

CITY OF HAMILTON LONG TERM CARE HOMES EMERGENCY RESPONSE PLAN



Hamilton

Macassa and Wentworth Lodge

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TABLE OF CONTENTS

PREFACE 4

SCOPE OF PLAN..... 4

IMPLEMENTATION..... 4

AUTHORITY DURING AN EMERGENCY 5

COMMUNICATION..... 5

OUR EMERGENCY PLANS 6

EMERGENCY EXERCISE AND TRAINING..... 6

 TRAINING..... 7

EMERGENCY CODES 7

 EXERCISE TESTING POLICY 7

CODE ORANGE- EXTERNAL DISASTER RESPONSE PLAN 8

 CODE ORANGE FLOOD PLAN..... 10

CODE BLACK- BOMB THREAT..... 13

CODE YELLOW- MISSING PERSON 16

CODE WHITE VIOLENCE IN THE WORKPLACE 20

CODE BROWN- CHEMICAL SPILL 25

CODE RED- FIRE 26

CODE GREEN- EVACUATION 28

RN STAT 31

EMERGENCY ACCOMODATION PLANS 32

CONTINGENCY PLANS-SYSTEM FAILURE..... 33

 LOSS OF HYDRO..... 33

 LOSS OF NATURAL GAS/NATURAL GAS LEAK 35

 LOSS OF NETWORK 37

 LOSS OF WATER/BOIL WATER ADVISORY 39

PANDEMIC BUSINESS CONTINUITY PLAN 42

OUTBREAK MANAGEMENT 71

EMERGENCY SUPPLIES AND RESOURCES 71

 CORPORATE EMERGENCY RESPONSE 71

 LODGE EMERGENCY RESPONSE 71

 EMERGENCY RESPOSE- NURSING 71

EMERGENCY FOOD AND FLUIDS 71

EMERGENCY PHARMACY AND MEDICATION 72

PREFACE

The Ministry of Long-Term Care, under the Fixing Long-Term Care Act, 2021 (FLTCA) and Ontario Regulations 246/22 (O. Reg. 246/22) outlines the requirements for all Long-Term Care Home licensees to have an Emergency Response Plan to ensure the safety and security of residents, visitors, staff, and volunteers. Licensees are responsible for ensuring compliance with the requirements of the FLTCA and its regulations.

The Emergency Management Plan supports a framework of legislation, regulation and standards. These statutory documents are in place to ensure a minimum level of emergency management activities are taking place across Long Term Care Homes.

The intention of this guide is to support Emergency Response activities within the City of Hamilton's Long-Term Care homes. It is a compendium to the Corporate Emergency Response Plan.

SCOPE OF PLAN

The Emergency Plan is used to direct staff in LTC, communicate resources and ensure safety in the event of a disruption of service or threat to person(s) and property.

The Emergency Plan is issued under the authority of the Senior Administrator- LTC Division (or designate) in collaboration with the General Manager of Healthy & Safe Communities Department. Any additions, deletions or revisions to this plan will be communicated to and disseminated through the Senior Administrator- LTC Division. The Emergency Plan will be reviewed in its entirety for accuracy of information at least annually.

The Emergency Plan is in effect for the following Long-Term Care Homes:

- Macassa Lodge
- Wentworth Lodge

Emergencies in LTC are supported by the Healthy & Safe Community department Emergency Services as required.

IMPLEMENTATION

The Emergency Plan, in whole or in part, will be implemented immediately on receipt of information of imminent harm to people or property. Notice to implement could be received in the following ways:

Sounding of the fire alarm

Public address announcement of imminent risk (using established emergency codes)

Decision of the Senior Administrator

Decision of the Administrator or designate

Decision of the General Manager of Healthy and Safe Communities Services or designate

Notification from external alerts (i.e.: Tornado, External Disaster, Extreme Temperatures)

AUTHORITY DURING AN EMERGENCY

The Fire Coordinator shall maintain responsibility for all stakeholders and all property owned or operated by The City of Hamilton until relieved by the Senior Administrator or delegate within the Long-Term Care Division.

The person implementing the emergency plans shall work in collaboration with Emergency Services (Fire, Police, and Paramedics) to ensure all appropriate measures are taken to ensure the safety of people and property.

COMMUNICATION

During an emergency, staff communicate to key personnel internally using the P.A. System, telephones and/or messengers are also used depending on availability and need.

Communication is initiated and maintained with the families of all residents evacuated from or admitted to City of Hamilton homes in the event of a disaster in order to provide current, factual information regarding evacuees and admissions and to relieve anxiety and concern on the part of families. Communication is initiated after the immediate emergency has been addressed and it is safe to do so.

Staff do not communicate directly with media at any time. Media inquiries are directed to the Senior Administrator, who in turn would only communicate with media as directed by the City of Hamilton Communications Department.

Confidentiality is to be maintained by all employees in accordance with the policy and directives of the City of Hamilton.

OUR EMERGENCY PLANS

EMERGENCY CODES

Code Orange External Disaster Response Plan
 Code Black Bomb Threat
 Code Yellow Missing Person
 Code White Violent Person
 Code Brown Chemical Spills
 Code Red Fire
 Code Green Evacuation
 RN Stat Call/Page

BUSINESS CONTINUITY

Emergency Accommodation Plans
 Contingency Plans- Systems Failure
 Pandemic Business Continuity Plan
 Outbreak Management

OTHER EMERGENCY POLICIES

Emergency Medicine Policy
 Emergency Food and Fluids
 Emergency Resources and Supplies

EMERGENCY EXERCISE AND TRAINING

Practice drills are conducted at least once per year on the Emergency Response Plan including fire procedures, evacuation procedures and codes.

Homes are required under ss. 268(10) of O. Reg. 246/22 to test emergency plans, including arrangements made with emergency providers. Required testing frequency is as follows:

Annually	Every three years:
Outbreaks of communicable diseases, outbreaks of a disease of public health significance, epidemics, and pandemics Fires Situations involving a missing resident, Loss of one or more essential services, Medical emergencies, Natural disasters or extreme weather events Boil water advisories, and Floods	Community disasters (tornado, flooding) Violent outbursts Bomb threats Chemical spills Gas leaks Evacuation

TRAINING

All new staff are instructed on the Emergency Response Plan as part of their orientation training and are given copies of their specific duties for the Emergency Response Plan including fire procedures, evacuation procedures, emergency codes and are responsible for understanding their responsibilities during an emergency. Oversight of Code Drills is by the Superintendent of Facilities Operations & Maintenance to ensure all codes are tested and reported to the Administrator.

EMERGENCY CODES

Emergency codes are used in Long Term Care to message to staff various kinds of emergency situations. The use of codes is intended to convey essential information quickly and with a minimum of misunderstanding to appropriate staff, while minimizing stress and preventing panic among residents and visitors to the Homes. They enable a concise means of ensuring staff receive a common message, signaling the need for an urgent response without unnecessarily alerting or alarming residents or visitors.

Staff are expected to use the specific code procedures in the event of an emergency and participate in code training exercises when they occur to ensure that everyone is prepared in the event of an emergency. Emergency Codes are printed and available at each long-term care home at Reception. See Policy- [Universal Codes](#)

EXERCISE TESTING POLICY

Emergency Procedure Testing – EF 01-01-02

PURPOSE: Practicing emergency procedures helps the persons served and personnel to better respond in actual emergency situations and helps identify areas for performance improvement.

Ensure adequate staffing levels are provided on all three shifts to fulfil the duties as set out in the Fire Safety Plan and all Code procedures.

PROCEDURE: Annually the Supervisor of Facilities Operations and Maintenance will distribute a schedule outlining when drills are to occur and who will take the lead for the drills. Drills are to occur on all three shifts and be announced.

The lead will be responsible to:

Develop the drill scenario

Set the day(s) and time(s) of drills

Determine the RHA(s) for the drills to occur on

Advise the Fire Coordinator prior to the drill and ensure the Fire Department, etc. isn't called.

Recruit 1-2 management team members to act as observers during the drill.
Ensure a sign-in sheet is circulated to capture attendance of all the staff who participated/ responded to the drill.
Action and complete the scenario
Complete a debrief at the completion of the drill
Submit completed "Emergency Code Drill Report" form to the Manager of Quality.

Observers will be responsible to:
Assist the lead by observing the drill.
Coaching staff as required
Circulate attendance sheet
Submit the completed "Emergency Code Drill Report" form to the Manager of Quality.

At the MMT meeting immediately following the unannounced drill, the results will be reviewed and any areas for performance improvement implemented. Results will also be shared at the Joint Health and Safety Committee meetings.

FIRE DRILLS

Fire drills will be conducted on all 3 shifts on a monthly basis to ensure staff can fulfil their duties as described under the Code Red section of this manual. A record of these drills will be kept on-site for a period of 2 years. Drills are conducted by the maintenance department.

CODE ORANGE- EXTERNAL DISASTER RESPONSE PLAN

Emergency Disaster Outline – EF 02-01-01

Subsequent policies are available for staff in the Emergency and Fire Manual.

PURPOSE: To effectively deal with peacetime disasters or emergency situations affecting human lives and property, coordinated responses from the institution and outside organizations are required.

PROCEDURE: The Emergency Disaster Plan lays down the efficient deployment of the staff, outside agencies and organizations in the event of a disaster or emergency

CO-ORDINATION: A Disaster Alert Committee, made up of Lodge Department Heads, is responsible for coordinating and reviewing on an annual basis the Lodge Emergency Disaster Plan.

IMPLEMENTATION: The decision to implement the Emergency Disaster Plan is made by the Administrator or designate.

The Administrator is responsible for informing the members of the Disaster Alert Committee when the Emergency Disaster Plan is activated.

In turn, Department Heads are responsible for notifying their staff, both on and off duty.

SITUATIONS: The Emergency Disaster Plan details the evacuation of residents from the building if it becomes unsafe or uninhabitable, either temporarily or permanently.

Situations could include:

Loss of heat to the building;

Building made uninhabitable by fire, wind (Tornado) or water damage (Flood);

A potentially dangerous, life threatening situation, including outside fires, gas leaks, chemical spills, etc.

EMERGENCY RESPONSE PHASES:

Phase I - If an emergency arises, alert on-duty staff and key people, as required.

Phase II - If upon assessment, evacuation is deemed necessary, the Emergency Disaster Plan will be instituted.

RECEPTION CENTRES: During an emergency evacuation, residents shall be transported to Emergency Shelters as per the Accommodation Emergency Shelter Agreement updated bi-monthly.

Reception Centres shall be utilized as required by the number of people evacuated.

Please see attached appendix EF-02-01-01a Emergency Shelter Agreements

Dietary staff shall proceed to the Emergency Shelters and arrange to provide hot drinks and sandwiches. If not possible, Dietary staff shall arrange to have food delivered.

Laundry staff shall arrange to have additional bedding and linens delivered to the Emergency Shelters.

Contracted Pharmacy services shall arrange to have medications delivered to the Emergency Shelters as soon as possible.

HOSPITALS: If residents require hospitalization, the R.N. in charge shall alert the hospitals and provide an estimate of the number of residents being sent to their facilities.

RECORDS: Resident Records - Nursing staff shall remove residents' clinical records to provide continuing care. All units shall place a laptop, LOA Binder on chart rack and wheel out of the evacuated area.

PUBLIC INFORMATION CENTRE: During an emergency evacuation, Lodge shall establish a Public Information Centre to provide the following:

Factual information to officials involved in the emergency operation;

News releases to the media;

Information on the location and state of health of residents to concerned individuals;

Information to the news media and concerned individuals must be approved by the Administrator, or designate, before release.

CODE ORANGE FLOOD PLAN

An overflowing of large amounts of water on floors, walls or ceilings. It may be caused by severe weather, melting snow, sewer blockage or as a result of clogged or defective plumbing.

PROCEDURES FOR ALL STAFF:

- Notify the Nurse in Charge and Superintendent, Facilities Operations and Maintenance.
- Use PPE as indicated, especially if the cause is a sewer backup.
- Use buckets, blankets, towels, etc. to contain the water until the flow has stopped.
- Post wet floor signs.
- Request assistance from other staff. If necessary, call CODE ORANGE - FLOOD to recruit more people to address the issue.
- Clean-up the water with mops, floor machines, shop-vac vacuum cleaners, and/or spill kit supplies.

PROCEDURES FOR THE NURSE IN CHARGE:

- Announce "Code ORANGE – flood at location". Repeat 3 times.
- Contact the Administrator.
- Contact the Facility Services Supervisor.
- Advise the Joint Health and Safety Committee manager co-chair.
- Ensure staff evacuate the affected area/part of the building. Refer to Code GREEN if evacuation is required.
- Conduct a debrief session and complete an Emergency Code Debrief Report.

PROCEDURES FOR THE ADMINISTRATOR:

- Notify the LTC Senior Administrator to activate the Divisional Emergency Plan if required.
- Complete a MLTC Critical Incident System report.

PROCEDURES FOR THE FOOD SERVICES SUPERVISOR:

- Dispose of unpackaged food exposed to sewer/flood water to avoid contamination.

- Dispose of saturated boxes of food, damaged and bulging cans.
- Dispose of products in jars (eg. preserves) and bottled drinks. The area under the seals cannot be adequately disinfected.
- If in doubt, throw it out.

PROCEDURES FOR THE RNs/RPNs:

- Dispose of damaged medication, toiletries and cosmetics.

PROCEDURES FOR THE Superintendent, Facilities Operation and Maintenance (LTC):

Flood Preparation Activities

- Check all sump pumps.
- Check that roof drains and catch basins are free from any debris obstructions to ensure water is contained.
- Confirm spill kit(s) are available with absorbent socks.
- Have shop vacuum machines and auto scrubber floor machines available.
- Put part time staff on notice to be called in as needed.

Procedures:

- If water has affected electrical devices and/or appliances, do not walk in the water.
- Determine the source/cause of the water and attempt to stop the flow of water.

If it is safe to do so, designate maintenance staff to shut off all services to the affected area (water, gas, power breakers). Staff shall wear PPE including rubber boots, masks, gloves and eye protection.

- If the flow of water cannot be stopped, place containers and/or towels to capture water if applicable. Request staff support to mop water.
- Place an emergency call to the appropriate service provider (eg. plumber). They are to stop the flow of water, confirm the source/cause and repair the system as required.
- Contact the Remediation Vendor to support clean-up.
- Contact the General Contractor if damage has occurred to the facility or building components were soaked. If these cannot be dried thoroughly in a short period of time, there is a risk of mould and mildew.
- If the water is a result of raw sewage or contaminated water, determine which items must be removed and disposed of.
- Floors, walls and surfaces to be thoroughly cleaned, disinfected and dried.
- Inspect ceiling plenum spaces for moisture. Remove and replace wet/damaged ceiling tiles.

- Inspect wall cavities for moisture. Remove wet insulation. If structural members are soaked, remove drywall and allow members to dry thoroughly before reinstating new drywall.
- Use dehumidifiers and air blowers to speed up the drying process.
- Do not use flooded electrical equipment (such as outlets and switch boxes or fuse/breaker panels) until they have been inspected and passed an electrician.
- If lights are damaged, ensure power is off and take apart fixture to clean and dry the components.
- Do not use larger appliances, like washing machines and dryers, that were submerged in flood waters. Contact the service provider to inspect and/or repair as required.
- Replace/repair small appliances if affected.
- Don't use flooded HVAC equipment and water heaters until they have been inspected and serviced by the service provider. Test that the HVAC system is operating properly.
- Carefully flush, prime and disinfect floor drains and sump pits.
- If the exterior building perimeter, parking lot or grounds are flooded, contact the service provider (eg. plumber, irrigation, catch basin vendor) to extract excess water.

FLOOD WATER AND INFECTION PREVENTION AND CONTROL* Category	Examples	Action
I. Clean Water	Broken pipes, tub overflows, sink overflows, many appliance malfunctions, falling rainwater, broken toilet tanks.	Allow materials to dry completely before use. Remove carpet if still wet after 72 hours.
II. Gray Water (some degree of contamination present)	Overflow from a dishwasher, washing machine or a toilet bowl (not containing feces), broken aquarium, punctured water bed. Gray water in flooded structures is significantly aggravated by time and temperature.	Allow materials to dry completely before use. Remove carpet if still wet after 72 hours.
III. Black Water (heavily and grossly contaminated)	Water containing raw sewage. Includes overflow from a toilet bowl containing feces, broken sewer line, backed up sewage, all forms of ground surface water rising from rivers or streams.	Remove and discard wet carpet, drywall, furniture and other materials.

CODE BLACK- BOMB THREAT

Bomb Threat/Search – EF 03-01-01

Subsequent policies are available for staff in the Emergency and Fire Manual.

PURPOSE: To ensure bomb threats are handled safely and efficiently.

PERFORMED BY: All Staff

DRILLS: To be held annually (paper exercise to be held even numbered years).

QUARTERLY AUDIT: To ensure [Bomb Threat Telephone Reports](#) are available, the Superintendent, Facilities Operation and Maintenance (LTC) will e-mail all designated locations (offices, documentation rooms and Reception). If a copy is not available, the Superintendent, Facilities Operation and Maintenance (LTC) will supply.

PERSON RECEIVING CALL: Using the Bomb Threat Telephone Report, obtain as much information as possible from the caller (listen, be calm and courteous, do not interrupt the caller).

If not blocked use caller ID and record the number. If call has ended the number can be retrieved in recent calls. On a Cisco phone select directories, select #2, Received calls. On a cell phone, select the phone icon then select recent calls

Dial 911 - inform police of bomb threat call and your location.

Notify the Fire Coordinator

Complete the Bomb Threat Telephone Report.

REMEMBER – TREAT ALL CALLS SERIOUSLY

TELEPHONE BOMBTHREAT REPORT: Reports are yellow in colour (to make them easier to find) and located under phones in offices, documentation rooms and at Reception.

RECEPTION: During the alert, non-related callers will be advised that we are in an alert and could they call back later.

FIRE CO-ORDINATOR: Ensure that 911 has been called.

Interview the person who received the call and review the Bomb Threat Telephone Report.

Contact the Nurse Manager. Nurse Manager will contact the Administrator. The decision to evacuate rests with management and/or designate.

Page "[Code Black. Please report to Reception](#)" (Repeat 3 times).

Set up Command Centre at Main Entrance. Wait for all assigned "go" staff to arrive and then debrief staff on situation and review search procedure. Fire Coordinator will remain at the Command Centre and designate duties.

Initiate search of building utilizing the Bomb Threat Search Procedure Handouts. If the caller gave the location of the bomb, start searching that area first.

NOTE: Check evacuation routes (i.e. stairwells, elevators and corridors) first.

Assign someone (manager or supervisor if available) to contact Emergency Shelters and HSR if evacuation is required.

If no suspicious object is found, and with Administrator or designate approval, page "All clear. Please resume normal duties". (Repeat three times).

If a suspicious object is found:

If police have not arrived, call 911 again and provide an update.

Until police arrive, initiate evacuation of immediate area (i.e. two rooms adjacent, including above and below). When police arrive, they will advise if further evacuation is required. The police will be responsible for contacting the Emergency Response Unit (ERU). Maximum evacuation necessary is 100 metres, including floors above and below, remembering not to be in the direct line to the room where the package is located.

If further evacuation is ordered by the police and there are not enough staff (e.g. nights), page "Code Green. (Location) Repeat 3 times.

Evacuation should be conducted as per the General Evacuation Procedure

Terminate the procedure at direction of police. Page "All clear. Please resume normal duties" (Repeat 3 times)

NOTE: When using the paging system, speak clearly and slowly.

If deemed safe, elevators can be used for evacuation purposes.

STAFF RESPONSE: Upon hearing "Code Black. Please report to Reception" respond as follows:

Nursing: Those listed as "Go", report to the Command Centre.

Maintenance & Cleaners: Report to the Command Centre.

Receptionist: Advise callers to call back later due to alert.

All Other Staff: Stand-by in case you are needed to assist with a Code Green (evacuation). If a Code Green page is made, report to the area to assist with evacuation.

MANAGERS, SUPERVISORY STAFF OR DESIGNATES, AND RN's: Report to the Command Centre. One person to prevent visitors from entering the building. Visitors inside should not exit the building until the "All Clear" page is made.

ADMINISTRATOR OR DESIGNATE: Upon hearing "Code Black. Please report to Reception" or upon receiving notification from the Fire Coordinator, report to the Command Centre.

Complete a risk assessment of the threat.

Initiate an evacuation depending on the circumstances of the threat.

STAFF SEARCH GUIDELINES:

Remain calm.

Avoid alarming residents, e.g. when searching say that you are looking for your keys.

Search systematically in the same manner as searching for a fire. (i.e. for Macassa use red magnetic stickers to indicate the room has been searched. For Wentworth use the vacant strips to indicate the room has been searched). Check evacuation routes (i.e. corridors) first.

When searching, scan for suspicious objects in open access areas.

Listen for audible evidence.

You do not need to search inside resident closets or drawers.

Do not move things about. Look behind doors and curtains; in waste baskets and under furniture.

DO NOT TOUCH ANY SUSPICIOUS OBJECTS.

Report any suspicious objects to the supervisor or designate. Do not use electronic communication (i.e. radio, cell phone, etc.) to report suspicious objects to Command Centre. If possible, leave doors open for Emergency Response Unit access.

Report to the Command Centre when the search in your area is completed.

WRITTEN THREATS: What does a suspicious package or letter look like? (Note: one indicator does not in itself make a letter or package suspicious unless accompanied by a threat)

- Misspelled words
- Addressed to title only or incorrect title
- Badly typed or written
- Lopsided or uneven
- Rigid or bulky
- Strange odour
- Wrong title with name
- Oily stains, discolourations, or crystallization on wrapper
- Excessive tape or string
- Excessive postage
- Possibly mailed from a foreign country
- No return address/restrictive markings

What should I do if I find a suspicious package or letter?

- Minimize handling
- Handle with care – don't shake or bump
- Isolate and look for indicators
- Don't open or smell or taste it
- Call 911
- Inform Administrator immediately

COMPUTER, VERBAL-DIRECT OR INDIRECT, NOTE OR GRAFFITI THREAT: Notify the Fire Coordinator.

Dial 911 – inform police of bomb threat and your location.

CODE YELLOW- MISSING PERSON

Missing Resident – EF 04-01-01

Subsequent policies are available for staff in the Emergency and Fire Manual (Macassa Lodge) and the Occupational Health and Safety Manual (Wentworth Lodge)

PURPOSE: To establish the guidelines to follow in the event that a resident is reported missing.

POLICY: Any resident shall be considered missing under the following circumstances:

- a) Fails to return at the scheduled time following a leave of absence
- b) Cannot be accounted for during any shift

- c) Cannot be accounted for during an organized activity on Lodge property

PROCEDURE: Stage 1 – Preliminary Search

1. If staff believe that a resident is missing, report to the unit RN immediately.
2. The RN on the unit starts a full search of the unit by all available staff on the unit.
3. At the same time the unit is being searched, RN/RPN to page the missing resident's name on the overhead paging system. Example: 'Mrs. Jones, resident on C2E please return to C2' (page X2).
4. If the resident is not found within 10 minutes, the RN is to contact the Fire Coordinator.

Stage 2 – Secondary Search- Initiation of Code Yellow

1. If a resident is still missing after the preliminary search of the resident's unit, report immediately to the Fire Coordinator. The Fire Coordinator will lead the investigation until advised otherwise by Nursing Management, Administrator or the Police. Fire Coordinator's Cell Phone # is 905-961-0248 for Macassa Lodge and 905-973-1454 for Wentworth Lodge.
2. The Fire Coordinator, or designate, will document the following information on the Code Yellow Response Checklist:
 - Name of the missing resident
 - Time resident was reported missing
 - Check that resident is not listed on unit sign out board.
 - Time the resident was last seen
 - Location resident was last seen
 - What was the resident wearing, if known
 - Name of the person who noticed the resident missing
 - Name of the person who saw the resident last
 - The Fire Coordinator requests a staff person to print 25 copies of the resident's photo from PCC. Staff person to write/stamp Fire Coordinator phone number on resident photo Macassa Lodge - 905 961-0248) and Wentworth Lodge – 905-973-1454.
 - The Fire Coordinator requests a staff person to photocopy Missing Resident Search Record
3. The Fire Coordinator shall delegate a staff person to slowly & clearly page the following announcement:

Attention Staff – Code Yellow, Unit (resident is missing from) and resident's name (repeat 3 times)

Example: "Code Yellow, 'A' wing, Mrs. Smith. All Nursing Staff designated "Go" please report to Front Lobby to assist." (repeat 3 times).

*** The Fire Coordinator will determine level of risk to resident safety based on particulars of the situation, including inclement weather, general health of resident, time of day, length of time missing, number of nursing staff available to search. Based on this assessment and at the Fire*

Coordinators discretion the following overhead page can be made to increase number of staff to assist with search.

Example: "Code Yellow, 'A' wing, Mrs. Smith. All staff across departments who are currently able to assist please report to Front Lobby immediately." (repeat 3 times).

Please note: If a resident is missing during inclement weather and/or the winter months, the outside of the facility should be searched first.

4. A Command Centre will be set-up in the Main Lobby of the building to coordinate, direct and terminate the search.

All Managers, Supervisory Staff (or Designates) shall report to the command centre.

5. Staff assigned "Go" are to report to the Command Centre after Code Yellow is announced and await direction from Fire Coordinator. At Macassa Lodge, on Night shift all registered staff (4 RPNs & 1 RN), 1 PSW from D-Wing & A Wing PSW float to report to Command Centre. At Wentworth Lodge, 2 RNs, 2 RPNs, 1 PSW from Lilac Lane, Rose Court and Oak Lane. If the Fire Coordinator deems it necessary to request additional staff to assist in the search, the Fire Coordinator will do so utilizing the overhead Paging system.

* D Wing RPN must IMMEDIATELY retrieve the ring of Master Keys in the metal cabinet in the D-wing Med Room at Macassa Lodge and on Trillium Court at Wentworth Lodge, and bring to the Fire Coordinator.

6. Fire Coordinator to assign as RPN/RPNs to assist with distribution of keys, pictures, forms, etc.
7. The Fire Coordinator initiates and coordinates a systematic and thorough indoor/outdoor (property only) search. All available staff reporting to the Command Centre will be given a copy of the resident's picture, an assigned search area, an area checklist, and a master key. When completing the search staff are to enter all rooms, check under beds, in closets, locked areas & stairwells in area. Once a room has been searched & no resident found, for Macassa place the red magnetic sticker from the inside door frame to 12" below the top of the outside door frame to show the room has been searched. For Wentworth use the vacant strip to indicate the room has been checked. Staff report back to Fire Coordinator when search complete and master key returned, identify rooms which were not accessible/searched. The Fire Coordinator will assign a staff person to retrieve the Fire Coordinator keys and the non-searched rooms will be searched.

Fire Coordinator will assign a staff person to review the surveillance video located on reception computer. Instructions are at front of Emergency Manual in Reception.

8. Once the Code Yellow has been initiated, the RPN on the missing resident's unit will contact the Next of Kin of the missing resident using the following script:
 - Identify who they are and where they are calling from.
 - Advise that the resident has not been accounted for (time).

- Ask if they know of anyone who might have visited the resident and took them out of the facility.
- Assure the Next of Kin (NOK), that they will be updated as soon as information becomes available.
- Document information about potential destinations that the resident might head to.
- Notify NOK that police will be contacted to take over the search.

Stage 3

1. If the indoor/outdoor search fails to locate the resident, the Fire Coordinator or delegate shall notify the following:
 - a) Police – note incident # on Code Yellow Checklist
 - b) Administrator will update Senior Administrator who will contact the General Manager of the Healthy and Safe Communities Department.
 - c) Director of Nursing/Nurse Manager on call (who will contact the MLTC – Compliance Advisor)

Note: These notifications are to be made within 20 minutes of preliminary search.
2. The Fire Coordinator or designate completes the Missing Resident – Police Information Sheet.
3. When the Police arrive at the Lodge, they will assume charge of the investigation. The Fire Coordinator will have the following information ready for the Police on the Missing Resident Information Sheet:
 - Safely Home Registration #, if applicable
 - A picture of the missing resident (MARS picture)
 - Copy of the Missing Resident Response Checklist
 - A list of possible destinations the resident is known or likes to frequent
 - Details of any previous incidents involving the resident, which may be pertinent to the investigation
 - List of essential medication (i.e. insulin, anti-seizure) the resident is on; when it was last taken; when it is next due to be taken, the possible consequences if it is not taken
 - The name and phone number of the resident's physician
 - The name and phone number of the resident's NOK
4. The Fire Coordinator shall record the investigating officer's badge number on the Code Yellow Checklist.

Stage 4 – Resident Found

1. When the resident is located, the Fire Coordinator shall delegate a staff person to announce over the paging system:

Code Yellow All Clear (repeat 3 times)

2. The Fire Coordinator, or delegate will:
 - check the resident for injury, record vital signs;
 - notify all persons informed of the missing resident;
 - complete required documentation such as progress notes, report sheet, online MOHLTC CIS (Critical Incident Report). CIS Report if resident missing >3hrs, or if resident returns with injury, regardless of time missing.
3. Follow-up with changes to the Resident's Care Plan, if required.
4. Place a copy of the completed Code Yellow Checklist in the resident's chart.
5. If a resident is found prior to Police arrival on scene, the Fire Coordinator will contact the Police, quoting the incident number and provide all relevant information requested.

CODE WHITE VIOLENCE IN THE WORKPLACE

Violence in the workplace

Macassa Lodge EF 05-01-01. Wentworth Lodge OHS 05-01-01

Subsequent policies are available for staff in the Emergency and Fire Manual (Macassa Lodge) and the Occupational Health and Safety Manual (Wentworth Lodge)

PURPOSE: To provide guidelines to assist Lodge staff in responding to episodes where individuals become violent and/or display behaviour which threatens staff, resident or visitor safety. A Code White will be activated following attempts to de-escalate threatening behaviour or immediately if the threat is imminent or significant in nature.

DEFINITIONS: Code White refers to a trained team response to a disturbance that is a behavioural emergency and threatens the safety of staff, residents or visitors at the Lodge.

The following are indicators of an actual or potential threatening situation:

Verbal Agitation – yelling, rapid or pressured speech, unusual noise making – growling.

Verbal Aggression – verbal threats, cursing, sarcasm, personal attacks.

Physical Agitation – tense posture, clenched fists/jaw, quick or exaggerated movements.

Physical Aggression – throwing objects, banging furniture or equipment.
Sexual proposition, gesture, or action.

MAIN GOALS & OBJECTIVES: The main objectives for initiating a Code White are:

To provide a standard response for staff to follow to obtain assistance in managing episodes involving a threatening person.

To preserve the safety of staff, residents and visitors.

To communicate an episode of violence to other staff members working in the building.

To assist persons displaying violence to regain control over their behaviour.

POLICY: All reasonable effort will be made to ensure a working environment that is free from threat of physical and/or verbal abuse.

All staff are to receive training regarding their role in a Code White situation as part of the mandatory training for all employees on "Preventing Workplace Violence". Mock Drill and annual review will also be provided on an annual basis.

The Fire Coordinator will take the lead in responding to the situation, similar to all Emergency Codes. The Fire Coordinator will coordinate the response, delegate responsibility to an RN to call 911 (if required) and request a staff person waits for the police at the front door and escorts them to the appropriate site.

The designated Nurse Manager, in collaboration with Management Chair of the Joint Health & Safety Committee, will ensure a debriefing is held after the Code White incident and will include:

offering support to individual(s) involved and/impacted (such as Employee Family Assistant Program (EFAP, Social Workers) and Critical Incident Stress Peer Support Team;

evaluation of the preventative measures utilized;

evaluate the interventions utilized;

make recommendations for improvement(s) in policy/procedure.

A Code White incident report is to be completed by the Fire Coordinator following the debriefing.

Follow-up of a Code White incident is the responsibility of the Nurse Manager of the unit in which the incident took place. If the incident occurred outside of the unit, the Management Chair of the Joint Health & Safety Committee will provide the necessary follow-up.

Completed Code White incident reports are to be reviewed by the Joint Health and Safety Committee and the Management Team for further recommendations, if necessary.

RESPONSE TO CODE WHITE: Upon hearing a "Code White" alert on the public address system all available staff in the area should respond.

Staff from other areas identified as "Go" on the fire whiteboards will respond to Code White alert. Managers, Supervisory Staff or designate will respond to a Code White alert.

RN working in the alert area is to serve as Code White Captain. If it occurs outside of a resident unit the RN/Fire Coordinator will serve as Code White Captain.

If there is a Code White in the Adult Day Program at Macassa Lodge, the coordinator of the day will alert via the overhead page system and the "Go" person on D wing would respond as well as the Fire Coordinator who will serve as the Code White Captain

All staff participating in the Code White are to report to the Code White Captain on the identified resident unit.

Follow the direction of the Code White Captain to assist by:
removing all individuals (residents, visitors, etc.) from the area;
reduce stimulation in the area by turning off radios, T.V.'s etc.;
reduce activity;
remove any equipment or furniture that could be used as a weapon;
call 911 for police assistance if directed by Code White Captain;

PROCEDURE –NON-RESIDENTS:

Verbal Threats: Staff are to assess the threat and level of risk in all situations and scenarios to determine next steps.

High Risk

When staff believes that the safety of staff, residents or visitors is imminently, or significantly at-risk staff are to initiate the Code White.

To initiate Code White staff are to summon assistance via the public address system e.g. "Code White, C1West. Code White, C1West".

Call 911 for Police assistance.

Low Risk

If staff feel competent and safe will attempt verbal de-escalation techniques with the threatening person, then staff will respectfully indicate to the offending person that this type of behaviour is

inappropriate and unacceptable. The staff person will advise that the individual needs to cease such behaviour and set reasonable and enforceable limits (e.g. "if you continue to swear and yell at me, I will contact/nurse manager/police.).

If negative behaviour continue, staff are to initiate Code White.

To initiate Code White, staff are to summon assistance via the public address system e.g. "Code White, C1West. Code White, C1West".

Call 911 for Police assistance.

Physically aggressive, i.e. throwing things, pushing/striking equipment, etc.: Staff are to assess the threat and level of risk. Once physical aggression is displayed by threatening person it can be assumed that the situation is increasing in level of risk.

High Risk – Immediate call to 911

Threaten to use weapon or possible possession of same.

Police are to be summoned immediately.

All staff, residents and visitors shall be cleared from the area when possible.

High Risk – Code White and 911 if necessary

When staff believes that the safety of staff, residents or visitors is imminently or significantly at-risk staff to initiate the Code White.

To initiate Code White, staff are to summon assistance via the public address system e.g. "Code White, C1West. Code White, C1West."

Call 911 for Police assistance.

Low Risk

If staff feel competent and safe to attempt verbal de-escalation techniques with the threatening person, then staff will respectfully indicate to the offending person that this type of behaviour is inappropriate and unacceptable.

If negative behaviour continues staff are to initiate Code White.

To initiate Code White, staff are to summon assistance via the public address system e.g. "Code White, C1West. Code White, C1West."

Call 911 for Police assistance.

Prior to arrival of Police, all reasonable efforts are to be made to prevent or minimize injury to residents, staff and the offender.

PROCEDURE – RESIDENTS:

Staff are to assess the threat and level of risk in all situations and scenarios to determine next steps.

High Risk

When staff believes that the safety of staff, residents or visitors is imminently, or significantly at-risk staff are to initiate the Code White.

To initiate Code White, staff are to summon assistance via the public address system e.g. "Code White, C1West. Code White, C1West."

Code White Captain is to lead team in using gentle persuasion and de-escalation techniques to address the evolving situation.

Call 911 for Police assistance.

Low Risk

If staff feel comfortable and safe to attempt verbal de-escalation techniques with the threatening person, then staff will respectfully indicate to the offending person that this type of behaviour is inappropriate and unacceptable.

If negative behaviour continues, staff are to initiate Code White.

To initiate Code White, staff are to summon assistance via the public address system e.g. "Code White, C1West. Code White, C1West."

Code White Captain is to lead team in using GPA techniques to address the evolving situation.

Call 911 for Police assistance.

RESPONSE TO CODE WHITE: Upon hearing "Code White" alert on the public address system all available staff in the area should respond.

Staff from other areas identified as "Go" on the fire whiteboards will respond to Code White alert.

RN working in the alert area is to serve as Code White Captain. If it occurs outside of a resident unit, the RN/Fire Coordinator will serve as Code White Captain.

All staff participating in the Code White are to report to the Code White Captain on the identified resident unit.

Follow the direction of the Code White Captain to assist by:
removing all individuals (residents, visitors etc.) from the area;
reduce stimulation in the area by turning off radios, T.V.'s etc.;
reduce activity;
remove any equipment or furniture that could be used as a weapon;
Call 911 for police assistance if directed by Code White Captain.

Refer to the Corporate Violence in the Workplace Prevention Policy – COH RQ WI 005 for further information (eNet/You Should Know/Workplace Safety & WSIB/Policies and Procedures)

CODE BROWN- CHEMICAL SPILL

Chemical Spill – EF 06-01-01

Subsequent policies are available for staff in the Emergency and Fire Manual (Macassa Lodge) and the Occupational Health and Safety Manual (Wentworth Lodge)

PURPOSE: To outline the procedure in the event of a Code Brown chemical spill

NOTE: Each department is responsible for maintaining Safety Data Sheet as per the WHMIS regulation. In addition, where large quantities of chemicals are stored, a suitable spill kit will be readily accessible for use in the event of a chemical spill or discharge.

DEFINITION: Code Brown will be initiated in the event of a chemical spill/leak when it causes or is likely to cause:

- Human harm/adverse health effects
- injury or damage to property, plant or animal life
- damage to the natural environment (air, water or land)
- danger to the work environment

The person who discovers the spill/leak shall:

- Remove any residents from the area if their safety is in jeopardy.
- Call the Fire Coordinator
- If safe to do so, try to contain the spill using one of the spill kits located in the following areas:
Boiler Room (by entry to stairwell that leads to C Wing)
Laundry room (chemical storage room off wash area)
- Debrief the Fire Coordinator upon arrival.

The Fire Coordinator will:

- take control
- determine if a Code Green is required
- If a Code Green is not required, obtain the MSDS sheet for the chemical to determine what steps are to be taken in the event of a spill or leak - most MSDS's have a section specifically for spills/leaks.
- If it can be cleaned-up by in-house staff, please contact Housekeeping or Maintenance. Outside of normal working hours, contact the on-call Maintenance staff person.
- For spills requiring the services/expertise of an outside contractor (e.g. a diesel fuel spill), call

Accuworx Inc.
 220 Superior Blvd.
 MISSISSAUGA ON L5T 2L2
 Tel: 416-410-7222
 Fax: 416-410-7405
 Email: lbarrett@accuworx.ca, khobbs@accuworx.ca

In addition, if the chemical enters the sewer system (e.g. floor drains, sewer grates), call the City of Hamilton Spill Reporting Line @ 905-540-5188 and the Ministry of the Environment Spills @ 1-800-268-6060

CODE RED- FIRE

Code Red- Fire

Macassa Lodge EF 07-01. Wentworth Lodge OHS 08-04.

What to do if you find a fire:

R.E.A.C.T:

- Remove the residents from immediate danger;
- Ensure doors are closed to confine fire;
- Alert - Pull the fire alert pull-station;
- Call 911
- Try to extinguish the fire, if this can be done safely. Should smoke or fire threaten your safety, leave the fire area and close doors to confine the spread of smoke and/or fire.
- Stay at the fire scene and Take Control (see below).
- Inform staff, as they arrive, where the fire is.

*TAKE CONTROL:

Direct staff to begin immediate evacuation of residents nearest the fire – rooms adjacent and directly across from fire origin are to be evacuated first.

Direct one or two staff members to clear the evacuation route of obstacles. This includes equipment that is considered "in use" and located in the corridor such as lifts, must be relocated to an appropriate storage location immediately.

If it is safe to do so, begin fire-fighting procedures. Instruct staff to bring a fire extinguisher to the fire site.

Give a report of the situation to the Fire Coordinator when s/he arrives at the scene. The Fire Coordinator will then take control of the situation.

Two-Stage Fire Alarm Operation:

DESCRIPTION: A two stage fire alert system consists of:

1st stage or alert signal.

2nd stage or alarm signal.

1ST STAGE (ALERT SIGNAL)

The 1st stage alert signal can be activated by:

- A smoke detector detecting smoke;
- A heat detector detecting heat;
- A pull-station being manually pulled;
- A sprinkler head being set off by heat.

1ST STAGE ALERT SIGNAL: The 1st stage alerts us to a possible fire.

The 1st stage alert signal sounds throughout the Lodge in an intermittent pattern.

When the 1st stage alert signal is activated, all annunciator panels throughout the Lodge will show the "fire alert zone" (FAZ) in which the alert signal was initiated when the "Alarm Ack" button is pressed.

SEARCH: A search in this fire alert zone must be undertaken at once. If you find the fire, react as shown under IF YOU DISCOVER A FIRE ALL STAFF EF-07-02-03 (Macassa Lodge), OHS 08-04-02 (Wentworth Lodge)

FIRE DEPARTMENT NOTIFICATION: The Fire Department is automatically alerted and will respond to the 1st stage alert signal. However, the 911 call must still be made. See CALLING 911 EMERGENCY NUMBER EF-07-03-03 (Macassa Lodge) or OHS-08-04-03 (Wentworth Lodge).

2ND STAGE ALARM SIGNAL

The 2nd stage alarm is activated by

Inserting a key (located on Emergency Key Ring) into a pull-station in the FAZ.

2ND STAGE ALARM SIGNAL: The 2nd stage alarm signal shall be activated by the Fire Coordinator within any fire zone where a fire is located and/or including any area where fire/smoke puts the safety of all persons at risk.

The 2nd stage alarm signal is recognized by the continuous tempo of the chimes.

The 2nd stage will sound within the fire alert zone in which it was activated. All other zones will remain in 1st stage alert.

Evacuation is MANDATORY from the zone(s) under 2nd stage ALARM.

CODE GREEN- EVACUATION

Code Green- General Evacuation

Code Green- Fire Evacuation

Methods Available to Move Non-Ambulatory Residents in an Emergency

Macassa Lodge EF 08-01-01. Wentworth Lodge OHS 08-02-04.

Subsequent policies are available for staff in the Emergency and Fire Manual (Macassa Lodge) and the Occupational Health and Safety Manual (Wentworth Lodge)

RHA NURSING STAFF (including nights)

When you hear the evacuation page, proceed as follows:

If you have an assigned duty (as indicated on the work schedule):

1. Return to the RHA and perform the assigned task.
2. Assist, as directed, to:
 - o Close windows and doors, turn off fans
 - o Secure all residents behind a closed room door
 - o Empty the hallways of equipment, except mobility aids, which should be positioned on the centre core hallway wall
3. Wait for further direction from the Fire Supervisor or RHA R.N.

If you **do not** have an assigned duty (as indicated on the work schedule):

1. Proceed to the evacuation area and respond as directed by the Fire Supervisor or designate.

ADMISSIONS/VOLUNTEER COORDINATOR, SOCIAL WORKER, NURSE PRACTITIONER, INFECTION CONTROL PRACTITIONER, THERAPY STAFF, RECREATIONISTS:

When you hear the evacuation page, proceed as follows:

- o Secure your area, close windows and doors and turn off fans.
- o Proceed to the evacuation area and respond as directed by the Fire Supervisor or designate
- o If involved with residents/visitors, remain with them and wait for further instructions.

RESIDENT HELPER, AGENCY STAFF, VOLUNTEER:

When you hear the evacuation page, proceed as follows:

- o If involved with resident(s), remain with them and wait for further instructions.
- o If not involved with resident(s), return to assigned resident(s) and wait for further instructions.

BUSINESS OFFICE CLERK OR DESIGNATE:

When you hear the evacuation page, proceed as follows:

1. Remain at the reception desk to process any incoming calls. Callers will be advised to call back after the alert.
2. Remove the visitor sign-in book.
3. Ensure that all monies are locked in the vault.
4. If the Business Office is in the evacuation area, the receptionist will call forward calls to Lilac Lane (Wentworth Lodge) or D Wing (Macassa Lodge) documentation room and continue duties from Lilac Lane/D wing.

FAI, FAII AND CLERKS:

When you hear the evacuation page, proceed as follows:

1. Secure your area; close windows and doors and turn off fans.
2. Proceed to the evacuation area and respond as directed by the Fire Supervisor or designate.

ADMINISTRATION & SUPERVISORY STAFF:

When you hear the evacuation page, proceed as follows:

1. Secure your area, close windows and doors, and turn off fans.
2. Remove working staff schedules and laptops to check Kronos.
3. Proceed to the evacuation area and respond as directed by the Fire Supervisor or designate.

COOK OR DESIGNATE (Designate is 3:30-7:30 LL after 5 pm):

When you hear the evacuation page, proceed as follows:

1. Turn off all cooking equipment located under the exhaust hood.
2. Remove working staff schedules and laptops to check Kronos.
3. Proceed to the MOW entrance and advise staff in the smoking area to respond to the evacuation alert.
4. Wait for further instructions.

DIETARY AIDES/ DIETITIAN/ LAUNDRY AIDES/HOUSEKEEPING AIDES:

When you hear the evacuation page, proceed as follows:

1. Secure your area, de-activate and store equipment, close windows and doors and turn off fans.
2. Proceed to the evacuation area and respond as directed by the Fire Supervisor or designate.

RECEIVER/CLEANER:

When you hear the evacuation page, proceed as follows:

1. Secure receiving area.
2. Remove working staff schedules and laptops to check Kronos.
3. Proceed to the evacuation area and respond as directed by the Fire Supervisor or designate.

UTILITIES/MAINTENANCE OPERATOR:

When you hear the evacuation page, proceed as follows:

1. Secure your area, close windows and doors, and turn off fans.
2. Proceed to the evacuation area and respond as directed by the Fire Supervisor or designate.
3. If contractors are on-site, advise them of the evacuation alert and direct them to wait for further instructions. If they are in the evacuation zone, direct them to a safe location and advise them to wait for further instructions.
4. Disconnect utilities, as required / directed.
5. The person carrying the maintenance cell phone will remove working staff schedules.

NOTES:

1. Outside of fire/smoke (Code Red), situations requiring an emergency evacuation may include gas leak; natural disasters (e.g. flood, hurricane, tornado); bomb threat (Code Black); outside occurrence (e.g. plane crash, explosion), etc.
2. Total Evacuation: Should a total evacuation be required; the Hamilton Fire Department will oversee this function. Staff will be required to assist as directed by emergency response personnel (e.g. fire, police).
3. If possible, do not evacuate to a zone with only stairwell access.
4. "Fire Supervisor designate" = staff person wearing an orange hat.
5. If required, contact Pro-Resp to respond to the Lodge immediately with sufficient portable oxygen tanks for residents who require oxygen but who do not have a portable tank.

RN STAT

PURPOSE: To provide consistent guidelines for staff in the use of the "RN STAT" call.

POLICY: The "RN STAT" call is a method of summoning RNs as quickly as possible to ensure that immediate assessment and care is given to residents, staff, and others involved in accidents or emergency incidents at the Lodge including the ADP at Macassa Lodge. **NOTE:** Do not move a person who has fallen until assessed, and then only as directed by the RN. The only exception to this is when leaving injured persons where they are, will subject them to further injury.

PROCEDURE: The "RN STAT" call will be responded to by all available RNs and should be used **only for extreme emergencies** such as:

- Unconsciousness (Loss of Consciousness)
- Profuse bleeding
- Choking incidents
- A fall resulting in serious injury
- An un-witnessed fall resulting in injury or LOC
- Possible fracture

- Burn to major portion of the body
 - Eye injury
- 1) Overhead Paging – to access the overhead paging system, push paging button on any Lodge phone. There will be an approximate 5 second delay before the overhead speakers are activated. When activated, repeat “Attention All Staff” until you hear your voice coming through the speakers, then proceed with announcing “RN STAT” to (area involved).” Instruction should be spoken slowly and clearly.
 - 2) Following a less serious incident than those listed above (example, if a resident falls and states that he/she has hurt his/her arm),
 - a) Keep him/her as comfortable as possible
 - b) Do not move him/her
 - c) Call RN cell phone number. If no response, send another staff member to find RN or to call one of the home areas to request that RN come as quickly as possible
 - 3) Documentation – The RN, responding to the call and providing assistance to the injured party, will document the incident AND promptly notify the member of the management team most closely associated with the program or nature of the visit, a member of the Leadership Team, or the Administrator on call.

EMERGENCY ACCOMODATION PLANS

City of Hamilton Lodges are part of the Hamilton Long-Term Care Emergency Accommodation Agreement.

Purpose: To provide a summary of your facilities accommodations available 24-hour for all Hamilton Long Term Care Homes in the event that any home in need of emergency accommodations for its residents.

Scope: Each Long-Term Care Home will detail resources and accommodations that can be provided in their facility.

Note: It is assumed that the home requesting accommodations will provide the appropriate/ safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long-Term Care Home will complete the following information. The details will be summarized into one dated document, which will be circulated to all Hamilton Long Term Care Home. It is the responsibility of each administrator to keep their facility information up to date should it

change in a calendar year. This questionnaire will be circulated annually by the City of Hamilton Loong Term Care Division, Senior administrator every two months.



Hamilton LTCH
Accommodation Plan:

A copy of the plan can be found here:

CONTINGENCY PLANS-SYSTEM FAILURE

Contingency Plans- Systems Failure

Macassa Lodge EF 08-01-01. Wentworth Lodge OHS 08-02-04.

Subsequent policies are available for staff in the Emergency and Fire Manual (Macassa Lodge) and the Occupational Health and Safety Manual (Wentworth Lodge)

LOSS OF HYDRO

What would be impacted?	Details	Contingency Plan/Considerations
Resident Care	<ul style="list-style-type: none"> Minimized lighting Functioning of medical equipment and devices used to provide care for residents such as: Feeding pumps; O2 Therapy (concentrators); air mattresses 	<ul style="list-style-type: none"> Use RED electrical outlets connected to the emergency generator. Inform all staff of location of RED outlets connected to the emergency generator. Arrange with Maintenance for extension cords, where needed. Utilize tanked O2 when necessary. Pre-arrange with suppliers to supply tanked O2.
Food Preparation	<ul style="list-style-type: none"> Food preparation, delivery and storage Ability to clean and sanitize dishware 	<ul style="list-style-type: none"> Essential production and re-therm equipment are connected to the emergency generator Production supervisor's computer will be connected to emergency generator At Macassa Lodge, the main kitchen refrigerators and freezers, food bank, resident unit refrigerators, Tuck Shop and Auditorium refrigerators are connected to the emergency generator. At Wentworth Lodge the Main kitchen refrigerators and freezers, food bank, resident unit refrigerators are connected to the emergency generator. Main kitchen dish machine is connected to emergency generator. Preparation for the current meal will continue or be simplified

What would be impacted?	Details	Contingency Plan/Considerations
		<ul style="list-style-type: none"> • Meals will be delivered straight from cooking to service without hot-holding or re-heating. • Prepare extra copies of the following documents. • Daily production sheets for regular and emergency menu. • Weekly menu and emergency menu. • Nourishment label lists • Resident diet lists.
Laundry		<ul style="list-style-type: none"> • Use large washer and two dryers that are on emergency power. • Launder flatware and toweling only. • Assign other duties, e.g. labeling, mending, etc. • Ensure all clean laundry is sorted, folded and put away. <p>4 to 72 hours:</p> <ul style="list-style-type: none"> • Re-schedule staff to afternoon and night shifts to reduce load on emergency generator.
Building Maintenance	<ul style="list-style-type: none"> • Air conditioning • Air handling units and roof top units 	<p>Up to 4 hours:</p> <ul style="list-style-type: none"> • Check to ensure Emergency Power has kicked-in. • Check generator to ensure proper operation. • Be prepared to respond to service calls related to hydro supply. <p>4 to 72 hours:</p> <ul style="list-style-type: none"> • Contact generator service company and have them inspect unit on a daily basis until power is restored. • Schedule night shifts. • Refer to Maintenance Manual – Risk Management Section – Total Loss of Air Conditioning.
Resident Services		<ul style="list-style-type: none"> • On-unit programming • Manual documentation • Shifts adjusted as needed
Other services	Admissions	<ul style="list-style-type: none"> • Discontinuance/postpone admissions. • Communicate to CCAC, staff and relevant family members. • Ensure that front line staff are appropriately informed
	Adult Day Program	<ul style="list-style-type: none"> • If program is in progress, send clients home as family support and transportation is available. • If time permits, inform clients that the Program will not open for the specific time frame. • Assign Day Program staff as needed in the Lodge.

What would be impacted?	Details	Contingency Plan/Considerations
	Barber/Hairdresser	<ul style="list-style-type: none"> • Closed
	Volunteer Services	<ul style="list-style-type: none"> • Send home

LOSS OF NATURAL GAS/NATURAL GAS LEAK

What would be impacted?	Details	Contingency Plan/Considerations
Generator	**Will not operate= no back up power	<ul style="list-style-type: none"> • Continued use of regular power if working • If no regular power, we would need to relocate residents to other facilities
Resident Care	No hot water would be available	<ul style="list-style-type: none"> • Bath schedule adjusted as required
Food Preparation	Precludes the use of gas-powered cooking equipment Circumvents the delivery of hot water to sanitize and clean dishware Domestic hot water supply would cease to operate	<ul style="list-style-type: none"> • Menu to be produced using electronically powered equipment. • Cooking method based on available equipment for use. • Pre-prepared items will be heated in hot carts located in dining areas. • Food Services Management to review menu and determine one suitable choice for each meal • Use disposable dishes and cutlery for all meals • Use disposable steam-table pans for cooking, serving. • Heat small amounts of hot water in electrical equipment for cleaning and washing non-disposable cooking/serving ware. • Use existing hand soap and cold water for hand-washing. • Schedule extra staff for cooking and cleaning duties. • Maintain 24-hour supply of disposable dishes, cutlery, steam-table pans in storage.
Laundry	Precludes the use of gas fueled clothing dryers to dry all residents clothing and bedding	<ul style="list-style-type: none"> • Cease washing. • Evaluate need to schedule overtime. • Schedule other duties, e.g. labeling, mending, etc. • Use dryers on air dry cycle and at half load for already washed laundry. • Ensure all clean laundry is sorted, folded and put away.
Building Maintenance		<ul style="list-style-type: none"> • If heating season, determine if outside air intake units should be shutdown to help maintain building temperatures. • If heating season, ensure all windows are closed.

What would be impacted?	Details	Contingency Plan/Considerations
		<ul style="list-style-type: none"> • Set up electric heaters in Auditorium and Day Program area to serve as refuge centres

Natural Gas Leak

Indicator:

An odour similar to rotten eggs and/or a hissing sound of escaping gas is present.

PROCEDURES FOR ALL STAFF:

- If possible, shut off the nearest gas valve.
- Notify the Nurse in Charge.
- Open doors and windows to vent the space.
- Immediately evacuate the affected part of the building, relocating residents if necessary.

PROCEDURES FOR THE FIRE SUPERVISOR:

- Call 9-1-1 from a phone located away from the source of the leak.
- Announce "Code BROWN – the building is experiencing a natural gas leak at *location*". Repeat 3 times.
- Contact the Administrator.
- Contact the Supervisor Facilities Operations and Maintenance. If they are not on-site, perform the duties on their checklist.
- Contact Natural Gas service provider.
- Advise the Workplace Health and Safety Co-Chair.
- Follow directions from the Fire Department and Natural Gas service provider.
- Ensure staff evacuate the affected area/part of the building. Refer to Code GREEN if evacuation is required.
- When the situation is resolved, announce "Code BROWN – the natural gas leak at *location* has been resolved".

PROCEDURES FOR THE ADMINISTRATOR:

- Notify the LTC Senior Administrator to activate the Divisional Emergency Plan if required.
- Complete a MLTC Critical Incident System report.
- Conduct a debrief session and complete an Emergency Code Debrief Report.

PROCEDURES FOR THE SUPERINTENDENT, FACILITIES OPERATIONS AND MAINTENANCE (LTC):

- Shut off the local and main natural gas valves.
- Open doors and windows to vent the space.
- Liaise with the Fire Department and Natural Gas service provider to determine the source of the leak. They may lockout/tagout equipment.
- Work with the Natural Gas service provider to perform repairs as required.
- Once resolved/repared, contact the Natural Gas service provider to inspect the repair and test all gas-powered equipment for proper operation. They will remove the lockout/tagout.

LOSS OF NETWORK

What would be impacted?	Details	Contingency Plan/Considerations
Security Camera System	Inability to record or review footage	<ul style="list-style-type: none"> • Ability to upload footage to Disc or USB if required
Medication Management System	eMar system- inability to document or access	<ul style="list-style-type: none"> • Every week the Night Shift copies/saves information to a USB stick. This is then printed and given to every unit. Units document on the paper system.
	Medi-pen	<ul style="list-style-type: none"> • Manual MARS can be used with orders sent to pharmacy by delivery or FAX
Internet/Network/Programs Inability to access including: <ul style="list-style-type: none"> • Saving documents • Looking up documents • Completing documentation • Sharing documentation 	Point Click Care Clinical, billing and administration processes Quick ADT, MDS, assessments, plans of care, progress notes	<ul style="list-style-type: none"> • Staff can revert to manual documentation until system is restored • Documentation would be by exception focused on resident safety • Use data on cell phones if City Network goes down. On android settings, click connections, scroll down to mobile hotspot and tethering. For i-phone, go to settings, click cellular, choose personal hotspot.
	Point of Care Screens Capture care-plan driven tasks and activities of daily living	<ul style="list-style-type: none"> • Staff can revert to manual flowsheets to be entered into computers when system recovered
	MLTC – CIS	<ul style="list-style-type: none"> • Staff can revert to former reporting systems and manual reports • Call the hotline and initiate the report when back on line.

What would be impacted?	Details	Contingency Plan/Considerations
	Kronos	<ul style="list-style-type: none"> Staff can revert to manual documentation until system is restored. A hardcopy of the schedule with seniority, etc. is available.
	Activity Pro	<ul style="list-style-type: none"> Staff can revert to manual documentation until system is restored
	Parklane	<ul style="list-style-type: none"> Staff can revert to manual documentation until system is restored
	Volgistics	<ul style="list-style-type: none"> Staff can revert to manual documentation until system is restored
	Electronic Accounting System	<ul style="list-style-type: none"> Pre-print manual deposit and withdraw forms for resident banking transactions Use manual deposit/withdrawal slips Enter manual transactions into PCC, once system is back online
	Email	<ul style="list-style-type: none"> Other forms of communication can be used if not available
	Staff intranet/TV Tour	<ul style="list-style-type: none"> Other forms of communication can be used if not available
	Nintendo Wii	<ul style="list-style-type: none"> Substitute other programs
	iPad	<ul style="list-style-type: none"> Would not use
	Complete Purchasing	<ul style="list-style-type: none"> Supervisors can call in orders as required
	Dietary database	<ul style="list-style-type: none"> Documents are preprinted; manual changes will be made until system is restored
Fax machine/Printers	Inability to send or receive faxes Inability to print or copy documents	<ul style="list-style-type: none"> Notice posted by Supervisor Business Administration advising staff that the fax/printer is not working and if possible, note the resolution done to date As required, contact recipient of fax and advise of problem Use courier service- internal or external
Phones	Inability to make or receive phone calls Inability to access voicemails Inability to contact Maintenance with emergency calls Inability to leave a message or retrieve messages on Work line	<ul style="list-style-type: none"> During a network failure, callers who call through the main number 905-546-2800 (Macassa Lodge) and 905-546-2618 (Wentworth Lodge) will not be able to get through until the network is back up. Callers will get voicemail only. Resident phones can be used in an emergency and with permission Personal cell phones can be used in an emergency Personal or corporate phones may still have network access Use walkie talkies available through the maintenance department Designate 'message runners' for internal communications Arrange with helpdesk, if possible, voicemail message update for incoming callers advising of problems
Overhead paging	In ability to page overhead	<ul style="list-style-type: none"> See phones above. Identify key contacts in each RHA.
Swipe clock	Inability for staff to punch in or out for work	<ul style="list-style-type: none"> Manual sign-in can replace swipe
Staffing Office		<ul style="list-style-type: none"> See Kronos as above

What would be impacted?	Details	Contingency Plan/Considerations
		<ul style="list-style-type: none"> • See Phones as above • See overhead paging as above

LOSS OF WATER/BOIL WATER ADVISORY

What would be impacted?	Contingency Plan/Considerations
<p>Resident Care</p> <ul style="list-style-type: none"> • Bathing • Toileting/hygiene • Medical administration • Hand washing • Infection control/ability to clean and sanitize • Drinkable water 	<ul style="list-style-type: none"> • Fill/refill all available containers with water, e.g. bathtubs, washbasins, etc. • Determine if can get a truck and be an emergency water centre • Keep a stack of buckets • Maximize use and maintain inventory of all incontinent diapers, disposable washcloths and disposable incontinent pads for beds • Assign specific toilets to use • Flush toilets, with available stored water, following BMs only • Alternate fluids for medication administration • Cleanse with perineal wash and disposable washcloths • No baths or showers would be completed (bed bath if needed) • Use hand sanitizer for staff and resident handwashing • Use bottled water from emergency supply for residents to take medications • Arrange with Food Services to maintain an emergency supply of bottled water on each unit
<p>Lodge Cleaning</p> <ul style="list-style-type: none"> • Resident and staff areas • Ability to wash floor mops 	<ul style="list-style-type: none"> • Continue with regular cleaning schedule • Use hand sanitizer for staff handwashing • Complete floor washing and damp wiping duties first • Prepare extra mops and squirt bottles /solution • After 4 hours limit cleaning to high touch areas and spills
<p>Food Preparation</p> <ul style="list-style-type: none"> • Meal production • Warewashing • Ability to clean and sanitize 	<ul style="list-style-type: none"> • Menu changes and use of disposable dishes as required • If it is summer, water is used to cool the large chiller • Supplies of clean, fresh water will be stored for immediate cooking needs • Regular menu will be prepared as planned for next meal (water loss up to 4 hours) • Use existing hand soap and cold water for hand washing • Instruct staff re: sanitation and food handling issues when water supply is limited • Water tanker will provide a supply of water for cooking, cleaning (loss of water 4 hours+) • Store 38- 5 gallon containers for water storage and transportation • Maintain in storage, 3 litres of bottled water for resident and staff member per 72 hours (total 1200 litres)

What would be impacted?	Contingency Plan/Considerations
	<ul style="list-style-type: none"> • Re-schedule staff- bring in extra staff as required to allow dishes and pots to be washed when water supply is restored • Use stored water for minimal cleaning (work surfaces, cooking/serving utensils) • Maintain 72-hour supply of disposable dishes in storage • Maintain supply of 5-gallon containers in basement storage • Failure of equipment when loss is in excess of 4 hours- alternate preparation methods or menu changes will be implemented
<p>Laundry</p> <ul style="list-style-type: none"> • Resident clothing • Resident bedding 	<ul style="list-style-type: none"> • We have a 3-day supply of linen • Cease washing • Schedule other duties, e.g. labeling, mending, etc. • Use hand sanitizer for staff handwashing • Ensure all clean laundry is sorted, folded and put away • Contact opposite lodge to arrange use of their facilities • Contact transportation company
<p>Building Maintenance</p> <ul style="list-style-type: none"> • Water supply • Fire alarm sprinkler system 	<ul style="list-style-type: none"> • Heating and cooling systems require "make-up water". If unavailable, systems will eventually shut down • At Macassa Lodge, switch to Macassa Avenue water main • If no water, follow steps 1 & 2 below: • Turn off items that require water, water pressure booster pump • Close water main valves to enable controlled refilling of the system • Use hand sanitizer for staff hand washing • Monitor heating and cooling water pressure • Disable system that uses cooling water tower • Contact City for water truck. If unavailable, contact other water suppliers <ul style="list-style-type: none"> • At Wentworth Lodge, turn off items that require water, water pressure booster pump • Close water main valves to enable controlled refilling of the system • Use hand sanitizer for staff hand washing • Monitor heating and cooling water pressure • Disable system that uses cooling water tower • Contact city for water truck. If unavailable, contact other water suppliers <p>**There are two water feeds into Macassa Lodge and one at Wentworth Lodge. One feed at a time can be shut down and it will not interrupt the Lodge at all</p>
<p>Resident Services</p>	<ul style="list-style-type: none"> • Programming would continue on units • Potential cancellation of large event if scheduled • Deployment of staff to assist in the Lodge as required
<p>Other Services</p>	<ul style="list-style-type: none"> • Hairdresser and Barber would be closed • Volunteers would be guided not to come in and/or sent home

What would be impacted?	Contingency Plan/Considerations
	<ul style="list-style-type: none"> • Pastoral Care would be guided not to come in • Lodge wide programs cancelled, and staff redeployed to assist where required • Postpone admissions (loss of water 4 hours +) • Direct Dentistry would be cancelled • Step Ahead would be cancelled
Adult Day Program	<ul style="list-style-type: none"> • If program is open and there is a loss of water, notify family and DARTS and arrange for residents to return home • Program would remain closed until water is restored • Buckets would be filled with water • One washroom only would be used • Food would be provided on disposable dishes • Menu would be reviewed and revised as necessary

BOIL WATER ADVISORY

A boil water advisory will be issued when authorities suspect or have confirmed the presence of harmful microorganisms in the drinking water supply.

PROCEDURES FOR NURSE IN CHARGE:

Work with the Superintendent, Facilities Operation and Maintenance (LTC) and maintenance staff to shut off water supply to the building

Note Water supply may need to be maintained or re-connected to allow Dietary Supervisor/ Dietary Staff access to water for boiling

- Follow contingency plan for loss of Water procedures, above.
- Ensure all building occupants have been notified of advisory

PROCEDURES FOR ALL STAFF

Follow Loss of Water procedures, above

Use bottled water and other alternative sources of safe drinking water first and only re-connect water supply and use boiled water when no other sources are available.

To safely boil water:

Bring water to a rolling boil for AT LEAST 1 MINUTE before drinking or preparing food

Pandemic Business Continuity Plan

Macassa Lodge

Wentworth Lodge

Healthy and Safe Communities Department

City of Hamilton

1. Introduction

This paper presents a Business Continuity Plan template that when completed forms a Macassa & Wentworth Lodge Divisional Plan specifically for an infectious disease Pandemic. In the circumstances of an infectious disease Pandemic at the Lodges, most services must be delivered without interruption, so the focus is on business continuity planning.

The term "Business Continuity" for local governments refers to the capability to continue delivering public services during and following an emergency or disaster. Business continuity means an organization has backup capacity of facilities, equipment, utilities, information and data, and human resources to deliver services when primary resources are impaired. A BCP is required for each type of emergency.

A BCP includes:

Plans, measures and arrangements to ensure the continuous delivery of critical services which permits the organization to recover its programs, facility, data and assets.

Identification of necessary resources to support business continuity, including personnel, information, equipment, financial allocations, legal counsel, infrastructure protection and accommodation.

The general goal of a BCP is to ensure that the Corporation's ability to continue performing essential functions and activities during emergencies, maintaining the health and safety of employees and to facilitate an orderly recovery from emergency situations. The specific objectives of a department/division's BCP will vary depending on the function they provide.

This BCP includes the following sections:

- Planning Assumptions
- BCP Governance
- Essential Services & Contingency Plan
- Recovery

2. Planning Assumptions

Pandemics have occurred for centuries, with four pandemics in the previous century alone; the Spanish (1918), Asian (1957), the Hong Kong (1968) and the H1N1 Swine Flu (2009/2010).

In March of 2020 the World Health Organization declared a global pandemic related to the COVID-19 (SARS CoV-2) virus. As of the review date of this BCP we remain in a global pandemic.

It has been projected that during the pandemic:

The workforce will have absentee rates of up to 30-35% due to the viral effects on employees and their families that will last for 2 to 4 weeks at the height of a severe pandemic wave. Each wave will last approximately 8 weeks.

There will be a significant loss of people and specific expertise/skill sets within the Lodges as well as the Healthy and Safe Communities Department.

There will be significant loss of people and specific expertise/skill sets within other organizations and infrastructure that we depend on (i.e. suppliers, contractors, IT providers, government agencies, transportation).

COVID 19 vaccinations became available as of December 2020; the relative risk of potential loss of people and specific expertise/skills will be mitigated through widespread vaccination but not eliminated.

Employees and resident health and safety will have to be a priority in order to mitigate the impact on the Lodges.

Demand for goods and services will be affected through loss of staff and other supply chain challenges.

The Lodges may have resources that could contribute to the community's emergency response efforts (i.e. hospitals may discharge more medically fragile patients to the LTC.).

2.2. Lodges Business Continuity Planning Committee (BCP)

A Lodges' BCP Committee is comprised of 1 Senior Administrator, 2 Administrators, 2 Administration Assistants, 2 Medical Directors, 2 Directors of Nursing, 6 Nurse Managers, 1 Infection Control Practitioner, 2 Directors of Food Services, 3 Food Services Supervisors, 2 Supervisors of Resident Services, 2 Supervisors of Housekeeping and Laundry, 1 Supervisor of Administration, 2 Managers of Quality Initiatives, 1 Superintendent, Facilities Operation and Maintenance (LTC), 2 RAI-MDS Restorative Care Coordinators.

Each Lodge will regularly convene their Lodge specific BCP Committee and ensure ongoing liaison between the two Homes.

Duties of this committee are as follows:

- Oversee the development and execution of the plan;
- Provide strategic direction and communicate essential messages;
- Approve the results of the Service Delivery during Pandemic Plan template;
- Review and approve the essential services and dependencies of the Lodges;
- Approve the continuity plan and arrangement;
- Assign dedicated staff to coordinate redeployment of personnel;
- Monitor quality assurance activities;
- Resolve conflicting interested and priorities;
- Liaise with Healthy and Safe Communities Department; and
- Liaise with Union Representatives as needed

Macassa Lodges BCP Committee Members	
Position/Title	Name
Senior Administrator – Long Term Care	Holly Odoardi
Administrator	Lisa Phelps
Administration Assistant	Andrea Ciparis
Director of Nursing – Macassa Lodge	Alecia Matteson
Infection Control Practitioner - Lodges	Azra Gaertner
Medical Director – Macassa Lodge	Dr. Khera
Nurse Manager – Macassa Lodge	Victoria Vandermuelen
Nurse Manager – Macassa Lodge	Camelia Burlea
Nurse Manager – Macassa Lodge	Gabriel Miguel
Nurse Manager – Macassa Lodge	Lisa Sargent
Director of Food Services – Macassa Lodge	Rola Shewayhat
Supervisor of Food Services – Macassa Lodge	Edward Grandmaison
Supervisor of Food Services – Macassa Lodge	Arthur Flicker
Supervisor, Housekeeping & Laundry – Macassa Lodge	Christine Gallagher
Supervisor, Resident Services – Macassa Lodge	Denise Kendall
Manager of Quality Initiatives – Macassa Lodge	Jennifer Young
RAI-MDS Restorative Care Coordinator – Macassa Lodge	Kory Bothen
Supervisor, Administration – Long Term Care	Mike Stallard
Superintendent of Facilities Operations & Maintenance - Long Term Care	Vince Guetter

Wentworth Lodges BCP Committee Members	
Position/Title	Name
Administrator – Wentworth Lodge	Jaimie Wright
Administration Assistant – Wentworth Lodge	Kathy Hall
Director of Nursing – Wentworth Lodge	Sherril Boecking
Infection Control Practitioner – Wentworth Lodge	Nilmini Amarasekera
Medical Director – Wentworth Lodge	Dr. Singh
Nurse Manager – Wentworth Lodge	Marietta Miguel

Nurse Manager – Wentworth Lodge	Geraldine Velasco
Director of Food Services – Wentworth Lodge	Jaimie Journeaux
Supervisor of Food Services – Wentworth Lodge	Amanda Wissink/ Michelle Fisher
Supervisor, Resident Services – Wentworth Lodge	Randi Sorbo
Supervisor, Housekeeping & Laundry – Wentworth Lodge	Jamie Journeaux/Jen Young
Manager of Quality Initiatives – Wentworth Lodge	Jennifer Young
RAI-MDS Restorative Care Coordinator – Wentworth Lodge	Deborah Lauper-Stewart
Supervisor, Administration - Lodges	Randi Sorbo
Superintendent Facilities Operations and Maintenance - Lodges	Vince Guetter

Service Delivery During Pandemic Phase

The purpose of a Service Delivery During Pandemic Phase template is to identify the Lodge's essential services and rank the order of priority of these services for continuous delivery or rapid recovery. The identification of the essential services must support the Lodges and the Healthy and Safe Communities Department mandates.

Essential Service is defined as follows:

- A service and/or function that when not delivered creates an impact on the health and safety of individuals.
- A service and/or function that may lead to the failure of a business unit if activities are not performed in a specified time period.
- A service and/or function could have a regulatory requirement.

Contingency Planning

This step consists of the preparation of detailed response/recovery plans and arrangements to ensure continuity. These plans and arrangements detail the ways and means to ensure essential services are delivered at a minimum of service levels within tolerable down times. Contingency plans should be made for each essential service.

2.2.1 Re-alignment of Non-Essential staff: Functions and staffing requirements

Each essential service/function has an individual plan to maintain that service/function. Macassa Lodge and Wentworth Lodge Contingency Plans can be found in Appendix 1 of the BCP plan as follows:

Appendix 1.1	Administration Services
Appendix 1.2	Macassa Adult Day Program
Appendix 1.3	Resident Services
Appendix 1.4	Maintenance
Appendix 1.5	Laundry
Appendix 1.6	Housekeeping
Appendix 1.7	Business Office
Appendix 1.8	Staffing Office
Appendix 1.9	Food Service
Appendix 1.10	Nursing
Appendix 1.11	Essential Vendor Services

2.2.2 Essential Resources/Products Needs

The list of essential resources and suppliers for the Division is located centrally in the N drive as Pandemic Supply List. These lists will be updated on an annual basis by the Nursing clerks under the direction of the Directors who access the supplies.

Activation and Termination of Business Continuity Plan

This plan will be activated and terminated by the Senior Administrator or designate,

This plan will be activated when

- Staff hours are decreased by 10% on an ongoing basis
- The City of Hamilton's Emergency Plan is activated
- It is anticipated that the operation of the Lodges under the provision of this plan can be maintained for the duration of the pandemic.

This plan will be terminated when

- The staffing levels have been maintained at greater than 90%
- The City of Hamilton's Emergency Plan is terminated.

Notification System - Staff

Staff will be notified of the plan's activation and termination via various communication methods, including the fan out policy for the Lodges. The Senior Administrator will initiate the fan out process. The list of the 24-hour phone numbers is located on the N drive at the following example path:

N:\Lodges\FINANCE AND ADMINISTRATION\Monthly Financial Packages\Macassa Lodge\2021\8-August\HR\Emergency Fan out

N:\Lodges\FINANCE AND ADMINISTRATION\Monthly Financial Packages\Wentworth Lodge\2021\8-August\HR\Emergency Fan out

Communication Plan

Communication	Position Responsible	Communication Method(s)
Notification to Lodge Staff	Administrator of Lodge	Telephone Email Information Boards LodgeLink Point Click Care
Notification to General Manager of Healthy and Safe Communities Department	Senior Administrator	Telephone
Notification to the Communications in Strategic Services	Senior Administrator	Telephone
Notification to the Public Health Department	Senior Administrator	Telephone
Notification to the City Manager	General Manager of the Healthy and Safe Communities Department	Telephone
Notification to the Council	City Manager	Council Memo
Notification to stakeholders/public	City Manager – communications	Telephone Email
Notification to Residents / Families	Administrator of Lodge	Email

Recovery Phase

The Lodges BCP Committee is responsible for the recovery phase of the emergency.

Duties of this committee will be to establish criteria, process and authority for return to business as follows:

- Determine the event(s) that support returning to the pre-emergency state.
- Determine the staffing levels that are required to re-establish all services.
- Evaluate the impact on staff regarding their health and safety.
- Evaluate the impact of the backlog of work.
- Determine what resources are available.
- Identify costs associated with emergency and the recovery.
- Communicate internally with staff and externally with related agencies.
- Conduct a full debrief process and evaluation.
- Update the BCP based on debrief and evaluation.

Procedures of the Business Continuity Plan

Maintenance Procedure

This plan will be reviewed by the Management Team annually

Training

All staff will require information and training regarding this plan. Specific staff that will be reassigned to other duties (e.g. Recreationist) as part of the contingency plan will require additional training in their identified roles when being reassigned.

Testing

This plan will be tested by the Manager of Quality Improvement during a paper exercise on completion of the plan.

Revision Procedure

This plan will be revised by the Management Team in conjunction with the Manager of Quality Improvement.

This plan will be revised after testing and when there has been a change in positions and services.

This plan will be reviewed annually and revised accordingly.

APPENDIX 1 – MACASSA LODGE & WENTORTH LODGE CONTINGENCY PLANS

STAFFING SHORTAGE – 30% - UP TO 8 WEEKS

(Assumption Monday-Friday) Normal Business Hours

1.1 ADMINISTRATOR'S OFFICE: *Administrator, Administrative Assistant, Manager of Quality Initiatives*

CONTINGENCY PLAN:

Postpone non-essential work such as Residents' Council, Family Council, DMT meeting, MMT meetings, Macassa's PHAC meetings, Wentworth's HCAC meetings, Labour management meetings, external meetings (i.e. HR Policy Group, AdvantAge Region, etc.) & accreditation activities

Continue essential work:

- Chair Pandemic Outbreak Management Team & BCP workgroup
- Senior Administrator-LTC will ensure communication to GM, Leadership team, staff & families, as well as Administrator at each Lodge.
- Liaise with HSC DMT members for additional resources as required
- Respond to media & family/community concerns
- Administrative Assistant will help with reception and/or coordination of volunteers as needed
- Manager of Quality Improvements will assist with data collection, evaluation of Pandemic Plan, and provide backup to BCG committee on various assigned priorities
- RAI-MDS Coordinator will provide support to Nursing Department
- If labour contract negotiations required to continue, delegate to Senior Labour Relations Officer with webex conferencing to establish mandate, confirm agreements.

REQUIRED PREPARATION/PROCEDURES:

- Ensure clear communication of Pandemic Plan and BCP to Administrative Assistant & Manager of Quality Improvements
- Provide training on communication, as well as backup for reception, volunteer coordination

VALIDATION METHODOLOGY:

- Contingency Plan has been successfully implemented
- Contingency Plan cannot be tested due to unacceptable risk to residents
- Contingency Plan has been successfully tested. Date:
- Unable to test Contingency Plan

DATE REVISED:

CONTINGENCY PLAN

STAFFING SHORTAGE – 30% - UP TO 8 WEEKS

1.2 MACASSA LODGE ADULT DAY PROGRAM (ADP):

CONTINGENCY PLAN:

The Supervisor of Resident Services will assess whether a portion of the 5 day per week service can be maintained with the limited staffing (i.e. offer only Monday to Thursday services).

Supervisor of Resident Services will notify the union as to situation and get approval to use Macassa staff outside of the ADP classification or agency staff if staffing shortage is not due to Pandemic closure.

Operations of 5-day week program would need to be cancelled if a minimum of three staff per day cannot be secured to ensure safety of our 35 clients per day (Avg= 33/day)

Other area Adult Day Programs may be contacted to offer services on a temporary basis to Macassa clients.

Supervisor of Resident Services will be notified by the City of Hamilton and Macassa Lodge if the ADP will be closed due to Pandemic Plan situation.

REQUIRED PREPARATION/PROCEDURES:

- All clients and/or caregivers are to be called to inform of shutdown and/or reduction of service.
- ADP staff and Supervisor of Resident Services will meet to distribute the tasks of notifying the following agencies and departments of cancelled service: Dietary, Housekeeping, DARTS transit, area LHIN office, Macassa front office.
- Staff who are scheduled to work will conduct indirect services, be allowed to take vacation, or take time off unpaid if closure is due to situation other than Pandemic Plan situation.
- Staff who are scheduled to work will be redeployed to other areas of the LTC facility to assist with portering, feeding, etc. (if required during a Pandemic situation)
- As this is a 100% funded program, if it is closed due to Pandemic situation, there will not be staffing dollars available to support another department backfill. The Supervisor of Resident Services will notify payroll of hours that are to be charged to other departments if they are used.

VALIDATION METHODOLOGY:

- Contingency Plan has been successfully implemented
- Contingency Plan cannot be tested due to unacceptable risk to residents
- Contingency Plan has been successfully tested during staff shortages in the past three years due to inclement weather, staff sickness, etc.
- Unable to test Contingency Plan

DATE REVISED:

CONTINGENCY PLAN

STAFFING SHORTAGE – 30% - UP TO 8 WEEKS

1.3 RESIDENT SERVICES (RECREATION AND VOLUNTEER SERVICES):

CONTINGENCY PLAN:

Lodge wide activities are cancelled

Unless precluded from entering the Lodge, all volunteers will be assigned to support individual and group programming on the RHA

RHAs would be distributed among remaining staff to support generalized small group & large group programs.

Where able, RHAs would be serviced collectively (i.e. Macassa-C3W & C3E could be combined into groups; Wentworth -Lilac Lane & Beech Ave).

Volunteers would be utilized to support one-to-one visits.

Quarterly Assessments will be completed based on standard Ministry expectations or any new directives issued during a declared pandemic.

Initial Assessments may be deleted or deferred from the outlined procedures.

If shortages due to pandemic plan, Recreation service provision may be cancelled due to need to backfill departments to provide basic care needs.

REQUIRED PREPARATION/PROCEDURES:

- These plans could be implemented with a day's notice.
- A monthly plan could be facilitated based upon 30% staff to address the unit's needs.
- Posting of volunteer changes and needs would be posted on Volgistics (Macassa) or Volunteer Hotline (Wentworth).
- In situation of pandemic plan implementation, Recreationists, Volunteer Coordinator and volunteers may need to be trained to provide required alternative services (i.e. feeding, housekeeping, administrative roles).

VALIDATION METHODOLOGY:

- Contingency Plan has been successfully implemented
- Contingency Plan cannot be tested due to unacceptable risk to residents
- Contingency Plan has been successfully tested. This has been completed on a short-term basis during lodge wide outbreaks lasting a maximum of 2 weeks.
- Unable to test Contingency Plan

DATE REVISED:

CONTINGENCY PLAN

STAFFING SHORTAGE – 30% - UP TO 8 WEEKS

1.4 MAINTENANCE: *Superintendent, Facilities Operation and Maintenance (LTC), Maintenance/Utility Operators*

CONTINGENCY PLAN:

Non-essential “demand” work requests (e.g. painting) would be postponed until staffing levels return to normal

Non-essential “routine” (e.g. checking for burnt out lights) and “preventative” (e.g. lubricating locks) work orders as generated through the Macassa C.M.M.S. (computerized maintenance management system) or Wentworth’s Preventative Maintenance Program would be postponed until staffing levels return to normal

Essential work to continue: emergency repairs, PM checks required to maintain building operations, safety and/or legislated requirements

MAINTENANCE/UTILITIES OPERATORS:

- Prioritize tasks and adjust daily routine to accommodate for emergencies

REQUIRED PREPARATION/PROCEDURES:

- Screening of non-essential work would be done by the Maintenance Supervisor and/or Maintenance staff
- Ensure staff phone lists are current
- Ensure all emergency plans are current
- Ensure supplier phone lists are current and include alternate providers
- Using the distribution list for Macassa/Wentworth, e-mail all staff advising them of the Contingency Plan

VALIDATION METHODOLOGY:

- Contingency Plan has been successfully implemented
- Contingency Plan cannot be tested due to unacceptable risk to residents
- Contingency Plan has been successfully tested.
- Unable to test Contingency Plan

DATE REVISED:

CONTINGENCY PLAN

STAFFING SHORTAGE – 30% - UP TO 8 WEEKS

LAUNDRY

CONTINGENCY PLAN:

Non-essential "demand" work requests (e.g. mending, alterations, pressing) would be postponed until staffing levels return to normal

Casuals would be utilized to their full extent in Laundry

Receiver/Cleaners would be utilized to assist/replace Laundry Aides or Housekeeping Aides

LAUNDRY SERVICE MANAGEMENT:

- Participate in Outbreak Management Team Meetings
- Liaise with nursing management to ensure appropriate linens, etc. are in place in high demand areas
- Daily communication with Laundry staff
- Monitoring of staff illnesses
- Maximize use of casual staff
- Reassign staff of duties to ensure appropriate skills are utilized
- Ensure sufficient linens and towels are made available to all RHAs

LAUNDRY AIDES:

- Minimum staffing requirements: Laundry Aides 7 days a week x 2.5
- Macassa: 3.66 F.T.E.'s required 7 days a week
- Wentworth: 2.66 F.T.E.'s required 7 days a week
- Utilize part-time Laundry Aides; Casuals; Cleaners &/or Housekeeping Aides for staffing replacement

REQUIRED PREPARATION/PROCEDURES:

- Screening of non-essential work would be done by the Supervisor of Housekeeping & Laundry or designate
- Advise staff regarding implementation of the Contingency Plan
- If staff from other departments were utilized, they would need to be buddied up with existing staff
- Hours may need to be extended beyond the regular schedule, to accommodate increase in laundry demand

VALIDATION METHODOLOGY:

- Contingency Plan has been successfully implemented
- Contingency Plan cannot be tested due to unacceptable risk to residents
- Contingency Plan has been successfully tested.
- Unable to test Contingency Plan

DATE REVISED:

CONTINGENCY PLAN

STAFFING SHORTAGE – 30% - UP TO 8 WEEKS

1.6 HOUSEKEEPING:

CONTINGENCY PLAN:

Non-essential “demand” work requests (e.g. moving furniture) or/ non-essential “routine” (e.g. carpet cleaning, office cleaning, common areas and staff areas) or/ non-essential work orders would be postponed until staffing levels return to normal

Dining Rooms spot cleaned with focus on surfaces that present a transmission risk

Cleaning would focus on infection control (i.e. washrooms and high-contact surfaces)

Macassa E1 and E2 routines would be covered by one Housekeeping Aide

Wentworth 2 RHAs routines would be covered by one Housekeeping Aide

Macassa Cleaners would be utilized to assist/replace Housekeeping Aides; Macassa P.M. Cleaner would be used to perform any duties missed during the day

Wentworth Receiver/Cleaners would be utilized to assist/replace Housekeeping Aides or Laundry Aides, or to perform any essential duties missed during previous shift

HOUSEKEEPING MANAGEMENT:

- Participate in Outbreak Management Team Meetings
- Liaise with nursing management to ensure appropriate staffing in high demand areas,
- Daily communication with Housekeeping staff
- Monitoring of staff illness
- Maximize use of all available staff; reassign to alternate duties as needed and appropriate.
- Ensure sufficient cleaning and sanitizing supplies are available for all RHAs

HOUSEKEEPING AIDES & RECEIVER/CLEANERS:

Wentworth:

- Minimum staffing requirements: Housekeeping Aides 7 days a week x 3
- Cleaner/Receiver – 7 days a week x 1
- REQUIRED PREPARATION/PROCEDURES:
- Screening of non-essential work would be done by the Housekeeping/Laundry Supervisor and/or Cleaners
- Advise staff regarding implementation of the Contingency Plan
- “How to” routines would be pulled from the Housekeeping Manual to assist non-housekeepers in completing routine tasks (i.e. cleaning washrooms, floors, etc.)

VALIDATION METHODOLOGY:

- Contingency Plan has been successfully implemented
- Contingency Plan cannot be tested due to unacceptable risk to residents
- Contingency Plan has been successfully tested. Date:
- Unable to test Contingency Plan

DATE REVISED

CONTINGENCY PLAN

STAFFING SHORTAGE – 30% - UP TO 8 WEEKS

1.7 BUSINESS OFFICE: *Business Office Clerk, Administration Supervisor*
(Assumption Monday-Friday) Normal Business Hours

CONTINGENCY PLAN:

Replace Full-Time Business Office Clerical employee with Part-time Business Office Clerical employee, shared staffing clerk, or coverage as required

Postpone non-essential “demand” work requests until staffing levels return to normal. (i.e. Care Conference Preparation, Birthday Certificates)

Continue essential work

Daily census

New Admission/Discharged/Deceased Resident Documentation

Resident Banking – including daily reconciliation

Reception

Switchboard

Distribution – fax, resident mail, departmental mail, labs

Provide avenues of communication for 1. Auto Attendant 2. Switchboard (telephone answering) 3. Reception (walk-ins)

Supervisor of Administration will continue normal job routines, unless otherwise advised by the Administrator of designate

REQUIRED PREPARATION/PROCEDURES:

- Ensure Emergency Fan-Out Employee Phone List is up-to-date
- Instruct Staff regarding Pandemic Response Plan and update ongoing
- Screen non-essential work as required (Administration Supervisor or designate)
- Ensure procedure change Auto Attendant is up-to-date and available (location – Business Office/Reception)

VALIDATION METHODOLOGY:

- Contingency Plan has been successfully implemented
- Contingency Plan cannot be tested due to unacceptable risk to residents
- Contingency Plan has been successfully tested. Date:
- Unable to test Contingency Plan

DATE REVISED:

CONTINGENCY PLAN

STAFFING SHORTAGE – 30% - UP TO 8 WEEKS

1.8 STAFFING OFFICE: *Nursing Coordinator. Staffing Clerks*

CONTINGENCY PLAN:

Replace Staffing Clerks as required.

Continue with or implement the following Essential Operations:

Under the direction of the Supervisor of Administration, continue with scheduling and placement of staff as necessary

Document all sick calls with the specific symptoms and notify Department Manager(s) and Infection Control Practitioner of any patterns

Update Department Manager(s) on staffing shortages

Suspend/Cancel the following Operations/Activities:

Vacation and LOAs are at the discretion and direction of department leads

All time off requests due to extenuating circumstances will be considered after review by Department Manager(s)

NURSING COORDINATOR (MACASSA LODGE)

Continue to implement the following Essential Operations:

- Under the direction of the Supervisor of Administration, or designate, continue with master scheduling and vacancy management for staff positions
- Update Leadership Team on staffing and shortages
- Suspend/Cancel the following Operations/Activities
- Vacation and LOAs are at the discretion and direction of department leads
- All time off requests due to extenuating circumstances will be considered after review by Department Manager

REQUIRED PREPARATION/PROCEDURES:

- Screening on non-essential work will be done by Supervisor of Administration or Department Manager(s)
- Nursing Coordinator may work from home, if required
- Lodge Clerk(s) may be assigned to work at either Lodge, if required and appropriate

- Implement an Emergency Kit with desk phone, laptop and hard copy of documents. Need at least 2 Clerks to have laptop to take home with Kronos, VPN, Webex.
- Staffing Office could be supported by the two Wentworth Lodge Clerks.

LODGE CLERK (WENTWORTH LODGE)

- Implement the following Essential Operations:
- Scheduling and replacement of staff
- Maintain nursing supplies and office supplies/forms
- Sort and distribute mail
- Taking phone messages
- Suspend/Cancel the following Operations/Activities
- Policy and Procedures updates
- Attending meetings, taking of minutes of meetings
- Stop all filing
- For Delegation/Reassignment
- Collection of deceased resident charts to be delivered by redeployed staff

NURSING CLERK (MACASSA LODGE and WENTWORTH LODGE)

Implement the following Essential Operations:

- To fill orders on the nursing log
- To bring PPE and nursing supplies to the unit
- To assist with feeding residents at meal services as directed
- Suspend/Cancel the following Operations/Activities
- Quality improvement activities such as tracking of equipment, statistics
- Policy and Procedure updates
- Attending meetings, taking of minutes at meetings
- For Delegation/Reassignment
- Processing and tracking of OHIP Medical Authorization Forms

VALIDATION METHODOLOGY:

- Contingency Plan has been successfully implemented
- Contingency Plan cannot be tested due to the unacceptable risk to residents
- Contingency Plan has been successfully tested. Date:
- Unable to test Contingency Plan

DATE REVISED:

CONTINGENCY PLAN

STAFFING SHORTAGE – 30% - UP TO 8 WEEKS

1.9 FOOD SERVICES: *Director of Food Services, Food Services Supervisor, Registered Dietician, Cooks, Dietary Aides*

CONTINGENCY PLAN:

Non-essential work (i.e. catering, Macassa Adult Day Program, Wentworth Meals on Wheels) postponed until staffing levels return to normal

Non-essential administrative tasks (i.e. regular staff meetings, monthly stats, inventory, audits) postponed until staffing levels return to normal

Non-essential tasks that would not affect food or workplace safety (i.e. freezer defrosting) may be deferred

Discontinue or reduce frequency, based on Ministry directive, quarterly reports for low and medium risk residents. High risk residents would be assessed minimum quarterly.

Essential work to continue: meal & nourishment service to residents and regular cleaning duties of kitchen and serveries

Dietary staff from the program, including clerks, Clinical RD, would be re-assigned to other duties as needed

FOOD SERVICES MANAGEMENT:

- Participate in Outbreak Management Team Meetings
- Liaise with nursing management to ensure appropriate staffing is in place in high demand areas; plan for staggered meal service times if necessary. Could extend shifts to 12 hours.
- Daily communication with food services staff
- Monitoring of staff illness
- Maximize use of part-time/casual staff; reassign staff to alternate duties as needed and appropriate
- Reassign Dietary Aide or Cook to ensure a minimum coverage per day
- Monitor high-risk and ill residents upon admission and ensure appropriate meals/supplements are supplied
- Ensure food and supplies are available for menu and increase inventory of supplies to support ill residents
- Implement Emergency Menu in production and as available; implement the use of ready-to-use products (i.e. trepuree, frozen casseroles) to decrease production times
- Implement disposable dishware, as necessary, to decrease dietary work-load at nourishment and/or meal production/service

COOKS, DIETARY AIDES & RECEIVER:

MACASSA LODGE:

Food production minimum staffing requirements: Cooks 7 days a week x2

Dietary Aides – Cold prep/vegetable 7 days a week x1, MKI 7 days a week x1

MK2 7 days a week x1: Alternative – re-assign qualified cook to cold prep duties (Veg +MK1/2)
reassign Veg & MK1/2 Dietary aides to wings

Dietary Aide – Pots position and the Receiver work can be re-assigned to non-dietary personnel

(Pots 7 days a week x1, Receiver 5 days a week x1)

Meal service duties of Pots person (non-dietary personnel) will be supervised by experienced dietary aide in alternate dining room on wing

Dietary Aides (FT) – wings: Minimum staffing requirements – (days) 7 days a week x8

Dietary Aides (PT) – wings: Minimum staffing requirements – (supper) 7 days a week x7

Student Dietary Aides – wings: Minimum staffing requirements – (supper) 7 days a week x3

Non-dietary personnel will replace 3 student dietary aide positions during this period for meal service

Meal service duties of non-dietary personnel will be supervised by experienced dietary aide in alternate dining room on C and D wings

FOR DELEGATION OR RE-ASSIGNMENT

Dietary Aide – Pots position 7 days/week x1

Receiver – 7 days/week x1

Student (2-hour shift) Dietary Aides – 3 x 7 days/week or as available

WENTWORTH LODGE:

Food production minimum staffing requirements: Cook (FT) 7 days a week x1

Dietary Aides (FT) – Kitchen aide 7 days a week x2

Dietary Aides (FT) – wings: Minimum staffing requirements – (days) 7 days a week x4

Dietary Aides (PT) – wings: Minimum staffing requirements – (supper) 7 days a week x4

Meal service duties of non-dietary personnel will be supervised by experienced dietary aide in adjacent work area

REQUIRED PREPARATION/PROCEDURES:

- Identify staff with training & alternate job skills, create a list for re-deployment to alternate roles
- Retrieve food service supplier/distributor pandemic plan. Identify alternate suppliers of essential food items in event supplier is not delivering. Ensure supplier phone lists are current.
- Create emergency menus for all diets and textures, identify purchasing information.
- Ensure clear communication of Pandemic Plan to all food service staff

VALIDATION METHODOLOGY:

- Contingency Plan has been successfully implemented
- Contingency Plan cannot be tested due to unacceptable risk to residents
- Contingency Plan has been successfully tested. Date:
- Unable to test Contingency Plan

DATE REVISED:

CONTINGENCY PLAN

STAFFING SHORTAGE – 30% - UP TO 2 WEEKS

1.10 NURSING:

CONTINGENCY PLAN:

It is assumed throughout this plan that all nursing roles will remain classified as essential services. Consequently, roles and responsibilities typically assigned during normal operations to nursing personnel may be delegated to complementary nursing positions, or to non-nursing personnel.

REQUIRED PRE-PANDEMIC PREPARATION/PROCEDURES:

- The following has been completed prior to the contingency plan being enacted:
- Screening of non-essential duties by Nursing Leadership Team
- Identification of essential and non-essential medications and treatments in collaboration with physicians.
- Opportunities for assignment of responsibilities to alternate roles
- Increase in hours for part-time staff and payment of overtime hours for full-time staff will be approved
- Identify issues related to high mortality
- System of safekeeping of personal items removed from resident that have died
- Assess mortuary capacity with hospital or funeral home (i.e. plan and function)

NURSING LEADERSHIP TEAM

Continue with or implement the following Essential Operations

Participate in Outbreak Management Team meetings

Communicate with Nursing Staff ongoing

Lead and oversee visiting protocols during period of pandemic

In partnership with the Registered Nurses and Physician, ongoing identification of residents who:

- Could go home to family members
- Must remain at the Lodges
- Is likely to require acute care (i.e. dialysis residents)

Safekeeping and coordination of vaccine and antiviral program in conjunction with the ICP

To disseminate clear direction to nursing staff that was determined at OMT meeting

Ensure daily monitoring of resident and nursing staff illness

Determine if staff are fit to work based on symptoms and in consultation with Return to Work Services and Occupational Health Nurse

Ensure appropriate staffing resources are in place, initiate request for additional resources, triage resources to areas of high demand

Oversee and evaluate IPAC policies and procedures, including resident monitoring, isolation protocols, testing/diagnostic protocols, communication plan

Oversee vaccine inventory management

In consultation with Pharmacy vendor, ensure Lodge has appropriate medications.

Direct and oversee optimal and available staff cohort strategies

Oversee inventory management for required nursing supplies

Consider use of family caregivers in cases of extreme staffing shortage

Suspend/Cancel the following Operations/Activities:

- All meeting with exception of Outbreak Management Team (OMT)
- All upcoming educational sessions
- All Paramedical clinics (Dental, Ophthalmology, Foot Care)
- OT/PT services may be cancelled.
- Human Resources related activities such as performance appraisals, grievance meetings, Labour Management Meetings
- Quality Improvement processes including gathering of non-outbreak related statistical information, auditing
- Policy and Procedure Development and Updating
- Participation in Research Activities, clinical trials, case studies, focus groups

For Delegation/Reassignment

- Resident/Family Complaints (assign the Manager of Quality Initiatives to investigation, collect all data and information, documentation of statements and make, where possible, recommendations to Lodge Leadership Team or Nursing Leadership Team)
- Non-urgent resident/family requests

REGISTERED NURSES

Continue with or implement the following Essential Operations

All INRs can be done in-house by Life Labs & Dyna Care

Order enough oxygen supplies on site for one month (Continue with PRORESP)

Assess and triage residents care issues

Maintain regular communication with residents/SDM to keep them updated and reassured about the situation and discourage unwarranted visiting

Implement all Public Health measures and direction with respect to residents remaining on their RHA

Implement all required IPAC policies/procedures, including but not limited to resident monitoring and isolation protocols

Ensure that appropriate signage indicating outbreak, additional precautions and updates are posted for staff, family and visitors

Ensure informed consent for outbreak/pandemic treatments/medications are documented and followed

Should a resident need to transfer to another health care facility, fax a completed Patient Transfer Authorization to request a transfer authorization number. The RN on the RHA must inform the receiving facility of the resident's current infection control status and obtain the name of the person to whom the information was reported. This information will be recorded in the resident's progress notes.

Suspend/Cancel the following Operations/Activities:

- Discontinue development of list for business office/other departments of upcoming care conferences
- Discontinue meetings including unit meetings, Care Conference (annual and post-admission)
- Cancel regular doctor's clinics as they will be reassigned to assess ill residents
- Non-essential education for staff would be cancelled
- On direction of Ministry of Long-Term Care, suspend any non-essential documentation tasks

In consultation with Pharmacy Vendor and Medical Director, or designate, will determine and discontinue non-essential medication via PCC eMar

Determine, in consultation with GP, which labs can be discontinued or decreased in frequency

Cancel Drug Destruction

For Delegation/Reassignment – to Non-Nursing Personnel:

- Canceling of all non-urgent medical appointments

Registered Practical Nurses

Continue with or implement the following Essential Operations:

- Medication review to be completed by MD in consultation with RN and Pharmacy. RPN to administer medications as per most current eMar
- To review treatments and consult with MD to decrease frequency where possible
- Peg tube feeding and maintenance will be maintained as ordered
- Assessment and triaging of residents

Maintain regular communication with residents/SDM to keep them updated and reassured about the situation

Implement all Public Health measures and direction with respect to residents remaining on their RHA

Implement all required IPAC policies/procedures, including but not limited to resident monitoring and isolation protocols

Ensure that appropriate signage indication outbreak, additional precautions and updates are posted for staff, family and visitors

Suspend/Cancel the following Operations/Activities:

- Reduce frequency of CBS on direction and order of Medical Director or MD
- Discontinue reviewing care plan reviews at each shift report
- On direction of Ministry of Long-Term Care, suspend any non-essential documentation tasks

For Delegation/Reassignment – to Non-Nursing Personnel:

- Blood pressure, temperatures with automated Spot Vitals Equipment
- RHA and resident mail pickup and delivery (re-assign to Business Office)
- Delivery of soiled medication glasses to unit kitchen into soaking pass
- Pick-up and Delivery of unit medical/nursing supplies to each unit

PERSONAL SUPPORT WORKERS

Continue with or implement the following Essential Operations:

- Essential personal care (essential bathing limited to baths/showers as needed only, face, hands, and perineum twice daily as needed to maintain skin integrity)
- Personal hygiene and grooming to be modified depending on staff availability
- Oral care twice daily
- Routine toileting for continent residents and changing of incontinent products for incontinent residents will be based upon the residents' individual need to maintain skin integrity
- Routine catheter care will be maintained as ordered
- Assistance with eating as needed
- Oxygen therapy as required
- Bedridden residents will be repositioned q. 2 hours and as needed to promote comfort and prevent skin breakdown
- Cleaning of lifts, tub chairs, shower chairs, commodes between resident uses

Suspend/Cancel the following Operations/Activities:

- Unless necessary, discontinue twice weekly resident baths and document rationale
- Nail care as needed rather than as scheduled
- Clothing and bedding will be changed only as needed
- For Delegation/Reassignment – to Non-Nursing Personnel:
- Removal of garbage from RHA to garbage chute/room
- Removal and delivery of soiled linen from laundry hampers to laundry chute/dirty linen room
- Breaking down of boxes from supply delivery and deliver to garbage chute/room
- Feeding of low risk residents for nourishments and meals
- Serving of food and beverages at all meals
- Removal of dirty dishes from resident tables at all meals
- Monitoring of and filling up of portable oxygen tables (with training)
- Resident Personal Care: washing of hands, face
- Assist with toileting residents, with training
- Answering call bells and relaying requests back to nursing team
- Assist with dressing residents
- Clean-up of spills
- Restocking of resident charts with blank progress notes
- Checking and logging mechanical lift inspection
- Restock resident room supplies (towels, briefs, etc.)

SOCIAL WORKERS

Continue with or implement the following Essential Operations:

- To provide support and bereavement counseling to residents, families and staff
- Act as a liaison/communication portal between the Home and families/residents/SDMs
- To assist with transfers/admissions of residents to and from acute care hospital
- To assist with feeding low risk residents, including portering residents
- To assist with hand hygiene
- Maintain documentation as per MOLTC guidelines
- Suspend/Cancel the following Operations/Activities
- All care conferences will be cancelled
- All unit meetings, ADT and non-essential meetings shall be cancelled
- Suspend completion of all cognitive assessments, and mood assessment tools unless deemed essential by MD
- For Delegation/Reassignment

ADMISSION COUNSELOR

Continue with or implement the following Essential Operations:

- Liaise with the LHIN as part of community pandemic response

- Admissions as part of community pandemic response based on assessment and direction of DON/Nurse Managers
- With training be redeployed to assist with portering residents to the dining room, meal service delivery, resident hand hygiene, feeding assistance for low risk residents, basic toileting assistance for residents who require minimal assistance
- Suspend/Cancel the following Operations/Activities
- Resident transfers within the Lodge will not be authorized unless directed by DON/Nurse Managers
- All tours cancelled
- All care conferences cancelled
- All unit meetings, ADT and non-essential meetings cancelled

SUMMARY OF REASSIGNMENT OF DUTIES FROM NURSING TO NON-NURSING PERSONNEL:

- Resident personal care: washing of hands, face
- Assist with minimal assist toileting needs for residents
- Answering of call bells
- Assist with dressing residents
- Portering residents to dining rooms
- Canceling of all non-urgent medical appointments
- Blood pressure, temperatures with automated Spot Vitals Equipment
- Unit and resident mail pick-up and delivery
- Removal of garbage from RHA to garbage chute/room
- Removal of soiled linen from laundry hampers and deliver to laundry chute/dirty linen room
- Breaking down of boxes from supply delivery and deliver to garbage chute/room
- Cleaning of lifts, tub chairs, shower chairs, commodes between resident uses
- Feeding of low risk residents for nourishments and meals
- Serving of food and beverages at all meals
- Removal of dirty dishes from resident tables at all meals
- Checking of slings and mechanical lifts on every shift
- Monitoring of and filling up portable oxygen tanks (with training)
- Clean-up of spills on floors, wheelchairs
- Contacting vendor for service calls/ordering replacement parts and repair of equipment such as spot vitals, electric beds, weigh scales
- Processing of AP
- Restocking of resident charts with blank progress notes (if power issues)
- Delivery of soiled medication glasses to unit kitchen into soaking pans
- Delivery of unit medical/nursing supplies

ADDITIONAL STAFF RESOURCES:

MACASSA LODGE:

22-33 staff to cover days

22 staff to cover evenings

15 staff for nights

WENTWORTH LODGE:

14-20 staff to cover days

14 staff to cover evenings

VALIDATION METHODOLOGY:

- Contingency Plan has been successfully implemented
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DATE REVISED:

OUTBREAK MANAGEMENT

EMERGENCY SUPPLIES AND RESOURCES

CORPORATE EMERGENCY RESPONSE

The City of Hamilton activates the Emergency Operation Centre, as detailed under the City's Emergency Plan, when there is a need for formalized planning around an event that has the potential to impact city services, including Long-Term Care. The EOC is comprised of staff from all City departments, working collaboratively and in various capacities.

As a result of the world-wide pandemic known as COVID-19 (Coronavirus Pandemic) which impacted the Hamilton Ontario region in March 2020, the City of Hamilton responded by establishing a supply depot/warehouse. The supply depot was formed to ensure continuity of internal supply lines for various types of supplies/PPE. Long-Term Care may draw large volumes.

LODGE EMERGENCY RESPONSE

Each Department maintains an adequate 3 day supply of "stock items" that would be required in the event of a building evacuation or lack of ability to evacuate or ability to get supplies due to a larger community type disaster. If a code green is called and the building is to be evacuated, these items are brought to the Emergency Disaster site by designated staff.

EMERGENCY RESPOSE- NURSING

If a code green or evacuation is called, and whenever possible, all medication carts are transported to the evacuation site. In the event that this is not possible, CareRx Pharmacy is immediately contacted, and they will deliver a supply of medication and EMARS for each resident to the relocation site(s) as soon as possible.

EMERGENCY FOOD AND FLUIDS

Dietary staff prepares for a disaster by following a pre-planned 7-day menu and ensures an adequate supply of those food items required to prepare the food listed on the 7-day menu plan.

Food Services preparations include of 7-day ordering guides, 7-day production sheets and Recipes, example can be found below.

Emergency 7-day Menu Document Examples

[Daily Posting](#)

[Production Sheet](#)

[7- Day WAAG Menu](#)

[Order Guides](#)

[Recipes](#)

[7- Day Therapeutic Menu](#)

7- Day Nourishment Menu

EMERGENCY PHARMACY AND MEDICATION

CareRx Pharmacy Emergency Policies as below

Category: Introduction and Emergency Services	Policy Number: 1.1	Effective Date: April 2002
Subject: Locations and Store Hours		Revision Date: May 2021
Approved By: Director, Quality and Program Development		Page: 1 of 1

CareRx Pharmacy				
<p>Hours of Operation: Monday to Friday 9:00 am to 5:30 pm All Statutory Holidays are observed (A minimum of 3 notices will be sent to notify clients of Statutory Holiday closures) Customer Care Department:(800) 677-4053 extension 1 Internet Website-www.carerx.ca ..</p>				
Location	Address	Telephone Numbers	Fax Numbers	After Hours Emergency On-Call Pharmacist
Burlington	1320 Heine Court Burlington, Ontario L7L 6L9	(905) 631-9027 {800} 677-4053	(905) 631-9217 {800} 564-9548	(905) 320-3878 (866) 631-5653
Cambridge	1165 Franklin Blvd, Unit L Cambridge, Ontario NIR 8E1	(519) 579-4868 (866) 579-8203	(519) 579-4489 (888) 579-4489	(519) 996-5914
London	112 Newbold Court London, Ontario N6E 1Z7	(519) 668-7246 (866) 773-1354	(519) 668-1066 (866) 773-1355	(226) 927-4756 {855} 518-4406
Ottawa	169 Colonnade Rd. South Ottawa, Ontario K2E 7J4	(613) 747-2067 {866} 747-2067	(613) 747-7420 {877} 747-7426	(613) 866-2068 (866) 494-3008
Sudbury	555 Barrydowne Road, Unit 205 Sudbury, Ontario P3A 3T4	(705) 525-0356	(866) 463-1771	{705} 690-7942
Thunder Bay	977 Alloy Drive Unit #9 Thunder Bay, Ontario P7B 5Z8	(807) 345-5022 (833) 380-4501	(807) 345-5113 {866} 936-1755	(833) 962-0194

Windsor	3215 Jefferson Blvd, Unit 304 Windsor, Ontario N8T 2W7	(519) 945-5080 (888) 316-2754	(519) 945-4116 (888) 316-2755	(519) 566-5080
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Category: Introduction and Emergency Services	Policy Number: 1.2	Effective Date: April 2002
Subject: Mission Statement, Goals, Objectives and Code of Conduct		Revision Date: July 2014
Approved By: Director of Quality and Clinical Services		Page: 1 of 1

Mission Statement:

"Dispensing care, professionalism, and understanding to those who need it most"

Goals and Objectives:

- Visit the Home and meet with the management, staff, and Residents on a regular basis to ensure all the pharmacy-related needs are being met
- Advise the Director of Care and nursing staff on matters relating to the administration, use, procedures, and safe storage of medications within the Home
- Aid in the development and evaluation of policies and procedures and quality improvement plans within the Home to ensure optimal safety and appropriateness of medication usage
- Ensure that an adequate supply of prescription medications is provided for the Residents of the Home
- Commitment to Resident medication appropriateness, through routine conduction of medication regimen reviews and pharmacist recommendations
- Ensure that emergency pharmacy service is available to the Home 24 hours a day, 7 days a week
- Serve as a medication information resource through continuing education events and provision of literature and resources
- Attend routine committee meetings when requested Code of Conduct:
- Care: The highest priority is to provide quality care to our Residents
- Professionalism: Our reputation is reflected by the behaviour of our employees; all

employees must adhere to the highest levels of honesty, integrity, and ethics

- Regulatory Excellence: As a member of the highly regulated health care industry, we must adhere to all applicable Provincial and Federal regulations

Category: Introduction and Emergency Services	Policy Number: 1.3	Effective Date: April 2002
Subject: Privacy Commitment		Revision Date: July 2014
Approved By: Director of Quality and Clinical Services		Page: 1 of 1

Policy:

- As CareRx Pharmacy team members are active participants of each Resident's Circle of Care, our representatives *only* collect and use personal information for the purposes of providing pharmacy products and services requested from us
- CareRx Pharmacy may also contact clients or their representatives and/or the Home from time to time about their accounts
- CareRx Pharmacy will not share or distribute any personal information outside the Circle of Care

Category: Introduction and Emergency Services	Policy Number: 1.4	Effective Date: April 2002
Subject: After-Hours Emergency Services: 2 Step Process		Revision Date: May 2021
Approved By: Director, Quality and Program Development		Page: 1 of 1

Policy:

- CareRx Pharmacy provides after-hours emergency pharmacy service outside of regularly scheduled business hours

Procedure:

Step 1: Check the Emergency Medication Box

- The emergency medication box is stored at the Home, controlled by the registered nursing staff and contains commonly used antibiotics, injectables, and other "stat-type" medications
- Check the emergency medication box for the desired medication
- If the medication is present, see Policy 1.5 for the emergency medication box procedure
- If the medication is not present, proceed to step

2 Step 2: Contact the After Hours Emergency On-Call

Pharmacist

- CareRx Pharmacy has one of its pharmacists carry an emergency cell phone outside of regular business hours and is referred to as the On-Call Pharmacist
- The On-Call Pharmacist acts as a single point of contact and is available to the Home to provide assistance after regular CareRx Pharmacy hours
- When the situation warrants, the On-Call Pharmacist will inform the Nurse to fax the prescription(s) and a completed Home-specific "After-Hours Medication Request Form" to the satellite pharmacy; all applicable follow up will be completed by the On-Call Pharmacist
- The satellite pharmacy is an accredited local community pharmacy in your area that is contacted when CareRx Pharmacy is closed and medications are required for a Resident before the next CareRx delivery
- See Policy 1.7 for the On-Call Pharmacist Procedure
- The On-Call Pharmacist number for each CareRx Pharmacy location is:

Burlington	Cambridge	London	Ottawa
{905} 320-3878 {866} 631-5653	{519} 996-5914	{226} 927-4756 {855} 518-4406	{613} 866-2068 {866} 494-3008

Sudbury	Thunder Bay	Windsor
{705} 690-7942	{833} 962-0194	(519) 566-5080

Note:

- The above system provides pharmacy 24-hour coverage, 7 days a week

Category: Introduction and Emergency Services	Policy Number: 1.5	Effective Date: April 2002
Subject: Emergency Medication Box Procedure		Revision Date: July 2014
Approved By: Director of Quality and Clinical Services		Page: 1 of 4

Policy:

- The Emergency Medication Box (eBox) is stored/locked at the Home, usually in the medication room and controlled by the registered nursing staff
- The Emergency Medication Box may also be referred to as the stat box, contingency box, emerg box, ESB or Em Box
- Contents include commonly used antibiotics, injectables, and other "stat-type" medications which are clearly labeled by CareRx Pharmacy or the manufacturer with the medication name, strength, lot number, and expiration date (see following pages)
- The eBox should be audited monthly by registered staff to ensure all medications are present and not expired
- As part of a Medication Audit, a CareRx Pharmacy representative will review the contents, expiration dates and assesses the proper use of the eBox
- If controlled substances are to be included within the eBox contents, they are stored separately in a pre-determined locked narcotic medication box and counted routinely according to Home Policy
- The Administrator, Director of Care, Medical Director, and CareRx Pharmacist/representative review the contents and utilization of the eBox at least annually and make any necessary changes based on Home-specific need and usage
- The contents of the Emergency Medication Box remain the property of CareRx

Pharmacy Procedure:

1. Complete the first 5 columns of the Emergency Medication Box Control Sheet (see following pages).
2. Check the expiry date to ensure the medication is not expired.
3. Verify the Resident is not allergic to the prescribed medication.
4. Assign the entire eBox quantity of medication to the Resident; any surplus supply will be destroyed as outlined in Policies 5.8, 5.8.1, 5.8.2 and 5.8.3.
5. Indicate to CareRx Pharmacy at the time of placing the order that the eBox is being used. This is done in one of the following ways:
 - a. "Tick" the eBox used box on the physician's order form
 - b. Remove the re-order label from the stat medication and place it immediately in the Drug Record Book (hand-writing is also acceptable)
 - c. Remove the re-order label from the stat medication and place it on the physician's order form (hand-writing is also acceptable, ensuring that integrity of the original prescriber order is maintained)

Category: Introduction and Emergency Services	Policy Number: 1.5	Effective Date: April 2002
Subject: Emergency Medication Box Procedure		Revision Date: July 2014
Approved By: Director of Quality and Clinical Services		Page: 2 of 4

6. The following information must be communicated to CareRx Pharmacy in the Drug Record Book:
 - a. Medication name and strength of eBox item
 - b. Name of Resident receiving eBox item
 - c. Quantity of eBox item used
 - i. Note: two Drug Record Book entries are required if a balance is required to complete the prescribed duration of the order
7. Fax/transmit the original prescriber order, notification that the eBox was used and the affected Drug Record Book page to CareRx Pharmacy.
8. CareRx Pharmacy will subsequently:
 - a. Dispense the balance of the prescription for the Resident, when applicable
 - b. Dispense the replacement eBox medication
9. When the medication delivery arrives from CareRx:
 - a. Confirm receipt of the medication(s) in the Drug Record Book
 - b. Place the medication(s) in the appropriate safe storage locations
 - c. Complete the last 3 columns of the Emergency Medication Box Control Sheet

Notes:

- See Policy 2.4 for the Drug Record Book procedure
- See Policy 5.2 for details pertaining to medication audits
- If the emergency medication was used for a Resident who is not a client of CareRx Pharmacy, the Home will be billed for the replacement cost of the medication
- Under no circumstances are the Emergency Medication Box contents to be used for personal Home staff use
- Upon Home request, a dedicated eBox Drug Record Book can be used in lieu of Emergency Medication Box Control Sheets (contact your pharmacy representative for additional details)

Category: Introduction and Emergency Services	Policy Number: 1.7	Effective Date: July 2014
Subject: On-Call Pharmacist Procedure		Revision Date: May 2021
Approved By: Director, Quality and Program Development		Page: 1 of 3

Policy:

- The CareRx On-Call Pharmacist is a pharmacist from your local dispensary location that is contacted when CareRx Pharmacy is closed
- Contact the On-Call Pharmacist when:
 - o Medications are required before the next scheduled CareRx delivery and they are not present in the eBox and not government stock (LTC only)
 - o An urgent, time-sensitive medication delivery situation occurs when CareRx Pharmacy is closed
 - o A declared influenza outbreak occurs when CareRx Pharmacy is closed
 - o Execution of the disaster plan is required
 - o The Home is experiencing urgent, time-sensitive equipment failure concerns
 - o Urgent medication information is required after hours and is not available within the Home's drug information resources

Procedure:

1. When applicable, verify that the Emergency Medication Box does not contain the required medication.
2. For LTC only, verify that the required medication is not a government stock item.
3. When applicable, the Nurse assesses the situation to determine whether or not the situation is considered to be an emergency or that the Resident requires the medication(s) before the next scheduled CareRx Pharmacy delivery.
4. Locate and call your site-specific On-Call Pharmacist telephone number to speak directly with the pharmacist.

Burlington	Cambridge	London	Ottawa
{905} 320-3878 (866) 631-5653	(519) 996-5914	(226) 927-4756 (855) 518-4406	(613) 866-2068 (866) 494-3008

Sudbury	Thunder Bay	Windsor
(705) 690-7942	{833} 962-0194	(519) 566-5080

- a. If the On-Call Pharmacist is not available at the time of the call, leave detailed contact information (Home name, your name, your phone number, your extension); the On-Call Pharmacist will return the call as soon as possible.
- b. If the On-Call Pharmacist does not return the call within 15 minutes, try the number again.

Category: Introduction and Emergency Services	Policy Number: 1.7	Effective Date: July 2014
Subject: On-Call Pharmacist Procedure		Revision Date: May 2021
Approved By: Director, Quality and Program Development		Page: 2 of 3

5. If it is determined that the required medication(s) can be delivered from the local satellite pharmacy:
 - a. The On-Call Pharmacist will inform the Nurse to complete a Home-specific "After-Hours Medication Request Form" (see following pages).
 - b. The Nurse will fax the prescription(s) and the completed "After-Hours Medication Request Form" to the satellite pharmacy.
 - c. The On-Call Pharmacist will contact the satellite pharmacy to verify receipt of the prescription and request form and determine estimated delivery time.
 - d. The On-Call Pharmacist will inform the Nurse of the estimated delivery time.
6. If it is determined that the required medication(s) will be delivered from CareRx Pharmacy, the On-Call Pharmacist will inform the Nurse as such, and provide an estimated delivery time.

Notes:

- The On-Call Pharmacist carries a "Smartphone" rather than a traditional pager
- See Policy 9.15 for the contingency plan during eMAR disruption
- Do not contact the On-Call Pharmacist for non-urgent equipment failure concerns which will be managed the next available business day
- It is strongly encouraged that the Home posts your site-specific On-Call Pharmacist contact information in accessible locations which are easily visible to the nursing team
- The satellite pharmacy is a community pharmacy in your area that may be contacted when CareRx Pharmacy is closed and medications are required for a Resident before the next CareRx Pharmacy delivery
- CareRx Pharmacy assumes all costs associated with delivery, co-payments, and cash/non-ODB covered items dispensed by the satellite pharmacy; the Resident's account will be invoiced for any applicable charges
- All medications that are received from the satellite pharmacy and CareRx Pharmacy are recorded in the Drug Record Book
- All orders must be faxed/transmitted to both the satellite pharmacy and CareRx Pharmacy to ensure continuity of care
- Refer to Policy 2.3 for narcotic and controlled medications prescription requirements
- Kindly inform the satellite pharmacy of any specific requirements/entry codes required to enter the building to deliver the requested medication

Category: Introduction and Emergency Services	Policy Number: 1.7	Effective Date: July 2014
Subject: On-Call Pharmacist Procedure	Revision Date: May 2021	
Approved By: Director, Quality and Program Development		Page: 3 of 3

CareRx After-Hours Medication Request Form

Test home

123 Some St, Anywhere

Telephone: 555-555-5555

The CareRx On-Call Pharmacist will inform the Nurse to complete this form when it is determined that the required medication(s) can be delivered by the local satellite pharmacy.

1. The Nurse completes the following table of required information:

Resident Information:			
Last Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
First Name: _____	Date of Birth: _____ (DD/MM/YYYY)		
Room #: _____	Allergies: _____		
Health Card #: _____	VC: _____		
Nurse Information:			
Nurse Name: _____	RHA/Floor: _____	Ext: _____	Date: _____
Special Delivery Instructions:			
E.g. Intercom numbers, etc.:			

2. The Nurse faxes this completed form and the original prescriber's order to:

Satellite Name: Satellite Pharmacy	Satellite Hours of Operation:
Address: 789 Some st	Monday to Friday: 9am-9pm
City: Anywhere	Saturday: 9am-9pm
Province: Ontario	Sunday: 9am-5pm
Phone #: 111-111-1111	Holidays: Variable - Call to confirm
Fax #: 222-222-2222	

3. The CareRx Pharmacy On-Call Pharmacist will contact the satellite pharmacy to verify receipt of the prescription, request form, determine dispensing quantity (days supply), determine the estimated delivery time and subsequently inform the Nurse.

4. The satellite pharmacy will deliver the medication request to the Nurse at:

Home Name: Test home
Address: 123 Some St
City: Anywhere
Province: Ontario
Phone: 555-555-5555
Fax: 444-444-4444
(LTC Only) ODP #: Not applicable

5. The Nurse records the medication delivery in the Drug Record Book.
- CareRx Pharmacy is to be invoiced for all co-payments, cash prescriptions and delivery/taxi charges.
 - All inquiries related to invoicing should be directed to the CareRx On-Call Pharmacist and not be discussed with the Home or the Nurse.
 - Remember to fax/transmit all prescriptions to CareRx Pharmacy for further review on the next business day to ensure continuity of care.
 - CareRx On-Call Pharmacist 24 hour cellular telephone number: 1-800-111-9876

CareRx Pharmacy - 123 This Street, Thecity, Ontario, K2E 7J4, Tel: 1-800-111-5678 Fax: 1-800-111-4321

C - After-Hours Medication Request Form - TEST
Last modified: 09/15/20

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