	<b>APANS</b>	<b>Approved by:</b> Annette Sprentall	
	<b>HEALTH SERVICES</b>	<b>Effective Date: May 2015</b>	
	<b>POLICY &amp; PROCEDURE</b>	<b>Supersedes: September 2011</b>	
<b>Home:</b> Grace Villa		<b>Manual:</b> Fire and Emergency Manual	
<b>Subject: Mission, Vision, Values</b>		<b>Section: 1.1</b>	Page 1 of 1

### Grace Villa Mission Statement

We provide quality of life for our residents and community.


### Vision

To be committed to excellence in Long Term Care

### Values

As a leader in Long Term Care, Grace Villa is committed to  
Dignity and respect for all  
A culture of safety  
Honesty, integrity and open communication  
Strong employee relations  
Embracing Best Practices in Long Term Care  
Education and professional development  
The principles of ownership, accountability and responsibility

Will change July 2015

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<b>Subject:</b> Introduction		<b>Section:</b> 1.2	Page 1 of 1

This manual will be reviewed as necessary and no less than yearly.

A disaster is an event which affects the normal operations of the facility. Fire, explosion, chemical spills, floods, loss of heat, light and power, bomb threats, major storms 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 period of time, or major, as in the case of fire requiring total evacuation. Additionally, the disruption may be caused by the reception of individuals from another facility which has undergone a disaster.

Grace Villa Nursing Home is primarily a three storey multi-winged facility. The number of personnel in the facility varies according to shift and day of the week.

The purpose of this manual is to state the actions to be taken in an emergency so as to:


- minimize any inconvenience to the residents and staff
- minimize damage to the facility and its contents
- protect the health and safety of our residents, staff and visitors
- ensure continued operation as a long term care residence and recognize responsibility to the community we serve

In our attempt to make our facility "fire safe" we have complied with all current regulations contained within the legislative and municipal by-laws. In addition, we regularly check our fire-fighting equipment, conduct fire drills and provide in-service education. However, the effectiveness of our Fire Prevention program depends upon you to respect fire precautions and identify with your role in the event of a fire.

It is your (employee) duty and responsibility to know:

1. Fire Procedures
2. Evacuation Procedures
3. Fire Codes
4. Location of Annunciator Panel
5. Location and Method of Operation of Fire Alarm Pull Station
6. Location, application and operation of fire extinguishers
7. Location of telephones
8. Location and operation of smoke barrier doors
9. Location of fire doors
10. Location of exits
11. Location of stairways
12. An area where residents may be moved to in the event of an evacuation

See Appendix A for facility floor plans indicating exit doors, stairways, fire protection measures and the annunciator panel.

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<b>Subject: Distribution of the Fire and Emergency Manual</b>		<b>Section: 1.3</b>	Page 1 of 1

The Fire and Emergency Manual will be distributed throughout the building to ensure that all staff has access to the policies and procedures within this manual to ensure prompt reaction in the event of an emergency.

The Fire and Emergency Manual can be found in the following locations:


1. Administration Office
2. 1<sup>st</sup> Floor Nursing Station
3. 2<sup>nd</sup> Floor Nursing Station
4. 3<sup>rd</sup> Floor Nursing Station

Maintenance Department

Programs Department

Dietary Department

Fire Department

 <b>APANS</b> <b>HEALTH SERVICES</b> <b>POLICY &amp; PROCEDURE</b>	<b>Approved by:</b> Annette Sprentall	
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<b>Subject:</b> Emergency Phone Numbers	<b>Section:</b> 1.4	Page 1 of 2

<u>POSITION</u>	<u>NAME</u>	<u>TELEPHONE</u>
Administrator	Annette Sprentall	905-538-7260 Cell 905-979-6265
Director of Care	Cathy Luke	905-385-9747
Assistant Director of Care	Tammy Weir	905- 741-4959
Medical Director	Dr. Leggett	905-575-0228 905-575-5488
Environmental Services Manager	Ernie Jukes	905-934-7013 Cell 905-933-1477
Payroll/HR Clerk	Cyndi Williams	905-538-1786
Nutrition Manager	Donna Goodhew Ottley	1-519-750-1292 Cell 1-519-751-6991
Food Services Supervisor P/T	Gabrielle Benedetti	
Accounting Clerk	Diane Sturrock	905-578-1307
Ward Clerk	Terri Latimer	905-318-2448
Ward Clerk	Toni Fascione	905-388-7621
Social Worker	Jennifer Allen	519-496-8995
Programs Manager	Jody Clark	289-439-3947
RAI Coordinator/RPN	Mary Jo Wray	905-389-6666 Cell 289-808-0414


**Emergency External Resource Agencies**

Ambulance Service	911	
Police	911	
Fire Department	911	
Fire Department Communications	905-546-3333	(use this telephone number to notify fire department of temporary shutdown of fire protection equipment).

**Miscellaneous**

Ministry of Health	
Local LHIN office	905-945-4930
APANS Head Office	519-672-8885

**Loss of Services**

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Loss of Gas	Union Gas-24 hour emergency 1-877-969-0999
Loss of Power	Hamilton Hydro 24-hour emergency 905-522-6611
Loss of Water	Public Utilities 905-546-4426, After hours Same
Loss of Communication	Bell 611
Toxic Spill	P

**Loss of Services**

Loss of Gas	Union Gas – 24 hour emergency 1-877-969-0999
Loss of Power	Hamilton Hydro 24 hour emergency 905-522-6611
Loss of Water	Public Utilities 905-546-4426, After hours Same
Loss of Communication	Bell 611
Toxic Spill	Police 905-546-4925 Fire Department 905-546-3333
Community Disaster	Police 905-546-4925 Fire Department – 905-546-3333

**External Resource Agencies**

Red Cross 905-522-8485

Hospitals Hamilton Health Sciences (905) 521-2100 includes:  
 General Hospital  
 Henderson Hospital  
 Chedoke Hospital  
 St. Joseph's Hospital 905-522-4941


Arena Lawfield Arena - 150 Folkestone Ave 905-546-4923

HSR Bus Lines Chris Garrish – 905-546-2424 ext 1857  
 cell 905-979-6353  
 email cgarrish@hamilton.ca

**\*\* FAMILY PHONE NUMBERS ARE LOCATED ON THE ROLODEX ON THE OFFICE MANAGER'S DESK.**

The Office Manager shall be responsible for maintaining the emergency telephone list.

**Gary Westgarth To be contacted by Administrator or designate only**

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<b>Subject: Activating the Fan Out List</b>		<b>Section: 1.5</b>	Page 1 of 1

## Policy

The Fan Out list is used to ensure that additional staff can be called in as quickly as possible in the event an emergency occurs and more staff are required. All staff will have a copy of the fan out list readily available.

## Procedure

1. The 1<sup>st</sup> Floor RN Charge Nurse-(Fire-Co-ordinator) or delegate will call the Administrator. If the Administrator is not available he/she will leave a message and call the next person on the list until they speak to someone in person.
2. The Administrator or his/her delegate will decide how many and what type of additional staff is required.
3. The Administrator will contact the persons indicated on the list that he/she is to contact.
4. This procedure will be followed until everyone on the list has been called or enough staff have been reached to accommodate the needs required.
5. Call and say ***“This is Grace Villa calling. We need emergency staff as soon as possible. Can you come in immediately?”*** Do not waste time with answering machines, or busy signals.
6. Notify the person in charge of the number and names of staff coming in. Make records of staff called, and staff responding in the sick book.


### Administrator or Designate:

In the absence of the Administrator, the most senior person present will be in charge ( i.e. Director of Care, Assistant Director of Care, Full time RN on days 1<sup>st</sup> floor Charge nurse (Fire Co-ordinator), or the highest in seniority).

### The Administrator or Designate will, in the event of an evacuation of the home:

1. Assume responsibility for the evacuation process.
2. Direct the activities of all personnel until the arrival of the senior management personnel, Fire Department and Ambulance services.
3. Receive all communications from the fire department and ambulance service and participate in assessing the situation with these agencies.
4. Assign staff to set up a Control Centre until Office personnel arrive to take over these responsibilities.
5. **DO NOT COMMUNICATE WITH THE MEDIA, REFER ALL MEDIA TO THE ADMINISTRATOR**

The Ward Clerk is responsible for maintaining an accurate fan-out list.

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<b>Subject:</b> Communication Centre	<b>Section:</b> 1.6	Page 1 of 1

## Policy

During an emergency situation communication is key. A communication centre will be set up and the following procedures will be followed with respect to communication.

## Procedure

1. Once the alarm sounds discontinue any telephone conversation in progress immediately.
2. A Communication Centre will be set up in the Administration offices.
3. Communication will occur through the intercom system.
4. When the intercom system is affected the Communication Centre personnel will assign staff to communicate instructions to other staff and residents in conjunction with the Fire Marshall.
5. During office hours the Ward Clerk will keep all outside lines available. He/she will accept only emergency incoming calls and will inform all other callers “we are accepting only emergency calls at this time and to please hang up and call later” and then hang up.
6. During non-office hours the 1<sup>st</sup> Floor RN Charge Nurse Fire Co-ordinator will assign someone to this duty.
7. Do not communicate the nature of the disaster to the public.


Emergency phones are located in the evacuation bags in each med room. Staff can unplug the fax machine in the med room and plug in the phone. The phone number for these forms is taped too each phone. The nearest public telephone is in the 1<sup>st</sup> Floor Activity room.

## Families of Residents

In the event of an emergency or outbreak situation, residents’ families are to be individually contacted, if time permits, to inform them of the status of their resident. If evacuation of the facility becomes necessary, families of residents are to be contacted and informed of the necessity and the destination of their family members.

## News Media

Communication with the news media is the responsibility of the Administrator, Director of Care or a senior APANS representative only.

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<b>Subject: Medication and Medical Supplies</b>		<b>Section: 1.7</b>	Page 1 of 1


The following supplies must be kept on hand in the event of a disaster:

- 1 to 2 month supply of government stock
- 1 week supply of medication
- 1 month supply of dressings, nursing
- 28 Days of Incontinence products

In the event we run out of supplies, medication and medical supplies will be obtained from either:

- Medical Pharmacy – 905-420-7335
- Future Med – 1-800-387-7025



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<b>Subject:</b> Code Red-Policies		<b>Section:</b> 1.8	<b>Page 1 of 1</b>

### Lines of Responsibilities

**ALL STAFF:**

The primary fire safety objectives of this long-term care facility is the life safety of the residents, staff, volunteers and visitors.

**IF YOU DISCOVER A FIRE:**

You will be the Person in Charge until the Fire Co-ordinator-RN Charge Nurse 1<sup>st</sup> floor arrives at the scene. This Fire Emergency Plan is based on the premise that the sequence of events during a fire emergency is not always predictable and that the Fire Emergency Plan may not always be pursuable in the manner planned. However, it has been found that the action taken by the the person discovering the fire is probably the most critical. The discoverer must act quickly and intelligently in accordance with the instructions under the Basic Fire Procedures (policy 2.1 Fire Emergency Manual).

All staff members within the building shall respond to any fire or other emergency situation as though they are on duty whether or not they are on duty.

The primary fire safety objective is to maximize the time available Between fire detection and conditions becoming unacceptable.


**1<sup>st</sup> Floor Charge Nurse Fire Co-ordinator**

In the event of a fire emergency 1<sup>st</sup> floor Charge Nurse Fire Co-ordinator shall assume the position of Fire Co-ordinator, and be responsible for controlling and directing fire emergency procedures The 1<sup>st</sup> floor Charge Nurse is a 24/7 position and in the event of Illness will be automatically replaced.

When the Fire Department arrives at the scene, the Fire Co-ordinator will report to the fire fighter in charge.

**HAMILTON FIRE DEPARTMENT:**

The City of Hamilton Fire Department shall assume full and total responsibility for handling the fire emergency.

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<b>Subject:</b> Basic Fire Procedures		<b>Section:</b> 2.1	Page 1 of 1

## Policy

All staff will follow the following procedure in the event of a fire. Refer to specific duties per department for detailed description of duties.

## Procedure

### If you discover a fire:

Remove anyone in immediate danger.

Ensure the door(s) is closed to confine fire and smoke.

Activate the alarm using the nearest fire pull station.

Call 911 and identify caller and provide location of fire and notify the RN/RPN.

Try to extinguish the fire or begin evacuation.

### If you hear the alarm:

1. Stop what you are doing and listen to the announcement for the location of the fire.
2. If you are not on your assigned unit return there immediately using a stairwell away from the fire location.
3. RN Charge Nurse (Fire Co-ordinator) calls 911 and pages overhead the location of the fire.
4. Ensure doors are closed and report to the nurses desk to receive instruction.
5. Remain calm and quiet to ensure instructions can be heard.


### REMEMBER:

Remain calm

Do not use the elevator


### IF YOU HEAR THE STAGE TWO ALARM (rapidly ringing bell):

A decision has been made to totally evacuate at least one wing. Listen to the announcement and follow procedures outlined in the Fire and Emergency Manual Section 3 on Evacuation.

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<b>Subject: Code Red – 1<sup>st</sup> Floor RN Charge Nurse Fire Co-ordinator Duties</b>		<b>Section: 2.2</b>	Page 1 of 3

**SPECIFIC RESPONSIBILITIES IN EVENT OF FIRE:**

1. Ensure that the fire alarm has been activated.
2. Check the annunciator panel at the front entrance for the location of the fire.
3. Using the public address system, announce “CODE RED- location of the fire” and repeat 3 times in a loud clear voice.
3. Telephone the fire department 911 our address is 45 Lockton Crescent, Hamilton.  
Designate staff to:
  - a. Bring the elevator to main floor and lock it so that it can not be used, the key is in the elevator.
  - b. Handle any incoming calls. This person will wait by the phone for intercom calls from charge nurse, no outgoing calls will be made at this time.
  - c. Meet emergency personnel at the door and direct them to the location of the emergency. Access to the building should be limited to staff and emergency personnel only.
4. Remaining staff is to be directed to specific areas according to the need. One staff member who is designated to fire area is to be directed to take fire extinguisher from the nearest fire cabinet with them. One of the staff directed to the fire area must report back to control station.
5. Until arrival of the fire department, be in charge of any fire emergency.
6. Ensure the safety of the residents at the scene of the fire by COORDINATING the AVAILABLE STAFF.
7. Liaise with the fire department upon their arrival.
  - a. Inform the fire officer regarding conditions in the building and coordinate the efforts of supervisory staff with those of the fire department.
  - b. Provide access and vital information to fire fighters (i.e. master keys for suites, service rooms, elevators etc).
  - c. Advice Fire Department of any residents who have been evacuated
  - d. Advice Fire Department of any residents who may be trapped or endangered and their location.
  - e. Record and provide current list of locations of handicapped persons to fire fighters.

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8. Initiate fan-out procedures if required.
9. Assign another RN/RPN to perform the role of Triage Nurse.
10. With the assistance of the fire department, determine if TOTAL EVACUATION is necessary. If total evacuation is necessary, **USING SMALL SILVER KEY TURN TO THE RIGHT TO ACTIVATE STAGE TWO, ANNOUNCE “CODE GREEN STAT” and REPEAT THREE (3) TIMES IN A LOUD, CLEAR VOICE OVER THE PUBLIC ADDRESS SYSTEM.**
11. Supervise the evacuation of the occupants.
12. Charge Nurse Fire Co-ordinator is responsible for the safe removal of residents’ charts. See Fire and Emergency Manual section 3 for more information on evacuation.
13. When time permits, notify Administrator and Director of Care of the fire emergency.
14. See that the fire alarm system is not silenced until the fire department has responded and the cause of the fire has been investigated.
15. When authorized by the fire department, announce “CODE RED- ALL CLEAR”
16. RESET the Fire Alarm System.

**NOTE: THE CHARGE NURSE FIRE CO-ORDINATOR MUST REMAIN AT CONTROL CENTRE AT ALL TIMES DURING A FIRE EMERGENCY IN ORDER TO DIRECT FIRE DEPARTMENT AND STAFF. IF A FIRE EMERGENCY OCCURS WHEN THE DOORS TO THE HOME ARE LOCKED, THE CHARGE NURSE 1<sup>st</sup> FLOOR RN FIRE CO-ORDINATOR MUST MAKE SURE SOMEONE IS DESIGNATED TO UNLOCK THE DOORS IN PREPARATION FOR THE FIRE DEPARTMENTS ARRIVAL.**


**IN GENERAL:**

The first floor charge nurse Fire Co-ordinator is also responsible for the following:

1. Ensure that the doors to stairways are kept closed at all times.
2. Ensure that stairways, landing, hallways, passageways, and exits, inside and outside, are clear of any obstructions at all times.

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3. Ensure that combustible materials are not permitted to accumulate in any part of a stairway, fire escape or other means of egress or elevator and ventilation shafts.
4. Ensure that combustible waste materials are not permitted to accumulate in quantities in locations, which may constitute a fire hazard.
5. Promptly remove all combustible waste from all areas where waste is placed for disposal.
6. Keep access roadways, fire routes connections clear and accessible for fire department fire.
7. Have a working knowledge of the fire alarm system and how it is reset.
8. Maintain the fire system and other fire protection equipment in good operating condition at all times.
9. In the event of any shutdown of fire protection equipment, notify the fire department and post a fire watch person to patrol the hallways once every hour.
10. Arrange for a substitute in your absence.
11. Conduct fire drills; occupant participation is optional
12. Clearly identify each floor level within each stairway as to the floor level.

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<b>Subject:</b> Emergency Procedures for RN's/RPN's		<b>Section:</b> 2.3	Page 1 of 1

## Policy

The RN will remain at the nurses desk to direct employees and ensure communication between floors. In the event that there is no RN on the floor the first RPN to the nurses desk will assume this role.

## Procedure

Upon hearing the alarm return to the nurses desk and remain there to direct staff and visitors.


If the fire is on your floor

1. Send two staff to confirm the fire location.
2. Once location is confirmed by staff communicate to 1<sup>st</sup> floor RN the exact location and nature of the fire.
3. Get the Evacuation Bag from the med room.
4. Put on the vest to indicate to staff that you are in charge.
5. Delegate staff to remove residents from affected areas as necessary.
6. Using the residents list located in the emergency bag in the med room ensure all residents are accounted for.
7. Delegate staff to monitor all stairwells and exits.
8. Once an area has been cleared designate staff to monitor fire door nearest to the fire to ensure no one returns to the affected area.
9. Maintain communication with the 1<sup>st</sup> floor RN.
10. Prepare for evacuation.

If the fire is not on your floor

1. Send two staff to the affected area.
2. Delegate staff to monitor all stairwells and exits.
3. Prepare for evacuation.

\*Note: If you are not on the floor when the alarm sounds return to your assigned floor ensuring not to travel through the affected area.

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<b>Subject: Emergency Procedures for the Administrator and Managers</b>		<b>Section: 2.4</b>	Page 1 of 1


## Procedure

Follow basic fire procedures. In the event you hear the alarm.

The following staff will report to their assigned area and assist as needed in the event of an emergency:

1. Administrator will report to the 1<sup>st</sup> floor, put on the Administrators vest from the evacuation bag and consult with the 1<sup>st</sup> floor RN. The Administrator will remain at the nurses station at all times.
2. DOC will report to the 1<sup>st</sup> floor nurses station.
3. Pastoral Coordinator (if in the home) will report to the 1<sup>st</sup> floor nurses station.
4. ADOC will report the 2<sup>nd</sup> floor nurses station.
5. Food Services Managers ensure the kitchen equipment has been shut off and report to the 1<sup>st</sup> floor nurses station.
6. Programs Manager will report to the 3<sup>rd</sup> floor nurses station.
7. Social Worker will report to the 3<sup>rd</sup> floor nurses station.
8. Environmental Services Manager, if possible, will shut off the air handling unit and manually shut off all fresh air fans (breaker panel in the electrical room) and report to the affected area.

\*Note – All staff will listen for the location of the fire to ensure they do not travel through the affected area to their assigned floor.

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<b>Subject: Emergency Procedures for the Medical Advisor Physician</b>		<b>Section: 2.5</b>	Page 1 of 1

## Procedure

The Medical Advisor Physician or alternate will:


1. Attend to any emergencies
2. Arrange for the hospitalization of Residents, if necessary.
3. Contact Associated Physicians as required.

**DO NOT COMMUNICATE THE NATURE OF THE DISASTER TO THE PUBLIC.  
REFER ALL MEDIA CALLS TO THE ADMINISTRATOR OR DELEGATE.**

This position is staffed for:

1. PA – 5days/week – The home no longer has a Physician Assistant
2. M.D. – 3 days/week (3hours/day)



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<b>Subject: Emergency Procedures for Office Staff</b>		<b>Section: 2.6</b>	Page 1 of 1


## Procedure

Follow basic fire procedures.

Specific duties during an emergency:

1. Shut off all equipment and safeguard files if possible.
2. Ensure all doors and windows are closed in the area you are in.
3. Ward Clerk #1 to report to 1<sup>st</sup> floor RN and man the phones.
4. Ward Clerk #2 to report to the 2<sup>nd</sup> floor ensuring not to travel through the affected area.
5. Payroll/HR Clerk to report to the 3<sup>rd</sup> floor ensuring not to travel through the affected area.

This position is staffed 7 days/week. 8 hours/day

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<b>Subject: Emergency Procedures for PSW's</b>		<b>Section: 2.7</b>	Page 1 of 1

## Procedure

Follow basic fire procedures.


Specific duties during an emergency:

1. Report to the charge nurse RN/RPN on you floor to receive direction.
2. If you are not on your assigned floor when the alarm sounds return to your floor ensuring not to travel through the affected area.
3. Clear the halls of equipment.
4. Report the exact location and extent of fire if known.

Sample duties that may be assigned:

1. Monitoring exits, stairwells, affected area
2. Remove residents from danger
3. Assist in the affected area
4. Bring elevators to the main floor

This position is staffed 7 days/week. 24 hours/day.

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## Procedure

Follow basic fire procedures.

Specific duties in the event of an emergency.

### **If an activity is in progress and the emergency is in your area:**

1. Remove residents from the area.
2. Close all doors and windows in the area.
3. Proceed to the nurses station on the floor you are working on for instructions


### **If an activity is in progress and the emergency is not in your area:**

1. Do not panic.
2. Shut off all electrical equipment, i.e.: DVD, Television.
3. Keep residents calm and do not let them leave the immediate area.
4. Shut door of room.
5. If more than one staff member or volunteer present send one person to report to the nurses station on the floor you are on to inform them of the number of and location of residents.
6. Wait for further announcements and directions.

### **If on a bus outing:**

1. If an emergency is in progress when you return to Grace Villa take the bus with the residents on board to a safe area away from the facility. (Lawfield arena has agreed to receive resident in case of emergency).
2. Staff should contact the facility by cell phone to determine the nature of the disaster and receive instructions.

This position is staffed 7 days/week days and evenings.

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## Procedure

Follow basic fire procedures.

Specific duties during an emergency:

1. Stop what you are doing and listen to the location of the fire.
2. Turn off all equipment where you are and shut all windows and doors.
3. All dietary staff will report the nurses station on their assigned floor to receive direction, ensuring not to travel through the affected area.
4. Assist in calming residents as required.

This position is staffed 7 days per week. Days and Evenings.

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## Procedure

Follow basic fire procedures.

Specific duties during an emergency:

1. Ensure your cart is locked and not obstructing the hallway.
2. Report to the nurses station on your assigned floor for instruction.
3. If you are not on your assigned floor when the alarm sounds return to your floor ensuring not to travel through the affected area.

This position is staffed days 7 days/week.

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<b>Subject: Emergency Procedures for Laundry</b>		<b>Section: 2.11</b>	Page 1 of 1


## Procedure

Follow basic fire procedures.

Specific duties in the event of an emergency:

1. Shut off all machines.
2. Ensure the hallway is clear.
3. Report to the 1<sup>st</sup> floor nurses station to receive direction.

This position is staffed days and nights 7 days/week.

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<b>Subject: Emergency Procedures for Physiotherapy and Restorative Care</b>		<b>Section: 2.12</b>	Page 1 of 1

## Procedure

Follow basic fire procedures.

Specific duties in the event of an emergency:


### **If an exercise group is in progress and the emergency is in your area:**

1. Remove residents from the area.
2. Close all doors and windows in the area.
3. Proceed to the nurses station on the floor you are working on for instructions

### **If an exercise program is in progress and the emergency is not in your area:**

1. Do not panic.
2. Keep residents calm and do not let them leave the immediate area.
3. Shut door of room.
4. If more than one staff member or volunteer present send one person to report to the nurses station on the floor you are on to inform them of the number of and location of residents.
5. Wait for further announcements and directions.

This position is staffed 7 days/week 8hours/day

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## Procedure

Follow basic fire procedures.

Specific duties in the event of an emergency:


If with residents:

1. If more than one person in the salon one person should remain with residents and one person should go to 1<sup>st</sup> floor nurses station and receive directions from Charge Nurse Fire Co-ordinator as to location and process to follow.
2. Shut off all equipment and close the door.
3. Indicate to the person in charge the number and names of residents in the salon.

If there are no residents in the salon:

1. Shut off all equipment and close the door.
2. Report to the 1<sup>st</sup> floor nurses desk for instruction.



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**If the alarm sounds while you are in the building:**

1. Remain calm. The staff are trained to respond to an emergency.
2. If you are in a residents' room remain in the room, close the door and await further instructions from staff.
3. Reassure frightened residents
4. When a staff member arrives follow his/her instructions diligently. Do not be concerned with taking your personal belongings.

**If you discover smoke or fire:**

1. Leave the room or area at once.
2. Close the door to confine the fire.
3. Pull the nearest fire alarm pull station and inform the nearest staff member of the situation. They will respond accordingly and provide direction.
4. If one is not readily available, tell a staff member of the problem immediately. They will respond accordingly and provide direction.

**If evacuation from the facility is necessary:**

1. Remain with the resident.
2. Have a blanket ready to aid in the evacuation to keep the resident warm.
3. Follow the instructions of the staff and/or fire department.
4. Keep the resident calm.

**If the building is evacuated while you have a resident on an LOA:**

1. If you arrive to Grace Villa and an emergency situation is in progress please go to a safe location and call Grace Villa to receive further instructions.
2. If you are with a resident at home you will be called and asked if you are able to care for the resident until the emergency is resolved. If not, other arrangements will be made.

**\* NOTE: If an alarm is in progress when you arrive to Grace Villa you will not be permitted to enter the building. Please respect this.**

**DO NOT ATTEMPT TO EXTINGUISH THE FIRE.**

**2.14 b will be posted on all floors and provided to families upon admission.**

# Important Emergency Procedures for Visitors

## **If the alarm sounds while you are in the building:**

1. Remain calm. The staff are trained to respond to an emergency.
2. If you are in a residents' room remain in the room, close the door and await further instructions from staff.
3. Reassure frightened residents
4. When a staff member arrives follow his/her instructions diligently. Do not be concerned with taking your personal belongings.

## **If you discover smoke or fire:**

1. Leave the room or area at once.
2. Close the door to confine the fire.
3. Pull the nearest fire alarm pull station and inform the nearest staff member of the situation. They will respond accordingly and provide direction.
4. If one is not readily available, tell a staff member of the problem immediately. They will respond accordingly and provide direction.

## **If evacuation from the facility is necessary:**


1. Remain with the resident.
2. Have a blanket ready to aid in the evacuation to keep the resident warm.
3. Follow the instructions of the staff and/or fire department.
4. Keep the resident calm.

## **If the building is evacuated while you have a resident on an LOA:**

1. If you arrive to Grace Villa and an emergency situation is in progress please go to a safe location and call Grace Villa to receive further instructions.
2. If you are with a resident at home you will be called and asked if you are able to care for the resident until the emergency is resolved. If not, other arrangements will be made.

**\* NOTE: If an alarm is in progress when you arrive to Grace Villa you will not be permitted to enter the building. Please respect this.**

**DO NOT ATTEMPT TO EXTINGUISH THE FIRE.**

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**If the alarm sounds while you are in the building:**

1. Remain calm. The staff are trained to respond to an emergency.
2. If you are in a residents room reassure the resident that they are fine and report to the nurses desk to receive instruction from staff.
3. If you are in a program with a staff member you may be asked to report to the nurses station with information such as location of the group, number of people there, who is with them etc. The staff you are working with will provide you with all the necessary information.
4. If you are working in the tuck shop turn the lights out, close the door and report to the 1<sup>st</sup> floor nurses station for instructions.
5. If you are working independently leave what you are doing and report to the nearest nurses station.
6. Follow his/her instructions diligently. Do not be concerned with taking your personal belongings.

**If you discover smoke or fire:**


1. Leave the room or area at once.
2. Close the door to confine the fire.
3. Pull the nearest fire alarm pull station and inform the nearest staff member of the situation. They will respond accordingly and provide direction.
4. If one is not readily available, tell a staff member of the problem immediately. They will respond accordingly and provide direction.
5. Report to the nearest nurses station and await instruction from staff.

**If evacuation from the facility is necessary:**

1. Follow the instructions of the staff and/or fire department.
2. Assist in keeping the residents calm.

**\* NOTE: If an alarm is in progress when you arrive to Grace Villa you will not be permitted to enter the building. Please respect this.**

**DO NOT ATTEMPT TO EXTINGUISH THE FIRE.**

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## Policy

Once the general location of a fire has been determined from the annunciator panel, the 1<sup>st</sup> floor charge nurse Fire Co-ordinator will delegate staff to search the area to determine the exact location of the fire.

## Procedure

Before opening a door:

1. Staff should touch the door to test for heat. If the door is hot to touch, **DO NOT OPEN** the door.
2. If the door is not hot, open the door cautiously - checking for smoke. If the room is smoke-filled, **DO NOT OPEN** the door. Contact the charge nurse to report findings and begin evacuation procedures as outlined below.

All personnel on a unit including Nursing, Activation, Volunteers, Dietary, Housekeeping, Laundry and Maintenance on a unit when a disaster occurs would report to the Charge Nurse of their unit for duty assignment.


All areas on a unit should be checked when searching for fire and during evacuation including:

- Utility rooms
- Closets/wardrobes
- Bathrooms
- Under beds
- Behind curtains
- Under counters
- Dining Rooms
- Non-resident areas – including areas which are usually locked

**DO NOT HOLD OR JAM FIRE DOORS OPEN.**

Evacuation Sticks should only be flipped up when a room has been evacuated and there is no one remaining inside.

During an evacuation please continue to use Universal Precautions to the best of our ability.

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## Purpose

The purpose of a Fire Prevention Program is to prevent fires from happening. Fire Prevention is the single most important element in a Fire Safety Program. This can only be possible by the complete co-operation of all persons using this building.

## Policy

All staff at Grace Villa will be aware of and adhere to safe practices surrounding fire prevention.


## Procedure

Follow these simple steps to better fire prevention;

1. All staff should realize that it is their personal responsibility to prevent fire and any contraventions of fire orders and regulations should be reported to the Administrator.
2. Keep exit doors and corridors clear and unobstructed. Exit and fire doors should NEVER be propped open.
3. Maintain order and cleanliness:
  - a. Good housekeeping practices minimize the risk of fire.
  - b. Keep your workplace free of accumulated refuse, linen, lint, dangerous/flammable chemicals and empty aerosols.
  - c. Ensure proper maintenance of all equipment.
4. Combustible materials:


All combustible materials should be properly labeled and stored away from sources of heat, open flame and electrical sparks. Aerosols, solvents and paint are especially volatile items.
5. Enforce Smoking Regulations:

Careless smoking is the single greatest contributor to loss of life through fire. With a population of elderly and infirm residents, the potential for loss of life is several times greater than in another setting. Know and enforce smoking regulations. Do not let habitual careless smokers endanger the lives of many. Report any smoking violations to a supervisor.
6. All staff should constantly be on the alert to report conditions which constitute a fire hazard, directly or indirectly, such as:
  - a. Accumulation of waste material

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- b. Defective electrical equipment (i.e. broken plugs, frayed electrical cords)
  - c. Escape of gas or other combustible material
  - d. Defective exit lights and exit doors
  - e. Obstructed exit doors and passageways
7. Department heads are responsible for the instruction of employees with regards to Fire Procedures. Particular attention should be given to the instruction for new employees. This instruction should include personal demonstration of available facilities, such as location of alarms, fire exits, locations of fire extinguishers.
8. No unauthorized person shall remove or renew any fuse or interfere in any way with heat controlling devices.
9. The use of hotplates, electric blankets, kettles and heaters in residents' rooms is prohibited.
10. T.V.'s, radios, and lamps brought in for personal use must be checked by the Environmental Services Supervisor.
11. Never cover lights with flammable materials. (ex: towels over bed lamps or desk lamps).
12. Keep any source of heat a safe distance away from any flammable material (ex: bed lamps away from pillow or bed linen) and never place flammable material (ex: cardboard, clothes etc) on top of hot radiators.
13. In addition to the above preventative measures you should:
  - a. Know the location of all pull stations and extinguishers: You may be the person who discovers a fire and need to know where to find the nearest alarm pull station or the nearest appropriate fire extinguisher.
  - b. Learn all exit routes in the building and keep corridors and exit doors and stairs free of obstruction. Avoid confusion by being familiar with all exits.
  - c. NEVER use an elevator in a fire.
  - d. Learn the procedure outlined in this manual.
  - e. Avoid panic/mistakes, they can be costly. If you are completely familiar with the contents of this manual and participate in regular monthly fire drills, the chances that you PANIC in a real emergency will be greatly reduced.

Good Fire Prevention entails that each Supervisor, Employee and Resident carry out his/her responsibilities.

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The **Supervisor** has a responsibility to:


1. Ensure that all employees are knowledgeable of the fire procedures and policies relating to fire safety.
2. Ensure that all employees are knowledgeable of the basic fire hazards in their work area.
3. Ensure that all employees take part in fire drills.

The **Employee** has a responsibility to:

1. Be knowledgeable of the contents of the Fire and Emergency Manual.
2. Be knowledgeable of the location of the Fire Alarm Pull Stations, Fire Fighting Equipment and Exits in his/her work area.
3. Adhere to the fire safety policies of Grace Villa.
4. Report to the Supervisor any accumulation of combustible waste material inside or outside the building.
5. Report to the Supervisor, defective mechanical, electrical equipment or other fire hazard.
6. Take part in all fire drills.

The **Resident and his/her Family** have a responsibility to:


1. Ensure that all furniture brought in to Grace Villa meets the furniture policy. Furniture must not impede easy access to rooms or impede movement within the room. Refer to the Furniture Policy in the Occupational Health and Safety Manual.
2. All electrical appliances must be CSA approved and inspected by our Environmental Services Supervisor. The use of kettles, heaters, electric blankets and heating pads are not permitted.

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The following is a list of Fire Protection Measures present at Grace Villa:

1. **Fire Alarm System** (Fire & Emergency Manual 2.19)  
The purpose of a fire alarm system is to alert all the occupants of the building that a fire emergency exists so that such occupants may put into practice the measures required by the fire safety plan.
2. **Exits – See Grace Villa Floor Plans Appendix A**  
An exit is a way out; a door by which people may leave an area or the building. Grace Villa’s exits are all clearly marked above the door.
3. **Portable Extinguishers** (Fire & Emergency Manual 2.20)  
Portable extinguishers are intended as a first response measure to cope with fires of limited sizes. The basic types of fire classes are: A(wood/paper), B(flammable liquids) and C(electrical). Portable extinguishers are rated for the corresponding classes of fire.
4. **Standpipe and Hose System** (Fire & Emergency Manual 2.21)  
A standpipe system is an arrangement of piping, valves and hose outlets installed in a building or structure in such a manner that water can be discharged through a hose and nozzle for extinguishments of fire. The system is connected to a water supply that permits an adequate supply of water to the hose outlets.
5. **Automatic Sprinkler System** (Fire & Emergency Manual 2.22)  
An automatic sprinkler system is a series of underground and overhead piping designed in accordance with fire protection engineering standards. The system is connected to a water supply such as a storage tank or municipal water supply. The system is usually activated by heat from fire and discharges water over the fire area.
6. **Fire Suppression System** (Fire & Emergency Manual 2.23)  
The Fire Suppression System is a series of piping designed in accordance with the fire protection engineering standards. The system is connected to a wet chemical supply which is released over the affected area to extinguish the fire. It is located in the kitchen above the stove.
7. **Fire Blanket** (Fire & Emergency Manual 2.24)  
A fire blanket is used to smother a fire. There is a fire blanket located in the kitchen on the 1<sup>st</sup> Floor. There is also one between the front doors on the east wall.
8. **Emergency Power/Generator** (Fire & Emergency Manual 2.25)  
Emergency power is required to ensure the continued operation of fire and life safety equipment and systems in case of loss of normal hydroelectric power. Red plugs indicate the generator supplies power. The generator also supplies the emergency lighting system.
9. **Emergency Lighting** (Fire & Emergency Manual 2.25)  
Emergency lighting ensures that exits, corridors and principal routes providing access to exits are illuminated in the event of loss of power. The lights are situated in all stairwells, above fire alarm pull stations and leading to all exits.



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**10. Fire Department Access**

Fire department access allows fire fighters and their equipment to gain access to the building. The Fire Code does not permit vehicles parked in the fire route, excessive vegetation, snow and other forms of obstructions to access routes, fire hydrants and fire department connections. Maintaining fire department access is an ongoing matter.

**11. Fire Pumps** (Fire & Emergency Manual 2.26)

Fire pumps are used to ensure that the water required for fire fighting supplied to the automatic sprinkler and standpipe and hose systems is available.


**12. Elevators**

Elevators are to be returned to street level in case of emergency and should not be used.

**13. REMAR Units** (Fire & Emergency Manual 2.27)

Evacuation sticks are located on the door frame of each resident room and are used to signify that the room has been checked and is empty.

All fire safety systems will be tested and maintained in accordance with the Ontario Fire Code.

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## Information

There is a two stage alarm system at Grace Villa.

**Stage one** is the slow ringing of bells. Stage one can be triggered in one of two ways:

1. Automatically through heat detectors, smoke detectors, activation of the automatic sprinkler system, activation of the fire suppression system.
2. Manual activation of a pull station.

### Activating the Alarm will:

1. Transmit the signal DIRECTLY to Chubb Edwards who will notify the Fire Department.
2. Illuminates the location where the alarm was activated on the Annunciator Panel.
3. Closes the smoke barrier doors automatically.
4. Exhaust fans for the kitchen area are automatically shut down when the fire alarm is activated.

**Stage two** is a fast ringing of bells. Stage two is triggered by the manual insertion, and turning to the right, of a special key into any pull station. The Key is located in the front pocket of the evacuation bag in each med room. Activation of a stage two alarm signifies the need to evacuate at least one wing of the building.

Management and registered staff should acquaint themselves with the location, and operation of the key.

When the fire alarm is activated, the following will occur:

1. Hold open devices for fire doors and bedroom doors will release the doors. All doors are fire rated to prevent the spread of fire, smoke and toxic gases for minimum length of time as follows:

Bedroom doors - 20 minutes

Stairwell doors - 1.5 hrs

Mechanical Room Doors – 1.5hrs

Med Room Doors – 3/4 hrs


Corridor zone doors - 3/4 hrs

Boiler Room doors – 1.5hrs

Office Doors – 3/4 hrs

NOTE: Doors will not close if they are wedged open or blocked (which is why provincial regulations prohibit the practice).

2. The annunciator panel, located at the home main entrance, will show fire zone location.
3. Fans in kitchen, laundry and air makeup units etc. will shut down.

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4. A signal will be transmitted to the monitoring service so that the monitoring service will call the fire department. 911 should still be called.

- 1<sup>st</sup> Stage:**
- All fire bells in the building will ring (**slow ringing** will occur identifying a problem).
  - All fire doors on magnetic closures will close automatically.
  - The appropriate affected zone will light up on the annunciator panel located at between the main front doors.
- Stairwell doors remain on mag locks.
- 2<sup>nd</sup> Stage:**
- Will be activated by charge nurse or fire chief if the situation requires some form of evacuation (F&EM Section 3) which will indicate to start evacuation of an area (**loud rapid ringing** of bells)
- Stairwell doors remain on mag locks.

### Resetting the Fire Alarm System

**All keys for the fire alarm system are kept at the main floor nurses station.**

To reset the fire alarm system, return all initiating devices to normal.

**a) Pull Station:**

- Return button to down position
- Return cover to upright position
- Go to main floor main panel and reset according to above instructions

**b) Smoke Detector:**

- Red light on detector will remain lit until the smoke has cleared once the smoke is clear the light will go out automatically resetting the detector.
- Go to main floor main panel and reset according to above instructions.

**c) Turn off Alarm Bells:**

- Go to the Control Panel in the electrical room (off the Dietary Storage room), press and hold the "Alarm Silence" button then "Reset" button for 3 seconds.
- Using the key pad on the black Chubb keypad located next to the control enter the code "001", press "yes", enter code "1234X". This should silence the alarms.

**d) Resetting the Main lobby doors:**


- Go to the Elevator room (behind the stage in the 1<sup>st</sup> Floor Dining Room) and press "System Reset" button. The green light should come on.

**e) Resetting the elevators:**


- If power has been shut off to the elevators, you may reset the breakers now. Breakers are located in the Elevator room (behind the stage in the 1<sup>st</sup> Floor Dining Room).

**f) Door Magnetics for Stairwells and Other Exits**

- Once alarm panel has been reset, go to control switch beside the main lobby

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door. Set the on/off switch. For reset, insert the key, turn and hold and then release. These doors release on second stage.

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<b>Subject: Portable Fire Extinguishers – Classifications and Locations</b>		<b>Section: 2.20</b>	Page 1 of 2

## Purpose

Knowledge of the proper use of portable fire extinguishers is critical in the event that the decision is made to fight a fire. Improper use of the extinguisher may even result in a worsening of an existing situation. Knowing the type of fire and type of extinguisher to use

## Policy

Grace Villa meets fire code standards by having the proper extinguisher. All staff will read and be aware of the various types of extinguishers and proper utilization.

## Important Information

Portable fire extinguishers are considered to be the first line of defence when dealing with fires. Fire extinguishers are designed and intended for use on small fires in the starting stage. If a fire has had time to develop in size or extent then fire extinguishers will probably not be able to extinguish it.

## Types of Fires

**Class A** – Ordinary Combustible (paper, cloth, wood, rubber and textiles).

**Class B** – Flammable Liquids (gasoline, solvents and oils).


**Class D** – Combustible Metals (aluminum, magnesium and sodium)

**Class C** – Electrical (wiring, fuse boxes, energized electrical equipment and any item on fire with a live electrical charge)

## Location of Fire Extinguishers

Class A, B and C extinguishers are located throughout the facility. See floor plan (F&EM Appendix A) for exact locations.

There is a B,C extinguisher located in the kitchen at the north end.

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## How to Use a Fire Extinguisher

Remember the word “**PASS**” when using a fire extinguisher

**P – PULL** out the locking pin, breaking the seal. Some extinguishers may use a different release device. Please refer to your operator’s manual


**A - AIM** the nozzle horn (or hose) at the base of the fire, standing about 3 metres (10 feet) from the fire

**S – SQUEEZE** the trigger handle all the way, releasing the extinguishing agent

**S – SWEEP** the material discharged by the extinguisher from side to side, moving front to back, across the base of the fire until it appears to be out. Keep your eyes on the fire area.

## Safety Tips

1. Keep the fire in front of you and an exit behind you
2. Do not start too close. You may end up scattering the flame debris, possibly endangering yourself or blocking your exit path. It is safer to move closer if needed. If you start too close, you may not be able to back up
3. Always make sure you can see the entire fire and be aware of the surroundings to anticipate how the situation might change
4. Keep your arms relaxed, never straight out in front of you.
5. Use controlled bursts, allowing the powder to cover the fire area
6. Use the buddy system – one extinguisher to fight the fire, one as a back up. If one extinguisher runs out, back away from the fire, watching for flare-ups or re-ignition

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<b>Subject:</b> Standpipe and Hose System		<b>Section:</b> 2.21	Page 1 of 1

### Important Information

A standpipe system is an arrangement of piping, valves and hose outlets installed in a building or structure in such a manner that water can be discharged through a hose and nozzle for extinguishments of fire. The system is connected to a water supply that permits an adequate supply of water to the hose outlets.


Fire Hoses are only to be used when a large volume of water is required.

Fire Hoses are located throughout the building. See Floor Plan (F&EM Appendix A) for exact locations.

Procedure for Using a Fire Hose:

1. Remove hose completely from the rack BEFORE the water is turned on.
2. Remove any sharp kinks which will impede the flow of water.
3. Turn on water.

NOTE - It is discouraged that anyone other than a fireman use the fire hose.

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<b>Subject:</b> Automatic Sprinkler System		<b>Section:</b> 2.22	Page 1 of 1

## Information


An automatic sprinkler system is a series of underground and overhead piping designed in accordance with fire protection engineering standards. The system is connected to a water supply such as a storage tank or municipal water supply. The system is usually activated by heat from fire and discharges water over the fire area.

A sprinkler system is in place in the following locations:

1. Laundry Room
2. Receiving Room
3. Maintenance Room
4. File Storage Room\
5. 1<sup>st</sup> Floor West Hallway
6. 2<sup>nd</sup> Floor Dining Room and Servery
7. 3<sup>rd</sup> Floor Dining Room and Servery

The sprinkler system is self-activated via heat sensors within the sprinkler heads. Activation of the sprinkler system triggers the general fire alarm.



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<b>Subject:</b> Fire Suppression System		<b>Section:</b> 2.23	Page 1 of 1

## Information


The Fire Suppression System is a series of piping designed in accordance with the fire protection engineering standards. The system is connected to a wet chemical supply which is released over the affected area to extinguish the fire. It is located in the kitchen above the stove.

There are two ways to activate the Fire Suppression System:

1. It can be activated automatically:
  - a. If a fire occurs in the cooking area and the temperature reaches 360 degrees.
2. It can be activated manually if the staff notice a fire:
  - a. The pull station is located in the kitchen between the entrance door to the 1<sup>st</sup> floor dining room and the coffee machine.
  - b. Pull the pin from the box to activate the system

When activated by either method the fire alarm will sound automatically and the supply of fuel to the stove will be shut off.

Follow Code Red procedures in the Fire and Emergency Manual Section 2 if the system is activated.

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<b>Home:</b> Grace Villa		<b>Manual:</b> Fire and Emergency Manual	
<b>Subject:</b> Fire Blankets		<b>Section:</b> 2.24	Page 1 of 1

## Information


Fire Blankets are used to smother flames.

## Location

We have two Fire Blankets in the Building. One Fire Blanket is located in the kitchen on the north wall between the oven and the window. The other is located between the front doors on the east wall.

## Procedure

1. If possible switch off heat source. If not possible do so at first opportunity it is safe.
2. Remove blanket from the wall
3. Take a release tape in each hand and pull DOWNWARDS and OUTWARDS.
4. Drape the blanket over the flame to seal off air. LEAVE IN POSITION UNTIL COOL.
5. If clothing is on fire, FORCE VICTIM TO GROUND. Wrap them in the fire blanket and call Nurse-in-charge.
6. Remember STOP, DROP and ROLL.


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<b>Subject:</b> Generator Information		<b>Section:</b> 2.25	Page 1 of 1

## Information

Emergency power is required to ensure the continued operation of fire and life safety equipment and systems in case of loss of normal hydroelectric power. Under normal circumstances the generator will automatically turn on should there be an interruption of power. If there generator does not automatically turn on it can be manually turned on by flipping the switch on the generator from automatic to ON.

The following systems are connected to the generator:

1. The call bell system
2. Med room lights
3. Mag Locks
4. All Stairwell Doors
5. Server in Administrators Office
6. Annunciator Panel
7. Sprinklers and Fire Hoses
8. All exit sign lights
9. Lights in the stairwells
10. Hall lights on all three floors
11. Lobby valance lights on all three floors
12. Valance lights in dining rooms on all three floors
13. Valance lights in the 1<sup>st</sup> floor Activity Room
14. The following items in the kitchen
  - a. All freezers
  - b. Reach in fridge
  - c. Exhaust systems
15. The following electrical outlets
  - a. 2 in the 1<sup>st</sup> Floor Med Room
  - b. 2 in the 2<sup>nd</sup> Floor Med Room
  - c. 2 in the 3<sup>rd</sup> Floor Med Room
  - d. 2 in the Office (2 behind the Ward Clerks desk and one in the Administrators Office)
  - e. 1 in the kitchen
16. Recirculating Pump, boiler and fan in the penthouse
17. North entrance door heater
18. South exit door heater
19. West exit door heater


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<b>Subject:</b> Fire Pump	<b>Section:</b> 2.26	Page 1 of 1	

### Information

A Fire Pump is an electrically powered water pump. In the event of a fire in an area with sprinkler heads the pump is designed to maintain a constant water supply to the sprinkler heads at a constant flow of pressure. The system is designed to continue spraying water on a fire until it is manually shut off.

The pump is also in place to supply the emergency fire hoses with a constant supply of water for fire fighting.

The Fire Pump is located in the Sprinkler Room which is off of the First Aid Room on the 1<sup>st</sup> floor next to the front entrance.

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<b>Subject:</b> Evacuation Sticks		<b>Section:</b> 2.27	Page 1 of 1

### **Purpose**


Evacuation sticks are used on Second Floor to signify to staff and emergency personnel that a room has been checked and it is empty. Remar (Rescue Markers) are used on first and third floors.

### **Policy**

All staff will be aware of the purpose and procedure for using the evacuation sticks correctly.

### **Procedure**

1. When checking a room during an emergency situation staff will look for the following:
  - a. Make sure there is no one in the room (check washroom and behind privacy curtains).
  - b. Ensure the windows are closed.
  - c. Ensure the room is free of smoke and fire.
2. Once the room has been checked the evacuation stick is moved to the up position to signify that it has been checked. (Remar – before the room is checked OR if the room remains occupied then there will be two colours displayed, red and white.
3. If a, b and c from step one are not met then the stick will remain in the down position. (Remar – once the area has been checked as per a, b and c above, the marker will display one colour. Please attached)

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<b>Subject: Nightly Building Check</b>		<b>Section: 2.28</b>	Page 1 of 1

## Purpose

To secure the facility each night and check for hazards.

## Procedure

1. At the beginning of the night shift, and whenever necessary, the 1<sup>st</sup> Floor RN Charge Nurse will check the 1<sup>st</sup> floor of the facility as per the "Building Check List". RPN's on 2<sup>nd</sup> and 3<sup>rd</sup> will check their floors and report any hazards to the 1<sup>st</sup> Floor RN, Charge Nurse Fire Co-ordinator.
2. 1<sup>st</sup> Floor RN Charge nurse Fire Co-ordinator will report his/her findings and findings from RPN's on 2<sup>nd</sup> and 3<sup>rd</sup> and initial the Building Check List.
3. Each nurse will report non-emergency problems in maintenance repair book located on each floor.
4. 1<sup>st</sup> Floor RN Fire Co-ordinator will communicate immediate problems personally, or by message, each day to the Director of Care or Administrator.
5. The Environmental Services Manager will check the maintenance repair book daily for hazards and whenever necessary.
6. Submit form to Environmental Services Manager at the end of each month.

Grace Villa Night Shift Building Checklist

Month:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>1st Floor</b>																															
File Storage																															
Receiving Room																															
Kitchen																															
Kitchen Storage																															
Electrical Room																															
Laundry																															
Staff Room																															
Hairdresser																															
Dining Room																															
Activity Room																															
Office																															
First Aid Room																															
Exterior Doors																															
<b>2nd Floor</b>																															
Dining Room																															
Storage Rooms																															
<b>3rd Floor</b>																															
Dining Room																															
Storage Rooms																															
Initials																															


If completing this form please print your name below and initial.

Please monitor nightly for any hazzards identified (ie; doors locked, non-emergencies, repairs)

Print Name \_\_\_\_\_ Initials \_\_\_\_\_

Print Name \_\_\_\_\_ Initials \_\_\_\_\_

Print Name \_\_\_\_\_ Initials \_\_\_\_\_

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<b>Subject:</b> Alternate Measures for Fire Safety		<b>Section:</b> 2.30	Page 1 of 2

## Policy


In the event of any shutdown of fire protection equipment and systems or part thereof all occupants will be notified and instructions will be posted as to alternate provisions or actions to be taken in case of an emergency. This includes the Fire Alarm System, the Standpipe and Hose System, the Automatic Sprinkler System and the Generator. All shutdowns will be confined to as limited an area and duration as possible.

In the event of a shutdown of the Automatic Sprinkler System, the Fire Department must also be notified.

## Procedure

1. If the Automatic Sprinkler System is affected contact Fire Department Communications 905-546-3333. They must be informed of the nature of the shutdown as well as the extent and expected duration of the shutdown.
2. For all systems, including the Automatic Sprinkler contact Chubb Edwards at 905- 629-2600 OR 416-962-2431 before 830pm, give them the operator our system # 926683 and code # 294756, and inform them of the nature and expected duration of the shut down.
3. Make an announcement over the paging system to alert all staff of the nature of the shutdown. Example “Fire Watch is now in affect” paged three times.
4. Post notices at elevators on all floors and on the 1<sup>st</sup> Floor front door. The notice will explain the nature, extent and duration of the shutdown.
5. The Administrator or his/her delegate will assign staff to monitor all stairwells and exits if the maglocks are affected.
6. The Administrator or his/her delegate will assign staff to patrol all unprotected areas:
  - a) Every half hour for resident areas and every hour if they are non-residents areas.
  - b) This information will be kept in a log which will include the time checked, the area checked and any findings. (Fire Watch Log, following this policy)
  - c) The person patrolling will be familiar with the entire building and will sign the log upon completion of inspection of the area.
  - d) In the event that the administrator is not in the building the 1<sup>st</sup> Floor RN will assume this responsibility.
7. In the event that an emergency situation should occur while the alarm system is offline:




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- a) Shout “Code Red Room\_\_\_\_\_” for immediate assistance and then use the paging system and announce “Code Red Room\_\_\_\_\_” three times as in a normal fire situation.
  - b) Call 911 to alert them of the emergency.
  - c) Follow normal code red procedures (Fire and Emergency Manual Section 2). However, note that all doors must be closed manually in this situation.
8. In the event there is a malfunction with the generator system:
    - a) Flashlights will be provided to staff as needed.
    - b) Manual starting instructions will be posted in the generator room if the problem involves the automatic transfer switch.
  9. When the system is back to normal notify all staff by posting signs at all locations where they were previously posted and making an announcement over the paging system.
  10. Contact Chubb Edwards and inform them the system is back to normal.
  11. If the Sprinkler System was affected call the Fire Department Communications and inform them the system is back to normal.
  12. Submit Fire Code Watch Log to Environmental Services Manager to be kept on hand for two years.



	Round											
2nd Floor	1	2	3	4	5	6	7	8	9	10	11	12
<b>East Wing</b>												
Resident Rooms												
Tub Room												
Lounge												
Storage		■		■		■		■		■		■
Stairwells		■		■		■		■		■		■
<b>West Wing</b>												
Resident Rooms												
Tub Room												
Storage		■		■		■		■		■		■
Stairwells		■		■		■		■		■		■
<b>Central</b>												
Dining Room												
Lobby												
Med Room		■		■		■		■		■		■
Storage		■		■		■		■		■		■
Stairwells		■		■		■		■		■		■
3rd Floor												
<b>East Wing</b>												
Resident Rooms												
Tub Room												
Lounge												
Storage		■		■		■		■		■		■
Stairwells		■		■		■		■		■		■
<b>West Wing</b>												
Resident Rooms												
Tub Room												
Storage		■		■		■		■		■		■
Stairwells		■		■		■		■		■		■
<b>Central</b>												
Dining Room												
Lobby												
Med Room		■		■		■		■		■		■
Storage		■		■		■		■		■		■
Stairwells		■		■		■		■		■		■
<b>Penthouse</b>												
Boiler Room		■		■		■		■		■		■

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For complete smoking policy please refer to Nursing Manual Sections S.

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<b>Subject:</b> Fire Drills		<b>Section:</b> 2.33	Page 1 of 2

## Policy


Each shift will conduct a minimum of one fire drill per month. The response of individuals should be the same as those taken during an actual fire. Fire drills will be conducted in a manner to simulate an actual fire.

## Purpose

To ensure that all staff are aware of their role in the event a code red is called.

## Procedure

1. Prior to initiating a live drill (pull station being activated) contact the alarm monitoring company Chubb Edwards at 905-629-2600 and give the operator our system # 926683 and code # 294756 and inform them of our impending drill.
2. The drill will be initiated in one of two ways. A sign will be placed for staff to locate and pull the alarm system or the alarm system will be pulled by a pre-arranged staff member to initiate the drill.
3. All employees on duty will participate in the drill. RN/RPN's on each unit will determine the degree of evacuation required during each drill.
4. Once the alarm is sounded the 1<sup>st</sup> Floor RN Charge Nurse Fire Co-ordinator will announce "CODE RED" with the location of the fire ie "CODE RED ROOM 121" three times.
5. At the end of the drill, the 1<sup>st</sup> Floor RN Fire Co-ordinator in charge will:
  - a. Reset the fire alarm system F&EM 2.19
  - b. Announce "CODE RED ALL CLEAR" over the P.A. system three times.
  - c. Notify Chubb Edwards that the drill is completed.
6. All staff participating in the drill must sign the attendance sheet and attend a short debriefing to discuss any problems encountered during the drill, ask questions anyone may have and offer suggestions for improvements.
7. The fire drill report, which follows this policy, will be completed by the RN/RPN on each floor, reviewed with staff and forwarded to the Environmental Services Manager.
8. A record of attendance will be kept on all fire drills by the Environmental Services Manager.

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9. Complete Emergency Procedures Report.

10. The local fire department or other professionals will conduct at least one in-service session yearly. Attendance for all staff is mandatory:
- a. For all staff hired during the previous year.
  - b. Every 3 years for staff with longevity.

# FIRE DRILL REPORT

Grace Villa Nursing Home  
 45 Lockton Crescent  
 Hamilton, ON  
 L8V 4V5

Date: \_\_\_\_\_ Who sounded alarm? \_\_\_\_\_

Time: \_\_\_\_\_ Which Pull Station? \_\_\_\_\_

	YES	NO
Did staff on your floor react properly?		
RN/RPN	<input type="checkbox"/>	<input type="checkbox"/>
PSW's?	<input type="checkbox"/>	<input type="checkbox"/>
Other Staff?	<input type="checkbox"/>	<input type="checkbox"/>
Comment _____		

Did all corridor doors close?  YES  NO  
 If no, which doors didn't close? \_\_\_\_\_

Did all bedroom doors close?  YES  NO  
 If no, which doors didn't close? \_\_\_\_\_

Did all alarm bells sound?  YES  NO  
 Did all evacuation sticks work?  YES  NO  
 If no, list rooms? \_\_\_\_\_

Were announcements clearly heard?	<input type="checkbox"/>	<input type="checkbox"/>
Was the location of the fire confirmed?	<input type="checkbox"/>	<input type="checkbox"/>
Was the evacuation bag retrieved?	<input type="checkbox"/>	<input type="checkbox"/>
Were all residents accounted for?	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Name of person completing this form \_\_\_\_\_ Floor: \_\_\_\_\_

Health and Safety Member Reviewing form \_\_\_\_\_ Date: \_\_\_\_\_

**All staff attending Emergency Procedure please sign attendance on back of this form.**





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<b>Subject: Staff Orientation for Fire Procedures</b>		<b>Section: 2.35</b>	Page 1 of 2

## Policy

Administration will be responsible for the training of all staff. All supervisory staff are to be supplied with a copy of the Fire and Emergency Manual and are required to become familiar with its contents.

## Definitions

Supervisory Staff (as defined by the Fire Code) means those occupants of a building who have some delegated responsibility for the fire safety of other occupants under the fire safety plan and may include the fire department where the fire department agrees to accept these responsibilities.


## Procedure

### All Supervisory staff are to be shown:

1. How to reset the fire alarm system (an activated system must not be reset until authorized by a fire department officer).
2. The location of the standpipe and sprinkler controls.
3. The location of keys to provide access to all locked areas and the location of equipment which may be used in an emergency (extra fire extinguishers, spare sprinkler heads etc.).
4. How to bring the elevator to the ground floor and hold them for emergency crews.
5. How to use the fire fighting equipment installed within the building.

### All Staff will receive training from administration concerning the fire emergency plan.

1. All new staff will be given an orientation of the building consisting of:
  - a. tour of the building
  - b. review of the fire safety plan (independent reading followed by a review to ensure the employee understands the procedures)
  - c. emergency lifts and carries will be demonstrated and practised with all staff
2. Following orientation the staff should know the following:
  - a. The method of sounding the alarm
  - b. Evacuation procedures
  - c. Fire hazards
  - d. The use of portable fire extinguishers
  - e. Location of building fire safety features
  - f. How to assist Fire Department


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- g. Fire Department access
- h. Emergency lifts and carries
- i. Smoking policy

3. New RN and RPNs will receive additional training in the following:
  - a. fire drill procedures
  - b. disaster procedures
  - c. resetting the alarm
  - d. resetting the elevator
  - e. evacuation

**Specific Training Programs:**

It will be stressed to all staff as they are hired of their specific responsibilities that they must learn and know. A question and answer period to ensure staff are aware of safety will be held at the conclusion of each fire drill. All staff, upon hiring, will be required to read and sign section of fire safety in the Fire and Emergency Manual. Additional training, as required, will be done at least annually. This will cover the use of the hose in the cabinets, portable fire extinguishers and the automatic extinguishing system. If requested, the local fire department and the office of the Fire Marshall will provide assistance.

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**The duties and responsibilities of all department managers are as follows:**

1. Ensure that all employees are completely familiar with the Disaster manual and their responsibilities in the event of an emergency.
2. Ensure that all employees participate in fire drills, attend mandatory fire training sessions and other training sessions.
3. Ensure that all employees know the locations of the fire extinguishers and how to correctly operate them.
4. Ensure that all employees practice good fire prevention habits in their work. Those contravening safe fire practices must be reported. Employee must be made aware that violations of fire and safety regulations are subject to disciplinary measures.
5. Ensure that all employees understand and sign the Department Fire Safety Manual.
6. To coordinate the fire safety program throughout their department.
7. Initiate fan-out procedures for their department as required.


In addition to the above, the Administrator, who has overall responsibility for plant emergency organization has numerous responsibilities related to fire safety and must ensure that that following measures are incorporated in the Fire Safety Plan.

**Duties of the Administrator**

1. Establishment of emergency procedures to be followed at the time of an emergency.
2. Appointment and organization of designated supervisory staff to carry out fire safety duties.
3. Instruction of supervisory staff and other occupants so that they are aware of their responsibilities of fire safety.
4. Holding fire drills.
5. Controlling of fire hazard in the building.
6. Maintenance of building facilities provided for safety of the occupants.

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7. Provisions of alternate measures for safety of occupants during shutdown of fire protection equipment.
8. Ensure that checks, inspections and testing, as required by the Fire Code, are completed on schedule and that records are retained.
9. Notification of the Chief Fire Official regarding changes in the fire safety plan.
10. Be in complete charge of the approved fire safety plan and the specific responsibilities of the personnel.
11. Designate and train sufficient assistants to act in this position.
12. Educate and train all building personnel and occupants in the use of existing fire safety equipment, and in the actions to be taken under the approved fire safety plan.
13. Survey the building to determine the number of exits available from each floor area.
14. Where floors layouts are complex, prepare and post on each floor a schematic diagram indicating the primary and secondary exits to be used in the event of an evacuation.
15. During an emergency, wear the reflective vest located in the evacuation bag on the first floor.

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## **POSSIBLE CIRCUMSTANCES NECESSITATING EVACUATION**


Fire  
 Explosion  
 Flood  
 Bomb Threat  
 Loss of Heat, Power or Water for an extended period of time.  
 Community Disaster - ie. Toxic Spill  
 Tornado  
 Hostage Taking  
 Code Grey – Air Exclusion

## **DECISION TO EVACUATE**

Based on several Fire Drills held with staff on Days, Evenings and Night Shift, Grace Villa is able to carry out the Fire Safety Plan. The decision to enact a simple evacuation shall be made by the person discovering the fire. For all other types of evacuation, the Administrator, Director of Care or the Charge Nurse in collaboration with the Fire Department and Ambulance Service shall make the decision. In the event of total evacuation, the Fire Marshall will set the pull station to the evacuation alarm. The Fan Out List is to be utilized on all shifts as described in Section 1.5.

## **TYPES OF EVACUATION**

1. SIMPLE EVACUATION  
A person discovering a Fire in a room and removing people from that room.
2. PARTIAL EVACUATION
  - a. **Horizontal Evacuation**  
Involves Residents being removed from a Fire Area to another area on the same floor, preferably behind smoke barrier door.
  - b. **Vertical Evacuation**  
Involves moving residents to another floor, usually downwards.
3. TOTAL EVACUATION  
Involves total evacuation for the building to the outside and would be carried out in extreme emergency. A decision to carry out a total evacuation usually would be made by the Fire Marshall or Fire Chief.
4. EXTERNAL EVACUATION

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As residents are removed from the home, ensure that residents have proper identification. Wrap the resident in a foil blanket to retain heat and avoid shock. Foil blankets for all residents are stored in the first aid room on the 1<sup>st</sup> floor.

- A. For the evacuation of residents from a Fire Area, residents could be temporarily located to Lawfield Arena 150 Folkestone Ave 905-546-4923.
- B. For an immediate total evacuation of all residents, on off-site staging area where Hamilton and area LTC homes will be contacted as per the “Emergency Shelter Agreements” located in the 1<sup>st</sup> floor med room evacuation bag. Residents will be transported to Lawfield Arena 150 Folkestone Ave 905-546-4923 so staff can organize further transportation to other LTC homes.

HOW TO EVACUATE (vertical/total)

As resident rooms are evacuated, evacuation sticks with reflective tape will be flipped up to indicate that the room is empty. Thoroughly search all locked rooms including storage, tubrooms, stairwells etc. Search behind window curtains, behind privacy curtains, behind doors in washrooms, in closets under beds etc. Remember that people will be confused and panicked and might be hiding. Staff will evacuate all residents to a safe location behind fire barriers. Staff should notify the Registered Nurse if any residents refuse to be evacuated - indicating room and resident name if possible. Evacuation sticks will remain in the down (non-evacuated) position until room is evacuated.

**ORDER OF EVACUATION OF RESIDENTS**


- First** - Those Residents in immediate danger.
- Second** - Ambulatory Residents.
- Third** - Wheelchair Residents.
- Fourth** - All non-ambulatory Residents.
- Fifth** - Resistive Residents

\*\* The Charge Nurse should post a staff person at the doors of the relocation zone to ensure that residents do not wander back into the area.

**RESPONSIBILITY DURING EVACUATION**

When the decision has been made and instructions given as to the degree of evacuation, the RN/RPN shall be responsible for directing removal of Residents, maintaining a record of Residents evacuated, and transporting Residents’ charts to the place where Residents have been relocated.

**RELOCATION**

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If total evacuation is necessary, the Director of Care will make necessary arrangements with the initial staging sites and other LTC sites, if long term care relocation is necessary. See Appendix B in the back of this manual or the 1<sup>st</sup> Floor Evacuation bag for sites and contact numbers. If relocation is necessary, families will be notified by the Director of Care or her delegate of the relocation site.

**REGISTRATION OF RESIDENTS:**

Grace Villa staff and staff from the receiving institutions will be responsible for registering the residents and to check resident Face Sheet with resident identification bracelet.

Employees of the facility will provide reassurance to residents and assistance as required.

**INQUIRIES FROM RELATIVES:**

The Administrator will request the radio broadcasting companies to announce that inquiries cannot be handled for 3-4 hours. After that time, there will be special telephone lines set up to answer inquiries. Assign staff to perform the answering of inquiries.

**VISITATION TO RELOCATION SITES:**

The Administrator, Director of Care and Assistant Director of Care will regularly visit the facilities to which the residents have been relocated.


**WORK SCHEDULES:**

During a disaster, all regular work schedules will suspend for the duration of the disaster. The Manager of each department will call in staff as required to work in either their own facility or the relocation facility. Transportation for staff will be a consideration when designating work sites.

**SECURITY CHECK OF BUILDING**

Maintenance will ensure that a final inspection of the building is made (by the Fire Department or Police) to check that:


- a) appropriate electrical equipment is turned off
- b) heat is lowered or shut off as appropriate
- c) all evacuated areas are shut off, secured and barricaded as necessary
- d) all windows are closed and doors locked. Maintenance will post a sign at the main entrance indicating the relocation site and telephone number.
- e) Arrangements should be made to provide on-going security after evacuation to the facility by contacting the maintenance manager.

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**TEMPORARY DISCHARGE**

Residents can be temporarily discharged to the care of relatives and friends. However, approval of the Advisory Physician or Director of Care is required. The Director of Care will ensure that the relatives/friends receive the necessary medications and instructions and leave a forwarding address/telephone number.



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## Policy

The registered nurse for each floor is responsible for coordinating the evacuation and direction of all staff and residents on his/her particular floor in consultation with the Administrator or designate.

## Procedure


The nurse-in-charge of areas to be evacuated will ensure:

THE RN/RPN IN CHARGE Fire Co-ordinator (on each floor) WILL:

1. Implement the emergency services plan.
2. Determine:
  - a) number of residents to be evacuated – via resident list
  - b) number of residents requiring stretchers
  - c) number of residents in wheelchairs
  - d) number of ambulatory residents
3. Remove of Resident Charts
4. List all resident destinations. Keep records, resident head count and names of evacuees. (Fire and Emergency Manual Policy 3.4 Residents' Destination)
5. Assign someone to keep accurate head count of residents, staff and visitors – via Current Resident List, Visitor's Sign-in book, Staff Assignment Sheet.
6. Medication cart to be locked in the med room.

IF TIME PERMITS:

1. The following supplies are organized and identified for each resident.
  - a. Two sets of clothing - day, night underwear
  - b. Any necessary prosthesis, dentures, glasses, slings, etc.
  - c. Toilet articles
  - d. Blanket if resident in wheelchair or on stretcher
  - e. Medication cart
2. Prepare record of residents' destinations – Fire and Emergency Manual Policy 3.4 Residents' Destination.

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## Procedure

1. The RN Fire Co-ordinator on 1<sup>st</sup> floor will assign the duties of the triage nurse to an RN/RPN working on a unit.
2. Triage Nurse will immediately come to 1<sup>st</sup> floor via the stairwell and put on an orange reflective vest.
3. Direct someone to bring the foil blankets from the first aid room.
4. Triage nurse will assess each resident as they arrive on 1<sup>st</sup> floor to prioritize order of evacuation and complete F&EM 3.4 as the residents are relocated.

Two holding areas should be established on the ground floor. One area (A) for residents in serious condition requiring medical attention and immediate transportation and the other area (B) for ambulatory, less critical residents who may be transported later in the evacuation. Staff should monitor each area closely to prevent residents from wandering.

Area A – Activity Room – Critical


Area B – 1<sup>st</sup> Floor Lobby – Non-Critical

**Grace Villa LTC - Resident's Destination**

Priority A – Immediate Evacuation

Priority B – Secondary Evacuation

<b>Resident Name (Surname 1<sup>st</sup>)</b>	<b>Room #</b>	<b>Priority (A/B)</b>	<b>Transferred to</b>	<b>Time</b>	<b>Transferred by (Bus, OPT, etc)</b>	<b>Chart Sent (Y/N)</b>	<b>ID Bracelet on (Y/N)</b>

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Administrator/Director of Care or designate will:

1. Implement the disaster plan.
2. Determine the
  - i) number of residents to be evacuated
  - ii) number of residents requiring stretchers
  - iii) number of residents in wheelchairs
  - iv) number of ambulatory residents
3. Contact the Advisory Physician
4. Contact outside caregivers ie CCAC, physicians, homecare, lab etc. once the evacuation is complete.

Advisory Physician will:

1. Attend to any emergencies
2. Arrange admission to hospital as required

Nutrition Manager will:

1. Arrange for additional blankets – provide residents with foil blankets.
2. Provide hot beverages as required

Program Manager will:

1. Arrange for volunteers and chaplains as required.
2. Monitor residents with wandering or elopement tendencies as residents are evacuated to ground level.


Charge Nurse Fire Co-ordinator will:

1. Send at least one qualified staff member to the ground floor level to assist with prioritizing residents for transportation and the recording of resident information as per Appendix D.
2. Send staff to the stairwells to assist with the vertical evacuation
  - 1<sup>st</sup> Floor - 4 staff
  - 2<sup>nd</sup> Floor - 2 staff
  - 3<sup>rd</sup> Floor - 4 staff

Maintenance will:

Ensure that a final inspection of the building is made (by the Fire Department or Police) to check that:

1. Appropriate electrical equipment is turned off ie: all gas equipment in kitchen and laundry and air conditioners.
2. Heat is lowered or shut off as appropriate.
3. All evacuated areas are sealed off, secured and barricaded as necessary.

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4. All windows are closed and doors locked. Maintenance will post a sign at the main entrance indicating the names of the receiving institutions and their telephone numbers. (This list is provided to Maintenance by the Administrator.)
5. Arrangements should be made to provide on-going security after evacuation of the facility.

The Ward Clerk #1 will:

1. Keep all outside lines available.
2. Accept only emergency in-coming and out-going calls.

Office Staff – Ward Clerk, Payroll/Scheduling Clerk, and Accounting Clerk will:

1. Be responsible and ensure the removal of:
  - A. Up to date list of employees and their telephone numbers
  - B. Up to date list of residents
  - C. Accounts Receivable files
  - D. Personnel files
  - E. Ensure safe in Accounting Centre is closed and locked.
2. From a command centre located in the main lobby, co-ordinate returning off-duty staff by directing them to the appropriate locations that require assistance. Provide name tags as required to returning staff.

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**ORDER OF EVACUATION:**


The following order of evacuation ensures that the greatest number of residents can be moved in the shortest time period, with the greatest degree of safety and therefore, should be adhered to:

- 1. Those residents in immediate danger.**
- 2. Ambulatory Residents:**
  - a. Many residents can be removed quickly by one or two staff members
  - b. Ambulatory residents may cause greater confusion and traffic congestion problems
  - c. Immediate danger – remove these residents first.
- 3. Wheelchair Residents:**
  - a. These residents are easier to evacuate than bedridden residents
  - b. Reduces cluttering of hallways once transportation of non-mobile residents begins
- 4. Bedridden/Non-ambulatory Residents:**
  - a. Will usually require more than one staff member per resident to evacuate
  - b. These will require special lifting and transporting methods
  - c. It may be easiest to simply roll the resident in a blanket or bedspread and drag them along the corridor to the nearest exit. Transportation down the stairs can also be accomplished by supporting the resident’s head and shoulders in the blanket, against your legs while letting their legs drag down the steps (see carrying techniques (F&EM 3.9).
- 5. Resistive Residents.**

**REMEMBER:**


Never use an elevator during a fire emergency procedure or throughout any of the evacuation procedure. In teams of two use a relay method to evacuate residents down the stairwell to the established receiving areas.

**NOTE:** Blankets, wheelchairs, geriatric chairs on wheels all become useful equipment in an evacuation. All residents leaving the home must have a foil emergency blanket. The Charge Nurse will see to it that the residents’ chart is removed as well.

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The following is a list of records and medications that must be removed from the building in the event of an evacuation:

<b>TYPE</b>	<b>REMOVAL RESPONSIBILITY OF (and designated back up)</b>
List of Residents	Registered Staff (In Evacuation Bag)
Charts	Registered Staff (remove cart)
Employee Telephone Directory - Fan-out list	Charge Nurse RN (In 1 <sup>st</sup> Floor Evacuation Bag)
Emergency Shelter agreements	Charge Nurse RN (In 1 <sup>st</sup> Floor Evacuation Bag)
Record of location each resident is evacuated	Charge Nurse RN (In 1 <sup>st</sup> Floor Evacuation Bag)

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## Policy


Transportation will be provided to residents requiring evacuation from Grace Villa.

## Procedure

1. The triage nurse will assess each resident as they are evacuated indicating:
  - a) Priority transfers
  - b) Secondary transfers
  - c) Residents who may be released to their POA for short a period of time
2. Residents will be:
  - a) Accompanied by a staff member or volunteer, if possible
  - b) Identified by picture with their face sheet
  - c) Properly clothed and/or covered
3. If the resident is unable to return home transportation will be arranged using the following providers (A list of residents able to go home is kept in the Evacuation Bag):
  - a) Ambulance – 905-574-1414
  - b) HSR Bus Lines - 905-546-2424 ext 1860 or after 5pm at 905-522-5082
  - c) DARTS – 905-529-1212 or 905-529-1717
  - d) Caledonia Transportation – 905-570-8794
4. If the resident is able to return home the RN/RPN on each floor should assign a staff members to contact the POA to explain the situation indicating where to pick up the resident and approximately for how long the evacuation will be in effect.
5. The triage nurse will complete Fire and Emergency Manual Policy 3.4 Residents Destination to keep track of where residents have been relocated.

For mass evacuations, which require the immediate transfer of large numbers of residents, beyond the capacity of Hamilton/Wentworth Ambulance service and POA's, the Hamilton Transit Commission can be contacted on a 24-hour basis. The Director of Care or his/her delegate should call 905-528-4200 indicating the nature of the emergency and the number of vehicles required.



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**DOUBLE CRADLE DROP:**


THE DOUBLE CRADLE DROP IS RECOMMENDED FOR TWO RESCUERS TO USE ON RESIDENTS WHO CANNOT SIT UP, OR WHERE ONE PERSON CANNOT HANDLE THE RESIDENT.

1. If there is smoke or heat stay close to the floor.
2. With the blanket on the floor...place one-third of it under the bed and leave about eight inches above the residents head.
3. The person who will handle the top half of the resident will be referred to as “A” and the person who will handle the lower half of the resident will be referred to as “B”.)

**VERTICAL EVACUATION:**

IF VERTICAL EVACUATION IS NECESSARY BY GOING DOWN EITHER INTERIOR STAIRWAYS OR OUTSIDE FIRE ESCAPES...IN MANY CASES, A HELPLESS RESIDENT MAY BE TAKEN DOWNSTAIRS BY ONE PERSON.


1. With the resident wrapped in a blanket, drag him head first to the top of the stairs.
2. It is most important that the blanket be wrapped tightly to protect the resident. It will make the descent easier.
3. You take a position on the stairs...one, two or three steps lower than the resident. This position will vary depending on the height of the resident and yourself.
4. Place your arms under the armpits and join hands in front of him.
5. Back slowly down the stairs and maintain close contact at all times with one of your legs against the resident’s back.
6. The resident’s lower body will be on an incline with the stairs. In this position, it is easy to move the resident.

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**RECEPTION COMMITTEE AT RECEIVING LOCATION:**

The Administrator or her delegate will complete the following tasks:

1. The Administrator will assign a Registered Nurse to coordinate registration of residents at a central receiving desk. The coordinator will ensure that all residents received are appropriately identified with name, condition, allergies, and diet. The coordinator will ensure that each resident's chart and medication is secured.
2. The Administrator will ensure that available space is organized to meet the need.
3. The Administrator will secure phone lines to contact family, staff, and media.
4. The Administrator will assemble a multidisciplinary committee to ensure continuity of care for residents. Administrator will wear reflective vest located in first floor evacuation bag.


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## Policy

Facility must be inspected and approved prior to residents returning to the home and/or their room by the Fire Department, the Ministry of Health and Long Term Care and the Administrator.

## Procedure

1. Notify families regarding time and date of return. Prioritize re-admissions according to resident need – returning the frailest first.
2. Notify advisor and attending physicians of return date and time.
3. Designate each Nurses Station as a central control area for returning residents, equipment, and staff, ensuring that residents and equipment are returned to appropriate areas.
4. Investigate missing items immediately.
5. Establish a routine as soon as possible.
6. The Administrator or her delegate will notify Ministry of Health and Long Term Care and the local LHIN office.


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## Policy


Code Yellow will be used each time a resident is discovered missing. An immediate and thorough search of the Home and the immediate environment shall be conducted upon the suspicion/notification that a resident is missing.

## Procedure

1. After a thorough check on the missing resident unit, the Registered Staff on the missing resident unit will notify the Registered Nurse immediately of a suspected missing resident and initiate Code Yellow Search Plan located in file cabinet.
2. If search unsuccessful, the **Registered Nurse on the missing resident unit becomes the search coordinator and will page “CODE YELLOW, NAME OF MISSING RESIDENT, UNIT, i.e. 3 times “CODE YELLOW, Mrs. Smith, 3 EAST”.**
3. All Nursing Staff on each resident care unit search their unit in an organized fashion:
  - a. In each room, on/under beds;
  - b. In each bathroom, tub room;
  - c. Utility rooms, including janitor closets;
  - d. Linen closets, closets;
  - e. Individual rooms;
  - f. Dining rooms;
  - g. Behind locked doors
4. Registered Staff in charge of unit will delegate two (2) Health Care Aides to check outside the Home and approximately one hundred (100) yards in all directions of the home.
5. Dietary staff shall thoroughly search the kitchen, storage room, general receiving area, loading areas, dumpster area.
6. Housekeeping will assist with search on their assigned unit.
7. Environmental services shall check the service areas of the building, including boiler room, elevator room, locked storage, janitor closets.
8. Program staff shall thoroughly search program areas (lounges, cozy corner, activity room).

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9. Laundry staff shall thoroughly search laundry area as well as the whole first floor west corridor.
10. Administration will check all offices and common areas as well as the grounds.
11. Physio staff shall assist with the exterior search as directed by the RN/Search Coordinator.
12. In the event that no staff other than nursing is on duty, the Registered Nurse will delegate responsibility to nursing staff to complete thorough searches in non-nursing areas.
13. The Registered Staff on each unit and/or department head will call RN/ Search Coordinator promptly to indicate:
  1. Search completed in their respective area;
  2. Resident found/not found
  3. Registered staff to ensure locked areas have been thoroughly searched.
14. If resident not found within 15 minutes:
  - a. RN/Search Coordinator in conjunction with RPN's of missing resident will:
    1. Notify Administrator and Director of Care.
    2. Call Hamilton Police Department at 9-1-1. Will provide a description of the resident which includes clothing worn, height, weight, identifying physical characteristics and photo if available.
    3. Notify residents' physician and the family
  - b. Administrator, Director of Care or delegate to call Ministry of Health and Long Term Care and call in staff as needed to assist.
15. When resident is found, RN/Search Coordinator in conjunction with RPN of search shall notify Police, Family, Administrator, Director of Care, and Physician.
  - a. RN/Search Coordinator from missing resident unit shall document in the Resident Progress Notes the details of return and action taken to prevent recurrence. A complete assessment of the resident is completed and documented including pertinent follow up. RN/Search Coordinator to complete a missing resident incident report located in the file cabinet. Care plan to be updated.
  - b. When resident is not found within 24 hours, the Administrator shall determine the appropriate course of action to be taken.
  - c. Only the administrator. Designate will notify the Ministry of Health and Long Term Care.
16. All departments to complete an Emergency Procedures Report.

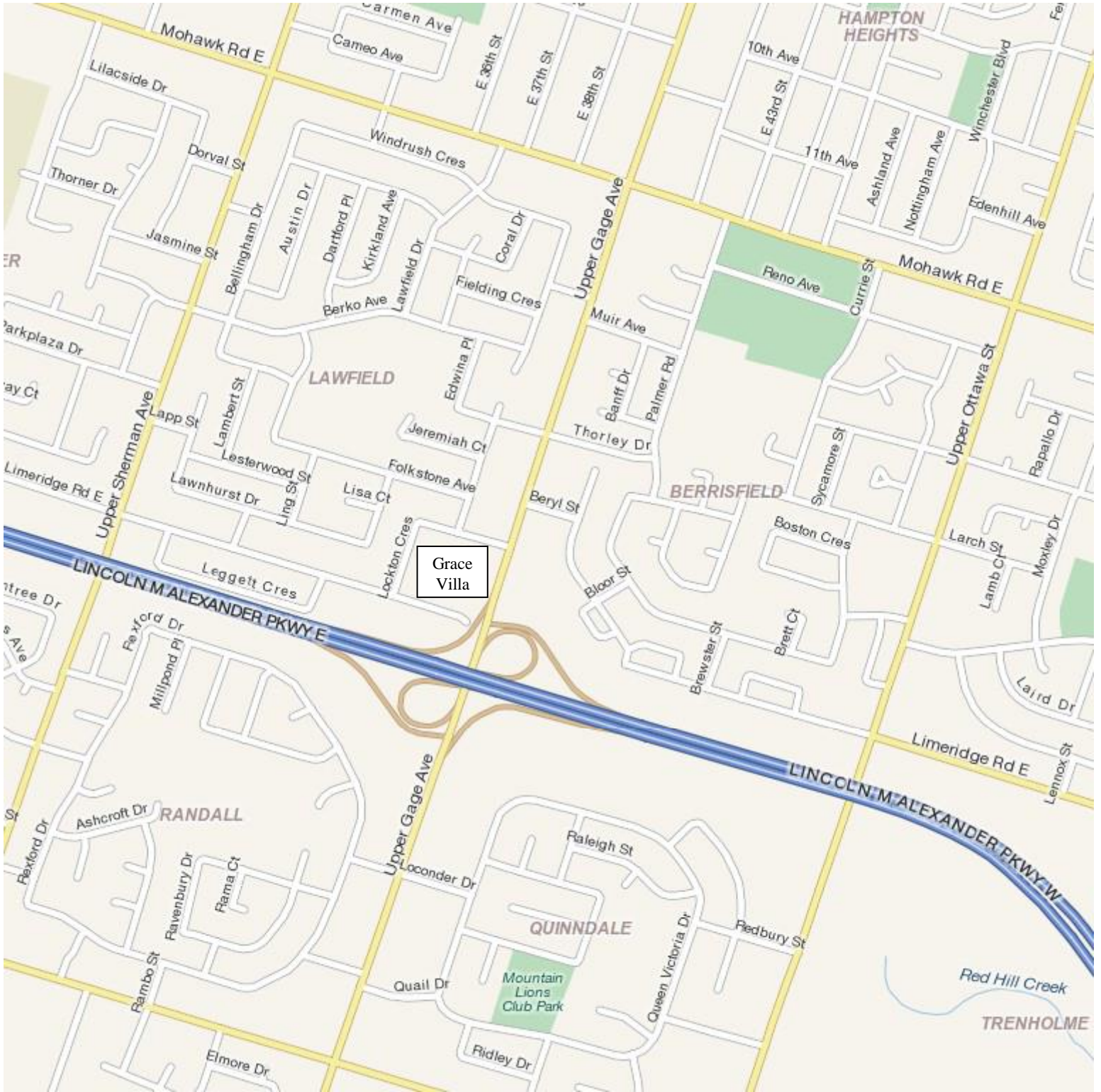
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<b>Subject: Elopement or Door Alarm of Unknown Cause</b>		<b>Section: 4.2</b>	Page 1 of 1


## Policy

If there is a door alarm sounding with no known cause the following procedure will be followed.

## Procedure

1. A complete list of known wanderers will be kept at all nurses desks and updated monthly by the full time RN working days. A copy of the list will be forwarded to the Director of Care monthly if changes occur. Refer to Wandering Resident Policies in Section W of the Nursing Manual.
2. Page over P.A. system for staff to do a resident check.
3. All floors to report "all residents accounted for" or to identify if any resident is missing.
4. If a resident is identified as missing follow procedure for Code Yellow Fire and Emergency Manual Section 4.



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<b>Subject: Code White – Aggressive Resident</b>		<b>Section: 5.1</b>	Page 1 of 1

## Policy

Emergency **Code White** will be used to attain immediate assistance in a situation related to violent/aggressive behaviors.

## Procedure

In the event of a violent/aggressive situation with a resident shout out “**Code White**”. All staff on the unit to respond immediately to the area of concern.

Remove residents/visitors from immediate area.

RN or delegate to page “**Code White**”, floor number and location. ie: “2<sup>nd</sup> Floor, Room 220” three times.

Return to incident, ensure environment is safe and attempt to diffuse situation keeping safety in mind.

**All RN’s must always respond to Code White.**

**If there is only ONE RN in the building then East RPN’s will respond.**


Once situation is assessed;

- I. If able to diffuse violent behaviours, remain with individual, provide reassurance and assess contributing factors.
- II. If unable to diffuse violent behaviours, call 9-1-1 for emergency response.

RN to notify Administrator and complete critical incident form.

Complete Grace Villa Emergency Procedure Report.



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<b>Subject:</b> Code White – Non-Resident Aggression		<b>Section:</b> 5.2	Page 1 of 2

## Purpose

To protect residents and staff from untoward behaviour by families and visitors (known or unknown). The behaviour may be verbal or physical abuse, potential unlawful entry etc. Please refer to the Workplace Violation Prevention policy in the Occupational Health and Safety manual for a more detailed policy.

## Policy

The following procedure will followed if a visitor or unknown person is becoming aggressive.

## Procedure

All staff monitor persons coming into the facility noticing if:

- they are known families, friends, visitors
- they appear not to know setting
- they make notes when talking to residents they do not know
- they do not appear to know staff
- they wander in/out resident rooms
- they appear to be behaving in an irrational way, ie. being verbal or physically abusive

Staff will immediately report to the Charge RN/RPN.

The Charge RN/RPN will immediately report to the Administrator or Director of Care.


### If Untoward Behaviour is directed toward resident:

Charge RN/RPN will:

1. assess the situation – call 911 if necessary
2. assess the resident for injury and determine if visit should continue
3. notify physician if physical injury
4. report assessment to Administrator/Director of Care for further intervention
5. initiate an incident report if appropriate. Document in Resident nurses' Progress Notes behaviour and interventions

The Administrator/Director of Care will:

1. meet with the family/friend to negotiate appropriate visiting arrangement
2. notify the MOH as per LTCH Act
3. notify APANS Head Office depending on severity

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If Untoward Behaviour is directed toward staff, visitors and residents:

The immediate supervisor will:

1. assess the situation
2. report to the respective manager
3. assess employee for injury
4. attempt to settle the visitor down
5. call 911

The Administrator/manager will follow OH&S regulations for investigation, documentation and follow-up.

The Administrator will meet with the family member/friend to resolve the situation.

If the Untoward Behaviour is an uninvited member of the public

The staff member will:

- report the incident immediately to their immediate supervisor or administrator/delegate.

The Administrator/delegate will approach the visitor:


1. asking who they are visiting
2. if necessary, asking for identification
3. if necessary, requesting the visitor to leave the building or call the police
4. call 911, if appropriate

Documentation of the event will be done.

Remember:

1. Do not argue or attempt to be a hero.
2. Do not look at intruder straight in the eye.
3. Note all details of the intruder, eg. size, weight, clothing, speech, accent and any other unusual characteristics and record them as soon as possible.

Complete Grace Villa Emergency Procedures Report.

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<b>Subject: Code Blue – Medical Emergency</b>		<b>Section: 6.1</b>	Page 1 of 2

## Purpose

To provide a plan for response to medical emergencies.

## Policy

The following procedures will be followed when providing for the emergency medical needs of residents, staff and visitors.


## Definition

**Medical Emergency:** An event requiring the rapid assessment and intervention of trained medical personnel which may include but is not limited to serious injury, unconsciousness, serious respiratory symptoms, symptoms of cardiac crisis.

## Procedure

### Residents

1. Should the Registered nurse assess a change in condition of a resident that compromises the resident's comfort level or life, or indicates care requirements that are beyond the scope of a nursing home facility the nurse shall:
  - a. Employees who witness or are first on the site of a medical emergency will take immediate action by summoning medical assistance from the RN/RPN and assist as directed.
  - b. "Code Blue Room\_\_\_\_" will be announced 3 times.
  - c. In case of an emergency that is, in the nurses judgment, life threatening, if the resident has previously requested acute care transfer, arrange ambulance to Henderson Emergency.
  - d. Review the Management of Worsening Condition that the resident and /or significant other has completed. Review with the resident or significant other the wishes that have been previously expressed and ascertain if the wishes remain the same.
  - e. Contact the physician and review the Management of Worsening Condition. Determine with the physician's advice if transport to an acute care setting is appropriate. If determined that transport is appropriate arrange ambulance transport to hospital.
  - f. Notify family of change in residents condition when appropriate.
  - g. Contact clergy when appropriate.
  - h. Announce "Code Blue All Clear" three times once the situation has been resolved.

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Staff/Visitors

- a. Employees who witness or are first on the site of a medical emergency involving a staff member or visitor will take immediate action by summoning medical assistance from the RN/RPN and assist as directed.
- b. “Code Blue Room\_\_\_\_” will be announced 3 times.

A nurse at the site will:

1. Assess the situation and determine the severity of the emergency and initiate CPR if required.
2. Stay with the victim if the situation is life-threatening and requires direct emergency care.
3. Convey information and/or seek assistance regarding the Code situation with the Nurse Supervisor.
4. If able contact a next of kin.
5. Announce “Code Blue All Clear” three times once the situation has been resolved.
6. The Administrator, Director of Care or designees, and others as delegated, will review each Code situation and response to identify opportunities for improvement in the process.

Complete Emergency Procedures Report

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<b>Subject: Code Brown – In Facility Hazardous Spill</b>		<b>Section: 7.1</b>	Page 1 of 1

## Purpose

To define and establish procedures for the controlling of worker and resident exposure to chemical spills.


## Policy

The Administrator or delegate is responsible for identifying and establishing the regulated procedures to control worker exposure to any chemical spills.

## Procedure

### Internal Chemical Spill

1. Immediately upon notification of an internal chemical spill.
  - a) All residents will be removed from the affected area to another wing of the facility. See F&EM Section 3 for evacuation information.
  - b) The supervisor or RN on duty will review of MSDS to determine the risk factors and appropriate action plan and consult the Fire Department Hazmat Material team as required.
  - c) If possible, the ventilation system (air circulation) for the area with the spill will be isolated from the balance of the facility.
  - d) Once the chemical spill has been eliminated, the supervisor / RN / RPN will complete an employee incident form and if necessary a MOH unusual occurrence form.
2. Spill Cleanup Procedures - All managers should ensure the staff are trained in appropriate clean up procedures and ensure appropriate PPE's are available.
3. The Administrator will notify the Ministry of Health and Long Term Care and the local LHIN office.
4. Complete Emergency Procedures Report

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<b>Subject:</b> Code Orange – Reception from the Community	<b>Section:</b> 8.1	Page 1 of 2

## Purpose

To provide a safe and welcoming environment to residents who have been through a disaster while ensuring minimal disruption of regular services at Grace Villa should Grace Villa be required to receive residents from another facility in the event of an external disaster not affecting Grace Villa.

## Policy

Authorization for the reception of residents from an outside facility in an emergency situation must be obtained from the Administrator or his/her delegate.

In emergency situation, Grace Villa can accommodate a maximum of **10** individuals. This number may vary dependent on the level of care required by the individuals being received. Grace Villa residents will not be removed from their rooms to accommodate any incoming residents.

## Procedure

If the facility is contacted by an outside source to provide relocation services staff are to immediately notify the Administrator or Director of Care to obtain authorization.

The Administrator will:


- a) Immediately call a meeting of the Management Team and Advisory Physician to advise them of the situation.
- b) Determine the exact number of residents that we are able to accommodate based on
  - i. Space available. Space to be considered will include vacant or unused beds, the Oak Chapel, Lounges, Activity areas, and Staff room.
  - ii. Dietary is capable of providing additional meals.
  - iii. Towels and bedding are available.
- c) Notify: - APANS Head Office

Each Manager will be responsible for alerting his/her staff as required.

Food Services will arrange for additional food and supplies.

Maintenance will arrange for any necessary supplies to be picked up and set up mattresses in the Oak Chapel and end lounges.

Housekeeping/Laundry Staff will make up beds and provide towels at each bedside.


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Office and Registered Staff will obtain the following information from each relocated individual:

- i) Name
- ii) Sex
- iii) Age
- iv) Next of Kin
- v) Health Status
- vi) Medications
- vii) Attending physician

#### General Staffing

If it is felt that the present staffing levels will not be sufficient to enable Grace Villa to cope with the approved number of relocated individuals then additional staffing will be called in at the discretion of the managers and/or Administrator or his/her delegate.

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<b>Subject:</b> Code Black - Bomb Threat		<b>Section:</b> 9.1	Page 1 of 4

## Purpose

To ensure all staff are aware of how to react when a bomb threat is received.


## Policy

When any staff member receives a bomb threat it is to be considered real, not a hoax, and the following steps are to be taken.

## Procedure

1. In the event of a phone call the person receiving the call shall:
  - a. Keep the caller on the line as long as possible.
  - b. If someone else is around, write down "Bomb Threat" and have the staff member call the police. If alone call 911 immediately after hanging up.
  - c. Immediately (during the telephone call if possible) advise the Administrator, Director of Care and RN in charge who will announce "Code Black" over the PA system three times.
  - d. Attempt to record every word spoken by the caller – complete bomb threat checklist as soon as possible (last page of policy).
  - e. Record time of call when received and terminated.
  - f. Ask the caller his/her name.
  - g. Ask the caller to indicate the location and possible detonation time.
  - h. Inform the caller the building is occupied and detonation of a bomb would result in death or serious injury to many innocent people.
  - i. Listen for any strange or peculiar background noises, such as motors running, background music and the type of music, plus any other noises which might give a clue as to the place from which the call is being made.
  - j. After hanging up, call "\*69" to receive information on the location of the call.
  - k. Initiate search procedures.
  
2. If the bomb threat is received in the form of a letter or note:
  - a. Handle it as little as possible.
  - b. Immediately advise the Administrator, Director of Care and RN in charge who will announce "Code Black" over the PA system three times.
  - c. Call 911 and inform them of the situation.
  - d. If the location of the bomb is indicated clear the area immediately. Otherwise initiate search procedures.
  - e. Record how the threat letter/note was delivered and by whom. If by messenger record a description of him/her.




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3. General instruction:
  - a. Remain calm throughout the entire procedure.
  - b. 1<sup>st</sup> floor RN will immediately initiate emergency procedures.
  - c. Keep phone lines clear for emergency calls incoming and outgoing.
  - d. Control entry and exit, only the Main doors will be used, designate staff to monitor all exit doors.
  - e. Designate staff to be at main doors to direct Police or Fire Department responding to the threat.
  - f. Deny access to any visitors wanting to enter informing them that the facility is temporarily closed.
  - g. If the location of the bomb is known immediately evacuate that area (See F&EM Section 3 for evacuation procedures).
  - h. DO NOT TOUCH any suspicious device. If suspicious device is found clear the immediate area and close surrounding doors.
  - i. Man the elevator throughout the entire period of the incident.
  - j. Any unusual object or anything found in an unusual place should be considered suspect and handled by qualified experts only.
  - k. No one other than the administrator or police will talk to the media
4. Once the code is clear RN to announce “Code Black all clear” three times.
5. The Administrator or designate will contact:
  - a. APANS
  - b. The Ministry of Health and Long Term Care 1-866-434-0144

#### Search Instructions

1. The Administrator and/or 1<sup>st</sup> Floor RN will initiate the search:
  - a. Utilizing staff in each area who are most familiar with that part of the building
  - b. Searching areas in a systematic fashion, moving progressively room by room, until each area is complete. Search should be as thorough as possible. Areas accessible to public should be searched first: lobbies, stairwells, and toilets.
  - c. 1<sup>st</sup> Floor RN will keep track of areas searched by marking them off on the floor plan indicating time searched. Floor plans are located in Appendix A.
2. Searchers are to:
  - a. Be familiar with the area they are searching.
  - b. Be alert for strange object, especially anything that appears to be out of place
  - c. Leave light switches in position they are found: DO NOT TOUCH
  - d. When such an object is found, IT IS TO BE LEFT UNTOUCHED
    - i. Report immediately
    - ii. Describe the object

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- iii. Isolate the area by barring entrance to area and barring doors.
- iv. Remove residents from area.
- v. Do not return to the area.
- vi. Do not assume it to be the only device.
- e. If the area searched is all clear report back to 1<sup>st</sup> Floor RN to indicate which area you searched and that it is all clear.

#### Decision to Evacuate


The decision to evacuate will be made by the Police or Fire Department in consultation with the Administrator or designate. Follow evacuation procedure as outlined in F&EM Section 3.

#### Documentation of Incident

The Administrator or designate will complete an unusual occurrence report of the incident and forward a copy to the MOHLTC and local LHIN

#### Post Emergency Evaluation and Follow Up

1. After the bomb threat review the plan to determine if the procedures were appropriate or if anything needs to be revised. Involve all key administrative staff and representatives from the police and fire departments if possible.
2. Produce a report including the updated Code Black plan, if necessary, and distribute to all persons or agencies having responsibility for any action related to the incident (Ministry of Health, APANS, Police Department, Fire Department).
3. Complete the Emergency Procedures Report.

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### Check List

When a Bomb Threat is received:

1. Remain calm and listen
2. Do not interrupt the caller
3. Obtain as much information as possible
4. Complete this form promptly and give it to your supervisor

Keep Calm! – Do not get excited or excite others.

**QUESTIONS TO BE ASKED:**

- a) When is it set to explode? \_\_\_\_\_
- b) Where located? Floor: \_\_\_\_\_ Area: \_\_\_\_\_
- c) Type of bomb? \_\_\_\_\_
- d) Description of bomb: \_\_\_\_\_
- e) Why did you place the bomb? \_\_\_\_\_
- f) Where are you calling from? \_\_\_\_\_
- g) What is your name? \_\_\_\_\_

**DESCRIPTION OF VOICE:**

Male                  Female                  Nervous                  Middle-aged                  Young                  Old                  Rough  
 Refined                  Accent                  Diction                  Nasal                  Lisp                  Speech – Fast/Slow  
 Unusual Phrases                  Other: \_\_\_\_\_  
 Manner:                  Emotional                  Calm                  Polite                  Vulgar                  Other: \_\_\_\_\_

**BACKGROUND NOISE:**

Music                                  Running Motor (type)                  Traffic                  Whistles                  Bells Horns  
 Aircraft                                  Tape Recorder                  Machines                  Other: \_\_\_\_\_


**ADDITIONAL:**

- a) Did the caller indicate knowledge of the facility? If so, how? \_\_\_\_\_
- b) What line did call come in on? \_\_\_\_\_

**FURTHER INSTRUCTIONS:**

1. Report threat to: Administrator, DOC, 1<sup>st</sup> Floor RN
2. Do not talk to others about this incident or in any way alarm them.
3. Follow any instructions received from your supervisor.
4. If you are ordered to evacuate, take this checklist with you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department: \_\_\_\_\_

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<b>Subject:</b> Code Grey – Air Exclusion		<b>Section:</b> 10.1	Page 1 of 2


## Policy

Procedures for external air exclusion are implemented when there is a hazardous substance release in the community which will have a detrimental effect on the operation of the organization.

## Procedure

1. If there has been a hazardous substance released in the community 1<sup>st</sup> Floor RN or delegate will notify Administrator and/or Director of Care and will assume charge until either arrives if they are not already in the building.
2. Administrator/alternate decides when the plan is to be initiated and instructs 1<sup>st</sup> Floor RN to announce: “Attention Code Grey is now in effect. Please remain in the facility until further notice.” This will be announced three times.
3. The Administrator will notify the Ministry of Health and Long Term Care and Corporate Office immediately. MOHLTC 1-800-461-7137 or 905-546-8294 or after hours at 1-800-268-6060.
4. All staff must remain in facility - no exceptions until further direction from Administrator/ alternate.
5. Any residents that are outside the facility will be brought in immediately.
6. 1<sup>st</sup> Floor East RPN will go to the first floor electrical room (Off the Storage Room in the kitchen) and shut down the breakers identified by the blue dots. These breakers to be shut down include:


AC 1 2<sup>nd</sup> Floor Middle  
AC 4 3<sup>rd</sup> Floor South Wing  
AC 5 1<sup>st</sup> Unit South Wing  
AC 6 2<sup>nd</sup> Unit South Wing  
AC 8 1st Unit North Wing  
AC 7 3<sup>rd</sup> Unit West Wing  
AC 9 2<sup>nd</sup> Unit West Wing  
AC 1  
AC 2 1<sup>st</sup> Floor North  
AC 3 3<sup>rd</sup> Floor Middle

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7. RN/RPN will assign someone to monitor the following entrances (Give the designated staff a sign from the Disaster Manual to post on these doors. The sign follows this policy):
  - Main Entrance
  - West Entrance
  - South Parking Lot Entrance
  - Activity Room Patio Door
  
8. RN/RPN to designate staff to close all windows on the unit in an orderly fashion including dining room, lobby area, resident rooms, tub/shower rooms, staff room, kitchen and any offices.
  
9. 1<sup>st</sup> Floor RN to confirm with other floors that all windows have been closed.
  
10. Once all windows are closed staff can be instructed to return to normal duties. ALL DOORS MUST CONTINUE TO BE MONITORED UNTIL CODE GREY IS CLEARED.
  
11. If determined by the administrator that evacuation is necessary follow evacuation procedures in Section 3 of the manual.
  
1. If necessary the administrator will notify the facilities Doctor and Emergency Services (ie Red Cross Emergency Response Unit) 905-890-1000.
  
12. Once all clear has been confirmed. 1<sup>st</sup> Floor RN will announce: “Resume normal duties, Code Grey is no longer in effect.” three times.
  
13. Remove signage from doors and return signage to Disaster Manual.
  
14. Complete Emergency Procedures Report



**No entry or  
exit due to  
air exclusion  
situation.**

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<b>Subject:</b> Code Purple – Hostage Taking		<b>Section:</b> 11.1	Page 1 of 2

### **Purpose**


To ensure the safe and proper handling of hostage taking situation.

### **Procedure**

1. Listen to the person and try to determine what the problem is.
2. Speak softly and clearly, do not argue.
3. All persons should be cleared from the immediate area, to lower stress and agitation levels in the hostage-taker, although one person should attempt to calmly open and maintain dialogue with the hostage-taker.
4. Summon the person in charge (charge nurse).
5. Charge nurse or delegate to call 911 and explain the situation.
6. Charge nurse or delegate to page “Code Purple \_\_\_\_\_ (location)” three times.
7. Ensure that staff, visitors or residents do not travel through the area where the hostage taker is. Charge nurse may need to assign staff to monitor doors leading to the area.
8. At no time put yourself or the hostage at risk. Follow all instructions until help arrives.
9. Once the situation has been resolved and police have deemed it clear announce “Code Purple All Clear” three times. Staff must remain on their assigned unit the code has been cleared unless otherwise directed.


Most police forces have, or have access to, hostage negotiations/response teams, and these should be brought in early. As guidelines, the following are generally applicable in the interim pending the arrival of trained negotiators, especially if the situation is deteriorating rapidly, and staff is forced to act prior to police arrival.

1. All telephone communication to the hostage area should be immediately terminated (with the exception of a protected line from the negotiator) to prevent unauthorized (ie Media) attempts to access the hostage-taker, and the subsequent complication of the negotiation process. If staff is able, they should call 911.

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2. Every attempt should be made to stall for time; demands should not be acceded to immediately, and only in exchange for something from the hostage-taker.
3. Drugs should never be provided to the hostage-taker.
4. Transportation should not be provided for the hostage-taker to leave the site, as this creates an increasingly fluid and uncontrolled situation, unless it is clear that all hostages will be released before departure and the situation is so controlled that the release of all hostages is secured prior to the vehicle being made available.
5. Once the situation has been resolved debriefing will be provided to all individuals connected to the situation as soon as possible.
6. Complete Emergency Procedures Report.




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<b>Subject: Loss of Communication</b>		<b>Section: 12.1</b>	Page 1 of 1

In the event of loss of regular telephone services, staff may utilize their personal cell phones or the telephone booth on Upper Gage in the shopping plaza.

In the event that all telephone service in the immediate vicinity of the Home is disrupted, a staff member is to be delegated to drive to a pay phone located outside the area of disruption in order to contact City Com 905-846-7171 repair service and Bell Canada. Use cell phones if possible.

The same procedure is to be followed to obtain ambulance service or medical services, during the period of emergency.

The Administrator will notify the Ministry of Health and Long Term Care and the local LHIN office.

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<b>Subject: Power Failure/Voltage Reduction</b>		<b>Section: 12.2</b>	Page 1 of 2

## Policy

In the event of a power failure, the diesel generator, providing partial power, will restore emergency power automatically.

## Information

The generator has a 200 gallon fuel tank that provides approximately 72 hours of running time. Replacement fuel can be ordered from Lippert and Wright Fuels 905-637-0033

The generator does not run the tuck shop refrigerator/freezer, 2<sup>nd</sup> and 3<sup>rd</sup> floor Dining Room refrigerators. The generator will run the large elevator.

All electrical outlets that function while the generator is running are marked red.


Many power failures are ten minutes duration or less and require no special action.

## Procedure

Voltage reductions may be implemented during the extreme heat conditions, if the home is adversely affected by the voltage reduction, contact Hamilton Hydro to request a temporary exemption.

For power failures of more than ten minutes, the following steps must be taken:


1. Contact Horizon Utilities (905-522-9200) and determine the anticipated duration of the power loss. In the event that power is to be restored quickly, no further action need be taken.
2. Get out the flashlights.
3. Contact the Administrator.
4. The Administrator or designate will notify the following:
  - a) Ministry of Health and Long Term Care
  - b) Local LHIN office
  - c) Provincial Operations Centre 1-877-314-3723 and speak to the Duty Officer. (The Duty Officer at the Provincial Operations Centre may be able to assist in securing emergency fuel or additional generators).
5. Meal Service. If the loss of power is expected to continue through a meal period, food must be transported to the 2nd and 3rd floor by the stairs. The Nutrition Manager will initiate an emergency menu. (See Dietary Manual)
6. Nursing - Registered staff should check the following:
  - a) check all residents on oxygen – contact Medigas (1-866-446-6302) for additional back-up equipment.

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- b) Check that no one is stranded in elevators, if so, contact elevator contractor
- 7. Other considerations
  - a) If power outages continues – implement fan-out procedures
  - b) Fire Alarm system – on generator and has a two hour battery back up
  - c) Monitoring system – 4-6 hour battery backup on generator
  - d) Order bottled water
  - e) Order additional paper products – paper plates etc
  - f) Re-order generator fuel when power returns

If the power loss is anticipated for an extended period the situation will be assessed and a decision made regarding evacuation.

Second and third floor magnetic locks needs to be reset at front door. First floor RN has necessary keys.

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<b>Subject:</b> Loss of Electrical Power		<b>Section:</b> 12.3	Page 1 of 2

## Policy

In the event of an electrical power failure, the emergency lighting will be activated automatically by the house generator to light the corridors and stairwells. Flashlights are available on each nursing unit for emergencies. Extra batteries are located in the Environmental Services Managers office. large elevator will operate on generator power. The hot water heating system will not function.

## Procedure

In responding to the emergency, the following steps must be taken. In the absence of the Administrator, Director of Care or designate:

1. The 1<sup>st</sup> Floor RN must contact Maintenance, the Administrator and the Director of Care.
2. The Administrator or designate will attend at the nursing home and arrange for visit by service contractor(s) as necessary.


NOTE: Service contractors must respond to all power failures other than those covered by hydro breakdown as it may be their equipment that is "shorting out" the system.

3. The Environmental Service Manager will check all equipment to ensure proper functioning.
4. The nurse in charge on each unit must ensure that Proper supervision is provided for residents, including supervision of exit doors. Flashlights are available at nurses station on each unit. Extra batteries are available in the Environment Services Managers office. Candles must not be used.
5. The Administrator or designate will notify the Ministry of Health as necessary.
6. The Administrator or designate will notify the Corporate office as necessary.

In the event of a total loss of electrical power, contact Hamilton Hydro (905-522-6611) and Hamilton Police Department (905-546-4925), and determine the anticipated duration of the power loss.

In the event that electrical power is to be restored quickly, no further action need be taken. Reassure residents, family, staff etc.

If the loss of electrical power occurs during cold weather, ensure that all windows and exterior doors are closed. Obtain additional blankets from storage and use as necessary to keep residents


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warm. Keep vacant room doors closed to minimize loss of heat. Dress resident's in additional layers of clothing.


If the power loss is for an extended period the situation will be assessed by the Administrator or designate and a decision made regarding evacuation.

1. If the power failure occurs during the day meals must be provided to all residents. A contingency menu has been planned by the Nutritional Manager which can be easily transported by the large elevator as it will run during a power failure. An emergency water and food supply will be available.
2. There are nine (9) emergency electrical outlets which will provide power during a power failure. Power is provided to these outlets from the emergency generator. These are located at:
  - a. 2 in the 1<sup>st</sup> Floor Med Room
  - b. 2 in the 2<sup>nd</sup> Floor Med Room
  - c. 2 in the 3<sup>rd</sup> Floor Med Room
  - d. 2 in the Office (2 behind the Ward Clerks desk and one in the Administrators Office)
  - e. 4 in the kitchen
3. There is one extension cords in each med room and in the kitchen and there are four in the Environmental Services Managers office for use.
4. Don't panic. Reassure residents, families and staff.
5. Complete Emergency Procedures Report.

All residents, staff and visitors will refrain from smoking during a power outage.

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<b>Subject: Elevator Inoperable - Dietary</b>		<b>Section: 12.4</b>	Page 1 of 1

The large elevator is powered by the generator.

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<b>Subject: Computer Power Outage</b>		<b>Section: 12.5</b>	Page 1 of 1


### **Purpose**

To ensure that computer data is secured during a power outage, you must follow the appropriate steps.

### **Procedure**

1. Power down workstations (turn them off, not just log off)
2. Once all workstations have been shutdown, Follow the same procedure on the server and shut it down.
3. Once the power is back on turn the server on and give it a full 5-7 minutes to fully start up.
4. Then go around and turn on each workstation and everything should be back to normal.

The same procedure should be followed when doing testing with the generator and flipping the power over to the generator. The transition electrical power to the generator is not instantaneous and can cause a lot of damage to the computer equipment if they are left on.

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<b>Subject:</b> Loss of Natural Gas		<b>Section:</b> 12.6	Page 1 of 1


## Policy

In the event of loss of natural gas, 1<sup>st</sup> Floor RN must contact Union Gas (1-877-969-0999) in order to determine expected duration of shut down.

1. In the event that the supply of natural gas will be restored quickly, no further action need be taken. Loss of gas means that there will be no domestic hot water or heat in the building.
2. In the event that loss of natural gas has occurred during warm weather and is to be restored in a reasonable period of time:
  - i) Suspend operation of laundry and dishwashing services in order to conserve hot water.
3. In the event that loss of natural gas occurs during cold weather and will be restored in a reasonable length of time, ensure that all windows and exterior doors are closed and all air supply and exhaust fans are off. Obtain additional blankets from storage and use as necessary to keep residents warm.  
The nurse in charge must:
  - i) Contact the Administrator or Director of Care.
  - ii) The Administrator or Designate will notify the Ministry of Health as necessary.
  - iii) The Administrator or Designate will notify the Corporate Office as necessary.
4. Complete Emergency Procedures Report.

In the event that the supply of natural gas will not be restored for an extended period of time, the situation will be assessed by the Administrator or Designate and a decision made regarding evacuation.




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<b>Subject:</b> Gas Leaks		<b>Section:</b> 12.7	Page 1 of 1

## Policy

In the event of a gas leak the procedures outlined below should be followed.

## Procedure

1. The staff discovering the leak should inform the charge personnel.
2. Upon verification of the leak, the fire alarm should be initiated manually at the nearest pull station.
3. The Charge personnel should assign a staff person to contact the local Union Gas at 1-877-969-0999 and explain the nature of the leak to them.
4. The Administrator or delegate should initiate evacuation of the area affected by announcing "Code Green - all staff to the effected area". Residents should be relocated to the opposite side of the facility ie: if the leak is in the kitchen or activity area, residents and staff should be relocated to east wing behind the fire doors. Follow F&EM Section 3 for Evacuation procedures.
5. The Administrator or delegate should assign a staff to monitor telephone calls - only emergency calls from Chubb Edwards, Fire Personnel or Union Gas should be accepted. All other callers should be informed that we are undergoing a drill and to call back in 1/2 hour.
6. All equipment should be turned off in kitchen and laundry areas. Carts should be moved out of the corridors to ensure no obstacles during evacuation.
7. All staff on site should remain at work as far away from the gas leak as possible until the "All Clear" is given.
8. The Charge personnel should assign staff to co-ordinate traffic - only emergency vehicles should be allowed on-site.
9. The Administrator or delegate and maintenance staff should work together to direct safety personnel by remaining together.
10. Designated safety personnel should open windows in the effected area ie: Union Gas, Fire Personnel or Maintenance personnel.
11. Staff and residents should remain evacuated until the Administrator or delegate makes the "All Clear" announcement. The "All Clear" announcement should not be made until the Fire Personnel and Union Gas have monitored the air quality and assessed the effected area safe. A representative from Union Gas should relight all pilot lights.
12. Upon resolution of the emergency, the Administrator or delegate should contact APANS Head Office and the Ministry of Health and the local LHIN office. A Critical Incident form should be completed and forwarded to the Ministry of Health and a written report completed for APANS outlining causes, outcomes and follow-up required.
13. Complete Emergency Procedures Report.

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<b>Subject: Loss of Laundry</b>		<b>Section: 12.8</b>	Page 1 of 1

## Policy

If we are unable to continue to do the personal laundry because of water disruption, arrangements will be made to take laundry to another local LTC home (Heritage Green, The Wellington, The Village of Wentworth Heights) or to the nearest Laundromat. Where possible, Grace Villa staff will continue to do laundry in the off-site location.

## Procedure


If necessary, additional linens would be ordered from the suppliers listed below. In the case of the linen supplier being unable to get to the home, we would have to wash the linen in our laundry department or take it out.

We have on hand, at all times, a 3 day supply.

Medi Paint                    1-800-361-4964  
Customer # 20GR15

George Courey            1-800-361-1087  
Customer # 106236

The Administrator will notify the Ministry of Health and Long Term Care and the local LHIN office.


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<b>Subject: No Garbage Collection</b>		<b>Section: 12.9</b>	Page 1 of 1

### Policy

In the event that garbage is not being collected the following procedure will be followed.

### Procedure

1. To find out cause, call Mass Environmental 705-652-6544
2. All garbage must be securely stored.
3. If necessary arrange for an alternative contractor to pick up garbage.

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<b>Subject: Internal Flooding</b>		<b>Section: 12.10</b>	Page 1 of 1


## Policy

In the event of flooding of the facility the following steps should be taken, according to need.

## Procedure

1. The nurse in charge will contact the Administrator or designate.
2. The elevators should be blocked off, as the elevator shaft is below grade.
3. Residents in the affected area(s) should be evacuated.
4. Machines and equipment in the affected area(s) should be handled with caution to avoid electrical shock.
5. If possible, confidential records and computer equipment should be moved to a dry area.
6. Further measures will be taken as dictated by the situation.
7. Complete Emergency Procedures Reports.

The Administrator will notify the Ministry of Health and Long Term Care and the local LHIN office.

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<b>Subject: Water Supply Cut-Off</b>		<b>Section: 12.11</b>	Page 1 of 1

## Policy

The following procedure will be followed should there be a water supply cut-off to Grace Villa.

## Procedure

If the water supply is cut off, the nurse in charge will:

1. Contact Hamilton Water Works 905-546-4426 in order to determine expected duration of shut-down.
2. Contact the Administrator or designate.

### **In the event that water services will be returned to normal quickly:**

No further action needs be taken.

### **In the event that water supplies will not be available for several hours:**


The following procedure is to be followed:

1. Milk and fruit juices are to be used to supply the needs of the Residents. (Bottled water to be purchased)
2. Laundry and dishwashing requirements will need to be assessed.
3. Minimize the use of toilets during the period of shortage. Remember, tank toilet can be flushed once after supply to building is cut off.
4. Water required for emergency care of the residents may be obtained from the water tanks located in the boiler room in the penthouse. Water used for this purpose must be allowed to cool before use, as tank temperatures are normally 60°C.

### **In the event that water supplies will not be returned to normal for an extended period of time:**

The Administrator will arrange for a supplier to provide water or initiate a total evacuation to a home that has water. (See F&EM Section 3 for evacuation procedures).

The Administrator will notify the Ministry of Health and Long Term Care and the local LHIN office.

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<b>Home:</b> Grace Villa		<b>Manual:</b> Fire and Emergency Manual		
<b>Subject:</b> Boiled Water		<b>Section:</b> 12.12	Page 1 of 3	

## Purpose

To ensure proper infection control practices are adhered to as advised by the Public Health Unit during a boil water advisory. To protect the health of all residents, staff and visitors.

## Policy


In the event of a “Boil Water Advisory” being issued the following procedure will be followed in conjunction with direction from the local Public Health Unit.

## Procedure

**Note:** It is expected that adequate hydration is to be provided (offered) to each resident daily even during a boil water advisory.

## Dietary Services

1. No tap water, unless boiled, will be used for preparing food, juice, tea or coffee.
2. No tap water will be used for drinking water for resident consumption.
3. Water must be boiled at a rapid boil for 1 minute for the above uses.
4. Place boiled water in the walk-in fridge for cooling before preparing juice or drinking water.
5. For juice preparation, shut the water valve off to the juice machine and use the machine as you would normally, extracting only the juice concentrate from the machine into a juice pitcher. Then fill the juice pitcher with cooled boiled water stirring to mix the two.
6. Tea will be prepared using boiled water.
7. Coffee will be prepared using instant coffee packets and boiled water.
8. In most situations the dishwashing system we currently use is effective in a boil water situation.
9. Ice in the ice machine must not be used for consumption.
10. In the event you require water for use prior to cooling boiled water, bottled water is available in the. A hand pump is stored with the large bottled water containers.

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### **Nursing Services**

1. When a “boil water” advisory is announced the dietary department is responsible for boiling water to prepare juice, tea and coffee and drinking water.
2. Medication should be given with cooled boiled water, juice or bottled water.
3. Ensure your unit has an adequate supply of bottled water for the water coolers on each unit.
4. Extra bottled water, individual and water cooler containers are stored in accessible with a master key.
5. All other water coolers in the Home will be signed and covered to prevent use as should all ice machines, staff room water cooler and coffee machine.
6. Ice in the ice machine must not be used for consumption..
7. Teeth/dentures should be brushed/soaked with cooled boiled or bottled water.
8. In most situations, bathing in tap water is allowable.

### **Laundry Services**

There should be no change in normal practice under a “boil water” advisory.

### **Housekeeping Services**


There should be no change in normal practice under a “boil water” advisory.

### **Maintenance Services**

1. There should be no change in normal practice under a “boil water” advisory.
2. Once the boil water advisory is lifted, ice machines will need to be emptied of any existing ice and lines drained prior to utilizing any ice.

### **Recreation**

When a “boil water” advisory is announced the dietary department is responsible for boiling water to prepare juice, tea and coffee and drinking water.

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<b>Subject: Boiled Water</b>		<b>Section: 12.12</b>	Page 3 of 3

**Accountability:**

The Administrator along with the Infection Control Coordinator are responsible to ensure compliance with this policy.

***Just The Facts  
Boil Water Advisory  
Precautionary Measures***

**Besides drinking, boiled water should be used for:**

**Food preparation:** This includes but is not limited to ready to eat foods such as fruits and vegetables, concentrated fruit drinks and infant formula. However, when preparing food, which requires boiling, you may do so as long as water is brought to a hard boil for **at least 1 full minute**. Discard all food and beverages previously made with water, such as ice cubes and juices. Disinfect all containers with a household bleach solution described below and remake with boiled water.

**REMEMBER, YOUR COFFEE MAKER DOES NOT BOIL WATER!** You must use bottled or boiled water in your coffee maker.

**Brushing Teeth:** You must use boiled or bottled water for all tooth brushing and when soaking dentures.


**Mechanical Dishwashers:** May be used as long as a chlorinated detergent is used in the cycle or there is a sanitizing cycle.

**Hand washing:** You can continue to use your tap water.

**Bathing:** Adults may continue to use the supply as long as the water is not swallowed. **Individuals with skin lesions or skin diseases such as psoriasis or eczema should take sponge baths with boiled water.**

**Laundry:** Laundry is considered safe.



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<b>Home:</b> Grace Villa		<b>Manual:</b> Fire and Emergency Manual	
<b>Subject:</b> Tornado		<b>Section:</b> 12.13	Page 1 of 1

## Policy

In the event of severe weather forecasts, the following precautions will be taken.

## Procedure

Using either a radio or television, the Charge RN/RPN should be alert to the latest changes in the weather.

Tornado Watch Defined: Weather forecasts indicating the possibility of the occurrence of severe storms with accompanying high winds, hail and lightening or tornados in a designated area.


Tornado Warning Defined: Forecast that above conditions have been sighted, the direction headed and the approximate speed it is travelling. Appropriate notification is to be made and precautions taken for the protection of property and persons.

In the event that the Charge RN/RPN determines the threat is real, the following precautions should be taken:

1. Alert all personnel (including non-nursing) to avoid windows or other areas subject to flying glass.
2. 1<sup>st</sup> Floor Charge RN will notify the Administrator or delegate.
3. If a tornado warning is issued, windows to the east should be opened slightly to equalize pressure.
4. Thunderstorms or severe weather other than tornados do not require the opening of windows.
5. Persons should avoid the outer walls of buildings and windows, and when possible, take shelter near the centre of the building, such as hallways, basements, bathrooms, examining room etc. The RN/RPN should instruct staff on each unit to advise residents of the warning. Staff should evacuate residents to the corridors for safety.
6. If once the tornado has passed and a full evacuation is required, residents should be prepared for evacuation to another site. (See Evacuation F&EM Section 3).
7. Telephones should not be used except for emergency reasons.

The Administrator or delegate will notify the Ministry of Health if necessary.

The Administrator will notify the Corporate Office if necessary.


 <b>APANS</b> <b>HEALTH SERVICES</b> <b>POLICY &amp; PROCEDURE</b>	<b>Approved by:</b> Annette Sprentall	
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	<b>Supersedes:</b> September 2011	
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<b>Subject:</b> Snow Storm/Ice Storm	<b>Section:</b> 12.14	Page 1 of 2

## Policy


The following procedure will be followed in the event that a snow or ice storm affects normal operations.

## Procedure

1. In the event of a snow storm/ice storm that disrupts normal operations the 1<sup>st</sup> Floor charge nurse will notify the Administrator and Director of Care.
2. The Administrator or Designate will assess the situation and determine action to be taken. Refer to appropriate safety issue i.e. Loss of Power.
3. Action will include:
  - a. Assess staffing - Nursing, Ward Clerk. If staff are unable to come to work due to child care concerns, staff should be invited to bring their children to work with them.
  - b. Assess food supplies – Dietary; a minimum of three days food supply should be kept on hand at all times.
  - c. Assess supplies – Maintenance The facility has a gas generator for emergency lighting and power supply.
  - d. Call in staff available - Nurse In Charge, Ward Clerk.
  - e. Arrange staffing, prioritize - Nurse in charge.
  - f. Ration food and supplies as necessary - Food Services Supervisor.
  - g. Notify families - Nursing, Ward Clerk.
  - h. Arrange facilities/accommodations for staff, families and volunteers as necessary.
4. Arrangements are made for snow removal to clear the property.
5. During a storm the lot is cleared prior to 0600 hours before the shift changes.

 <b>APANS</b> <b>HEALTH SERVICES</b> <b>POLICY &amp; PROCEDURE</b>	<b>Approved by:</b> Annette Sprentall	
	<b>Effective Date:</b> May 2015	
	<b>Supersedes:</b> September 2011	
<b>Home:</b> Grace Villa	<b>Manual:</b> Fire and Emergency Manual	
<b>Subject:</b> Snow Storm/Ice Storm	<b>Section:</b> 12.14	Page 2 of 2

6. Fire exits should be cleared thoroughly several times per day during a storm.
7. If staff are working long hours, working short, staying overnight, meals should be provided to the staff.
8. Only essential duties are performed – ie limited baths, priority to washing linens before personal clothing, using paper products instead of dishes etc.
9. If staff are unable to reach the dumpsters to remove garbage from the building, garbage may be stored in the receiving room until the dumpster is accessible.
10. The Administrator will notify the Ministry of Health as necessary.
11. The Administrator will notify the Corporate Office as necessary.


	<b>APANS</b>	<b>Approved by:</b> Annette Sprentall	
	<b>HEALTH SERVICES</b>	<b>Effective Date: May 2015</b>	
	<b>POLICY &amp; PROCEDURE</b>	<b>Supersedes: September 2011</b>	
<b>Home:</b> Grace Villa	<b>Manual:</b> Fire and Emergency Manual		
<b>Subject: Explosion</b>	<b>Section: 12.15</b>	Page 1 of 1	

## Policy

The following procedure will be followed should an explosion occur at Grace Villa.

## Procedure

1. Call 911 if the alarm has not sounded.
2. Remove residents from immediate danger to a holding area beyond the first set of safe fire doors.
3. Do not go into the explosion area to recover injured residents or personnel.
4. DO NOT PANIC.
5. If appropriate, proceed with the total evacuation procedure of the home's fire plan F&EM Section 2.
6. The Administrator will notify the Ministry of Health and Long Term Care and the local LHIN office.
7. Complete the Emergency Procedures Report.


	<b>APANS</b>	<b>Approved by:</b> Annette Sprentall	
	<b>HEALTH SERVICES</b>	<b>Effective Date: May 2015</b>	
	<b>POLICY &amp; PROCEDURE</b>	<b>Supersedes: September 2011</b>	
<b>Home:</b> Grace Villa		<b>Manual:</b> Fire and Emergency Manual	
<b>Subject: Building Structure Failure</b>		<b>Section: 12.16</b>	Page 1 of 1

## Policy

In the event of structural failure to the facility, the following steps should be taken, according to the need.

## Procedure

1. The nurse in charge will contact the Administrator or designate. If unable to speak in person to either the Administrator or designate, continue on down the manager listing until you speak in person with a manager.
2. Contact the Environmental Services Manager.
3. The elevators should be blocked off if the electrical system is affected.
4. Residents in the affected areas should be evacuated to a safe location. See F&EM Section 3 for evacuation procedures.
5. Machines and equipment in the affected area(s) should be handled with caution to avoid electrical shock.
6. The Administrator or designate will notify the Ministry of Health and Long Term Care and the local LHIN office.
7. Further measures will be taken as dictated by the situation.


 <b>APANS</b> <b>HEALTH SERVICES</b> <b>POLICY &amp; PROCEDURE</b>	<b>Approved by:</b> Annette Sprentall	
	<b>Effective Date:</b> May 2015	
	<b>Supersedes:</b> September 2011	
<b>Home:</b> Grace Villa	<b>Manual:</b> Fire and Emergency Manual	
<b>Subject:</b> <b>Strike or Walkout Situation</b>	<b>Section:</b> <b>12.17</b>	Page 1 of 2

## Policy

Strike by Union personnel is illegal at our home; however, in the event that an illegal strike should occur, the following is the plan of action:

## Procedure


1. Notify the Administrator and the Director of Care immediately.
2. Director of Care or her delegate will contact all management staff in the nursing department and put all management staff on standby.
3. Director of Care will assess resident care needs and prepare staffing schedule accordingly utilizing management staff that are available.
4. The Administrator will contact the Nutrition Manager.
5. Dietary will revert to emergency Menu Plan detailed in the Dietary Manual. The Nutrition Manager will assess her requirements and the Program Director will be assigned to the kitchen. The Assistant Director of Care may also be assigned to the kitchen.
6. The Administrator will appoint a staff member to cover certain parts of the daily routine to ensure a safe environment. Garbage removal will be on a regular schedule and reaction to major cleaning problems throughout the home will occur.
7. A form letter will be mailed to all family members informing families of what events have transpired and detailing management's reaction to the circumstances. Families will be asked if they are able to come in and assist with care of their relatives ie help dress, help in dining room. If the strike is ongoing, more than two to three days, another letter will follow thus maintaining constant communication with the family.
8. All calls and enquiries from the news media are to be directed to the Administrator, or her delegate, or the CEO APANS.
9. Should a picket line be in evidence, the police will be notified and where required, escort of management staff and suppliers will be requested from a security service. Calls will be made in advance to all suppliers to determine whether they will honour the picket line. If they do, then an alternate supplier will have to be found or a pick up will have to be arranged.

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<b>Home:</b> Grace Villa		<b>Manual:</b> Fire and Emergency Manual	
<b>Subject: Strike or Walkout Situation</b>		<b>Section: 12.17</b>	Page 2 of 2

10. The Administrator will notify the Ministry of Health and Long Term Care and the local LHIN office.

11. In the event of a prolonged strike or walkout, the administrator will implement the following steps:

- a) Contact outside agency for staff as required.
- b) Call Red Cross and ask for volunteers.
- c) Contact families and ask if they are able to come and assist with care of their relatives.
- d) Discharge residents if necessary to families.
- e) If necessary, a security service for working personnel will be arranged.
- f) Daily assessment of the functioning of the home will be made and necessary arrangements made.
- g) The Administrator will notify the Ministry of Health and Long Term Care and the local LHIN office.

	<b>APANS</b>	<b>Approved by:</b> Annette Sprentall	
	<b>HEALTH SERVICES</b>	<b>Effective Date:</b> May 2015	
	<b>POLICY &amp; PROCEDURE</b>	<b>Supersedes:</b> September 2011	
<b>Home:</b> Grace Villa		<b>Manual:</b> Fire and Emergency Manual	
<b>Subject:</b> Intruders		<b>Section:</b> 12.18	Page 1 of 1

## Policy

To protect all residents, families, staff, volunteers and visitors from intruders (unwanted persons) in the facility or on the facility property.

## Definition

Intruders are anyone who are not wanted/permitted on the facility property either by the owner or court order or resident request.

## Procedure

1. Politely ask the person to leave.
2. If he/she refuses, inform the individual(s) that you are requesting that they leave immediately.
3. If they still refuse, call the police at 9-1-1 to have the individual(s) removed.
4. Remove all other persons (residents, staff, visitors) from the area in a quiet manner.
5. If the situation involves a resident with a forbidden visitor, remove the resident to another area and have a staff member stay with the resident until the intruder is removed.
6. If intruders are seen or reported during the night hours on the property or in the parking lot, call the police 9-1-1. Do not attempt to converse or detain the intruders. Ensure the exit doors are secured and locked.
7. Notify the Administrator or designate if the intruder situation is not immediately resolved or if anyone is endangered.



Charge Nurse / Supervisor from every unit/department to complete this form.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Type of Emergency: \_\_\_\_\_

Location of Emergency: \_\_\_\_\_

Reason for Emergency: \_\_\_\_\_

Person Discovering Emergency: \_\_\_\_\_

Person Initiating Emergency Procedure: \_\_\_\_\_

Did staff react promptly? (comment below) \_\_\_\_\_

Were any residents injured during the emergency? (comment below) \_\_\_\_\_

Administrator or Designate notified by:  
(Do not call for false alarms or drills.) \_\_\_\_\_

Comments or Suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations for Improvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

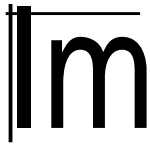
Name of Person and Unit Completing Report: \_\_\_\_\_

Health and Safety Coordinator Review: \_\_\_\_\_

**All staff attending Emergency Procedure please sign attendance on back of this form.**

**\* Note: When emergency is a Code Red Emergency please complete Fire Report in addition to this Report.**





**Hamilton**

City of Hamilton  
City Hall, 71 Main Street West  
Hamilton, Ontario  
Canada L8P 4Y5  
www.hamilton.ca

Hamilton Fire Department  
Fire Prevention Division - MOUNTAIN OFFICE  
Physical Address: 365 Wilson Street West  
Ancaster ON L9G 4X4  
Phone: (905) 546-2424 Ext. 7768 Fax: (905) 648-6934

**File No. 4006**

June 5, 2013

Grace Villa Nursing Home  
45 Lockton Crescent  
Hamilton, ON L8V 4V5

Attn: Wendy Hall, Administrator

Dear Madam

Re: **45 Lockton Crescent**, In the former City of Hamilton (now City of Hamilton, Ontario)

The Fire Safety Plan for the above captioned property, which you submitted to the Chief Fire Official has been reviewed and approved. The newly approved Fire Safety Plan supersedes the previously approved Fire Safety Plan for this property dated

Be advised that Sentence 2.8.2.1.(3) of O.Reg 213/07 requires the owner, or person in control of the property to maintain a copy of the plan in an 'approved' location. Locations that would satisfy this requirement are the central alarm control facility, main alarm panel, on-site office(s) i.e. manager or superintendent's suite, and shall be readily accessible, available and provided to responding crews by supervisory staff upon request.

Further, at least one copy of the fire emergency procedures shall be prominently posted and maintained on each floor area throughout the building and you are responsible for full implementation of the newly approved Fire Safety Plan.

The original submission of the Fire Safety Plan has been retained for our files. Enclosed is a copy for your convenience in reproducing same for posting and distribution.

It is the responsibility of the owner, or person in control of the property, to ensure that all aspects of the Fire Safety Plan are fully understood and implemented, and that supervisory staff as applicable are also aware of their responsibilities as noted in the Fire Safety Plan.

The Fire Safety Plan shall be reviewed as often as necessary, but at intervals not greater than 12 months, to ensure that it takes account of changes in the use and other characteristics of the building.

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' UO /('dd6f

Chief Fire Prevention Officer,  
Chief Fire Official

FGB/cl  
Enclosure

City of Hamilton  
City Hall, 71 Main Street West  
Hamilton, Ontario,  
Canada L8P 4Y5  
www.hamilton.ca

Hamilton Fire Department  
Fire Prevention Division  
Physical Address: 55 King William Street  
Hamilton, ON B8R 1A2  
Phone: 905.546.2424, Ext 7762 Fax: 905.546.4566

# Hamilton

File No. 4006

November 8, 2017

APANS Health Services  
Grace Villa  
45 Lockton Crescent  
Hamilton, Ontario  
L8V 4V5

Dear Sir

Re: 45 Lockton Crescent  
In the former City of Hamilton  
(now City of Hamilton, Ontario)

Please be advised that our Department conducted an inspection of the above premises on July 5, 2017. At that time the premises was found to be satisfactory.

In addition to the above noted inspection, an observed fire evacuation drill was conducted on November 8, 2017. On that date the supervisory staff, at minimal staffing level, evacuated residents requiring assistance to a safe area/zone within the acceptable time available.

Be advised that Ontario Fire Code Section 9.7 Retrofit (Care Occupancy or Retirement Home) contains requirements with compliance dates that do not come into effect at this time. It is the owner's responsibility to ensure compliance with the following requirement by the compliance date specified:

Ontario Fire Code, Division B, 9.7.5.1.(1)-(6), 9.7.4.2(1)

Install an automatic sprinkler system throughout the entire building. The sprinkler system shall be designed and constructed in accordance with NFPA 13 "Standard for the Installation of Sprinkler Systems". The sprinkler system shall be equipped with local electric waterflow alarms. In the case where a fire pump is required under NFPA 13, the fire pump shall be installed in conformance to NFPA 20 "Install of Stationary Pumps for Fire Protection", If it has a rated net head pressure greater than 280 kPa.

In buildings not greater than 6 storeys in building height, sprinkler systems may be installed in accordance with NFPA 13R "Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Storeys In Height".  
Compliance date: January 1, 2025

Provide monitoring of the sprinkler system referenced above in accordance with Sentence 3.2.4.7.(1)-(4) of the 1990 Ontario Building Code. Upon completion of the installation, the owner shall provide an Underwriters' Laboratories of Canada "Full Service or Shared Service Central Station Fire Protective Signalling System" Certificate to the Chief Fire Official. In addition, a current copy of the certificate shall be posted at the installation site.  
Compliance date: January 1, 2019

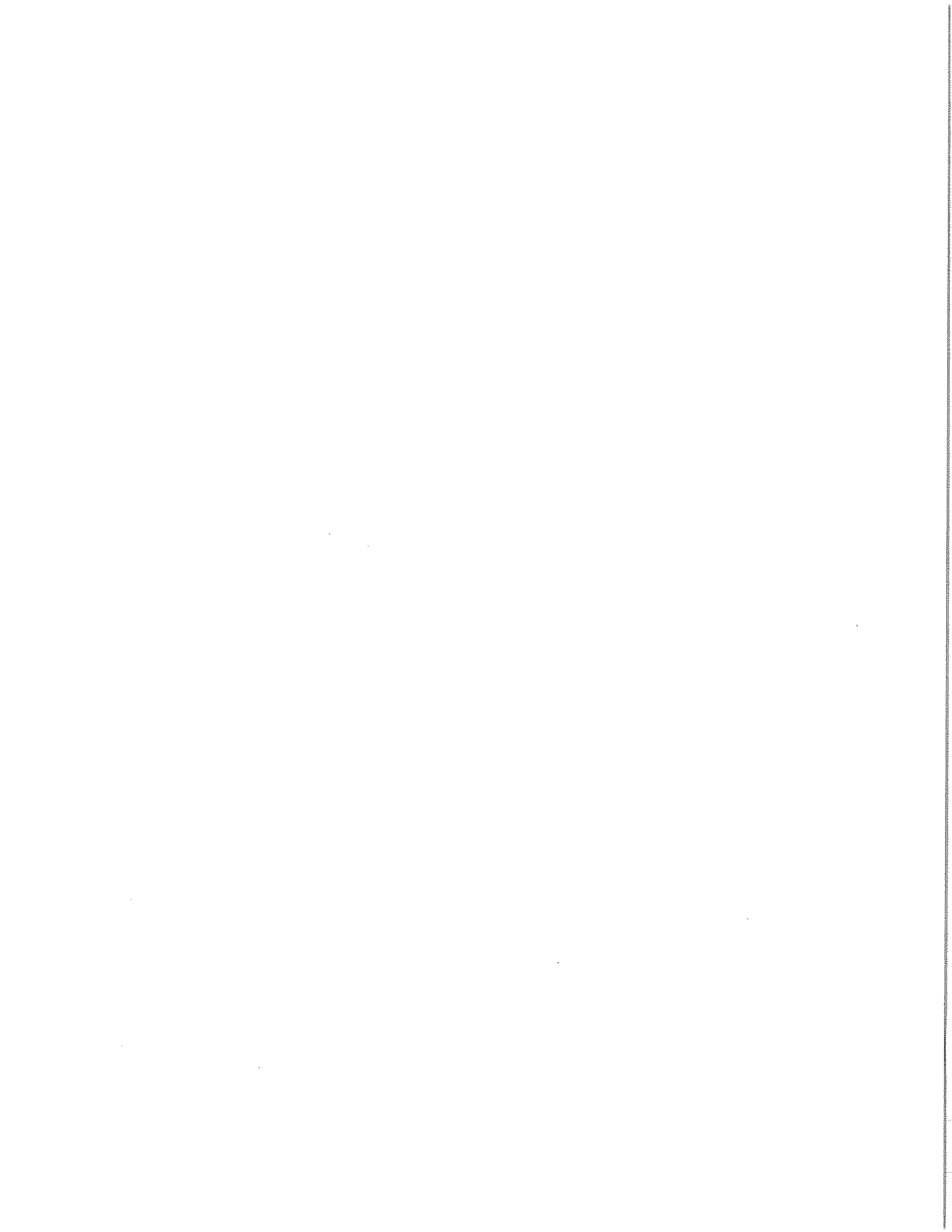
You may contact Fire Inspector Ryan Smy at (905) 546-2424 ext. 7797 if you wish to discuss the contents of this letter.

Yours Truly,

--

R. Smy  
Fire Inspector

RS/rs





**APANS**  
**HEALTH SERVICES**  
**POLICY & PROCEDURE**

**Approved by:**

**Effective Date: September 2011**

**Supersedes:**

**Home:** Grace Villa

**Manual:** Fire and Emergency Manual

**Subject:**

**Section:**

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Fire and Emergency  
Manual



# GRACE VILLA

## **MANUAL REVIEW**

In order for manuals to reflect the high standards of practice required by APANS Health Services they are reviewed to reflect current industry best practices, and legislative requirements. All manuals are reviewed annually. To ensure accuracy, the policies and procedures in the ***Fire and Emergency Manual*** were reviewed in July 2015. The manual is representative of current Standards of Practice within the Home.

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**Signature**

Annette Sprentall, Administrator

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**Position**

July 8, 2015

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**Date**