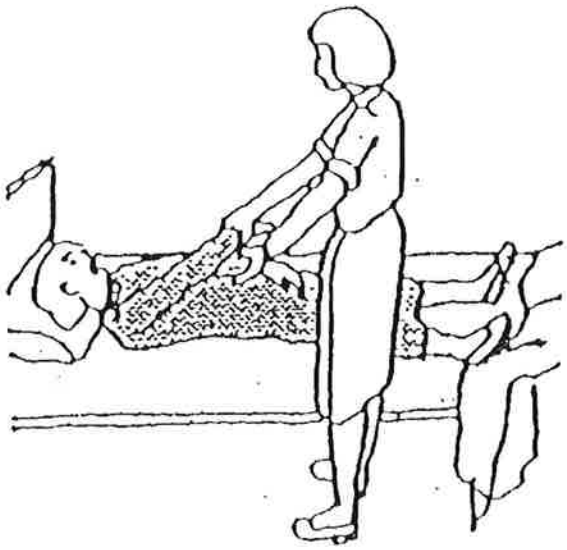
When there is room for two people to move side by side and the resident can support his/her weight, but needs support and help to move quickly, this **simple assist** could be used.

01. Simple Assist:

Standing beside the resident, grasp the nearer wrist and pulling the arm behind your neck, pull it down on your chest. Place your free arm firmly around and behind the resident's back. In this way you can move quickly with little danger of falling.

02. Pack Strap Carry:

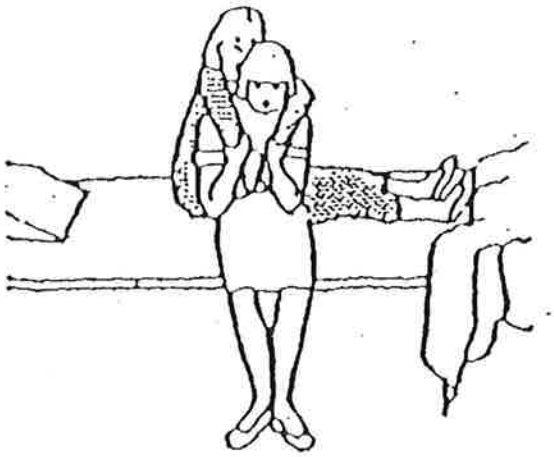
When the passage is limited in width a **pack strap carry** for one person moving someone from a bed might be appropriate.



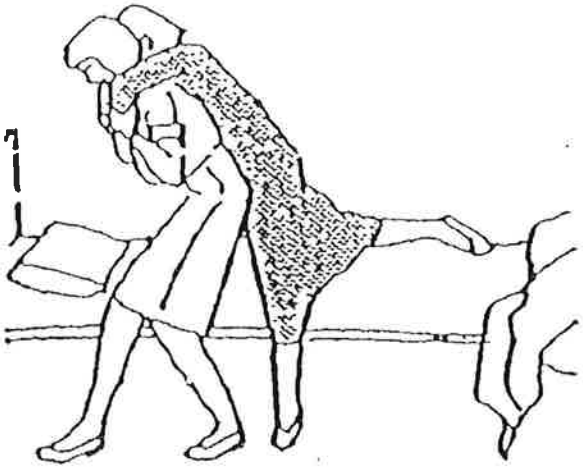
Face the resident with your back towards the foot of the bed. If the resident's right arm is nearer, grasp it at the wrist with your right hand palm down and, raising this arm slightly, grasp the resident's left wrist with your left hand palm up.

(This procedure is reversed if approaching the resident from the left side).

Pulling the resident to a sitting position as you take one step backward on your right foot, and not letting go of the wrist, raise the right wrist and slip under that arm. Place your back firmly against the resident's chest with your shoulders lower than the resident's arm pits and pull the arm over your shoulders crossing them on your chest. Lean forward, bending only your shoulders and exert a downward pull on the arms.

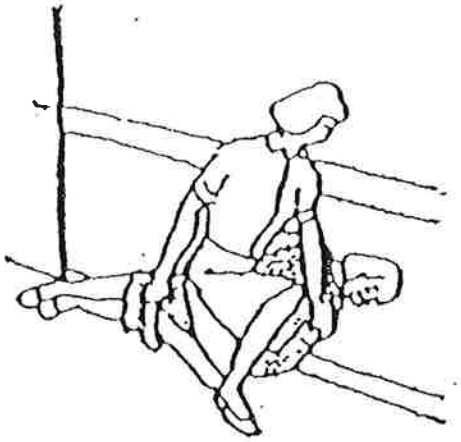


02. Pack Strap Carry continued.



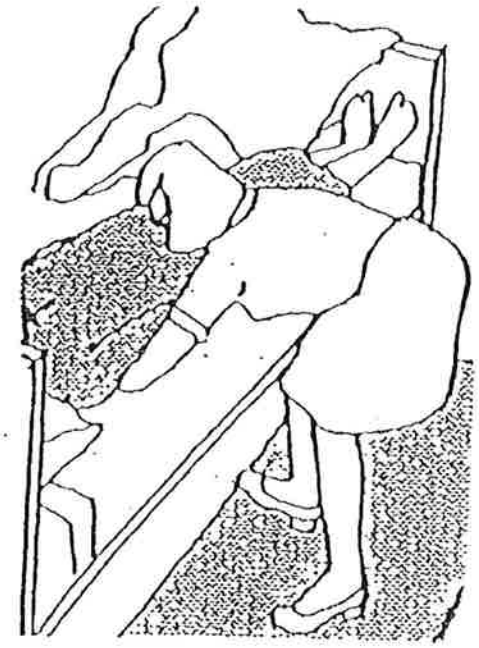
Turn your body and your feet sharply toward the head of the bed. It is not necessary to drag or lift the resident as your forward momentum will roll the resident on your back without any shock. Although you may have to turn completely to leave the room, the same procedure should be used regardless of the room layout.

To unload, place the resident's shoulder against a wall, lean against the resident and drop on your knee next to the wall. If your knee is about 4 inches from the wall, the resident will be secure between your body and the wall and can be eased gently to the floor by being allowed to roll off your shoulder and your hip.



03. Knee Drop:

The **knee drop** is useful for one person to move an excessively heavy resident and if that resident's bed is involved in the fire, it permits the least contact.

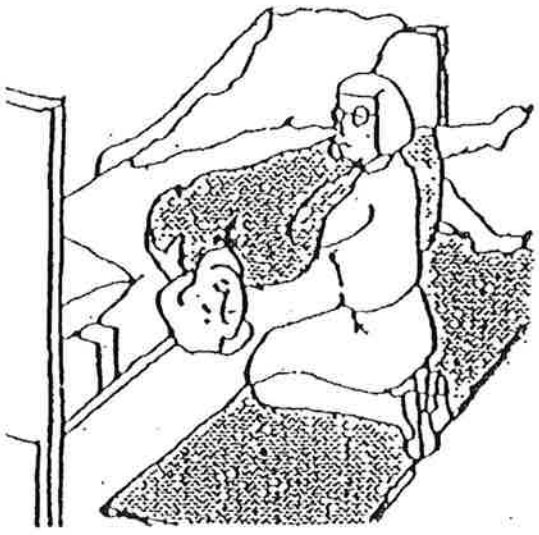


Start the knee drop by doubling a blanket lengthwise and placing it on the floor parallel and next to the bed.

Approaching from the resident's right, slip your left arm under the resident's neck and grasp the left shoulder with your left hand. Slip your right arm under the resident's knees and grasp them with your right hand. Place your right knee against the bed opposite the resident's thigh.

Both your feet are on the floor about 6 inches apart – your left foot about 6 inches from the bed.

Pull the resident from the bed without lifting by pulling with your hands and pushing with you right knee. At the moment when the resident starts to leave the bed, drop to your right knee together and your back straight allow the resident's body to slide down your body to your knees

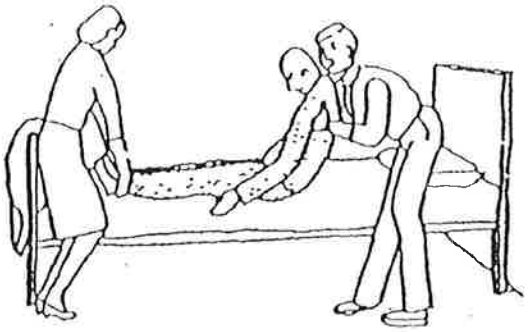


Draw your knees from under the resident and pull the resident from the room on the blanket. Reverse this procedure if you have approached the resident from the left.

04. Swing Carry:

With a **swing carry,** it is possible for two people to move almost anyone from a bed and carry them.

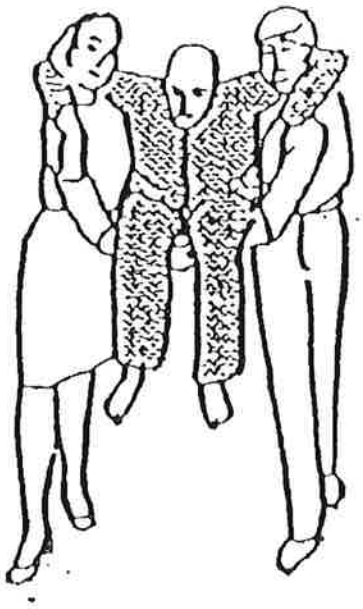
Approaching from the resident's left, one person standing with feet together slips the right arm under the resident's neck and grasps the resident's right shoulder.



Sliding your left palm under the resident's left arm, grasp the resident's upper arm. Moving one pace, bring the resident to a sitting position. Gain leverage by pushing with the right shoulder behind the resident.

Reverse this procedure if you have approached on the right. If you are the second member of the team, when the resident is sitting, grasp the ankles and swing the feet off the bed. Standing on either side, close to the resident and facing in the same direction, each of you takes an arm and pulls it around your neck and down across your chest. Each of you then reach across the resident's back and places your hand on your partner's shoulder.

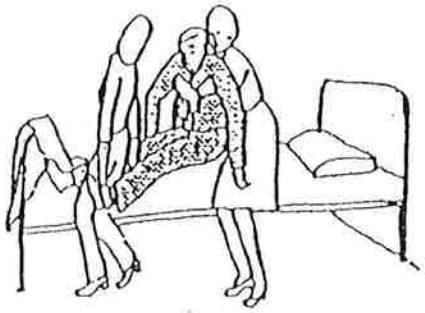
04. Swing Carry continued.



Releasing the resident's wrist both of you reach under the resident's knees and grasp the wrist of your partner. One palm must be up and the other down to lock hands. Remove the resident from the bed by both pushing up with your shoulders and then move forward. Unload the resident by each dropping closer to the resident and while leaning on the resident, lower first the buttocks and then the back to the floor.

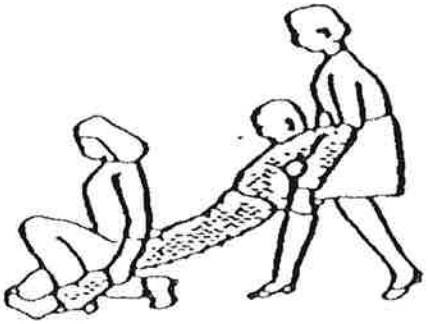
05. Extremity Carry:

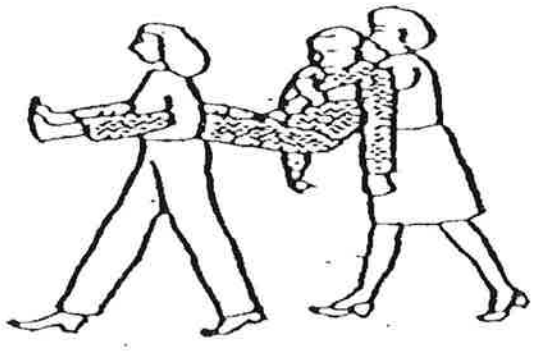
The **extremity carry** is a fast method for two people to use to move a resident through a narrow exit passage, restricted by furniture or fire.



One person brings the resident to a sitting position in the manner described for the swing carry. When the resident is sitting bring your arms through the arm pits and grip your own wrist above the resident's chest.

If you are the second member of the team, approaching from the same side, grasp the resident's right heel with your left hand under it and move the right ankle clear of the bed while sliding between the resident's legs as far as the right knee. Half turning, grasp the resident's right knee with your right arm under it and, completing the turn, transfer your left hand to the resident's left knee and grasp it with your left arm under it. Move forward with your partner





To unload the resident, the forward member of the team stoops with one foot about 6 inches back of the resident's legs to the floor. The other carrier allows the resident to slide down until the resident's buttocks, and then the back are on the floor.

5. *EMERGENCY CONTACT LIST*

These numbers may be called in case of an emergency

NAME	TEL. #	ALTERNATE
Andrée Quesnel Administrator	705-497-4169	
Cindy Brouillette Director of Care	705-845-1656	
Marcel Bergeron Environmental Services Manager – Maintenance	705-840-8337	
Marc Ayotte – Complex In Case of Evacuation	705-358-0890 (Cell)	
Alouette Bus Lines Transportation for Evacuation Mike Brideau	Daytime 705-753-3911	Evenings & Weekends 705-840-6453 (Cell)
Ministry of Labour	705-497-5234	
Poison Control	1-800-267-1373	
AMBULANCE - FIRE	9-1-1	
OPP service	9-1-1	
Monika Gray – MLTC – SAO (Sudbury)		Monika.Gray@ontario.ca

5. ***OUTSIDE ASSISTANCE AND SHELTERS IN THE EVENT OF A TOTAL EVACUATION***

Disasters of any size or kind may originate internally or externally. The type of emergency will dictate the necessary response required to ensure the safety and well-being of the residents. Causes of disruption to normal services include fire, gas leak, bomb threat, loss of electrical power, water shortage/contamination, hurricane, etc.

Arrangements have been made with various businesses/facilities in the community in order to assist us in the event of a Total Evacuation of our residents from Au Château.

a) At each telephone there is a card with the name and telephone number of persons to call for:

- Bus transportation
- Tow truck service
- Temporary shelter

This information is provided to quickly assist the Administrator or designate in the event a total evacuation of the building is necessary.

b) In addition, the Administrator or designate will be responsible for:

- Designating staff to go with residents to the temporary shelters and staff to remain with residents at the shelters.
- Keeping a list of residents evacuated from Au Château to hospital or to temporary shelters.
- Removing residents' medical binders and medications (only if time and safety permits).

c) After residents are relocated at a temporary shelter, the Administrator or designate will:

- Ensure that medications, food and supplies are obtained
- Arrange for notification and scheduling of staff to temporary shelters.
- Ensure that each resident's contact person is notified.

d) Release of Information

- The resident's contact person shall briefly be informed of the location of the resident, condition of resident and the reason for evacuation.

- Release of information to the Press will only be done by a Member of the Board of Management or the Administrator.

5. "CODES" Quick Reference

CODE "RED	=	**FIRE**
CODE "YELLOW"	=	**HORIZONTAL EVACUATION (on same floor)**
CODE "YELLOW"	=	**VERTICAL EVACUATION (on another floor)**
CODE "BLUE"	=	**COMPLETE EVACUATION OF BUILDING**
CODE "WHITE"	=	**VIOLENT OUTBURST / AGGRESSIVE PERSON**

6. LIST OF ARRANGEMENTS

1. Immediate Temporary Shelter

Sturgeon Falls Complex	(705) 753-0160
Contacts: Sarah Furchner	(705) 753-0160 / 498-9766
Marc Ayotte	(705) 358-0890

2. Alternate Long-Term Care Facilities

Cassellholme, North Bay
Contact: Angie Punnett, CEO (705) 474-4250 x 233
loweryj@cassellholme.on.ca

Eastholme, Powassan
Contact: Odelia Callery, Administrator (705) 724-2005
ocallery@eastholme.ca

Nipissing Manor, Corbeil,
Contact: Wentworth Graham, Administrator (705) 752-1100
admin@nipissingmanor.ca (att: Judy Basso)

3. Bus Transportation

Alouette Bus Lines -

Contact: Shane O'Brien, Branch Manager	(705)753-3911 / 840-6453
Amanda Carriere, Dispatch	(705)477-1872 (Cell)

4. Medications

Care Rx Pharmacy, Sudbury – during business hours	(705)671-0808
Toll Free number	(866)553-8369
Contact: After hours – on call pharmacist	(705)669-7049 (Cell)

5. Food and Water

Internally – limited supply of non-perishable food, water supplies and disposable dishes are kept in food storage room.

Externally – Sysco Foods

Contact: # 1 – Michael Margarit	(705) 561-5170
Contact: # 2 – Rob McLeod	(705) 971-7648