

**YEE HONG CENTRE FOR
GERIATRIC CARE - MARKHAM**

DISASTER MANUAL

REVISED: April 2023

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SECTION 1 FOREWORD

A disaster is an event which affects the normal operation of a facility. Fire, explosion, chemical spills, loss of heat, water, light and power, bomb threats and severe weather are all events which may be classified as a disaster. The degree of disruption caused by those events may be minimal as in the case of loss of water for a brief time, or major, as in the case of fire requiring total evacuation. Additionally, the disruption may be created by the reception of individuals from another facility, which has undergone a disaster.

Yee Hong Centre - Markham is a 5-story structure. There are 3 elevators servicing the nursing home, with one designated as a freight elevator. There is also an elevator servicing activities in the Basement, which includes a Medical Centre that is open to the public.

There are 200 residents in the nursing home. Approximately 50% of the residents are ambulatory while the others rely on various types of walking aides or assistance. Care and services are provided 24 hours a day, 7 days a week. Management and other administrative staff work regular business hours, i.e. Monday to Friday, 9:00 a.m. to 5:00 p.m.

An Adult Day Program is providing services to clients on the Ground Floor. The general profile of clients of these programs is very similar to the profile of residents in the nursing home, i.e. most of them require assistance in ambulation.

Although we live in the hope that disasters will never strike at our door, the truth is that they can and do occur. The purpose of this manual is to state the process of preparing for, responding to and recovery from any unplanned event that could have a negative effect on the organization so that we can:

- protect the health and safety of our residents, staff, and family members;
- minimize any inconvenience to the residents, staff, family members and community;
- minimize damage to the facilities and its contents;
- ensure continued operation as a health care facility and reduce damage to the building and or equipment so Yee Hong can recover fast and;
- recognize responsibility to the community we serve.

The effectiveness of the emergency and disaster plan described herein is dependent upon you. Your familiarity with your duties and responsibilities will determine how you respond should a disaster strike our facility. Your cooperation is not only necessary, but also essential.



1 April, 2023

Date

Executive Director

SECTION 2 KEY PERSONNEL AND EMERGENCY EXTERNAL NUMBERS

2-A Environmental Nurse

- Within the nursing home, all environment-related emergency situations such as a flood, power outage, gas leak, etc. will be declared and response initiated by the 3rd Floor Registered Nurse (Environmental Nurse)
- In the case of an emergency when an immediate response is required, the Environmental Nurse should call 911
- If the emergency happens during regular hours, immediately contact the Facility Manager and the Executive Director (refer to phone list below)
- If the emergency happens after regular working hours, notify the Facility Manager and the Executive Director (refer to phone list below)
- The Environmental Nurse should always carry his/her PWT phone to respond to incoming calls during an emergency

2-B Key Personnel

<u>Position</u>	<u>Name</u>	<u>Extension #</u>
Chief Executive Officer	San Ng	1108
Chief Operating Officer	Eugene Kam	1170
Executive Director	Tracy Cheung	3100
Nursing – DRC	ZuWang Tang	3200
Nursing – ADRC (2F & 3F)	Raymond Phuong	3206
Nursing – ADRC (4F & 5F)	Rochelle Pinlac	3204
IPAC Manager	Nancy Chau	3202
Activation Manager	Virginia Li	3630
Food Services Manager	Iris Wong	3260
Food Services Supervisor	Melinda Koo	3262
Facility Manager	Patrick Lui	3290
Maintenance Technician	Barry Poon	3299
IT Emergency Contact		6999

2-C Emergency External Resource Agencies

The Ministry of Health & LTC: Emergency Pager	1-800-268-6060
Home and Community Care Support Services, Central (Markham): Regular business hours After hours contact 1 After hours contact 2	905-337-7131 416-388-4665 905-334-7365
Fire Department	905-477-2011
Ambulance Service	1-800-268-1677
Police (York Region)	905-881-1221
Power Stream (Markham)	1-877-777-3810
Markham Hydro	416-936-5394 1-877-777-3810
Markham Waterworks (York Regions)	905-475-4862 1-877-963-6900
Consumer Gas (Enbridge)	416-447-4911 1-800-461-4444
Environmental Spill	1-800-268-6060
Radiation	905-821-7760
Ministry of Labour (to report a critical injury or fatality of staff) Daytime (8:30 am to 5:00 pm): Nights/Weekends/Holidays:	416-314-5421 or 1-800-991-7454 416-325-3000 or 1-800-268-6060

2-D Other External Resource Agencies

Markham Stouffville Hospital	905-472-7000
Town of Markham	905-477-7000
Poison Control Center	416-813-5900
York Region Transit	905-762-2100
Red Cross	416-480-2500
Crime Stopper	1-800-222-8477
Mobility Plus	905-762-2112
Yee Hong Centre Scarborough McNicoll	416-321-6333
Yee Hong Centre Scarborough Finch	416-321-3000

2-E Command Centre

In the event of emergency during or outside regular office hours, a Command Centre will be set up in the Reception Area. The Executive Director or Designate will be in charge of the Command Centre. The Environmental Nurse will report to this area to await the arrival of Emergency Support Services (such as Fire Department, Police, etc.)

In the event that the Executive Director or Designate is not available, such as in the case of a fire outside of office hours, the Environmental Nurse will be in charge of the command centre in the reception area and will wait for the arrival of Emergency Support Services (such as Fire Department, Police, etc.)

SECTION 3 EVACUATION (CODE GREEN)

3-A CIRCUMSTANCES NECESSITATING EVACUATION:

- Fire
- Natural Disasters --floods, tornados, etc.
- Bomb Threat/Explosions
- Loss of Heat/Water for an extended period of time
- Community disasters, such as toxic spill, train derailment, gas leak, etc.

3-B TYPES OF EVACUATION

1. CODE GREEN - Precautionary

Simple evacuation:

A person discovers a disastrous situation in a confined area which can be contained and managed, such as a small fire or chemical spill in a room; and removes person/people from that room.

Partial evacuation:

- a. Horizontal evacuation – involves residents being removed from an area affected by a disastrous situation such as a fire, to another area on the same floor, preferably behind fire-rated doors.
- b. Vertical evacuation – involves moving residents to another floor, usually downward.

The situation may escalate if the disaster cannot be managed

2. CODE GREEN STAT – CRISIS

Involves a total evacuation of the building to the outside and would be carried out only in an extreme emergency. Everyone must leave the building via the nearest exit.

3-C DECISION TO EVACUATE

The decision to enact a total evacuation shall be made by the Chief Executive Officer / Chief Operating Officer/ Executive Director/ Director of Resident Care / Assistant Director of Resident Care or the Nurse in Charge, in collaboration with the Police, Fire and Ambulance Services.

3-D RESPONSIBILITY DURING EVACUATION

Executive Director

1. Implement the Disaster Evacuation Procedures.
2. Notify the Home and Community Care Support Services, Central and the MOHLTC
3. Determine
 - a. Number of residents to be evacuated
4. Direct the activities of all personnel until the arrival of the police, fire department and/or ambulance service.
5. Receive all communications from the police, fire department and ambulance service and will participate in assessing the situation with these agencies.

Note: In the absence of the Executive Director, these duties will be performed by the Director of Resident Care and then the Nurse in Charge.

Director of Resident Care and/or Assistant Director of Resident Care

1. Direct the removal of residents.
2. Maintenance of record of evacuees and ensuring all residents have an identification bracelet or other means of identification.
3. Transportation of the "Stat Box" to a secure location where the medication will be accessible.
4. Decide on an evacuation route and confirm that it is safe. Move people at least 100M away from the building.

Nurse in Charge

1. Maintain resident head count.
2. Maintain list identifying relocation of residents.
3. Carry out the duties of the Executive Director/Director of Resident Care in their absence.
4. Assign PSWs to prepare name tags for residents.

Facility Manager

1. Depending on circumstances, responsible for traffic control until the arrival of the police.
2. Ensure the building is left in a secure condition if possible.

Housekeeping/Laundry Staff

1. Secure extra bedding and linen, if needed.
2. Assist with evacuation, as needed.

Administrative Assistant/Receptionist

(or staff on duty outside Office Hours)

1. Keep all outside lines available.
2. Accept only emergency in-coming and out-going calls.
3. Be responsible for the removal of an:
 - a. Up-to-date list of residents.
 - b. Up-to-date list of residents' next-of-kin.

Food Services Manager / Supervisor

1. Arrange for the provision of hot beverages and snacks to residents, staff, volunteers, firefighters, police and ambulance personnel.
2. Assign staff to assist with evacuation.

Activation Manager/Social Worker/ Spiritual Care & Religious Practitioner / IPAC Manager / OT / Dietitian

1. Obtain volunteers and Spiritual Care & Religious Practitioner for emotional support if necessary.
2. Report to the Executive Director or designate for assignment of duties.
3. Obtain transportation for the residents being evacuated.
4. Assist in the notification of the next-of-kin.

Medical Director / Attending Physician / Nurse Practitioner

1. Attend to any medical emergencies.
2. Arrange for the hospitalization of residents, as required.

Evacuation Procedures and Detailed Roles and Responsibilities of Staff

1. Notice from Authorities to evacuate
2. 3rd Floor Environmental RN (ERN)
 - a. Assign RPN in charge of 3rd Floor
 - b. Goes to G/F Command Centre
 - c. Announce "Code Green" (Totally to be evacuated) in English and Chinese at least two times each
 - d. Announce which floor to be evacuated (start from 5/F)

3. RN (carry PWT)

RN	
a.	Acknowledge Code Green by calling control room
b.	Set up Command Centre at north side Nursing Station
c.	Take out the backpack from med room and wear the vest as a floor warden
d.	Distribute the resident name list to RPN and PSWs
e.	Distribute color name tags and markers to PSWs
f.	Stick a color name tags on clothes to identify as a RN
g.	Assign pairs of PSW's to begin room searches
h.	Pack the staff schedule, resident medication and MAR binder to the backpack
i.	Assign the helpers to assist residents to activity room or stay with residents in activity room
j.	Conduct head count according to the resident name list after residents gather in activity room (Head count include residents, visitors, staffs)
k.	Inform environmental nurse with PWT your floor is ready to evacuate
l.	Wait for environmental nurse instruction to move residents to G/F Auditorium
m.	Begin evacuation after received instruction
n.	Do last sweep, ensure the floor is clear of human life (residents, visitors, staffs)
o.	Inform environmental nurse your floor is clear
p.	Pick up backpack and go down to G/F
q.	Pass the current head count list to command centre
r.	Assist residents to get on the bus
s.	Go with the last resident to one of the evacuation sites
t.	Inform MKH command centre after arrival
u.	Report to Evacuation site command centre

Color Codes for Nursing Floors:

Red: 2/F
 Yellow: 3/F
 Green: 4/F
 Blue: 5/F

4. **RPN on third floor**

RPN	
a.	2&3/F RPN assigned to 3/F as CN, procedure as RN
b.	Wear a vest as a floor warden, stick a color name tag on clothes to identify as RPN
c.	Carry PWT, escort resident transportation, go with the first bus to Evacuation Site
d.	Conduct resident head count and account for their location
e.	Take the head count list to transport bus
f.	Report to Evacuation site command centre and inform MKH command centre upon arrival
g.	Conduct head count and pass the head count list to Evacuation site command centre
h.	Register residents and settle them in Evacuation Site

5. **PSW**

PSW	
a.	Report to RN at Nursing station
b.	Stick the color name tag on clothes to identify as PSW and visitors
c.	Conduct room to room search in pairs: <ul style="list-style-type: none"> • Conduct room search clockwise • Check washroom, closet(s), under bed(s) • Check TV room, Spa room, offices etc.
d.	Ensure rooms are clear of human life and ensure VACANT sign is visible
e.	Assist the residents wear appropriate clothes and move to activity room (easier resident first)
f.	Use marker write down resident's room# and name on color name tag, stick on their clothes
g.	Do a head count with the resident name list and report to RN
h.	Wait for instruction to evacuate
i.	Do a second sweep, ensure the floor is clear of human life (residents, visitors, staff)
j.	Use elevator to move residents down to G/F Auditorium designated color area
k.	Calm down resident during evacuation

6. **PSW's in G/F Auditorium (Temporary Collection Centre)**

- Stay with the residents
- Do head count and keep adding to list as new residents come in.
- Start loading the bus when they arrive.

Maintenance Technician and Facility Aide Staff	
a.	Report to RN at Ground floor Fire control room
b.	Shut Down Fresh Air Fan (FA-1, FA- 2 & FA-3) in the case of Code Grey
c.	Close the doors and roller shutter and post “Evacuation in Progress” sign immediately (Including ground and basement roller shutter and rear doors)
d.	Set up the table for command Centre in Main Lobby and wait for instructions
e.	To clear up the Auditorium and set up more chairs
f.	To transfer the disaster emergency box (some blankets) and to post the floor zone labeling in Main floor Auditorium
g.	Wear the Vest and monitor the traffic and keep communication with command centre by PWT and wait for instruction
h.	Assist in transferring resident and moving drink, food & blankets to bus for evacuation
i.	Post the “Completed Evacuation” sign to all entrance doors after evacuation of all is completed

Evacuation Floor Non-nursing Staff	Non-Evacuation Floor Non-nursing Staff	Receptionist/ Administrative Assistants	Food Services Staff
Report to RN at Nursing station of evacuation floor and wait for instructions	Report to Main Lobby near reception and wait for instructions from Environmental Nurse/Executive Director	Relay Code grey message to ED or Designate	Move drinks and snacks and report to command centre
<p>If asked to assist in room search and evacuation:</p> <ul style="list-style-type: none"> • Conduct room to room search in pairs: • Conduct room search clockwise • Check washroom, closet(s), under bed(s) • Check TV room, Spa room, offices etc. 	<p>If assigned to entrances:</p> <ul style="list-style-type: none"> • Stop visitors from coming into the building • Ensure residents do not wander out of the building 	Keep outside line open respond to calling from residents' relatives	
Assist in evacuating residents moving them to the activation room as instructed	<p>If asked to assist on Ground Floor Auditorium:</p> <ul style="list-style-type: none"> • Assist in taking the residents in and attend to any needs • Reassure and comfort the residents • Follow the instructions of the PSW 	Relay any instructions from the Environmental Nurse to support staff in the Main Lobby	

Evacuation Floor Non-nursing Staff	Non-Evacuation Floor Non-nursing Staff	Receptionist/ Administrative Assistants	Food Services Staff
Once all residents have been evacuated, report to the RN and wait for instructions	If asked to assist on Ground Floor Main Lobby: <ul style="list-style-type: none"> • Assist in moving residents from the elevators to the Auditorium • Monitor the lobby and ensure no obstruction in the escape route (for example to keep the door of Auditorium open and assist to move resident into the Auditorium) • Follow the instructions of the PSW 	Administrative Assistants prepare and make multiple copies of updated residents' and family contact information and report to command centre	
If instructed to leave the floor, go to Main Lobby and wait for further instructions	If assigned to operate elevators: <ul style="list-style-type: none"> • Lock down the elevators and operate elevators according to instructions of the command centre 		
Assist in moving residents to the buses	Assist in moving residents to the buses		

3-E PRIORITY OF EVACUATION

**** in order from highest to lowest priority****

1. Those residents in immediate danger
2. All ambulatory residents under supervision. Residents able to walk should be led to another fire barrier area for a horizontal evacuation or a stairway for vertical evacuation
3. All wheelchair residents. Wheelchair residents should be assisted to safe fire barrier areas and if their wheelchairs are required for other residents, then remove them from their wheelchairs.
4. All non-ambulatory residents. Most residents can be carried to a safe area, if necessary. Bedridden / helpless residents may be placed on a blanket on the floor and pulled to a safe area. For assistance on lifts and carries see Appendix II

3-F VITAL RECORDS AND MEDICATION TO BE EVACUATED

<u>TYPE</u>	<u>REMOVAL RESPONSIBILITY OF:</u> <u>(And Designate Back-up)</u>
Medications	Registered Nursing Staff
Disaster Manual	Registered Nurse (PSW)
List of Residents	Executive Director (Administrative Assistant)
Employee Telephone Directory	Executive Director

3-G FAN OUT PROCEDURES

When a situation arises which requires additional staff, CEO/COO/Executive Director will initiate the FAN OUT PROCEDURES

Situations which require the initiation of this procedure are, but not limited to the following;

- **An evacuation of the facility**
- **Receipt of additional residents from another facility**
- **A loss of power, water, gas or inclement weather**
- **Any situation which potentially requires increased staff in a very short time frame**

The CEO or designate will start the process. The senior management team will then call their managers/supervisors and they in turn call their staff until all have been contacted.

Fan out chart and lists are designed to contact staff in the most efficient manner in the event of an emergency (Refer to Appendix I: Organizational Fan Out Chart). There is a total of 5 fan out lists, one for each department, viz. Administration, Facility, Food Services, Nursing and Social Services. Each fan out list contains names and phone numbers of staff in that department. All fan out lists are prepared and updated by the Human Resources Department twice a year.

Department heads should keep a complete fan out list of their respective departments. They will break down the fan out list of her/his department according to contact responsibilities. The fan out list will be put in a sealed envelope, signed and dated, and given to the responsible staff to contact staff when fan out is initiated. Department heads will repeat the process when they receive updated fan out lists.

Callers as assigned will initiate staff notification calls, advising each staff member to report to the on-site command centre as soon as possible.

Each caller will obtain an estimated time of arrival from each staff member who will be assisting during the disaster.

3-H RELOCATION OF RESIDENTS TO RECEIVING CENTRE

DECISION TO RELOCATE

The decision to relocate shall be made by the Chief Executive Officer/Chief Operating Office/Executive Director/Director of Resident Care, or Nurse-in-charge in consultation with police, fire department and/or ambulance services.

NOTIFICATION OF RELOCATION SITES

The Executive Director of Markham Centre will notify the MOHLTC, Home and Community Care Support Services, Central and the relocation sites. The relocation sites will be :

Yee Hong Centre - McNicoll	(416) 321-6333
Yee Hong Centre - Finch	(416) 321-3000
Yee Hong Centre – Mississauga	(905) 568-0333
Mon Sheung – Richmond Hill	(905) 883-9288
Union Villa LTC Home	(905) 477-2822
Markhaven Home for Seniors	(905) 294-2233

TRANSPORTATION OF RESIDENTS FROM MARKHAM CENTRE

Executive Director will assign social worker to arrange the following:

- Yee Hong Buses
- Accessible Taxis
- Ambulances or ambulance transfer services

SECURITY CHECK OF BUILDING

Facility Manager/Maintenance Technician will ensure that a final inspection of the building is made (by fire department) or the police to check that:

- a. Appropriate electrical equipment is turned off
- b. Gas is shut off as appropriate
- c. All evacuated areas are sealed off, secured and barricaded as necessary
- d. All windows are closed and doors locked

Facility/ Maintenance staff will post a sign at the main entrance indicating the address and phone number of the receiving centres.

ARRIVAL AT RECEIVING CENTRE

Staff of the Markham Centre are responsible for directing residents to reception areas assisted by the receiving centres' staff.

TEMPORARY DISCHARGE OF RESIDENTS

Residents can be temporarily discharged to the care of relatives and friends. The Registered Nurse will ensure that residents/families receive the necessary medications and instructions, and leave a forwarding address.

REGISTRATION OF RESIDENTS

Markham staff will register residents upon arrival at the receiving centres.

INQUIRIES FROM RESIDENTS

The Chief Executive Officer will request radio broadcasting companies to announce that inquiries from relatives cannot be handled for 3-4 hours. After that time, there will be special telephone lines set up to answer inquiries. The answering of inquiries will be performed by administration staff in Markham.

WORK SCHEDULES

During a disaster, all regular work schedules are suspended indefinitely. The supervisor of each department will call in staff as required.

COMMUNICATIONS

FAMILIES AND RESIDENTS

If evacuation of the Home becomes necessary, staff of the Markham Centre will contact families of residents and provide them with the destination of residents within 6 hours.

NEWS MEDIA

Communications with the news media is the responsibility of Chief Executive Officer. The CEO/designate will respond to inquiries from the media to ensure all media have the same information. Communication will be factual to minimize or avoid speculation. There will be no attempt to cover up or mislead. Records of all information will be kept and written press releases will be provided as necessary.

3-I RECOVERY PROCESS

Before reopening the operations following a disaster the following information should be determined:

- **Structural security** – Obtain a qualified professional validation
- **Safe entry**-obtain the proper approval from government agencies
- **Clean-up safety** – ensure the workplace is cleaned up and safe for all to resume their normal duties
- **Air quality assessment** – ensure the atmosphere is free of toxic agents
- **Ventilation** – ensure proper operations of all HVAC units
- **Interior exposures** – ensure all walls and ceiling material is secure and not damaged or falling
- **Exterior exposures** – ensure all windows are intact and no building material is damaged
- **Protection equipment** – clean and test the fire alarm system
- **Electrical safety** – check all electrical, computer and telecommunications systems are working
- **Government authority** – seek approval from all government agencies (public health, food, elevators, fire safety)
- **Health/sanitation issues** – the building and food sanitation should be inspected
- **Furniture** – check for integrity and water damage
- **Lighting** – ensure there is adequate lighting levels
- **Emergency planning** – practice the emergency procedures and ensure everyone is aware of the procedures
- **Inspections** – get qualified people to inspect the elevators and all life safety systems
- **Surfaces** – ensure all flooring surface are clean and slip free

3-J DOCUMENTATION OF INCIDENT

The cause, if known, and time of the incident shall be documented. There should be an ongoing update of residents and their locations. A census form can be used for tracking.

A return plan will be implemented as soon as possible to assure the safe return of residents to their rooms. All staff will inspect the areas to ensure safety and that things are in order. Proper notification and an orderly plan will occur. Activities will resume once everyone is back in their original places with all support systems in place.

The Executive Director will complete a report of the incident and forward copies to:

- CEO, Yee Hong Centre
- CEO, Home and Community Care Support Services, Central
- Inspector, MOHLTC

DETAILS SHOULD BE DISCUSSED WITH LOCAL POLICE AND FIRE DEPARTMENTS

SECTION 4 EXTERNAL DISASTER (CODE ORANGE)

Code Orange denotes that conditions are present which increase the possibility that a disaster can occur in the community and the Home may be receiving residents from other nursing homes which are affected by the disaster.

RECEPTION OF RESIDENTS FROM OTHER NURSING HOMES

AUTHORIZATION FOR RECEPTION

Authorization for the reception of residents from an outside facility in an emergency situation must be obtained from the Executive Director.

CAPACITY TO RECEIVE

The exact number of people to be received is largely dependent on the level of care they require. In an emergency situation we can accommodate a maximum of 50 individuals. Any larger amount would be inappropriate for this facility.

PREPARATION FOR RECEPTION

1. *COMMUNICATION TO KEY PERSONNEL*

- (a) During normal working hours -
 - (i) The **EXECUTIVE DIRECTOR** will immediately call a meeting of the Department Heads and advise them of the situation.
 - (ii) Each **DEPARTMENT HEAD** will be responsible for alerting staff on duty and calling in additional staff as needed.
- (b) Outside normal working hours -

The **NURSE-IN-CHARGE** will:

- (i) Obtain authorization for the reception from the Executive Director.
- (ii) If authorization is received, notify -
 - Nursing Department
 - Food Services Department
 - Facility Department

2. *STAFFING*

It is felt that the present staffing level is sufficient to enable the Home to cope with the approved number of disaster victims. However, additional staff may be called in at the discretion of the Department Head.

- a. **FOOD SERVICES MANAGER** will:
Contact pre-arranged resource facilities in the area to secure additional food trays.
 - b. **FACILITY MANAGER** will:
Contact resource facilities such as Red Cross or Salvation Army to obtain the extra cots, mattresses and blankets.
 - c. **MAINTENANCE TECHNICIAN** will:
Pick up these supplies where possible and set up the cots and mattresses **in areas designated for use**
 - d. **The Facility Department** will:
Make up cots and ensure that an adequate supply of towels is left at the bedside for the residents.
3. **FOOD SERVICES**
- a. Food Services Manager will adjust the meals to incorporate the additional needs of residents, staff and volunteers according to supplies on hand.
 - b. Food Services Manager will alert all dietary personnel of schedule changes which could affect days off and hours of work. Dependent on level of care required, incoming residents will be offered hot drinks and cookies.
 - c. Ordering of foods in ready and portion pack form will assist in caring for the additional residents. Paper service will also assist, and immediate adaptation of the schedule will be necessary to allow for extra settings in the dining room, for both residents and staff.

RECEPTION PROCEDURE

1. RECEPTION AREA

Upon arrival, all incoming residents/patients are to be directed to the Auditorium.

2. REGISTRATION AND ADMISSION

The **RECEPTIONIST**, with the assistance of volunteers if possible, will obtain the following information from staff of the long-term care facility:

- name
- address
- age
- sex
- next-of-kin
- language spoken

3. **NURSING STAFF**

The **NURSING STAFF** will ensure that all evacuees receive identification bands.

NURSING AND PERSONAL CARE

The **NURSING STAFF** will provide the care required by incoming evacuees. Staff from the evacuated facility are to perform their regular functions in the home under the direction of the supervisory staff at the facility.

4. **INQUIRIES FROM RELATIVES**

The **RECEPTIONIST** will receive and respond to inquiries from relatives.

5. **MEDICAL SUPPLIES**

Medical supplies which are normally stocked in the home are considered adequate to enable staff to cope with such emergency situations as would fall in the area of their capability to deal with them.

6. **MEDICATION SUPPLIES**

Emergency medication supplies currently stocked in Markham Centre should meet any needs of received residents/patients. In case of additional medications being required, the DRC will contact the contracted pharmacy for additional needed supplies.

SECTION 5 FIRE (CODE RED)

Follow procedure in Fire Safety Manual posted on bulletin board in your respective departments.

SECTION 6 BOMB THREAT (CODE BLACK)

Bomb threats are usually made by telephone. Bombers prefer to place devices in easily accessible locations (lobby areas, rear exits) to minimize risk of capture.

Good housekeeping simplifies the task of identifying suspicious package. Security measures make it more difficult to plant a bomb. Locked cabinets, rooms and offices limit unauthorized access and reduce the areas that need to be secured.

DUTIES OF PERSONNEL

The person receiving the telephone call will:

1. Remain calm. **DO NOT PANIC.**
2. Get as much information from the caller as possible:
 - Where is the bomb?
 - What does it look like?
 - What kind of bomb is it?
 - When is it going to explode?
 - Did you place the bomb yourself?
 - Why are you doing this?
 - What is your name?
 - What is your address?
 - Check to see if the caller's number is visible on call display.
3. Listen to voice and background noises such as traffic, music etc. Pay particular attention to distinguishing characteristics of the caller's voice i.e. accent, sex, age or impediment.
4. Record the exact time of the call and any other information obtained. Please refer to Bomb Threat Check List attached.
5. Immediately advise the Chief Executive Officer/ Chief Operating Office, Executive Director or the Environmental Nurse.

The Executive Director or Environmental Nurse will call 911, Home and Community Care Support Services, Central and the MOHLTC Emergency numbers. The ED or Environmental Nurse will guide the police to the affected area.

BOMB THREAT CHECK LIST

Guidelines for staff member receiving bomb threat phone call

KEEP CALM! KEEP CALM! KEEP CALM! KEEP CALM!

Your calmness may well allow you to collect a maximum amount of information.

TIME CALL RECEIVED: _____ ENDED: _____

EXACT WORDS OF CALLER:

Allow caller to talk uninterrupted. Once there is a pause, be ready with your questions, always phrased in a clarifying mode.

Examples:

- What time did you say this device will detonate?
- Where did you say it was located? Floor? Area?
- How big did you say it is?
- What did you say it looks like?
- Why did you say you are doing this?

While listening, check as much of the following information as possible:

DESCRIPTION OF VOICE:

Male: ☐ Female: ☐

Nervous: ☐ Calm: ☐

Young: ☐ Old: ☐

Accent: _____

Intoxicated: _____

Speech Impairment (E.g. Lispings):

Unusual Phrases/Phrasing:

Do you recognize the voice? _____

If yes, whose?

BACKGROUND NOISE:

MUSIC: _____

WHISTLES: _____

BELLS: _____

HORNS: _____

RUNNING MOTOR: _____

TRAFFIC SOUNDS: _____

AIRCRAFT: _____

OTHER NOISES:

ADDITIONAL INFORMATION:

Did the caller indicate knowledge of the facility? _____

If so, how? _____

GENERAL INSTRUCTIONS

CODE BLACK will be announced.

1. Management will initiate the search:
 - follow police guidance
 - utilize staff members in each area who are familiar with that part of the building
 - search areas in a systematic fashion, moving progressively room by room until each area is complete, check all rooms in a counter clockwise rotation
 - concentrate on public and maintenance areas, outside areas, building entrances and stairwells.
 - record and secure each area that is searched
 - look for out of place or suspicious items
 - **DO NOT USE RADIOS OR CELL PHONES**
2. If a suspicious object is found:
 - **DO NOT** touch it
 - inform the police immediately
 - inform Command Centre
 - evacuate everybody within 100m of the object
3. Staff are to ensure the safety of the residents once a suspicious object is found by relocating residents to a part of the building far away from the object

a. DECISION TO EVACUATE

The decision to evacuate will be made by the Chief Executive Officer/Executive Director/Director of Resident Care or the Nurse in Charge at the Command Centre, as advised by the police, fire department or other knowledgeable persons. Resident, family member, volunteer and staff safety should always be the foremost consideration.

b. DOCUMENTATION OF INCIDENT

The Executive Director will complete a report of the incident and forward copies to:

- CEO, Yee Hong Centre
- CEO, Home and Community Care Support Services, Central
- Inspector, MOHLTC

DETAILS SHOULD BE DISCUSSED WITH YOR LOCAL POLICE AND FIRE DEPARTMENTS.

SECTION 7 VIOLENT PERSONS (CODE WHITE)

Follow Policy CAD-VII-10 – “Code White – Violent Persons”.

Yee Hong Centre for Geriatric Care

Developer: DRCs, EDs and Occupational Health Manager	Division: Corporate	Category: Corporate Administration	Policy Number: CAD-VII-10
Effective Date: September 2014	Subject Name: Code White - Violent Persons (Long Term Care Homes)		Approval: SLT
Reviewed/Revised Date: January 2022	Next Review Date: January 2025	Supersedes: N/A	Page: 1 of 9

POLICY

A “Code White” response is a non-violent crisis intervention team response strategy to regain control of a situation in which an individual is behaving in a potentially dangerous manner towards himself/herself or others.

This policy provides specific procedures for staff to respond to different situations involving residents and non-residents of Yee Hong long term care homes.

PURPOSE

1. To provide the aggressive individual with the best and safest care until he/she regains control of his/her behaviour.
2. To prevent harm to the aggressive individual, residents, staff and others.
3. To regain control of the emergency situation in which an individual’s escalating behaviours are beyond the staff’s abilities to control.
4. To prevent property damage or financial loss and to mitigate reputation risk.

DEFINITIONS

AGGRESSION: Term often interchanged with “violent”; the term generally identifies behaviour that has an intent to harm

ENVIRONMENTAL RESTRAINT: Refers to limiting the territory in which the resident can stay

LEAST RESTRAINT: Intervention used with the aggressive/violent resident which is the least restrictive possible yet still allows the Code White team to regain control of the situation.

LIMITS OF ENGAGEMENT: Code White Response team is authorized to respond to an aggressive resident within the centre's property only.

Police will be called if the incident takes place outside of the centre's property.

RESIDENTS: Residents of Yee Hong long term care homes.

NON-RESIDENTS: Visitors, family members of residents, volunteers, and all other individuals who are not residents or staff excluding clients of social services.

PRINCIPLES

1. Individual involved is always treated with utmost respect and professionalism.
2. Staff's and others' right to a safe environment is respected.
3. Safety priority occurs in the following order at all times:
 - a. Self and other staff safety
 - b. Resident/visitor safety
 - c. Safety of the environment
4. Physical intervention is always non-violent in dealing with physical aggression.
5. Code White team physical intervention is used as a last resort to safely control an individual physically acting out until s/he regains control of his/her behaviour.
6. Code White team does not intervene in any situation that may pose a risk beyond their resources to intervene safely.
7. Untrained staff is not to participate directly as Code White team members but may function in a supportive role.

SPECIFIC ROLES AND RESPONSIBILITIES

SENIOR MANAGEMENT:

1. Ensure commitment of resources to staff training and education specifically for the Code White Response Team to fulfill their duties.
2. Ensure appropriate policies and procedures are established to minimize aggressive behaviours of residents.

MANAGERS AND SUPERVISORS:

1. Assure the implementation, monitoring and evaluation of the policies and procedures.
2. Ensure risk assessments are completed to identify real or potential hazards contributing to aggressive behaviours against staff and residents.
3. Ensure effective response, reporting, follow up and monitoring procedures are in place to address incidents of aggressive behaviours as per centres' policies.
4. Ensure all aggressive incidents are investigated and corrective actions identified and taken to prevent recurrence.
5. Monitor safe work practices and ensure non-compliance with these safe work practices is addressed.

6. Ensure staff receive training and education in prevention and management of aggressive behaviours.
7. Provide support to all individuals affected by the aggression.

STAFF:

1. Actively participate in the training and education program.
2. Comply with safe work practices as per policies, practices and procedures.
3. Report any potential hazard and risks immediately as per policies and procedures.
4. Apply policies and procedures to workplace aggression.
5. Report and document all incidents of aggression.

JOINT HEALTH AND SAFETY COMMITTEE:

1. Monitor violence in the workplace by reviewing statistical and investigation information.
2. Review incidents of violence and make recommendations for prevention if needed.
3. Ensure recommendations are followed up.
4. Participate in program review.

OCCUPATIONAL HEALTH AND SAFETY DEPARTMENT (HUMAN RESOURCES):

1. Develop, implement and monitor aggression prevention and management policies and procedures.
2. Perform risk assessments through incident reviews.
3. Develop and implement education program in consultation with Joint Health and Safety Committee.
4. Provide input to management for corrective actions.
5. Conduct annual evaluation of program in consultation with Joint Health and Safety Committee.

THE CODE WHITE TEAM

1. Membership:
All available Assistant Directors of Resident Care (ADRCs), Director of Resident Care (DRC), on-duty Behaviour Support Ontario (BSO) Nurse Lead, all Registered Nurses (RN) and Unit Nurse, Social Workers, Maintenance Technicians, and Facility Manager/Aides are members of the Code White Team.
2. Training:
Code White Team members shall receive annual Code White refresher training and when necessary.
3. Team Leader:
The Nurse assigned to the residential floor will assume the role of Code White Response Team leader.
The Environmental Nurse will assume the role of the Code White Response Team Leader for non-residential areas (e.g. lobby, basement).

PROCEDURES FOR SITUATIONS INVOLVING RESIDENTS IN LONG TERM CARE HOMES AS THE AGGRESSIVE INDIVIDUALS

1. All staff shall enact 'de-escalation' strategy with consideration of:
 - a. Ensuring own and co-worker safety (e.g. need to leave area until sufficient resources are available to restrain or remove an aggressive resident)
 - b. Directing other staff as necessary to reduce stimulation in the area (removing all other residents, visitors, reducing noise level by turning off TV, radios, or equipment such as floor washing machines)
2. The nursing staff – or designate - shall initiate Code White through the public announcement system providing detailed location of the situation when
 - a. Staff perceive themselves or others to be in danger of physical harm from an aggressive resident
 - b. A resident is or in an imminent risk of acting out in a manner that is dangerous to self, others or the environment
 - c. The situation is rapidly escalating out of control
3. The nursing staff - or designate - involved in the situation shall:
 - a. Provide information to Code White Response Team about the situation, actions taken and actions required
 - b. In the event that additional help is required (e.g. police) ensure that the call is placed and that help is on the way
 - c. Assist Code White Response Team as directed by the Team Leader
 - d. Ensure appropriate documentation is completed after the incident (Appendix A)
4. The Code White Response Team:
 - a. Upon hearing Code White, all available DRC/ ADRCs, all RNs, and the unit nurse Maintenance Technicians, Social Worker and Facility Manager / Aides will immediately go to the floor as announced by the staff
 - b. The following staff in the order of priority will assume the role of Code White Response Team Leader:
 - i. Registered Nurse who is the team leader of the unit where the incident is taking place
 - c. Team Leader shall:
 - i. Assess the situation
 - ii. Call for additional resources if required (e.g. Police, additional staff);
 - iii. Delegate an appropriate staff as the spokesperson;
 - iv. Obtain information about the situation from the Staff involved in the situation and find out what is expected from the team:
 - Reason for Code White call
 - Details of current situation
 - Name of resident acting out
 - History of past incidents if appropriate and interventions that have worked in the past

- Pertinent medical information of resident
 - Behavioural and mental status of resident
 - Location of the resident
 - Other pertinent information such as medical orders
- v. Identify possible interventions or options;
 - vi. Identify team members that will carry out the plan
 - vii. Identify and inform team members about the plan of action, including approach to be used, type of intervention and how each member will exit from room;
 - viii. If possible, ensure safety of team by having all team members remove their own personal items such as watches, glasses if possible, pens, ties, pagers, scissors, stethoscopes, or name tags etc.;
 - ix. Ensure personal protection equipment (PPE), if necessary, such as gloves are available for team use;
 - x. Direct intervention plan to completion;
 - xi. Ensure defusing/debriefing take place as soon as possible following the incident;
 - xii. If an injury occurs, ensure the team member receives first aid and follow;
 - xiii. Health and Safety Policies and Procedures;
 - xiv. Ensure appropriate documentation is completed (Appendix A);
 - xv. Inform management on call in a timely manner.
- d. Team Members shall:
- i. Respond under the directions and follow instructions of the Team Leader ;
 - ii. Carry out tasks as assigned by the Team Leader and any other additional tasks as needed such as:
 - Acting as spokesperson if delegated by team leader
 - Crowd control
 - Clearing area of hazardous objects
 - Supporting other team members
 - Preparing room for environmental restraint
 - Having resident's information such as Medication records ready.
 - iii. In the event that medication is to be administered, ensuring that medication orders have been received, medication has been prepared and is ready;
 - iv. In the event that the resident is to be environmentally restrained, ensuring that the room is ready;
 - v. Carry out tasks in a safe manner;
 - vi. Inform Team Leader if unable to perform assigned task;
 - vii. Remove personal items which could be damaged or cause injury;
 - viii. Listen for "cue to action" and move in on signal or if escalation occurs;
 - ix. Report any injuries sustained during procedure;
 - x. Assist with documentation as necessary;
 - xi. Participate in debriefing;
 - xii. Suggest recommendations for improvement of response.

5. Code White becomes a “911” call to police by the initial registered nursing staff involved in the situation or the Team Leader of the Code White Response Team:
 - a. Whenever there is a real or perceived threat that lives are in danger.
 - b. When the situation is beyond the capacity of the Code White Response team.
 - c. Whenever an “edged” weapon or firearms is involved.
 - d. When the aggressive behaviour occurs just outside of the centre’s property.
6. If police is called, staff that makes the call should be prepared to provide the following information to the police.
 - a. The nature of the incident (e.g. person out of control, person with a knife etc.)
 - b. The exact location of the incident occurring.
 - c. The action or behaviour of the person.
 - d. If weapon is used, describe the specific details of the weapon and how it is used
 - e. Information about injury of people (if any).
 - f. If the aggressor has left, information about when and where the aggressor has traveled.
 - g. Answer questions as appropriate.

If staff cannot complete the phone call with 911, leave the phone off the hook.

Staff should continue to manage the situation until the police arrive, and follow instructions provided by police once they are on site, and offer assistance and support to the police.

7. Follow up actions after the incident:

Director of Resident Care or Designate shall ensure that the following actions are taken:

- a. Follow the Adverse Event Reporting Policy and Procedures to ensure that Ministry and appropriate management staff and resident’s substitute decision makers are notified.
- b. Ensure that documentation is completed.
- c. Ensure that aggressive resident’s care plan is reviewed and follow up actions are taken.
- d. Inform Joint Health and Safety Committee.
- e. Follow policy CAD-VII-13 Quality of Care Reviews to review incident to prevent recurrence of incidents.
- f. Facilitate debriefing sessions:
 - i. An informal debriefing session with all staff involved in the incident, including the Code White Response Team, to complete documentation, address concerns, and evaluate the procedures and actions taken in order to make recommendations for improvement.
 - ii. An emotional debriefing if staff sustains injury during the process. Management can seek help from Human Resources to identify appropriate resources for support to staff and to conduct debriefing session. Referrals can be made by management to Employee Assistance Program.

PROCEDURES FOR SITUATIONS INVOLVING NON-RESIDENTS OF LONG-TERM CARE HOMES

1. All staff shall enact 'de-escalation' strategy with consideration of:
 - a. Ensuring own and co-worker safety.
 - b. Directing other staff as necessary to reduce stimulation in the area (reducing noise level by turning off TV, radios, or equipment such floor washing machines).
2. Direct other staff to remove all residents and visitors from the area.
3. Direct other staff to call 911.
4. Stay calm.
5. Identify an escape route for self and be prepared to escape if the individual becomes increasingly aggressive.

CODE WHITE REPORT

Mental Status	Oriented <input type="checkbox"/>	Disoriented <input type="checkbox"/>	Confused <input type="checkbox"/>
Behaviour	Uncooperative <input type="checkbox"/>	Verbally aggressive <input type="checkbox"/>	Physically aggressive <input type="checkbox"/>
	Self-destructive <input type="checkbox"/>	Destroying property <input type="checkbox"/>	Refusing to leave <input type="checkbox"/>
	Elopement <input type="checkbox"/>		Suicidal <input type="checkbox"/>
Weapons	Yes <input type="checkbox"/> No <input type="checkbox"/>	Weapon Type	

Facility		Location of incident	
Date of incident		Time of Incident	
Team Leader			
Other Members	1.	2.	
	3.	4.	
	5.	6.	

INDIVIDUAL INFORMATION

Name of Individual			
Status	Resident <input type="checkbox"/>	Staff <input type="checkbox"/>	
	Family <input type="checkbox"/>	Volunteer <input type="checkbox"/>	
	Visitor <input type="checkbox"/>	Other <input type="checkbox"/>	

INTERVENTION(S)

Intervention(s)			
Verbal de-escalation <input type="checkbox"/>	Physical intervention <input type="checkbox"/>	Returned to room <input type="checkbox"/>	
Escorted out of facility <input type="checkbox"/>	Transferred to hospital <input type="checkbox"/>	Placed in police custody <input type="checkbox"/>	
Medication administered	Yes <input type="checkbox"/> (if Yes, describe below)		No <input type="checkbox"/>
Restraints applied	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Placed on constant attention	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Police assistance	Yes <input type="checkbox"/>		No <input type="checkbox"/>

REPORT OF INJURIES

Was anyone injured?	Yes <input type="checkbox"/> (if Yes, describe below)		No <input type="checkbox"/>
Status	Resident <input type="checkbox"/>	Staff <input type="checkbox"/>	
	Family <input type="checkbox"/>	Volunteer <input type="checkbox"/>	
	Visitor <input type="checkbox"/>	Other <input type="checkbox"/>	
Name of injured person			
Department/Unit			
First Aid administered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Injury report completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

DEFRIEFING

Debriefing session held immediately following Code White Response?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "NO" please indicate reason why		
Recommendations		

Name (Team Leader)	
Signature (Team Leader)	
Date	

SECTION 8 MISSING RESIDENT (CODE YELLOW)

Follow Nursing Policy – CNU-V-23 “Searching for a Missing Resident”.

Yee Hong Centre for Geriatric Care

Developer: DRCs	Division: Corporate	Category: Corporate Nursing	Policy Number: CNU-V-23
Effective Date: January 2008	Subject Name: Searching for a Missing Resident		Approval: SLC
Reviewed/Revised Date: May 2022	Next Review Date: May 2025	Supersedes: Not Applicable	Page: 1 of 8

POLICY

There is an established procedure for the Centre to coordinate an effective search for a missing resident in the Centre’s Disaster Plan Manual under the Section Code Yellow. This policy outlines the responsibilities pertinent to the nursing department. All staff are expected to participate in the searching as assigned by the department in-charge or the Search Coordinator.

There are 3 Levels of Searching:

- Level 1 is to search the unit where the missing resident resides;
- Level 2 is to search the building, including stairwells, all other areas;
- Level 3 is to search external, outside the building.

Each nursing floor maintains a current list of residents who have access cards. Until appropriateness can be further reviewed by the interprofessional team, RN/RPNs should temporarily retrieve access cards from the residents exhibiting emotional/mobility/health problems to ensure their safety.

A quarterly interprofessional review is done on residents with access cards for unaccompanied leave of absences to ensure appropriateness according to policy CAD-V-15 Access Card.

DEFINITIONS

Search Coordinator: RN / RPN on the unit of the missing resident. Search Coordinator collaborates with department manager/supervisor/in-charge and Environmental Nurse to assign staff for the searching.

Immediate Neighbourhood: Boundaries for conducting external search is Centre specific, according to the geographical location and as identified in the Centre’s Disaster Plan Manual: Code Yellow.

PA system: Public Address system heard overhead throughout the building.

PROCEDURE

1. When a resident is missing, the RN / RPN on the unit of the missing resident assumes responsibility as the 'Search Coordinator'.
2. When a resident is reported missing, the Search Coordinator
 - ensures a look out from window as this provides a good view if the resident is still in the building's vicinity.
 - contacts family immediately to verify if resident is on LOA or has left the home with a family member. Verify if there is a way to contact resident, i.e. cell phone.
 - notifies the ED and DRC or designate to coordinate with IT department to access the CCTV archive to determine ASAP if the missing resident is still in the building. If unable to get hold of the ED and DRC or designate, Search Coordinator informs Environmental Nurse who will call IT.
 - after the above notification is made, assigns PSWs and/or other staff that is present at the unit to start a **Level 1 Search** within the unit where the missing resident lives.
 - ensures each area within the unit is double searched by staff, i.e. two consecutive independent searches.
 - completes the Level 1 Facility Search Record (similar to Appendix B) if the resident is not found in the unit after the two independent searches and reports to the ED and DRC or designate immediately.
 - makes a copy of the missing resident's photo to be distributed to the search team of the other units and other departments.
 - informs ADRC or designate for assistance, e.g. to deliver the missing resident's photo to other units and other departments to facilitate the search.
 - initiates a **Level 2 search** by announcing over the PA system slowly and loudly (in both English and in the resident's primary language) 2 times every 5 minutes (Appendix A) for the first ten minutes and provide updates after first two announcements:
"Attention please! Attention please!
This is the Search Coordinator speaking. Code Yellow on floor.
Please start Level 2 search.
Missing resident Mr. / Mrs. / Miss" (add description, such as: "Missing resident Mrs. Red wears glasses, a red jacket and red scarf, using a walker.")
3. Upon hearing the announcement for a Level 2 search,
 - Department manager/supervisor/in-charge assigns staff, referring to the missing resident's photo and description, to complete a search of the designated areas within the building including the stairwells, as identified in the Centre's Disaster Plan Manual: Level 2 Facility Search Record – (Similar to Appendix C).
 - When searching stairwells, one staff is assigned to search one staircase from the top to bottom level and pay attention to areas/corners that can potentially hide a person.
 - Each assigned staff immediately reports back to the Search Coordinator upon completion of searching the designated area.
4. If the resident is found during the Level 2 search, the Search Coordinator:
 - announces over PA system slowly and loudly: **"Attention Please! Attention Please! Code Yellow all clear."**
 - completes a Level 2 Search Record.

5. Skip Level 1 and Level 2 Search and initiate Level 3 Search right away when the CCTV archive confirms that the residents has left the building.
6. If the resident is **not found** after completion of the Level 2 search, the Search Coordinator:
 - consults ED or designate for additional information if any, e.g. if the missing resident has left the building according to the CCTV archive.
 - locates the immediate neighbourhood map from the Centre's Disaster Plan Manual and asks staff to get familiar about the search boundaries in the neighbourhood.
 - initiates a **Level 3 Search** by announcing over the PA system slowly and loudly 2 times every 5 minutes: **"Attention Please! Attention Please! Code Yellow continues. Please start Level 3 search."**
7. Upon hearing the announcement for a Level 3 search, department manager/supervisor/department in-charge assigns staff (in pairs preferably with one PSW staff who knows the missing resident and one other staff) to complete a Level 3 Search of the immediate neighbourhood as identified in the Centre's Disaster Plan Manual: Level 3 Facility Search Record – (Similar to Appendix D) with the following instructions:
 - When searching outside of the building, assign staff to go in pairs and provides the immediate neighbourhood map with assigned search boundaries.
 - One management staff on duty, or a delegate identified by the manager in charge, will be accompanied by a PSW to conduct immediate neighbourhood search in his/her own vehicle
 - Teams are to check in with the Search Coordinator every 15 minutes with regular updates
 - Ensures communication channels with Search Coordinators by mobile phone/walkie talkie as appropriate.
 - Each pair of assigned staff immediately reports back to the Search Coordinator upon completion of searching the designated boundaries of the neighbourhood.
8. If the resident is found after completion of the Level 3 search, the Search Coordinator:
 - announces over the PA system slowly and loudly: **"Attention Please! Attention Please! Code Yellow all clear."**
 - completes a Level 3 Facility Search Record in the Centre's Disaster Planning Manual.
9. If resident is **not found** after completion of the Level 3 search, the Search Coordinator:
 - immediately reports to ED or designate.
 - immediately informs the local police department under the direction of ED or designate, provides missing resident's photo and description of missing resident and any pertinent information that may facilitate police search.
 - completes a Search Record – Elopement (Code Yellow) in the Centre's Disaster Planning Manual.
 - informs Attending Physician or on-call physician.
 - completes an Adverse Event Report and paper copy of the MOHLTC's Critical Incident System (CIS).
 - follows other directions from ED or designate.

10. The DRC or designate informs the resident's family again of the search results and completes MOHLTC's Critical Incident System (CIS).

Appendix A

Code Yellow Messages

☐ **Initiate report by Search Coordinator**

☐ **Use the phone PA system**

☐ **Enter code 808000 (or another code that is appropriate for the Division) (to make announcement to the entire building)**

“Attention please! Attention please!

This is the Search Coordinator speaking.

This is a mock exercise on missing resident (skip this if this is not a mock exercise).

Code Yellow on _____ Floor. Please start Level 1 search.

Missing resident Mr. / Mrs. / Miss _____ (*description*)

請注意! 請注意!

這是模擬住客失蹤演習。

黃色警報在____樓，一級搜索現在開始。

失蹤住客 _____ 先生 / 太太 / 女士 (特徵)”

Example:

Missing resident Mrs. Red wears glasses, a red jacket and red scarf, walks with a walker

失蹤住客紅太太，帶眼鏡、身穿紅色外套及戴紅絲巾，拿著步行架步行。

☐ **Acknowledge confirmation from Unit-in-charge (Status Report by Search Coordinator)**

“Attention Please! Attention Please!

Code Yellow continues. Please start Level 2 search

請注意! 請注意!

黃色警報仍然生效，二級搜索現在開始。”

☐ **Acknowledge confirmation from Unit-in-charge (Status Report by Search Coordinator)**

“Attention Please! Attention Please!

Code Yellow all clear.

Mock exercise is completed. (skip this if this is not a mock exercise).

請注意! 請注意!

黃色警報已經解除，演習完畢。”

Appendix B

YEE HONG CENTRE FOR GERIATRIC CARE LEVEL 1 FACILITY SEARCH RECORD

Date of Incident: _____

Time Code Yellow Level 1 Searching Announcement: _____

Name of Search Coordinator (RN/RPN of the unit of the missing resident): _____

Level 1 Search – within own department where the missing resident lives; remember to complete two consecutive independent searches.

Staff assigned for the search	Name(s) of staff completed the search	Assigned search location	Time Start	Time End	Reported back to the Search Coordinator	Comments if any
5F unit in charge/designate		5F nursing unit			Yes/No	
4F unit in charge/designate		4F nursing unit			Yes/No	
3F unit in charge/designate		3F nursing unit			Yes/No	
2F unit in charge/designate		2F nursing unit			Yes/No	
PSW		Common areas			Yes/No	
PSW		End Lounges			Yes/No	
PSW		Spa Rooms			Yes/No	
PSW		TV Room			Yes/No	
PSW		Dining Room			Yes/No	
PSW		Activity Room			Yes/No	
PSW		Medication Room			Yes/No	
PSW		Activity/ Supply Room			Yes/No	
PSW		Balcony			Yes/No	
PSW		Clean & Soiled Utility Room, Housekeeping Closet			Yes/No	
PSW		Staff and Public Washroom			Yes/No	
RN/RPN		Treatment Room & Offices			Yes/No	

Appendix C

YEE HONG CENTRE FOR GERIATRIC CARE LEVEL 2 FACILITY SEARCH RECORD

Date of Incident: _____

Time Code Yellow Level 2 Searching Announcement: _____

Name of Search Coordinator (RN/RPN of the unit of the missing resident): _____

Level 2 Search – major areas within the building, including stairwells

Staff assigned for the search	Name(s) of staff completed the search	Assigned search location	Time Start	Time End	Reported back to the Search Coordinator	Comments if any
GF staff		Ground Floor			Yes/No	
2F staff		2F			Yes/No	
3F staff		3F			Yes/No	
4F staff		4F			Yes/No	
5F staff		5F			Yes/No	
5F unit in charge/designate		Stair cases 1 and 2: from the very top level to Ground Floor			Yes/No	
4F unit in charge/designate		Stair case 3 and 4: from the very top level to Ground Floor			Yes/No	
3F unit in charge/designate		Stair case 5: from the very top level to Ground Floor			Yes/No	
2F unit in charge/designate		Stair case 6: from the very top level to Ground Floor			Yes/No	
Receptionist / AA <u>After hour: PSW assigned by the Search Coordinator</u>		GF: Lobby, Tea Garden, Auditorium, Peace Corner, Leisure Lounge, Admin Office, Public Washroom, Adult Day Program Department, Hair Salon			Yes/No	
Laundry Staff. <u>After hour: PSW assigned by the Search Coordinator</u>		Basement: staff lounge, laundry, kitchen, maintenance, Facility Manager office, Basement office, Resident Storage, Kitchen Storage, Nursing supplies storage			Yes/No	
Social Services Coordinator		Day Program			Yes/No	
Facility Staff <u>After hour: PSW assigned by the Search Coordinator</u>		Elevator (main resident elevators)			Yes/No	
Facility Staff <u>After hour: PSW assigned by the Search Coordinator</u>		Elevator (Centre elevator)			Yes/No	

Appendix D

YEE HONG CENTRE FOR GERIATRIC CARE LEVEL 3 FACILITY SEARCH RECORD

Date of Incident: _____

Code Yellow Level 3 Searching Announcement Time: _____

Name of Search Coordinator (RN/RPN of the unit of the missing resident): _____

Level 3 Search – nearby neighbourhood according to the map

Staff in-charge of the search	Name(s) of staff completed the search	Assigned search location	Time Start	Time End	Reported back to the Search Coordinator	Comments if any
Facility staff/PSW/ Activation/ AA		Garden Area			Yes/No	
Facility staff/PSW Activation/ AA (2 teams)		Around facility compound and parking lot			Yes/No	
5 th floor Nursing In Charge/Designate		Immediate neighborhood EAST of the Home according to the map			Yes/No	
4 th floor Nursing In Charge/Designate		Immediate neighborhood SOUTH the Home according to the map			Yes/No	
3 rd floor Nursing In Charge/Designate		Immediate neighborhood WEST of the Home according to the map			Yes/No	
2 nd floor Nursing In Charge/Designate		Immediate neighborhood NORTH of the Home according to the map			Yes/No	
Facility staff in pairs		Penthouse			Yes/No	
Management staff if available (ADRC or Food Services) in vehicle with PSW		Immediate neighbourhood covering North, East, South, West			Yes/No	

YEE HONG CENTRE FOR GERIATRIC CARE - MARKHAM

SEARCH RECORD - ELOPEMENT

CODE YELLOW

Date: _____

Time last seen: _____ By whom: _____ Location: _____

Time Resident discovered missing: _____

Describe any unusual behaviour noted prior to elopement: _____

Physical description: _____ Height: _____ Weight: _____ Photo: ☐ Yes ☐ No

Distinctive characteristics:
(e.g. glasses, stooped posture, gait/limp, etc.) _____

Description of clothing: _____

General medical problems: _____

Ability for self care: _____

Any places likely to go: _____

Wandering Registry number: _____

Notification	Date	Time	Name	Comments		Notified by
Police:				Badge #		
Family:						
Physician:						
Administrator/DRC:						
Social Services:						
MOH:						

Resident located, time: _____ Location: _____ By: _____

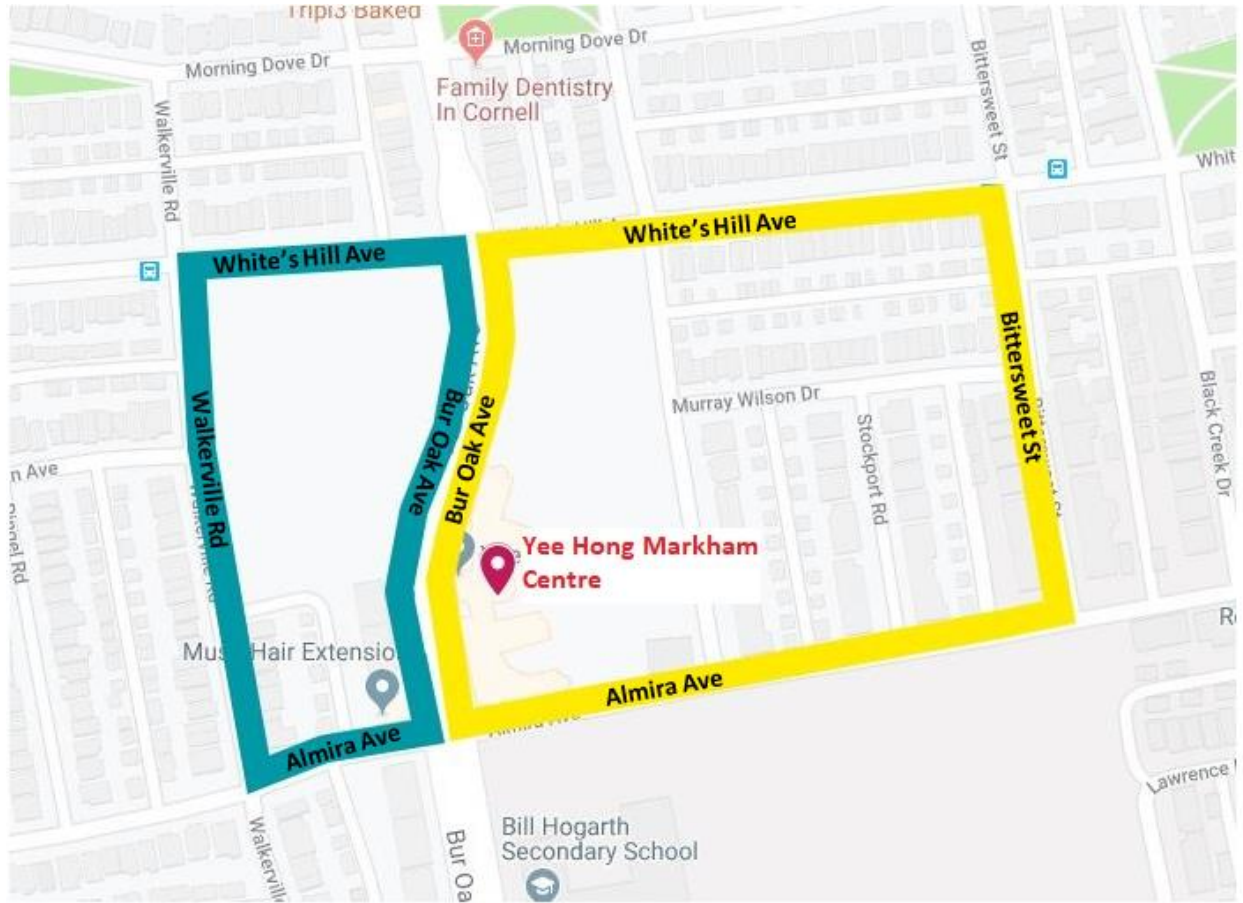
Resident taken to Hospital: ☐ Yes ☐ No Admitted: _____ Discharged: _____

Documentation: ☐ Progress Notes: ☐ MOH Incident Report: ☐ Search Record – Facility completed

Retain this form with incident report on chart.

Each home is to develop a Facility Specific Search Record to ensure

Code Yellow: Searching for Missing Resident – Driving Map



Group A



Group B

SECTION 9 LOSS OF ESSENTIAL SERVICES (CODE GREY)

SECTION 9-A LOSS OF POWER

In the event of a total loss of electrical power, the environmental nurse will contact the facility manager who will in turn contact Markham Hydro to determine the anticipated duration of the power loss.

In the event that power is to be restored quickly, no further action needs to be taken.

In the event of an extended power outage, the following steps should be taken:

- Immediately identify residents that require oxygen concentrators or other life support equipment. Move the resident to areas supplied with emergency power backed up by generator. Those receptacles are marked and identified in red colour.
- Gather all flashlights and other needed supplies. Check on all residents to ensure their safety. Calm any residents experiencing stress.
- If the loss of power occurs during cold weather, ensure that all windows and exterior doors are closed. Obtain additional blankets from laundry and use as necessary to keep residents warm. Supply residents with hot beverages as needed and when available
- Keep vacant room doors closed to minimize the loss of heat.

If temperatures drop to unacceptable levels, and/or power supply will not be restored for an extended period of time, the Executive Director, in consultation with the CEO and relevant government departments, will initiate CODE GREEN - Evacuation (see SECTION 3).

Our facility has an emergency generator that should be automatically activated in the event of a power outage. The generator is powered by diesel and the tank is always kept at a minimum of 80% full.

The emergency generator supplies electricity to

- emergency lighting on all floors and staircases
- emergency receptacles on resident floors
- emergency receptacle in Fire Control Panel Room
- 1 emergency receptacle in Administration Office
- elevators
- refrigerators in medication rooms
- refrigerators and freezers in the kitchen
- phone system
- nurse call system
- entrance access system
- fire fighting system
- heating: Fan Coil Unit (FCU)

SECTION 9-B LOSS OF NATURAL GAS/ GAS LEAK

Natural Gas is colourless, odourless, non-toxic and highly flammable. For safety, a smell much like rotten eggs is added for easy detection.

The home depends on natural gas for the following:

- Heating hot water
- Heating system
- Kitchen stove
- Dishwasher
- Laundry (both washer and dryer)

In the event of loss of natural gas, contact facility manager who will in turn contact Enbridge in order to determine the expected duration of shut down. If the supply of gas will be restored quickly, no further action needs to be taken.

If the loss of gas has occurred during warm weather and is to be restored in a reasonable period of time, do the following:

- suspend operation of laundry and dishwashing services in order to conserve hot water for residents' use.
- for emergency feeding of residents, see **SECTION 14** Interruption of dietary services

In the event that the loss of gas occurs during cold weather and will be restored in a reasonable length of time, do the following:

- ensure that all windows and exterior doors are closed and all air supply and exhaust fans are off
- obtain additional blankets from the laundry and use as necessary to keep residents warm.

In the event that Enbridge cannot restore supply for an extended period of time, the Executive Director, in consultation with the CEO and relevant government departments, will initiate CODE GREEN - Evacuation (see SECTION 3).

If it is determined to be a natural gas leak, do the following:

- Call 911
- Call Gas Company – Enbridge 416-477-4911
- Shut off the gas at the main valve and all secondary valves (refer to floor plan for locations of gas valves)
- Do not smoke or use any electrical devices.
- Inform the Executive Director and prepare for evacuation.

SECTION 9-C LOSS OF WATER

In the event of a complete loss of water, the environmental nurse will contact the facility manager who will in turn contact water supply (York Region) in order to determine the expected duration of shut down.

In the event that water services will be returned to normal function quickly, no further action needs to be taken.

In the event that water supplies will not be available for several hours, do the following:

- Use the stock of bottled water.
- Provide milk and juices to residents to ensure they are not dehydrated
- Laundry and dishwashing operations and regular resident bathing shall be discontinued for the duration of the shut down
- Minimize the use of toilets during the period of shut down. Remember, all toilet tanks can be flushed once after supply to the building is cut off

In the event that water supplies will not be returned to normal for an extended period of time (> 24 hrs), contact the water supply company

- 1) Canadian Springs 1-877-442-7873
or
2) Purchase bottled water at nearby grocery stores

In the event that water supplies will not be returned to normal indefinitely, the Executive Director, in consultation with the CEO and relevant government departments, will initiate CODE GREEN - Evacuation (see SECTION 3).

SECTION 9-D LOSS OF COMMUNICATION SERVICES

In the event of an emergency where regular telephone service is not working, the environmental nurse will:

- Use the emergency phone at north side nursing station to call the IT emergency contact: 416-321-2565
- Notify all floors to use the emergency phone on each floor as contact with external parties
- Continue to monitor the situation with the IT department and inform staff on other floors accordingly

In the event where parts of telephone services such as voice mail system is not working, the following measures will be taken:

- If the incident happens outside of regular business hours, environmental nurse to call IT emergency contact and Executive Director/Designate
- Executive Director/Designate to coordinate with Executive Director/Designate from other Yee Hong Long Term Care Home and Director of Information to arrange staff corporately or at the division to take calls and messages and relay them to the intended recipients of the calls
- Director of Information Services to keep Executive Director/Designate informed for progress of corrective measures

SECTION 9-E BUTTON-DOWN FOR AIR EXCLUSION

Code Grey denotes an air quality issue, or the need to enact an air exclusion plan (i.e. shutting off external air circulation, closing windows and doors).

In order to control contaminated air from entering the building, which may be a result of an external chemical spill or fire in the neighbourhood, the building will initiate a 'Button Down' procedure to limit external air intake, as follows:

- All fresh air units will be shut down*
- Staff on all floors will check to ensure all windows in common areas and resident rooms are closed properly
- All staff, residents and other users of the building are advised not to leave the building
- Users of the building will be advised to enter or leave at only ONE entrance. That entrance should be the least exposed to the source of contaminated or toxic air. The Facility Manager will monitor changes in the wind directions to determine which entrance is to be used. Signs will be displayed as appropriate
- A staff person will be guarding the door to advise users NOT to use the automatic door opener and also to provide assistance to individuals as needed
- Staff who have to work outside of the building for essential duties will be given N95 masks and goggles
- The Executive Director and the Facility Manager will monitor the situation closely with regular update from local government authorities to determine if further action is warranted

*** To implement Disaster Menu if Code Grey - Button-down for Air Exclusion is called during meal preparation time since regular cooking will not be safe when the fresh air system is shut down**

SECTION 10 HOSTAGE/ABDUCTION (CODE PURPLE)

The purpose of the Code Purple policy is to provide a course of action for staff to follow when they are involved in an actual or potential on-site hostage/abduction situations so they may respond appropriately and diminish the risk of harm to any hostage(s) and residents, staff and visitors.

DUTIES OF PERSONNEL

Hostage/abduction incidents will be handled by the police

Staff who is aware of actual or potential hostage/abduction will call 911 immediately

Staff who is involved in actual or potential hostage/abduction will:

1. Remain Calm
2. Co-operate
3. Establish eye contact, but do not stare
4. Speak when spoken to
5. Observe and gather information about the hostage-taker(s) and the scene

SECTION 11 ELEVATOR MALFUNCTION

Yee Hong has 24 hour /day, 7 days/week emergency elevator service contracts with:

OTIS 1-800-233-6847 ID: FAX 412316

In the event of a person or persons trapped in an elevator, do the following:

- DO NOT attempt to evacuate the person or persons trapped
- Contact OTIS immediately
- Maintain communication with the trapped person or persons, if possible
- Call 911 if the trapped person has immediate danger
- Start the investigation of the incident

SECTION 12 PUBLIC DISTURBANCES AND VANDALISM

TYPES OF PUBLIC DISTURBANCES

- Loitering
- Noise
- Swearing
- Trespassing
- Drinking in public
- Rowdiness

Most public disturbances are primarily teen problems. Ways to prevent them from happening are:

- Post rules and regulations
- Regular security patrols
- Good lighting

If a situation occurs, do the following:

- Politely ask the person(s) to leave
- Inform them that you will have to call the police
- Go to the phone and pick it up
- Call police
- Keep records
- Avoid all physical contact

DO NOT do the following:

- NEVER get into a shouting match
- NEVER get into a shoving match
- NEVER swear or insult a person
- NEVER act unprofessionally

VANDALISM

Most vandalism occurs between 3:30 pm & 2:00 am. Vandalism is a criminal code offence. Vandalism is wilful damage.

Ways to prevent vandalism are:

- Regular security patrols
- Good lighting
- Regular clean up

If a situation occurs, do the following:

- Keep a log of all damage or vandalism
- Photograph all serious vandalism
- Report all serious vandalism to the police
- Clean up as soon as possible
- Check CCTV (Closed Circuit Television) tapes
- Double check access control mag-lock

SECTION 13 INTERRUPTIONS OF DIETARY SERVICES

In the event that the kitchen cannot produce meals due to extended power failure, loss of gas, loss of water and major kitchen equipment breakdown, the food services manager, in consultation with the Executive Director and the Registered Dietitian, will decide whether food can be prepared in house or have to be purchased from outside.

Internal Resource:

- A 14-day supply of staples and a five-day supply of perishables will be maintained at all times
- The 2 freezers and 2 fridges in the kitchen are hooked up to emergency power. All refrigerated foods will be used as rapidly as possible to avoid possible spoilage
- An emergency menu which requires the least possible labour and use of equipment is available. Please see 7-day emergency menu
- The emergency menu may require adjustments according to available food in stock

External Resource:

Food can be purchased from outside including:

- Markham Stouffville Hospital (905-472-7000)
- Mandarin Restaurant (905-471-5000)
- Mo's Company (647-978-3238)
- SYSCO (855-222-0617 or 416-721-4736)

EXAMPLE OF AVAILABLE INVENTORY

PROTEIN Cheese, Sliced Canned Tuna/Salmon Peanut Butter Cheese Spread/Jars Cheese Spread/Jars Sliced Cold Cuts(assorted)	VEGETABLES Canned Carrots Canned Beets Canned Green Beans Canned Peas Frozen Vegetables (to use at first)	STARCH Canned Potatoes Instant Whipped Potatoes Rice Noodles Bread Crackers Plain Rolls Flour
JUICE Apple Orange Prune Cranberry Grapefruit	FRUIT Canned Peaches Canned Pears Canned Applesauce	DESSERTS Graham Crackers Assorted Cookies Canned Pudding
SOUP IN CANS Cream of Mushrooms Cream of Chicken Vegetable Tomato	CEREALS Bran Flakes Rice Krispies Corn Flakes Oatmeal	MISCELLANEOUS Powdered Milk Salad Dressing Honey/portion condiments Jelly (Reg. & Diabetic)

ADDENDUM TO SEVEN-DAY EMERGENCY MENU PLAN:

During an emergency situation, most residents will be served regular diets. Texture modified diets will be provided as much as possible, such as using commercial items.

EXTRA AVAILABLE INVENTORY:

Bottled/spring water
Styro/Paper dinner plates
Styro/Paper side plates
Styro/Paper cups
Styro/Paper bowls
Plastic knives
Plastic forks
Plastic teaspoons
Plastic soup spoons
Paper trays

EMERGENCY MENU

7 DAY CYCLE

(In case of equipment and Water Failure and both Hydro Power/ Gas failure).

	BREAKFAST	LUNCH	DINNER
DAY 1	Orange Juice Corn Flakes Bread Jelly, Reg. And Diab. Powdered Milk	Salad: Crackers Cheese Sandwich Assorted Cookies Canned Fruit Juice, Powdered Milk Pudding	Cold Beef plate with roll Applesauce, assorted cookies Bread, Juice Powdered Milk
Day 2	Grapefruit Juice Rice Krispies Roll Honey, Diab. Jelly Powdered Milk	Salad Crackers, Reg & L.S. Tuna/Tuna Salad Sand. Canned Pears Assorted cookies, Juice Powdered Milk, Pudding	Chicken salad plate with Green pea salad Bread; canned fruit Cookies, Juice Powdered Milk
Day 3	Tomato Juice Shreddies Danish/ Bread Diabetic Jelly Powdered Milk	Salad Crackers, Reg. & L.S. Peanut Butter Sand. Graham Crackers Canned fruit, Juice Powdered Milk, Pudding	Tuna sandwich plate with pickled beets, canned Pears; assorted cookies Bread, Juice Powdered Milk
Day 4	Orange/grapefruit Juice Corn Flakes Bread Jelly, Reg & Diab. Powdered Milk	Salad Chicken salad sandwich Canned Peaches Assorted cookies, Juice Powdered Milk	Beef plate with rice salad. Green beans Marinated; roll Assorted cookies Canned fruit, Bread Juice, Powdered Milk
Day 5	Orange Juice Rice Krispies Roll, Honey, Diab. Jelly Powdered Milk	Salad Crackers, Reg, &L.S. Cheese spread Sandwich Assorted cookies Canned fruit, Juice. Powdered Milk Pudding	Salmon sandwich Plate, roll Canned Pears Assorted cookies Bread, juice Powdered Milk
Day 6	Grapefruit Juice Bran Flakes Danish/Bread Diab. Jelly Powdered Milk	Salad Crackers, Reg. &L.S. Tuna/Tuna Salad Sand., Applesauce Assorted cookies, Juice Powdered Milk, Pudding	Cold Beef plate with Potato salad: roll; Canned Fruit Assorted cookies. Powdered Milk, Juice
Day 7	Tomato Juice Corn Flakes, Bread Jelly, Reg. & Diab. Powdered Milk	Salad Peanut butter Sandwich, Graham Crackers, Canned Fruit, Juice Powdered Milk, Pudding	Chicken salad sandwich with salad; canned Peaches; assorted cookies, Bread, Juice, Powdered Milk

SECTION 14 CODE BROWN (CHEMICAL SPILL)

1. Only facility approved chemicals should be used by staff of various departments for different purposes. All chemicals are ordered centrally by designated people in the utilizing departments.
2. Chemicals delivered to the home must come with the most current MSDS data, received at the designated area and inspected by designated personnel of the Facility Department who are trained to check for proper sealing and packaging.
3. Chemicals received are stored in the designated storage areas in the home.
4. When a staff member discovers a chemical spill, s/he must evacuate the scene and immediately report to the supervisor to notify the maintenance staff of the Facility Department. During after hours, the supervisor will alert the manager on call.
5. The Maintenance Technician (MT), on receiving the report of a chemical spill, will notify the Occupation Health & Safety Manager (OHSM) right away. He will keep contact with the OHSM throughout the process for advice.
6. The MT will go to the scene and gather information, such as types of chemicals involved, quantity of spill, etc. while checking the MSDS information.
7. The MT, with help from other staff members, will confine the space affected
8. The MT will bring the Spill Kit and PPE (safety shoes or chemical boots, chemical respirator w/ gas filter, goggles, and industrial gloves etc. and all necessarily tools such as hose, floor brush etc.) to the scene.
9. The MT will put on PPE before entering the scene, including the chemical socks to prevent leakage.
10. The MT will apply chemical seal sheets to cover the floor drain if the chemical will damage the drain system or it is not advisable to drain down the sewage system.
11. The MT will assess the situation, based on the MSDS information, if the spill can be contained and handled.
12. The following scenarios are within the capacity of the home to handle:
 - If chemicals are not toxic, close the door for an hour for the fume or residues to evaporate. After that, use water to dilute them and wash them down the drain, clean the floor as normal
 - If chemicals are either acid or base (alkaline), they can be neutralized with neutralizers, then picked up with a dust pan and brush and dispose of in regular garbage
13. If the situation is beyond what the home can properly handle, call an external spill company immediately:
 - CHDS: 1-866-856-5366
 - Teravita: 1-800-327-7455
14. The MT will keep the Executive Director and Facility Manager informed of the situation. The Executive Director will determine if a general or partial evacuation is necessary. If an evacuation is warranted, the Executive Director will follow the procedures in Section 3 Code Green

SECTION 15 CODE BLUE (MEDICAL EMERGENCY)

Follow Policy CAD-VII-11 “Code Blue – Medical Emergency

Yee Hong Centre for Geriatric Care

Developer: CPC, NAC	Division: Corporate	Category: Corporate Administration	Policy Number: CAD-VII-11
Effective Date: November 2010	Subject Name: Code Blue - Medical Emergency		Approval: SLT
Reviewed/Revised Date: June 2021	Next Review Date: June 2024	Supersedes: CNU-V-32: Administration of CPR to a Resident: Nursing Responsibilities	Page: 1 of 4

PURPOSE

To intervene appropriately and effectively to provide emergency medical care in the event a resident, staff, or general visitor experiences an impending or actual cardiopulmonary arrest. This policy is to provide guidance on medical emergencies that occur in the building, and outside of the building’s premises.

DEFINITIONS

Code Blue: A term representative of an emergent situation announced for any type of acute medical emergency whereby team resuscitative efforts are required to respond to an imminent or apparent respiratory and/or cardiac arrest.

Cardiopulmonary Resuscitation (CPR): An emergency life-saving treatment administered for cases of sudden, unexpected cardiopulmonary arrests that result in the cessation of cardiac output and which has been reported as most effective when administered by trained individuals immediately upon discovery or following a witnessed sudden collapse.

Note: As per MOHLTC (March 2002), Policy on Cardio-Pulmonary Resuscitation (CPR) and Do Not Resuscitate (DNR) Orders in Long-Term Care Facilities: “Many deaths in long-term care facilities are a result of either terminal illness or chronic, multi-system medical problems. The initiation of CPR in these cases has little if any benefit and may in fact increase pain and suffering and prolong the dying process.”

No Cardiopulmonary Resuscitation (No CPR): a written medical order, best decided in collaboration with the resident and family that indicates that a resident should not be administered CPR in the event of a cardio-pulmonary arrest.

Basic Life Support (BLS): Application of artificial ventilation (mouth-to mouth resuscitation or bagging) and chest compressions.

Medical Response Team: A team of trained providers who respond to a code blue announcement. The medical response team may include, but are not limited to, the following:

Registered Nurse (RN)
Registered Practical Nurse (RPN)
Personal Support Worker (PSW)
Attending Physician
Nurse Practitioner (NP)
Assistant Director of Resident Care (ADRC)
Director of Resident Care (DRC)
Social Worker (SW)
Spiritual and Religious Care Practitioner (SRCP)
Facility Manager/Aide

AED (Automated External Defibrillator): A portable computerized defibrillator device that identifies life-threatening arrhythmias with the ability of delivering a shock to reverse the arrhythmia allowing the heart to return to normal rhythm. It is automated such that it is simple to operate, allowing for use by both medical and non-medical trained personnel.

POLICY

1. CPR is **not** administered when:
 - (i) There is an advanced directive of 'No CPR' or the resident/SDM/ has expressed the wish for CPR to not be performed.
 - or**
 - (ii) The body shows irreversible signs of death, such as: rigor mortis (limbs of the corpse are stiff and impossible to move); lividity (settling of blood in the lower portions of the body, causing a purplish red discoloration)
2. In the event that 'Code Blue' is announced within the building on the Centre's overhead call system, all RN/RPNs, NP, physician, ADRC, and DRC on-site must proceed immediately to the designated location.
3. The medical response team leader is designated as the first responder RN/RPN and has the responsibility for observing and monitoring of the emergency scene and to ensure high-quality CPR is performed and maintained.
4. In the event that a medical emergency occurs outside of the building, first responders shall call 9-1-1 immediately, remain with the casualty, and provide first aid or comfort measures as appropriate until the arrival of Emergency Medical Services (EMS).
5. The following staff members are to maintain yearly competence in the administration of CPR as per BLS training in accordance to HR policy.

Activation Worker
 Assistant Director of Resident Care
 Director of Resident Care
 Home Support Worker
 Manager, Hospice
 Personal Support Aide
 Personal Support Worker

Program Aide, Day Program
 Program Assistant, Day Program
 Program Coordinator, CESS
 Program Coordinator, Day Program
 Program Coordinator, Home Support
 Program Worker, CARE Ambassador Program
 Program Worker, Day Program

Program Worker, Home Support
 Program Worker, YHGT
 Program Manager, Community Support
 Program Manager, Home Support
 Registered Nurse
 Registered Practical Nurse
 Nurse Practitioner

6. Use of personal protective equipment (PPE) and routine precautions will be adhered to as determined by a point of care risk assessment (PCRA) by the members of the medical response team during the provision of CPR at the scene.

PROCEDURE

1. First Responder:

- (i) Immediately initiate BLS guidelines: verify scene safety, assess for responsiveness, and check circulation, airway, and breathing.
- (ii) Call loudly for help by calling out “CODE BLUE – [state location]” to summon help to the scene.
- (iii) Begin administration of CPR based on BLS standards, and as per the advanced directive.

*When the advanced directive is unknown, you must proceed with CPR. If the advanced directive is no CPR, proceed with airway and/or breathing management but compressions are not to be provided.

2. Second Responder:

- (i) Uses the overhead call system to announce “CODE BLUE, FLOOR, ROOM #...”
- (ii) Calls 9-1-1.
- (iii) Reports back to the emergency scene and assists the First Responder with administration of CPR as per BLS training by relieving the compressor or by managing the airway.

3. All Other Responders:

Once two staff members are administering CPR,

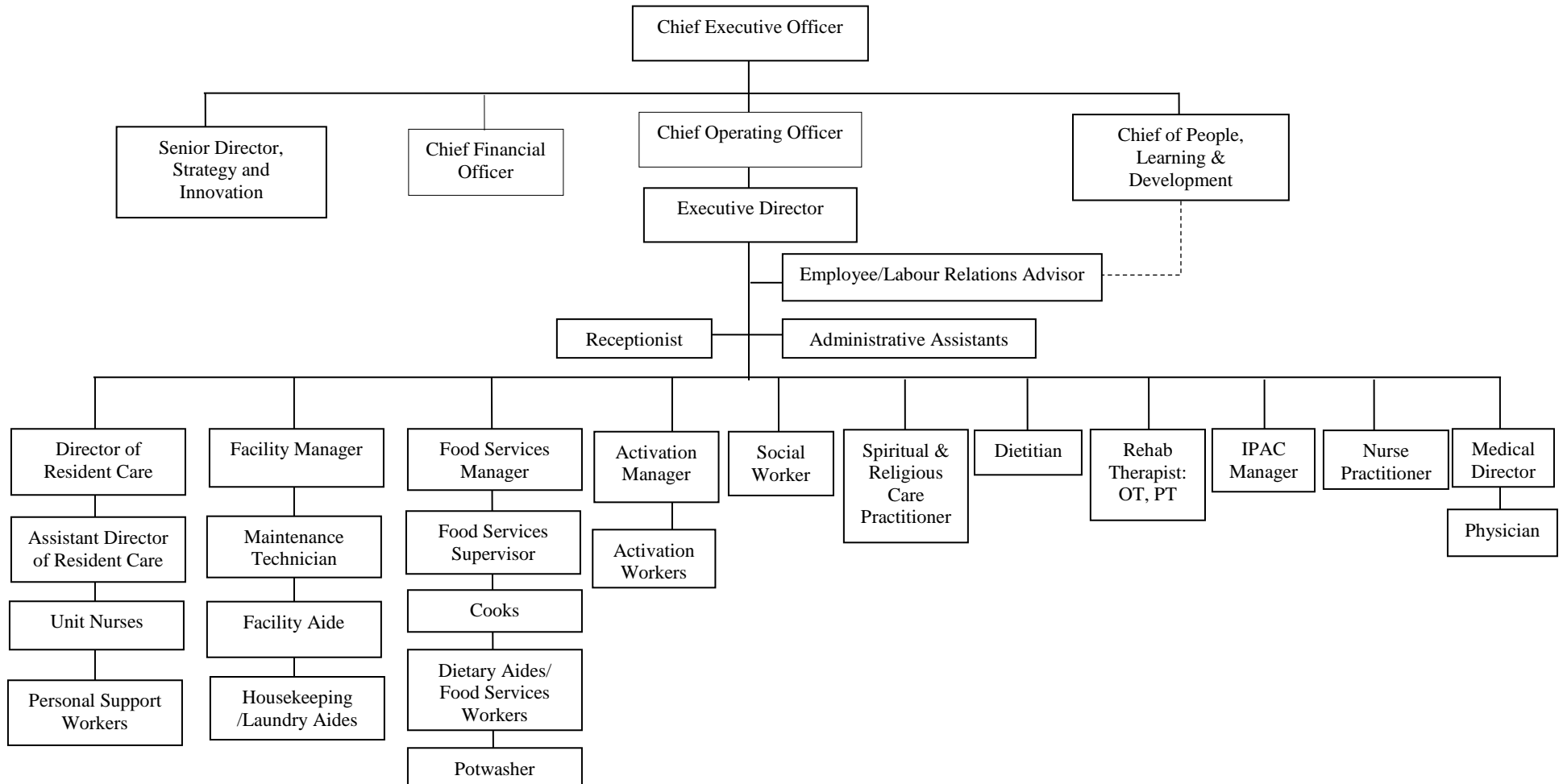
- (i) Transport Emergency Cart, AED (if available), oxygen concentrator, suction machine, vital signs monitor to the Code Blue site.
- (ii) Assists with the administration of CPR as per BLS standards, if certified.
- (iii) Delegate a Recorder for documentation of the resuscitation.
- (iv) Ensures information regarding the resident/staff member/visitor is readily available for the physician, NP, and EMS if available. Prepare to share the chart and MAR, if applicable.

- (v) If an AED is used, assist to turn on AED and attach AED pads, follow prompts and safely active a “shock” if advised on the AED.
 - (vi) Notify the Attending Physician and the family, Substitute Decision maker (SDM), or Power of Attorney (POA) as appropriate.
 - (vii) Verify that all responders providing CPR dons appropriate PPE and follows routine or additional precautions, as appropriate.
 - (viii) Designate a personnel for scene management. Clear the scene of ambulatory or wheelchair-bound residents, extra furniture and equipment. Ensure only the required amount of staff needed for the resuscitation remain at the scene. Direct other staff to return to their respective areas and resume their assigned/alternative tasks.
 - (ix) Prepares the Transfer-to-Acute-Care form. For resident, include copies of the resident’s MAR, most history and relevant laboratory and diagnostic imaging results. Cross reference to policy CIP-VIII-03 Care Transition on the required documentations.
 - (x) One available staff member will proceed to the main entrance to direct EMS to the scene.
 - (xi) Facilitates EMS assumption of care and transfer to hospital. Prepare to share chart, including the resuscitation documentation.
 - (xii) Provides other means of assistance at the Code Blue site.
4. Once the resident has been transferred to acute care, the RN/RPN:
- (i) Updates the resident’s family and Attending Physician.
 - (ii) Documents the event in the progress note of the resident’s health record.
 - (iii) Cleans and re-stocks the Emergency Med Cart.
5. The DRC / designate:
- At the end of each Code Blue:
- (i) Ensures that all RNs/RPNs, NP and PSWs understand the policy and procedure, as outlined above.
 - (ii) Ensures all RNs / RPNs/NP understand how to use the overhead call system.
 - (iii) Conducts a post code debrief. Evaluates the code blue process and to identify opportunities for improvement.

YEE HONG CENTRE FOR GERIATRIC CARE

ORGANIZATIONAL FAN OUT CHART

Appendix I



Appendix II – Emergency Lifts and Carries

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

Many methods might be used to move residents or patients or to give them assistance, support and added speed. Experience and practice will increase anyone's ability to move heavier and disabled people under adverse conditions.

Suitable additional methods may also be used depending on the situation and available appliances and equipment, i.e. chairs and wheelchairs.

The following lifts and carry techniques are suggested for relocation or evacuation of residents and others in an emergency. You will have to decide which is the most appropriate for the situation at the time of emergency.

A. Removing resident from the floor

1. Spread a blanket or sheet beside the resident. Cross the resident's ankles and roll them towards you onto the blanket or sheet, grasping them by the shoulders and hips.
2. Grasp the blanket or sheet on either side of the resident's head and drag backwards to an area of safety. It does not matter whether the resident is lying face up or face down.

B. Removing residents from beds

1. CRADLE OR KNEE DROP

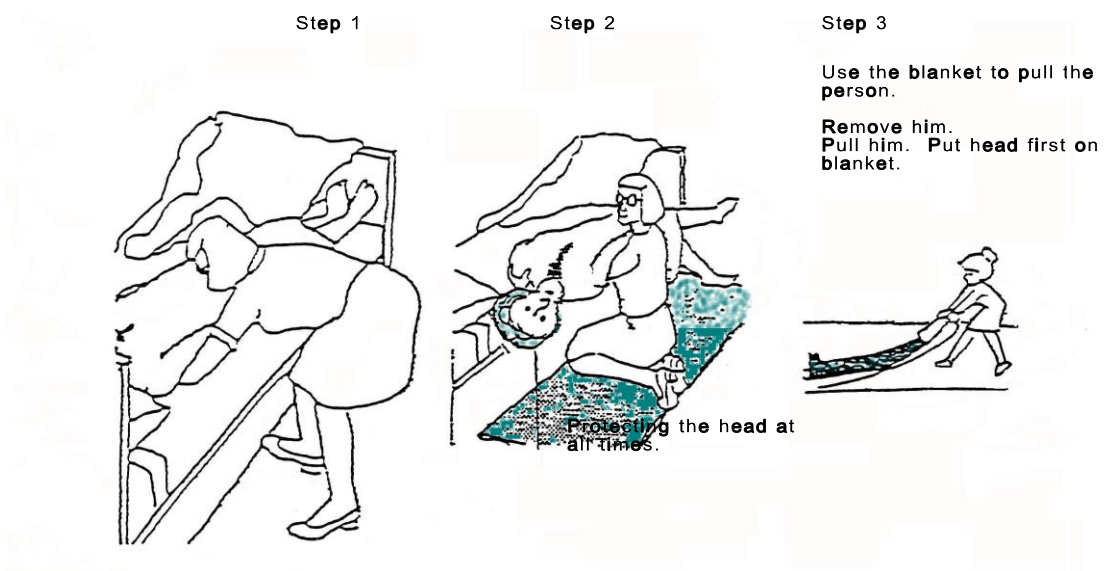
For use when:

- The resident is very heavy; or
- Only one staff is available; or
- The resident's bed is involved in the fire and the least amount of contact is permitted

Procedures (See diagrams following)

- a. Place a blanket or sheet lengthwise on the floor parallel and next to the bed. Loosen or remove the top bedclothes.
- b. Stand beside the resident, slip one arm under the neck and grasp the shoulder.

- c. Slip your other arm under the resident's knees and grasp them with your hand.
- d. Place one knee against the bed with both feet on the floor, about 6" - 8" apart.
- e. Bring the resident to the edge of the bed by moving first their hips then their shoulders, keeping your back straight and bending your knees.
- f. Rock back onto the heels bringing the resident with you keeping resident close to your body.
- g. When the resident starts to leave the bed, drop to your knees and allow the resident to slide down your body then to the floor protecting the resident's head at all times.
- h. Grasp the blanket or sheet on either side of the resident's head and drag the resident, head first to an area of safety. The blanket or sheet can be wrapped over the resident.



2. DOUBLE CRADLE OR KNEE DROP

- a. Two rescuers approach the bed. Place a blanket or sheet lengthwise on the floor parallel and next to the bed. Loosen or remove the top bedclothes.
- b. One rescuer slips one arm under the resident's neck and grasps shoulder and one arm under their waist.
- c. The other rescuer slips one arm under the resident's hips and other arm under his knees.
- d. Together both rescuers bring the resident to the edge of the bed. However, this may be accomplished by both rescuers grabbing the bottom sheet and pulling the resident to the edge of the bed.
- e. Together the rescuers rock back on their heels keeping the resident close to their bodies.
- f. When the resident starts to leave the bed, both rescuers drop to their knees and allow the resident to slide down their bodies, then to the floor protecting the resident's head at all times.
- g. Grasp the blanket or sheet on either side to the resident's head, and drag him head first to an area of safety. The blanket or sheet may be wrapped over the resident.

3. SWING CARRY

For use when:

- Two staff are available for transporting resident
- The resident is very heavy
- Vertical evacuation (to another level) is required

This method is suitable for almost any resident.

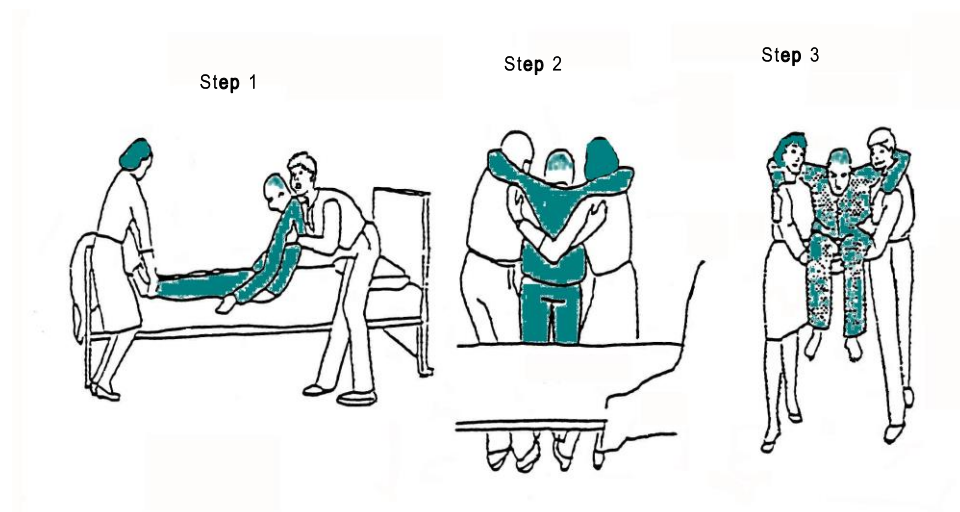
Procedures (See diagrams following)

- a. Both rescuers approach the resident, one at the head and one at the feet on the same side of the bed.
- b. Rescuer at the head assists resident to a sitting position supporting shoulders.

- c. When resident is sitting up, the rescuer at the resident's feet grasps the ankles and swings the feet off the bed, both bring the resident to a sitting position on the edge of the bed.
- d. Both rescuers stand, one on each side of the resident and places one arm of the resident around their neck and down across their chest.
- e. Both rescuers reach under the resident's knees and grasp each other's wrists.
- f. Both rescuers lift the resident off the bed together, using correct lifting techniques and carry the resident to a safe area.

TO UNLOAD:

Both rescuers drop on their knee closest to the resident while leaning against the resident to provide supportive pressure. Place the resident on the floor, buttocks first and then the back.



4. EXTREMITY CARRY

For use when:

- A fast method is required
- Two staff are available for transporting resident
- The exit is narrow

Procedures (See diagrams following)

- a. Both rescuers approach the resident, one at the head and one at the feet on the same side of the bed.
- b. Rescuer at the head assists the resident to a sitting position supporting the shoulders.
- c. When resident is sitting up, the rescuer at the feet grasps the resident's ankle nearest the edge of the bed and clears it off the bed. With back to the resident, slide between the resident's legs as fast as their knees, grasping under both knees.
- d. Rescuer at the head places their arms through the resident's armpits and grasps own wrists high above the resident's chest.
- e. Both rescuers lift the resident off the bed together using correct lifting techniques and carry the resident to a safe area.

TO UNLOAD

- a. The rescuer at the feet lowers the resident's legs to the floor, by dropping to one knee and keeping straight.
- b. The rescuer at the head allows the resident to slide to the floor, buttocks first and then their back. The rescuer drops to one knee, the back is kept straight.



5. THE PACK STRAP/CARRY (QUICK)

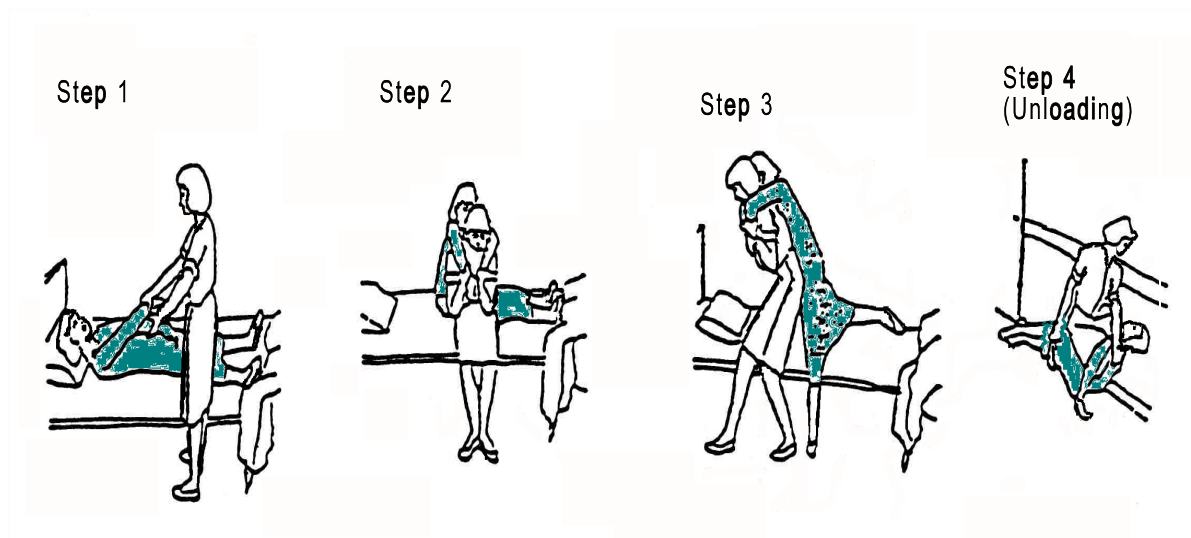
For use when:

- Only one rescuer available for transporting resident
- The resident has to be transported through a small narrow exit

Procedures (See diagrams following)

- Rescuer faces the resident with back to the foot of the bed.
- Grasp the resident's nearest arm at the wrist (with palm down) with your hand nearest the resident.
- Raising the resident's arm slightly, grasp their other wrist with your other hand, with your palm up this time.
- As you take one step backward, raise the resident to a sitting position.
- Raising the resident's arm nearest you, slip under that arm.
- Place your back firmly against the resident's chest with your shoulder lowering the resident's armpits.
- While sitting on the bed, pull the resident's arms over your shoulders, crossing them at your chest.
- Lean forward, bending only your shoulders and assert a downward pull on the arms.

- I. Stand and turn your body and feet towards the head of the bed while at the same time raising the resident off the bed.
- j. It is not necessary to drag or lift the resident as your forward momentum will roll onto your back without any shock.



C. Removing Ambulatory Residents

1. HUMAN CRUTCH WALKING ASSIST

For use when:

- The resident has an injured or unstable side

Procedures (See the diagram following)

- Place the resident's arm, closest to you, behind your back to clutch your waist.
- Grasp the resident's wrist with your hand.
- Place your other hand around the resident's waist gripping clothing on their waist.
- Keeping the resident close to your body, walk to a safe area.

Note: If two rescuers are available, one can walk on each side of the resident.



Appendix III - Commonly Used Emergency Coding

Emergency Codes

INCIDENT	CODE	RATIONALE FOR COLOUR
Fire	Code Red	Colour of Fire
Evacuation	Code Green	Green (light) means "GO"
Missing Person	Code Yellow	
Bomb Threat	Code Black	Colour of charred material after an explosion
Loss of Essential Services	Code Grey	
Violent Person	Code White	White is the colour of Restraint
External Disaster	Code Orange	Colour of Ambulance bringing Victims
Medical Emergency	Code Blue	
Hostage Taking	Code Purple	
Chemical Spill	Code Brown	