



Long-Term Care & Services for Seniors

Code Green

(Evacuation Plan)



Regional Municipality of Durham
 Social Services Department
 Long Term Care (LTC) and Services for Seniors

Title: Code Green - Evacuation	
Section/Manual: Emergency Manual	
Reviewed: January 2017	
Revised: June 2022	
Peer Group Approval:	Date:
Also reviewed by: (other peer group)	
Senior Leadership Approval: <i>Laura MacDermaid</i>	Date: July 15, 2022

1. Policy

- 1.1 Each Long-Term Care Home has an emergency evacuation plan which will be reviewed on an annual basis or within 30 days after a code green has been declared. This emergency plan must be posted in an easily accessible location within the home.
- 1.2 In the event of a full/partial evacuation the plan will outline a system to account for the whereabouts of all residents in the home, identify a safe evacuation location for residents, staff, and volunteers, and a plan to transport essential supplies, resources, and medications.
- 1.3 This emergency plan must be shared with residents and family councils annually or when any changes are made.
- 1.4 A planned evacuation must be completed once every three years. Records must be kept of any type of evacuation exercise, as well as an evaluation of the exercise.

2. Purpose

- 1.1 To facilitate a quick and appropriate response to an internal/external emergency.
- 2.1 To provide for the safety and well-being of residents and staff in the event of an internal or external emergency.
- 2.2 To complement and be used in conjunction with other existing Emergency Plans such as: Divisional Emergency Plan, Regional Nuclear Disaster Plan, Social Services Emergency Plan, Health Departments' Facilities Plans, Regional Municipality of Durham Master Emergency Plan, and the Emergency Plan of the specific municipality.

3. Communications

- 3.1 Emergency plans will be posted in the homes and on the Long-Term Care and Services for Seniors website. There will be regular consultation with Residents and Family Councils as well as our internal and external stakeholders when reviewing and evaluating emergency plans.
- 3.2 Homes will consult internal and external stakeholders on a regular basis regarding emergency plan components. There will be an internal and external stakeholder list which is located in the first section of the emergency manual.
- 3.3 RAVE system of communication will be used if family/substitute decision maker (SDM)/Staff need to be informed on any aspect of an evacuation.
- 3.4 In the event of a power outage:
 - A. Homes are on back-up generator; we will be able to supply/power essential equipment including our IT equipment (phones)
 - B. Phones are VOIP, run off internet
 - C. We have a designated landline in case of internet disruption.
 - D. We do not have a designated cellphone, but in today's era of everyone having a smartphone and staff receiving call ins from Work Force Scheduling Software, it is now an expectation that staff have phones and devices,
 - E. When phones and computers go down, this sends a critical alarm to IT, and they will investigate immediately.

4. Coordination

4.1 Three Stages of Evacuation:

- A. **Code Green - Horizontal Evacuation**
 - (1) Horizontal evacuation includes the complete evacuation of affected area to a designated safe area on the same floor. This evacuation will be announced as "**Code Green**"
- B. **Code Green - Vertical Evacuation**
 - (1) Vertical evacuation includes the complete evacuation of the affected area in a vertically downward/upward direction. This evacuation will be announced as "**Code Green**" followed by directions for which floors to be evacuated and in which order.
- C. **Code Green - Total Evacuation**
 - (1) Total evacuation involves total evacuation of all persons in the home. This will be indicated by the sounding of the stage **two evacuation alarm** (i.e., a rapid continuous ring). Total evacuation is initiated at the discretion of the Fire Department and/or the Administrator/Delegate or Person in Charge.

4.2 Order of Evacuation - Remove:

- A. People in immediate danger.
- B. Ambulatory persons.
- C. Non-ambulatory persons.
- D. Resistive residents.

4.3 Evacuation Locations (if needed)

Fairview Lodge	St. Johns the Evangelist Parish. 903 Giffard St, Whitby, ON L1N 2S2 905-668-3676 or 647-873-3550.
Hillsdale Estates	Hillsdale Terraces 600 Oshawa Blvd N, Oshawa Ontario L1G 5T9 – 905-579-3313
Hillsdale Terraces	Hillsdale Estates 590 Oshawa Blvd N Oshawa Ontario, L1G 5T9 – 905-579-1777
Lakeview Manor	Beaverton Curling Club, 164 Main Street (705) 426-7418 overflow site – Beaverton Legion, 517 Mara Road (705) 426-7852

4.4 System to account for the Location of All Residents

- A. Registered nurse (RN) on each resident home area (RHA) will check the resident census from the electronic health record (eHR) report. If the numbers of evacuees do not correspond to the eHR census report, there will be a re-check by resident name. Appointment sheets and RHA communication books will be reviewed to determine if residents are out of the building. Registered staff will communicate the number of residents accounted for to the Emergency Coordinator (EC).
- B. There will be a system used to identify residents when they leave the building. In the emergency supplies, there will be stickers. Each resident will be given sticker with their name/RHA.

4.5 Plan to ensure Access to Medication (See Appendix 3)

- A. This plan will ensure residents have timely access to all prescribed medications during any potential emergency requiring an evacuation in compliance with the Fixing Long-Term Care Act, 2021.

4.6 Food and Fluid Provision Plan See (See Appendix 4)

- A. Food and Fluid Emergency plans are to be implemented when there is an emergency arises which interrupts regular food service.
- B. This can include interruption of water, supplier gas/ electrical or cooling/ refrigeration units. This could also include hot weather protocol and menu planning may be altered for any heat related illnesses.
- C. Sample menus are available but should be altered depending on the situation (e.g. gas, electricity, and water). There will be supplies including disposable and paper products and equipment.
- D. The menu could also be aimed towards ensuring cooling and rehydration.

4.7 **Supplies (See Appendix 5)**

Each home will have resources, supplies, and PPE which is vital for an emergency response set aside. The location of these supplies will be:

LVM – Pandemic Storage room – 3rd floor

HT – Emergency supplies in Auditorium storage

HE – Pandemic storage - main floor.

FVL- Reception area and great room

4.8 **Transportation Plan – Code Green Total Evacuation**

- A. Code-Green Total Evacuation would be the only code green level of evacuation where transportation would be necessary. Total evacuation is initiated at the discretion of the Fire Department and/or the Administrator/Delegate or Person in Charge.
- B. Transportation to assist with the evacuation of any Region of Durham Long-Term Care facility must be requested through Durham Regional Police Service (DRPS) dispatch who coordinates appropriate transportation to be provided by Durham Region Transit (DRT).
- C. Depending on the scale of event, other factors may come into effect such as if the Regional Emergency Operations Centre (REOC) is activated. If the REOC is operational, the request to support an evacuation of a long-term care facility would be communicated/requested from the Social Services Emergency Operations Centre (SSEOC) directly to the REOC DRPS/Transit representative.
- D. For larger scale evacuations, there may be a need to request additional transportation supports and mutual aid from transit authorities, outside of DRT. This would be requested/coordinated through the Durham Emergency Management department. (i.e., requesting GO of local transit authorities to support with accessible buses)
- E. Assumptions:
 - (1) It can be assumed, that most residents within a long-term care home will require accessible transit options.
 - (2) Emergency Social Services (ESS) will work with Long-Term Care staff to gauge how many accessible transit buses or contracted taxi services are required for a full-scale evacuation.
 - (3) Emergency Social Services will request that each regional Long-Term Care home provide a semiannual approximate amount of accessible and non-accessible busses that would be required for a total evacuation to adequately support transportation needs for residents and staff.

5. **Specific Duties**

5.1 **Emergency Coordinator:**

- A. Review the Code Green Emergency Checklist (see Appendix 1).
- B. The EC is in charge, reporting to Senior Management until Emergency Services arrive, at which time the EC takes all direction from Emergency Services.

- C. If evacuation of the affected area is required, then **Code Green** is to be initiated. The EC is to direct the Emergency Assistant/Designate to page **Code Green** and area X 3 over the paging system.
- D. Triage areas will be determined at the time of emergency depending on the affected area.
- E. If total evacuation is necessary initiate 2nd stage alarm by inserting the key on your key ring into the fire alarm pull station. The decision to totally evacuate the building is usually made in conjunction with the Fire Department Captain and/or Platoon Chief depending on the actual emergency.
- F. Direct the Emergency Assistant/designate to update/inform the Senior Manager or if after hours, update/inform the Senior Manager on Call.
- G. Direct the Emergency Assistant/designate to establish a mobile command center outside in the main parking lot.
- H. Direct the Emergency assistant to assign a Triage nurse.
- I. Direct Emergency Assistant/designate will ensure that all residents being evacuated are checked through the mobile command centre and recorded.
- J. Direct the Emergency Assistant/designate to retrieve the emergency supply bag from

Home	Location
Fairview Lodge	Main location – Cullen Gardens Team Room Alternate location – utility closet in core area
Hillsdale Estates	Fire Panel Room
Hillsdale Terraces	Auditorium Storeroom
Lakeview Manor	Admin area, photocopy room

- K. Direct the Emergency Assistant/designate to update the Fire Department, Administrator, or designate upon arrival.
- L. Direct the Emergency Assistant/designate to obtain the emergency laptop to access the 24-hour sheet for all departments from work force scheduling software.

5.2 Emergency Assistant (EA):

- A. Follow appropriate emergency code procedures until an evacuation is determined.
- B. Once directed by Emergency Coordinator, page **Code Green** or **Code Green Stat x 3** over the paging system.
- C. If total evacuation of facility is determined, contact the Senior Manager or Senior Manager on Call as directed by the EC.
- D. Obtain master SDM contacts from PCC.
- E. Retrieve 24-hour sheets from Work Force Scheduling software.
- F. Establish the Command Centers outside in the main parking lot (applicable) as directed by the EC.
- G. Ensure all residents who are being evacuated are passing through the mobile command centre and being recorded.
- H. Assemble equipment, supplies, and documentation as directed by the Emergency Coordinator.
- I. Update the Administrator or designate upon arrival as directed by the Emergency Coordinator.

5.3 Senior Manager on Call:

- A. Inform Administrator or designate.
- B. Contact Social Services Emergency Management Coordinator.
ess@durham.ca 905-666-6251
- C. Inform Director Long Term Care and Services for Seniors.
- D. If required, contact evacuation location, see page 2.
- E. Perform any duties assigned by Administrator or EC.

5.4 Administrator (or Designate):

- A. Follow appropriate emergency code procedures until a total evacuation is determined.
- B. If required, initiate Internal Fan Out Call System on RAVE
- C. Report to Command Centre.
- D. Assist in the coordination of external resources (i.e., DEM).
- E. Ensures that the MLTC have been notified via Critical Incident system if applicable.
- F. Document details and prepare a written report of incident for Division and MLTC.
- G. Ensure that the post incident debrief, and evaluation have occurred within 30 days.

5.5 Medical Director/RN(EC)/Designate

- A. Attend, if possible, on site, at any evacuation to assess, assist with triage, and provide medical attention as required in collaboration with EMS.

5.6 Triage Nurse (Designated Staff members):

- A. Proceed to command centre with portable phone.
- B. Proceed to designated triage area on direction of the Emergency Coordinator.
- C. Liaise with EC/EA via portable phone.
- D. Request emergency supplies be brought to triage area.
- E. Assess each resident arriving at triage area.
- F. Triage Nurses role includes
 - (1) Rapidly assessing all injured residents
 - (2) Providing emergency care (or directing other staff to provide care)
 - (3) Prioritizing injured residents for removal to hospital, including directing EMS staff to most seriously injured if applicable
 - (4) Keeping a list of all residents in triage area
- G. Oversee identification of residents at triage location utilizing the census from evacuated unit as a double check of count.

5.7 RN:

- A. Account for all residents on unit.
- B. Receive direction from the EC or Designate.
- C. Assist with resident evacuation.
- D. If determined that a total evacuation is required, help with organizing residents outside.

- E. Check resident census from eHR report. If the numbers of evacuees do not correspond to eHR census report, re-check the residents by name. Check appointment sheets and nursing RHA communication books to determine if residents are out of the building.
- F. Notify the EC or Designate and command center of resident count.
- G. Accompany residents to the evacuee site, as they arrive, residents are verified against census list.

5.8 **RPN:**

- A. Receive direction from the EC or Designate.
- B. If determined that a total evacuation is required, proceed with below **Code Green** procedure.
 - (5) Remove all keys from the medication cart ensuring it is locked.
 - (6) Lock each medication room.
 - (7) Assist with the evacuating of residents as directed.
 - (8) Perform any other duties as assigned by the Emergency Coordinator.

5.9 **Personal Support Worker:**

- A. Assist with the evacuating of residents as directed.
- B. Perform any other duties as assigned by the EC.

5.10 **Environmental Services:**

- A. Assist with the evacuating of residents as directed.
- B. Assist with transfer of equipment and supplies as required.
- C. Assign a staff member to traffic control.
- D. Perform any other duties as assigned by the EC.

5.11 **Food Services:**

Director of Food Services/Designate

If time permits:

- A. Ensure all equipment is turned off and all kitchen storage areas are locked.
- B. Liaise with suppliers and advise them of special needs as they arise.
- C. Maintain a record of any supplies and equipment that leave the premises.
- D. Secure records pertaining to the residents' dietary needs from resident health record

1.2 **All Other Staff (Business office, Rec/Ther., Dietary):**

- E. Assist with the evacuating of residents as directed.
- F. Perform any other duties as assigned by the EC.

5.12 **All Others: (e.g., students, visitors, volunteers, contract & agency workers)**

- A. Follow direction from the EC or RHA staff.

6. Re-Entry into Evacuated Facility (See Appendix 2)

- 6.1 Please complete the Re-entry to Evacuated Facility checklist.

7. Summary and Debriefing – (See Appendix 3 – Post Emergency Debrief Checklist)

7.1 All departments will be responsible for:

- A. Maintaining a record of supplies and equipment used, where it was sent, and ensuring its return when the evacuation is over.
- B. Participating in debriefing to evaluate the emergency and in the post, review providing reports and recommendations.
- C. Formally submitting an evaluation of the emergency within 30 days of the emergency being declared over.
- D. Assisting in creating revisions and implementation of adjustments to the plan.
- E. In-servicing any modifications with staff in their respective departments.

8. Training Requirements

8.1 General Orientation – New Staff

- A. Education and training on the Emergency Plans are provided through the Divisional Orientation and at Departmental Orientation.

8.2 Annual and Ongoing – All Staff

- A. Education is provided on all the emergency codes on an annual basis through e-learning platform.
- B. Annually, the home will test the emergency plan.
- C. Every three years, all homes will work in collaboration with the fire department to complete a planned evacuation. Records will be kept of the testing of emergency plans, planned evacuations, and the changes made to improve the plans.

9. References

- 9.1 Fixing Long Term Care Act, OReg 246/22 s268
- 9.2 County of Simcoe (n.d.). Emergency Supplies and Emergency Kit Checklist.
- 9.3 MediSystem Policies & Procedures (2021). Medication Handling and Speciality Drugs.
- 9.4 MediSystem Policies & Procedures (2021). MediSystem Care Home Disaster Plan (MEDI-QA-001-T03).
- 9.5 York Region (2022). Emergency Access to Prescriptions Plan (Policy and Procedures).

10. Attachments/Appendices

- 10.1 Appendix 1 - Code Green Emergency Checklist
- 10.2 Appendix 2 - Code Green- Post Incident Debrief Checklist
- 10.3 Appendix 3 - Drug Provision Plan
- 10.4 Appendix 4 - Food and Fluid Emergency Plan
- 10.5 Appendix 5 - List of Supplies
- 10.6 Appendix 6 - General Safety Information
- 10.7 Appendix 7 - Emergency Evacuation Techniques

Appendix 1 - Code Green Emergency Checklist

Date: _____ Incident Manager: _____

Check if completed	Activity	Comments
	Administrator notified Code Green needs to be initiated	
	Determined Type of Code Green	
	Horizontal	
	Vertical	
	Total Evacuation	
	Code Green Activated and all staff notified of location	
	EC directed 911 to be notified	
	EC directed all personnel to the location of need	
	Administrator/designate to contact Director/ MOL/MLTC/ DEM/SS EM/Communications	
	If total evac – EA to contact evacuation centres	
	Residents accounted for and enacted system of identification	
	Triage area set up with emergency supplies	
	Family/SDM notified	
	Record of evacuees	
	Transportation arranged and lists of locations residents are going maintained?	
	Enact Food and Fluid plan if necessary	
	Enact drug provision plan if necessary	
	Ensure scheduling is notified	

Appendix 2 - Code Green- Post Incident Debrief Checklist

Date: _____

Completed By: _____

Incident: _____

Reports:	Yes/ No	Comments:
Has a formal debrief occurred with staff/residents/families		
Has an evaluation been completed		
Has there been a formal report completed and sent to the Director?		
Were external partners informed of outcome?		
Dietary Department Checklist		
Was any equipment or supplies used during the emergency by the department?		
Environmental Services		
Was any equipment or supplies used during the emergency by the department?		
Recreational Department		
Was any equipment or supplies used during the emergency by the department?		
Nursing Department		
Was any equipment or supplies used during the emergency by the department?		
Administration Department		
Was any equipment or supplies used during the		

emergency by the department?		
Process Review		
Processes which went well		
Gaps in Process		
Improvement Suggestions		
Any revisions to the Emergency Code		

Sign off _____ Date _____

Appendix 3 - Drug Provision Plan

Purpose: To ensure residents have timely access to all prescribed medications during any potential emergency in compliance with the Fixing Long-Term Care Act, 2021.

EMERGENCY MEDICATION SUPPLIES KIT

The Emergency Medication Supplies kit is in the Automatic Dispensing Unit Room.

List of Contents:

- 1 box of syringes
- 1 box of gloves
- 1 box of alcohol swabs
- 1 box of pens
- 1 stethoscope and blood pressure cuff
- 1 pill crusher
- MediSystem Contact Information
- 1 sleeve of med cups

Registered Staff will:

- Review emergency medication supplies kit list monthly to ensure kit includes appropriate supplies based on current resident population.
- Review emergency medication supplies kit monthly; and, after anytime that it is used, to ensure it is stocked.

EVACUATION

Registered staff will:

- Lock medication cart and medication room
- Bring emergency medication supplies kit, if able

Nurse Management or Delegate will:

- Prioritize access to medication records and medication ordering in collaboration with Medical Director or delegate (RN (EC)).
- Access resident medical records remotely through Point Click Care (PCC) and Electronic Medication Administration Record (eMAR), or
- Coordinate with an alternate Durham Region Home to print medication records, if remote access to PCC and eMAR is not possible, or
- Request eMAR sheets from MediSystem
- Order required medications for emergency delivery

MediSystem will (as per MediSystem Care Home Disaster Plan, 2021):

- Replace and dispense all required medications
- Deliver required medication to alternative locations along with pharmacy supplies and equipment
- Deliver and print eMAR sheets and / or Prescriber's Medication Review

- Provide ongoing refills to the alternate location for the duration of the evacuation

RELOCATION

Nursing Management or Delegate will:

- Securely transport medication carts, refrigerated medications and emergency medication supplies kit to relocation site in collaboration with Environmental Services and the Emergency Coordinator (if applicable)
- Ensure medication records are available
 - If less than 1 hour prior to relocation: contact MediSystem to obtain eMARs.
 - If 1-2 hrs prior to relocation: print off each residents' Medication Review Report from PCC (includes all diagnosis and current medications).
 - If greater than 2 hours to relocation: transport residents' charts – (if applicable)
- Prioritize access to medication records and medication ordering in collaboration with Medical Director or delegate (RN (EC)), and:
 - Access resident medication records via PCC
 - Order required medications for delivery to new emergency location
- Set up secure medication storage, following MediSystem's Policy and Procedures re: storage of medication and storage of narcotics, controlled and targeted substances.

MediSystem will (as per MediSystem Care Home Disaster Plan, 2021 see below):

- Replace and dispense all required medications
- Deliver required medication to alternative locations along with pharmacy supplies and equipment
- Deliver and print eMAR sheets and / or Prescriber's Medication Review
- Provide ongoing refills to the alternate location for the duration of the evacuation

LOSS OF TECHNOLOGY

- Nursing Management or Delegate will:
 - Access PCC and/or eMARs through an alternate Durham Regional Home, if only one location is impacted.
 - Contact MediSystem for residents' current medication drug review

LOSS OF REGULAR PHARMACY PROVIDER

- Nursing Management or Delegate will:
 - Contact local pharmacies to fill prescriptions as per reciprocal agreement



MediSystem Care Home Disaster Plan - Medication

1.0 Purpose

To ensure all residents have sufficient and timely medication supply in the event of a home disaster.

2.0 Applicability

This policy is applicable to all care homes serviced by MediSystem Pharmacy.

3.0 Procedure

3.1 In the event of a disaster, fire or other forced evacuation at the home:
Pharmacy will work closely with the home to provide the following in a timely manner:

- Replacement and dispensing of all required medications
- Delivery of required medication to alternative locations
- Delivery and Printing of MAR Sheets and/or Prescriber's Medication Review
- Provide ongoing refills to the alternate location for the duration of the evacuation

3.2 Contact the pharmacy immediately and inform them of the transfer of residents to any temporary facilities. Please call the following people in this order:



	Contact	Phone
1	Pharmacy	(416) 441-2293 (Toronto) (705) 722-7440 (Barrie) (519) 681-9020 (London) (905) 766-3410 (Mississauga) (613) 224-3225 (Ottawa) (705) 524-3542 (Sudbury) (403) 255-3886 (Calgary) (204) 784-2850 (Winnipeg) (587) 635 3148 (Edmonton) (604) 270-4590 (Richmond) (306) 949-3077,3,4 (Regina) (306) 445-6253, 3,4 (North Battleford)
2	After Hours Pharmacist	416-301-7449 / 1-877-631-6334 (Toronto, Mississauga) 1-888-630-6334 (Barrie, London, Ottawa, Sudbury) 1-403-466-6800 (Calgary) 1-833-390-1020 (Edmonton) 1-778-908-7063 (Richmond) 1-204-470-6025 (Winnipeg) 1-306-999-0466 (Regina) 1-306-445-6253, 3, 3 (North Battleford)



3.3 Communicate which resident(s) require replacement medications and delivery location. Pharmacy will prepare replacement medications in blister cards, vials, or multi-dose packages for the required length of time.

3.4 Medications will be prepared and delivered to the temporary facilities once prepared and verified. Any pharmacy supplies, equipment, and documentation records (e.g. MAR sheets) will also be delivered at that time.

3.5 Home Disaster Plan

In the event the home receives residents evacuated from another home or the community:

- Request that all medications and MAR Sheets & TAR Sheets accompany the resident if possible.
- MediSystem would require the following information in order to fill and dispense medications to these residents
 - Resident's first and last name as it appears on their Health Card.
 - Health Card Number and Version Code
 - Allergy information, if known
 - List of all current medications
 - Name, address, telephone number of prescribing doctor OR
 - Name and telephone number of pharmacy supplying current medications

3.6 Pharmacy will make arrangements to dispense medications to these residents in blister cards, vials, or multi-dose packages for the required length of time.

Appendix 4 - Food and Fluid Emergency Plan

Food and Fluid Emergency plans are to be implemented when there is an emergency arises which interrupts regular food service

This can include interruption of water, supplier gas/ electrical or cooling/ refrigeration units. This could also include hot weather protocol and menu planning may be altered for any heat related illnesses.

Sample menus are available but should be altered depending on the situation (eg gas, electricity and water). There will be supplies including disposable and paper products and equipment.

The menu could also be aimed towards ensuring cooling and rehydration.

Procedures:

The following would be requested:

- A laptop for access to the resident healthcare records (dietary information and care plans)
- A hard copy of the resident dietary information for reference per RHA
- An emergency menu will be adapted to meet the nutritional requirements of the residents based on the availability of food and supplies; availability of staff; availability of water for cooking, drinking, and sanitation; availability of utilities (gas, electricity, and water); ability to meet modified diet needs.
- The food service distributor(s) will be contacted for a special delivery of food, beverages, and supplies as required.
- Contact community agency and partnering facilities for assistance as required.
- Reallocate available staff to safely store, prepare, and deliver meals and snacks as required.

Department lead responsibility:

- Based on resident needs and availability due to emergency; basic nutritional requirements will be met.
 - The Department lead/ designate will ensure the availability of:
 - Staffing levels, including direct and supervisor responsibilities
 - Food and delivery
 - Water
 - Devices to assist with making modified dietary needs.
 - Should it be heat related, provide hydration stations in the dining rooms and common areas through the home. Please refer to Heat Related Illness and Prevention Plan.
 - Continue to follow proper sanitization and IPAC measures re: food storage, prep and delivery
 - Continue to stay connected with community partners re: delivery, supports (rentals of refrigeration units)
 - Monitor and record the temperatures in the fridges and freezers during a power failure and discard any items if the temperature exceeds 5 degrees (40 F)
- Menus for each loss of power needed (no gas, no electricity, no water, loss of all essential services

Food and Fluid Plan Appendix 4 Pandemic 7 day menu - Week 1

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST						
Cream of Wheat or Oatmeal 180 mL Hard Boiled Egg 1 each Bran Muffin 1 each Assorted Cold Cereal 180 mL Whole Wheat or White Toast 1 slice Jelly/Jam/Honey/Mar/PB 1 each Margarine 1 each Pepper 1 each Salt 1 each	Cream of Wheat or Oatmeal 180 mL 1 #16 Scrambled Eggs sc. Assorted Danish 1 each Assorted Cold Cereal 180 mL Whole Wheat or White Toast 1 slice Pepper 1 each Margarine 1 each Salt 1 each Jelly/Jam/Honey/Mar/PB 1 each	Cream of Wheat or Oatmeal 180 mL Egg Omelette 1 each Carrot Muffin 1 each Assorted Cold Cereal 180 mL Whole Wheat or White Toast 1 slice Margarine 1 each Salt 1 each Jelly/Jam/Honey/Mar/PB 1 each Pepper 1 each	Cream of Wheat or Oatmeal 180 mL 1 #16 Scrambled Eggs sc. Assorted Danish 1 each Assorted Cold Cereal 180 mL Whole Wheat or White Toast 1 slice Pepper 1 each Salt 1 each Margarine 1 each Jelly/Jam/Honey/Mar/PB 1 each	Cream of Wheat or Oatmeal 180 mL Hard Boiled Egg 1 each Blueberry Muffin 1 each Assorted Cold Cereal 180 mL Whole Wheat or White Toast 1 slice Jelly/Jam/Honey/Mar/PB 1 each Pepper 1 each Margarine 1 each Salt 1 each	Cream of Wheat or Oatmeal 180 mL 1 #16 Scrambled Eggs sc. Assorted Danish 1 each Assorted Cold Cereal 180 mL Whole Wheat or White Toast 1 slice Pepper 1 each Salt 1 each Margarine 1 each Jelly/Jam/Honey/Mar/PB 1 each	Cream of Wheat or Oatmeal 180 mL Cheese Omelette 1 each Chocolate Chip Muffin 1 each Assorted Cold Cereal 180 mL Whole Wheat or White Toast 1 slice Salt 1 each Jelly/Jam/Honey/Mar/PB 1 each Pepper 1 each Margarine 1 each
LUNCH						
Chicken Noodle Soup 125 mL Unsalted Crackers 1 each 1 (3x4 in) Shepherd's Pie G-F Beef Gravy 30 mL Buttered Corn 125 mL Buttered White/WW Bread 1 slice Chilled Diced Peaches 125 mL 2% Milk 175 mL Water 175 mL Pepper 1 each Salt 1 each Assorted Juice 89 mL Coffee or Tea 175 mL	Cream of Broccoli Soup 125 mL Unsalted Crackers 1 each Macaroni & Cheese 180 mL Stewed Diced Tomatoes 125 mL Butterscotch Pudding 125 mL 2% Milk 175 mL Water 175 mL Salt 1 each Pepper 1 each Coffee or Tea 175 mL Assorted Juice 89 mL	Cream of Mushroom Soup 125 mL Unsalted Crackers 1 each Plum Sauce 1 each Chicken Strips 3 each Pom Potatoes 125 mL Steamed Baby Carrots 125 mL Fresh Fruit Salad 125 mL 2% Milk 175 mL Water 175 mL Salt 1 each Pepper 1 each Coffee or Tea 175 mL Assorted Juice 89 mL	Chicken Rice Soup 125 mL Unsalted Crackers 1 each Marinara Sauce 30 mL Meat Lasagna 1 (12th) Cheese Tea Biscuit 1 each Fancy Blend Vegetables 125 mL Orange Gelatin w/ Whip Topping 125 mL 2% Milk 175 mL Water 175 mL Salt 1 each Pepper 1 each Assorted Juice 89 mL Coffee or Tea 175 mL	Vegetable Barley Soup 125 mL Unsalted Crackers 1 each Beer Battered Haddock 90g Lattice Fries 125 mL Dixie Coleslaw 125 mL Tartar Sauce 1 each Lemon Wedge 1 each Applesauce 125 mL 2% Milk 175 mL Water 175 mL Salt 1 each Pepper 1 each Assorted Juice 89 mL Coffee or Tea 175 mL	Cream of Celery Soup 170 mL Unsalted Crackers 1 each Ravioli w/Rose Sauce 180 mL Italian Mixed Grilled Vegetables 125 mL Mandarin Oranges 125 mL 2% Milk 175 mL Water 175 mL Salt 1 each Pepper 1 each Coffee or Tea 175 mL Assorted Juice 89 mL	Cream of Tomato Soup 125 mL Unsalted Crackers 1 each Grilled Cheese Sandwich 1 each Four Bean Salad 125 mL Vanilla Chocolate Ice Cream Bar 1 each 2% Milk 175 mL Water 175 mL Pepper 1 each Salt 1 each Coffee or Tea 175 mL Assorted Juice 89 mL

DINNER

Southern Style Fried Chicken	90 g
Savory Potato Wedges	125 mL
Sunrise Vegetables	125 mL
G-F Chicken Gravy	30 mL
LoCal Rice Pudding	1 each
2% Milk	175 mL
Water	175 mL
Pepper	1 each
Salt	1 each
Assorted Juice	89 mL
Coffee or Tea	175 mL

Turkey Pot Pie	1 each
Buttered Brussels Sprouts	125 mL
Iced Banana Cake	1 (2x2)
2% Milk	175 mL
Water	175 mL
Pepper	1 each
Salt	1 each
Coffee or Tea	175 mL
Assorted Juice	89 mL

Breaded Sole	90 g
Mashed Potatoes	125 mL
California Vegetables	125 mL
Tartar Sauce	1 each
Lemon Wedge	1 each
G-F Chicken Gravy	30 mL
French Cream Cheesecake	1 (2x3)
2% Milk	175 mL
Water	175 mL
Pepper	1 each
Salt	1 each
Assorted Juice	89 mL
Coffee or Tea	175 mL

Homemade Honey Dijon Ham	90 g
G-F Pork Gravy	30 mL
Mashed Potatoes	125 mL
Green Beans	125 mL
Strawberry Ice Cream	125 mL
2% Milk	175 mL
Water	175 mL
Pepper	1 each
Salt	1 each
Coffee or Tea	175 mL
Assorted Juice	89 mL

Sweet & Sour Chicken	180 mL
G-F Chicken Gravy	30 mL
Homemade Chinese Fried Rice	125 mL
Asian Stir Fry Vegetables	125 mL
Country Carrot Cake	1 (2x2)
2% Milk	175 mL
Water	175 mL
Salt	1 each
Pepper	1 each
Coffee or Tea	175 mL
Assorted Juice	89 mL

Pulled Pork with BBQ Sauce	90 g
G-F Pork Gravy	30 mL
Mashed Potatoes	125 mL
Cauliflower	125 mL
Uniced Chocolate Brownie	1 each
2% Milk	175 mL
Water	175 mL
Pepper	1 each
Salt	1 each
Coffee or Tea	175 mL
Assorted Juice	89 mL

Beef Pot Roast & Gravy	90 g
G-F Beef Gravy	30 mL
Yorkshire Pudding	1 each
Oven Roasted Potatoes	125 mL
Bistro Vegetables	125 mL
Vanilla Pudding	125 mL
2% Milk	175 mL
Water	175 mL
Pepper	1 each
Salt	1 each
Assorted Juice	89 mL
Coffee or Tea	175 mL

Appendix 5 - List of Supplies

List of items in the Disaster box

The manager of Environmental Services/designate will be responsible for ensure that all items are in the disaster bag, reviewing on a quarterly basis and ensuring that the iPad and laptop are accessible and updated.

Item	Amount	Location	Date checked	Signature
iPad	2			
Laptop	1			
Foil Blankets	1 per resident			
Resident and staff lists (PCC) Resident HCM (Staff)	1			
Stickers	1 per resident to be used during Code green to identify Resident			
Floor plans	2 set			
White sticky tags	Box (1)			
Markers	Box (1)			
Pens	Box (1)			
Flashlights	Min (5)			
Batteries	Packs (5)			
Directional arrows				
Clip boards	Min (3)			
Note pads	Min (2)			
Safety vests	Min (2)			

Caution tape	Roll (1)			
First aid kit	Kit (1) Major Kit (1) Minor			
Work gloves	Pairs (2)			
Hand Sanitizer	Bottles (2)			
Surgical masks	Box (2)			
Gloves	Box (1)			

Audit

Date	Completed by:

Appendix 6 - General Safety Information

Order of Evacuation:

- a) Immediate source of Danger.
- b) Rooms adjacent to source of Danger (Left, Right, Across)
- c) Continue evacuating area away from danger until area has been completely evacuated.

Evacuation Has Four Progressive Stages

1. Site (Immediate Danger) Evacuation Procedure

1. Remove the resident(s) from immediate area. It is only necessary to move them into the hall outside the room before returning for the others. If the resident's clothing is on fire apply a bed blanket or a heavy coat.
2. When the room is vacant, the **EVACUCHECK** is flipped.
3. Have someone sound the alarm if this has not already been done.
4. Once the residents are in the corridor and the door to the Danger is closed, then the residents can be moved to safety beyond the corridor fire doors.
5. Return to the area to assist with transporting other residents beyond the nearest fire doors.

2. Code Green Horizontal Evacuation:

- Remove all residents from the affected Danger zone beyond the set of corridor fire doors.
- Lights are turned on, door closed, and the EVACUCHECK flipped to indicate a room has been checked and is vacant.
- One staff member must remain in the safe holding area to offer reassurance and support to the residents.

3. Code Green - Vertical Evacuation:

Occurs only under the direction of the fire department or emergency management coordinator.

If gas, smoke, or fire threatens the safe area on the affected floor, the residents would be transported downwards via stairwells.

4. Code Green – Total Evacuation:

Only carried out upon the direction from the **Fire Department Captain/Platoon Chief**. This is signalled throughout the Home by the second phase of the Fire Alarm.

Passing Through Fire Barrier Doors

Staff are required to return to their area when page is done or the alarm sounds. When passing through the fire barrier doors, you should always first:

- Look through the window (if there is one) to check for smoke. Turn the back of your hand ½ inch from the door surface to feel for heat. Start at the bottom moving your hand upward. If the door is hot do not enter the room.
- If you are uncertain of the location of the Danger or Fire and must open or pass through a door, use caution.

Caution: If the emergency is a fire, note that some doors may not get hot or may feel only warm due to their construction, so be very careful when opening any door when there is a fire. The fire will have consumed much of the available oxygen in the room and the closed door will inhibit the entry of additional air from the corridor.

EVACUCHECKS

The EVACUCHECK system will be used when the fire alarm rings, or a Code Green has been paged.

The EVACUCHECK is a reflective visual aid that indicates a room has been checked and is vacant during emergency procedures.

When the evacuation of an area has been declared, the following procedures should be implemented by the responders

- Staff will enter and search all inner and adjacent areas of the room. Resident(s) found are removed from the room, windows are closed, and lights are turned on.
- Upon exiting the room, the **door is closed**.
- Staff will lift the front leaf of the EVACUCHECK and place against the door showing the vacant symbol. The open EVACUCHECK indicates that the room is vacant.

Resident Removal from Fire/Emergency:

1. Initially, move residents from effected area/ fire room into the corridor only (placing them along and against the wall, so they will not be stepped on or tripped over), until the room is cleared. Check the bathroom, the clothes closet(s), and under the bed(s).
2. Take a blanket from each resident's bed and wrap it around their shoulders if ambulatory, use a blanket if necessary to drag the resident (if bedridden). You may require the assistance of another staff member to act as your partner.
3. When the room is vacant, flip the EVACUCHECK. This will indicate that the room is vacant.
4. Have someone **sound the alarm** if this has not already been done.
5. Move residents in the corridor to a place of safety, usually beyond one set of corridor fire doors. **Do not use the elevators.**
6. Remove residents from alternate rooms on each side of the Fire/Danger room and from the room across the hall, as necessary. Ensure that all lounges, communal kitchen, and other such areas are also vacant.

Note: The emergency management coordinator is in charge at the scene of the emergency until the fire department/designate arrives.

Appendix 7 - Emergency Evacuation Techniques

Universal Carry

- Grab ankles, pull legs over side of bed and get the resident in a sitting position.
- Get behind the resident and use a bear hug grip from behind.
- Ease the resident off the bed and lower to the blanket. If the resident is extremely heavy, let them slide down your leg.
- Wrap the resident in the blanket.
- Grasp the blanket at the end above the shoulders, get the resident in a half sitting position, and pull the blanket to safety. Support resident's head and neck.

Blanket Carry

This technique is used by one rescuer to move a resident (conscious or unconscious) along the floor. It keeps the rescuer and resident close to the ground where the air is freshest in cases of fire or gas. It is useful in confined spaces where the rescuer cannot stand up. This method consists of rolling the resident onto a sheet, which is then used as a skid on which the resident's body is pulled. A blanket sheet or canvas stretcher can be used. This method is not the one of choice on carpeted area.

- Place blanket on floor beside bed, flat on the floor.
- Slide legs onto the floor (over side).
- Lift shoulders up and get behind person.
- Place arms around chest, grasping resident's wrists. Lock in place.
- Gradually ease to floor (watch head). Lower head slowly and gently.
- Wrap blanket around body.
- Place resident's arm (the one nearest to you) straight up.
- Place resident's outer arm across chest.
- Support resident's head and neck with one hand and rotate resident's hips with the other.
- Repeat until resident is in the centre of the sheet.
- Grasp the sheet near the resident's head at the hollow of his shoulder and neck.
- Kneel on one knee, slide the resident toward you, reposition yourself, and slide again.

EvacuSled (if in place)

- **Step 1 Prepare for Evacuation**

Locate Supersled in Storage area, Lock bed brakes, Lower bed, and Cocoon Patient with Bed linens.

- **Step 2 Securing the Patient**

One Rescuer will stand on one side of the bed and log roll the patient towards them self. The Second Rescuer will slide the Supersled under the patient. Roll the patient onto the Supersled and readjust to ensure the patient is centered. Place in IV, oxygen etc. Secure patient by buckling the 5 cross straps.

- **Step 3 Evacuating from Bed**

Pivot Supersled to deploy from side of the bed and lower the patient to floor. Alternative option two evacuate from foot end.

- **Step 4 Horizontal Evacuation**

Using the foot end pull cord, drag the Supersled and patient foot end first to the evacuation stairwell.

- **Step 5 Vertical Evacuation**

With the carabineer secured, using the belay technique, the head end rescuer eases out the tethering strap as the foot end rescuer pulls the foot end pull cord until the patient reaches the next landing. Unclip and walk down the carabineer to the next landing. Repeat.

Double Cradle

- This involves 2 rescuers, X and Y, both on the same side of the resident.
- X puts one arm under the resident's neck and the other under the small of the back.
- Y puts one arm under the resident's buttocks and the other under the knees.
- Coordinate lift and roll back to let resident slide down your bodies to the blanket.

Swing Carry

- This involves 2 rescuers, X and Y.
- X grasps the ankles of the residents and swings the legs over the edge of the bed.
- Y brings the resident to a sitting position.
- Both rescuers sit on the bed beside the resident and with one arm each, reach behind the resident and grasp their arm at the bicep.
- The other arms reach under the resident's knees and lock together to form a swing.
- When ready, the resident is hoisted up and carried to safety.

Chair Lift (if in place)

- This involves 1 or 2 rescuers.
- Get resident in a sitting position.
- Give resident a Bear Hug hold from the front and ease resident onto a straight back, sturdy chair.
- If the resident needs restraint, use a blanket or sheet to tie them to the chair.
- 1 rescuer tilts the chair back to you and drag to safety.
- For 2 rescuers, one grasps upper back of chair and tilts it back, while the other grasps the front chair legs and picks it up.
- Both carry the resident to safety.

Side Assist

- Stand beside the resident.

- Draw resident's left arm around your back and secure with your left arm.
- Snug resident to your body and places the right arm behind them and grasps their right forearm.
- Assist in walking.

Bear Hug

- Stand behind the resident.
- With your arm through theirs, grasp resident's wrist and cross over their chest.
- Use your knees to prod the resident on.
- Keep your head to one side to avoid being butted.

Backwards Emergency Assist

***** Note: This is only appropriate in an emergency for evacuation of individual demonstrating challenging behaviour or inability to comply with alternate method of evacuation.**

- Two staff approach the individual from the front, one from each side.
- The staff member places their arm (which is closest to the resident) into the axilla (armpit) of the individual - arm bent up at the elbow - palm on the back of individual's shoulder.
- Staff remaining hand firmly supports the back of individual's bent elbow.
- Staff move forward together with individual moving backwards, securely supported, between the 2 staff members. *** This may necessitate "dragging" the individual backwards on their heels.