GLEN STOR DUN LODGE

1900 MONTREAL RD.
CORNWALL ONTARIO
K6H 7L1

DISASTER PLAN

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Dated: November 2024

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GLEN STOR DUN LODGE

DISASTER PLAN

INTRODUCTION

DEFINITION OF DISASTER/MAJOR EMERGENCY

1. A disaster or major emergency is a serious disruption of life, arising with little or no warning, causing or threatening death or injury to the Staff and/or Residents in the Home, the consequences of which causes the facility to implement the emergency plan.

2. Disaster can happen at any time. The ramifications of an incident must be considered by all personnel.

3. A disaster situation could necessitate the evacuation of the Home, relocation of the Residents, survival in isolation, or reception of other people from outside the Home.
   This plan is designed to deal with all the aforementioned situations and to provide the total resources to alleviate the effects caused by an abnormal event.

PURPOSE

The purpose of this plan is to state the action to be taken to protect the Residents and staff in the event of either an internal or external emergency.

The Disaster Plan provides us with the protocols on how to deal with common types of emergencies. The Plan is used to educate staff and visitors on universal codes, types of emergencies, evacuation and relocation protocols. It provides clear delineation of roles in the event of an emergency situation.

The Disaster Plan Manual is used as a resource for staff, visitors and Emergency Services.

OBJECTIVES

1. To ensure that the safety and continued well-being of all Residents and Staff is maintained in the event of:

    a) an evacuation of the facility - partial or complete
    b) a relocation to another facility due to prolonged evacuation with a smooth transition of Residents, materials and records out of the facility to our receiving site.
    c) a situation demanding isolation or survival operations when isolated from outside resources

2. To provide continuous health care in the event of an interruption of service.

3. To minimize the effects of trauma and shock to our Residents and staff.

4. To ensure that this plan is linked to the disaster plans of the community. To ensure a coordinated effort of all internal and external stakeholders and services.

5. To diffuse potential panic in the event of an emergency.

6. To ensure that the facility is able to receive and house persons from an external disaster or residents from other special care facilities.

POSSIBLE DISASTERS

An Internal Disaster for the home would be:

a) major water shortage/loss of water
b) major power failure/loss of electricity
c) fire
d) gas leak, loss of natural gas
e) bomb threat
f) winter storms
g) epidemic

or any other disaster that would impact the Home

An External Disaster would be:

a) flood
b) air crash
c) community power failure
d) tornado
e) earthquake
f) chemical spill

ORGANIZATION

DISASTER PLANNING COMMITTEE

1. Administrator
2. Deputy Administrator/Director of Nursing
3. Supervisor of Support Services
4. Supervisor of Dietary Services
5. Supervisor of Resident & Outreach Services
6. Health & Safety/Staff Development
7. Infection Prevention & Control Officer
8. Program Manager of Quality Assurance and Risk Management
9. Advisors as required, i.e. Emergency Planning Officer - City of Cornwall

RESPONSIBILITIES OF THE DISASTER PLANNING COMMITTEE

1. To develop a facility disaster program.
2. To conduct periodic exercises with review and evaluation.
3. To review the plan annually or more frequently and revise as necessary.
4. To maintain educational and training programs for all staff, volunteers and students on an annual basis.
5. To establish and maintain regular liaison between the facility and other agencies involved in disaster planning, in order to integrate disaster preparedness throughout the community.

EMERGENCY CODES

STANDARD

1. All staff, volunteers and students will have an orientation to universal codes.

2. All staff to achieve proficiency through provisions of ongoing education and practical application of universal codes.

PROCEDURE

1. Education on universal emergency codes will be provided to all new employees during general orientation.

2. A review of universal codes will be done as part of the employee=s performance review annually.

3. Staff will have an opportunity to apply learned knowledge through testing of components of the Disaster Plan on an annual basis.

4. Universal codes will be used to announce the type of emergency over the communication system.

5. Colour-coded key actions of all emergency codes will be posted at each phone for quick reference and an emergency code card will be given to each staff, student and volunteer.

6. The following are standard codes by which specific disaster types are identified:

Code Blue:	Medical Emergency
Code Green:	Evacuation
Code Yellow:	Missing Resident
Code White:	Suspicious/Violent Person
Code Black:	Bomb Threat
Code Red:	Fire
Code Brown:	Hazardous Material/Chemical Spill
Code Orange:	External Disaster/Reception

Outcome: 100% adherence to universal codes
All new staff, volunteers and students will have received orientation to Universal Codes.

Additional Reference:
1. LTC Act -
2. Provincial Fire Code
3. Facility Policies & Procedures

Code Blue Medical Emergency

DISASTER MANUAL

Subject	Section: Emergency Codes			Original Issue: August 1986
Use of **CODE BLUE** in Medical Emergency				Reviewed: December 2023
	Page # 1	# of Pages 1	Reference Policy # n/a	
Purpose	Code Blue will be used to: Alert individuals in the home of a medical emergency and to provide a systematic approach for responding to it. A medical emergency is defined as a cardiac and/or respiratory arrest, convulsive seizure, acute chest pain, respiratory distress, syncope and/or any other situation where clinical assistance is needed.			
Person(s) Responsible	All Staff and Residents.			

PROCEDURE:

1. Upon discovering the emergency:
   a) Pull the nearest call bell or push Code Blue button on call bell display;
   b) Stay with the person;
   c) If no response use the PA system to summon immediate help: page A**CODE BLUE**@,

   To Page - press 4288
   - Announce and repeat clearly 3 times: **Code Blue -the location (floor and room number)**

   d) return to the resident and begin assessment and/or resuscitation.

2. Upon receiving the page for CODE **BLUE**:
   a) The RN/RPN of the 4th Floor will bring the emergency equipment (crash cart), which contains a suction machine, first aid kit, oxygen, respiratory equipment and a backboard.
   b) All Registered Staff and the Director of Nursing will go immediately to area of **Code Blue** and direct it until ambulance personnel arrive.

3. The RN in charge will direct the code and ensure appropriate resuscitation endeavors.
   a) The RN in charge will direct 911 to be called where appropriate and the person will give name, address, floor and room location. The RN will direct a PSW to go and get the Public Access Defibrillator if it is required. (located Ground Floor at Family Resource Centre)
   b) A PSW will be assigned to put elevator on Aservice@ and wait for the ambulance on main floor.

4. RN/RPN on the unit where the code is will:
   a) Complete transfer form and give complete report to ambulance attendants prior to transfer to hospital.
   b) Notify the substitute decision-maker/POA-Care.
   c) Inform physician/NP if unable to contact prior to transfer. During the night, attending physician/NP can be notified on the following day by the day RN/RPN.
   d) Ensure that all emergency equipment is replenished/cleaned following the emergency.

5. When Code Blue completed "Code Blue" all clear is to be announced three times.

Outcome

- Designated person(s) respond to **Code Blue** with assigned equipment.
- **Code Blue** is carried out consistent with policies and procedures.

Code Yellow Missing Resident

Subject	Section: Emergency Codes			Original Issue: 1986 August
Code Yellow Missing Resident	Procedure:			Reviewed: December 2023
	Page # 1	# of pages 2	Reference Policy # n/a	
Purpose	To ensure the optimum safety and security of all residents. To ensure that all staff expedite the location of a missing resident systematically and effectively.			
Person(s) Responsible	All Staff			
Form(s) Used	A-44 Checklist in Case of Missing Resident			

INTRODUCTION

Residents are encouraged to move freely about the facility except in areas which are considered hazardous. It is recognized, however, that certain residents must be confined to the floor or wing where they reside for their own safety, unless accompanied by a responsible person.

If a wandering Resident is seen leaving the premises, Staff are to PAGE for help immediately stating that "Mr.Mrs. _____ has left the building, help is required at the "Front Door"."

Occasionally, and despite close supervision, a resident manages to wander away and disappear in a very short time. As soon as such a resident is discovered missing, it is essential that a systematic search be started immediately.

ALERTING OTHER STAFF

The missing resident's Nursing Supervisor/ delegated individual uses the public address system to announce the code number followed by the name of the Resident
(example Code Yellow - Mrs. Brown) three times.

Immediately, the alert has been sounded, other departments (Reception, activities, dietary laundry, etc.) make a quick search to ensure that the missing resident has not wandered into those areas.

THE SEARCH

A thorough search is carried out as follows: Nursing Supervisor immediately obtains a description of the resident (what was the resident wearing, colour eyes, how tall and how heavy-approximately) together with the residents' identification photo.
All staff on the floor or section of the missing resident systematically search their assigned rooms; checking beds, under beds, clothes closets, and bathrooms. The Nursing Supervisor, on the missing Resident's Floor, ensures that all other areas on her floor (utility rooms, tub and shower rooms, lounges, stairwells, storage areas, etc..) are checked and at the same time designates one staff member to check the exterior grounds, and one staff member is assigned to check the immediate neighbourhood by car. After one complete check of the Unit, a second will be initiated with the help of the Staff of the other Units.

The Nursing Supervisor on the other units instruct their staff to systematically search their assigned rooms and he/she checks all other areas on his/her floor. (If staff members do not know what the resident looks like they will be shown the residents' identification photo). After checking their own Unit, Nursing Supervisor will send as many staff as possible to the Unit of the Missing Resident where they will assist in the second Unit Search. Limit the search to 15 minutes.

UNSUCCESSFUL SEARCH

If the search fails to locate the missing resident, the Nursing Supervisor notifies:

*Local Police
*Administrator and / or Delegate
*Resident's Family
*Emergency department of local Hospital

The Administrator or Deputy Administrator/Director of Nursing notifies:

*Medical Director/Nurse Practitioner
*Program Supervisor / Ministry of Health

The Administrator initiates the Fan-Out Plan (Procedure MM-0603-11) if deemed necessary. If the time of the Resident disappearance is after 3:00 p.m., when less Staff are available to search, it is recommended that the Fan-Out Plan be initiated no later than one hour after the Resident's disappearance. Should the resident not be located the Administrator/Designate must contact the Ministry of Health Compliance Officer.

WHEN RESIDENT IS FOUND

The Nursing Supervisor:

*Announces over the P.A. "Code Yellow all clear" three times
*Assesses the Residents' condition taking the necessary steps to ensure safety and comfort, notifying the physician/N.P., if necessary
*Notifies the Police
*Notifies the Family
*If not already on a Wandering Resident Check List, will immediately initiate form # A-45.

RECORDS

The Nursing Supervisor:

*Maintains an accurate record of the search by using the Resident Search Check List. (Form # A-44)
*Completes all required documentation (as per LTCHA 2007 CIS Reporting requirements)
*Completes a Resident incident Report
*Attaches one copy of the Search Check List to the Incident Report for Administration

The Administrator and/or Director of Nursing will notify:

*Medical Director/N.P.
*Ministry of Long-Term Care

Check List In Case Of Missing Resident

A-44

RESIDENT'S NAME _____ ROOM # _____ UNIT _____

1. Resident discovered missing at _____ hours. Last seen at ____ hours.

2. All rooms searched, completed: 1st. search ___ hours 2nd. search ___ hours
   3rd. search ___ hours

3. All non-resident areas search completed: 1st. search ___ hours 2nd. search ___ hours
   3rd. search ___ hours

4. Completed description and photograph obtained: _____

5. Ground search completed: _____ hours

6. Neighbourhood search completed: _____ hours

7. Notification of:

Police	_____ hours
Administrator or D.O.N	_____ hours
Emergency Department Local Hospital	_____ hours
Family	_____ hours
Medical Director	_____ hours
Program Supervisor MCSS	_____hours

8. Information and description of Resident given to police ___ hours.

9. On Resident's return: Assessment of Resident's condition:

   Notify Resident's Physician if necessary _____ hours.

10. Notification that Resident found - of:

*	Police	_____ hours
*	Administrator or D.O.N.	_____ hours
*	Medical Director	_____ hours
*	Program Supervisor MCSS	_____ hours

11. Physician's orders received _____ hours

12. Safety precautions implemented to prevent reoccurrence of incident:
    _____

13. Incident report documented _____ hours.

14. Charting completed _____ hours.

COMPLETED BY _____ R.N.

DATE _____

Code White Suspicious/Violent Person

Subject	Section: Emergency Codes			Original Issue: 1994 Sept
Code White Suspicious/Violent Person				Reviewed: December 2023
	Page # 1	# of pages 1	Reference Policy # n/a	
Purpose	To provide a means by which Staff can react and obtain assistance immediately in a situation related to suspicious/violent persons. To ensure the safety of both Residents and Staff of the Lodge.			
Person(s) Responsible	All Staff			

If any Lodge Employees are concerned with a suspicious looking/acting or violent person:

1. Lodge employees shall:
   1.1 ask the person who is violent or acting in a suspicious manner:
   - can I help you? **or**
   - Who are you looking for or
   - what are you looking for?

   if not satisfied with their answer

   1.2 Announce 3 times over the Public Address System -**CODE WHITE** and location i.e. Code White 3rd Floor Gallery

   1.3 Take a good look at the person noting:
   - ! approximate age, height, weight
   - ! beard, length of hair and colour
   - ! eye colour
   - ! male or female
   - ! type and colour of clothing
   - ! accent, nationality

   so you can describe the person to the Responsible Person or Police

3. The delegated Home Employee shall:
   - report to the area announced
   - listen to the description of the person
   - act under the direction of the RN/RPN in charge
   - not confront the person or threaten in any way

4. The RN/RPN in charge, after determining-
   a) that the suspicious person has left or been apprehended, or
   b) the violent person has been calmed or restrained

   shall announce "**CODE WHITE**, All Clear" three (3) times.

** If at any time a staff member feels threatened call 9-1-1 and request Police assistance.

Code Brown Hazardous Material/Chemical Spill

Standard

Code Brown will be used to obtain immediate assistance in a situation related to a hazardous material or chemical spill.

Policy

To ensure that Glen Stor Dun Lodge has the necessary equipment, procedures and training in place to properly control and manage the spill of hazardous and non-hazardous material in the workplace in order to prevent both personal injury and environmental damage. In the event of a chemical spill, staff must refer to WHMIS safety data sheets (SDS) to find out how to handle the spill to reduce risk of personal injury while sustaining a safe environment during a hazardous material or chemical spill.

PROCEDURE:

1. Announce "**Code Brown**", floor number and location 3 times at 10 second intervals.
   Unit staff to respond immediately to the area of concern.
2. Remove residents, extra staff and visitors from the immediate area.
3. Contain the spill if it is safe. Do not touch spilled material unless wearing appropriate PPE. If required, chemical spill kits are located in each Housekeeping closet on every floor. Cytotoxic medication spill kits are located in each medication room on the units.
4. If required, notify Supervisor of Support Services. If necessary, Supervisor of Support Services may contact a local environmental clean-up contractor.
5. Ensure SDS (safety data sheets) are available to help determine proper handling, clean-up and disposal procedures.
6. Complete a Hazardous Situation Report and submit it to your Supervisor.
7. Announce Code Brown ALL CLEAR three times when safe to do so.

Outcome

Code Brown will ensure spills are handled safely.

Reference

MOHLTC Act (S.230)
Occupational Health & Safety Act
OANHSS Policy Exchange
WHMIS SDS

CODE GREEN EVACUATION OF THE FACILITY/RELOCATION OF THE RESIDENTS

IMPLEMENTATION

Activation of the Disaster Plan

Any situation which constitutes an Internal Disaster would require immediate action by the staff. The Administrator or Delegate, who is responsible for declaring this situation a disaster, must be notified immediately at:

Administrator – Meena Mullur, Extension 4223 or Cellular [redacted]

Deputy Administrator/Director of Care –Interim Kristen Renwick-Marshall Extension 4229 or Cellular [redacted] (work)

Interim Deputy Administrator / Operations – Open

The Administrator or Delegate will assess the severity of the situation and if necessary initiate all/part of the Disaster Plan.

RESPONSIBILITIES OF KEY PERSONNEL - ADMINISTRATOR OR DELEGATE

1. Direct the Administrative Assistant to notify the following persons/agencies;

Call 911- they will send appropriate emergency departments	Police Department	933-5000
	Fire Department	930-7419
	Cornwall SDG Paramedic Services	933-2714
Emergency Planning Department	Leighton Woods	930-7419 Ext 2390
Medical Director	Dr. S. Patel	[redacted]
Chief Administrative Officer Interim	Tracey Bailey	930-2787 Ext.2501
Cornwall Transit/Handi-Transit	Jean Marcil	930-2787 Ext 2254
Cornwall Civic Complex Interim	Mellissa Morgan	930-2787 Ext 3208/2370
Ministry of Long-Term Care	Duty Inspector	1-877-779-5559
Lodge Fan Out List		

2. Page all Department Supervisors and Administration Staff to report to the Control Centre. (Tea Room/Library) In the absence of the Health & Safety/Staff Development Coordinator, the role of Operations Coordinator must be delegated.
3. Report to the Control Centre with walkie-talkies (Channel 1)
4. Establish if evacuation of the facility in whole or in part is necessary. Announce **CODE GREEN** Unit(s) involved. Indicate whether to use stairwells or elevator and man walkie- talkies (Channel 1)
5. Liaise with Emergency Response Team (i.e. Fire, Police, Ambulance)
6. Announce that the disaster is over - **CODE GREEN ALL CLEAR**, under the direction of the Fire Department, Police Department, and the Emergency Planning Department.

The Administrator/Delegate and Supervisors can be recognized by all parties by the wearing of a departmental vest. The Vests and this list of Responsibilities of the Administrator/Delegate may be found in the front office in the vault room.

Record of Transfer Form

GLEN STOR DUN LODGE
RECORD OF TRANSFER

DATE: _____

RESIDENT NAME	TRANSFERRED TO RELOCATION SITE / HOSPITAL	TIME	TRANSFERRED BY AMB. /BUS/HANDI TRANSIT

DEPUTY ADMINISTRATOR/ DIRECTOR OF NURSING/OPERATIONS

1. Report to Control Centre with walkie-talkie (Channel 1)
2. Ensure the best utilization of Nursing Staff during the evacuation:
   a) within the Home
   b) at the Relocation Centre
3. Notify Medisystems Pharmacy (1-888-630-6334 or 613-224-3225) regarding Resident medications.
4. Make necessary arrangements for provision of equipment as needed. (oxygen Medigas 1-866-446-6302)
5. Designate R.N./R.P.N. to report to evacuation area (main entrance, Outreach entrance or 2nd Floor garden area) to supervise transportation of Residents.
6. Assume responsibility for care of Residents at the Relocation Centre until arrival of Administrator.

RESIDENT CARE SUPERVISORS- NURSING

1. Report to Control Centre with walkie-talkie (Channel 1)
2. Serve as Assistant to Deputy Administrator/Director of Nursing.
3. Delegate staff to supervise transportation of Clients to their homes.
4. Supervise the departure of Residents to relocation centre. Request assistance as necessary to expedite this process.
5. **Complete Record of Transfer (Form A-86) which is located in the Fire bags in absence of RN/RPN.** Ensure that a copy goes to the Control Centre.
6. Proceed to the Relocation Centre with the first group of evacuated Residents.
7. Supervise reception of Residents at Relocation Centre and ensure adequate records are kept.

SUPERVISOR OF SUPPORT SERVICES

1. Report to Control Centre with walkie-talkie (Channel 1)
2. Direct Support Services Staff to coordinate with the needs of other Lodge Departments as necessary. i.e. equipment
3. Delegate Staff Members to act as traffic controllers on the home property. **Red vests will be worn by the designated traffic controllers. (In cloak room ground floor)**

SUPERVISOR OF NUTRITION SERVICES

1. Report to Control Centre with walkie-talkie (Channel 1)
2. Coordinate food services during the disaster ensuring the nutritional needs of Residents, workers (staff, volunteers, emergency crews etc.) and persons on modified diets are met.
3. Implement flexible feeding plans which can be adapted quickly according to severity of disaster.
4. Make necessary arrangements for food supplies and equipment as needed.
5. Keep an updated personnel list on file.

SUPERVISOR OF RESIDENT & OUTREACH SERVICES

1. Report to Control Centre with walkie-talkie (Channel 1)
2. Designate Resident Services/Outreach Staff to :
   i) Report to triage
      a) determine exits which require monitoring
      b) assign available staff to monitor exits as required
3. Direct Resident Services/Outreach staff to proceed to Relocation Area/remain at Lodge during the evacuation, whichever is appropriate.

ADMINISTRATIVE ASSISTANT

1. Report to Control Centre.
2. Notify the Emergency Response Team, other community support services, and initiate the Fan Out Plan at the direction of the Administrator/Delegate. Obtain and provide pertinent information i.e. extent of damage, location of departure site, etc.
3. Proceed to Relocation Centre with last bus load.

RESIDENT & FAMILY SERVICES (Social Worker)

1. Report to Control Centre with walkie-talkie (Channel 1) with the Evacuation Kit and Emergency Manual.
2. Answer telephone and respond to inquiries.
3. Ensure adequate protection of financial records.
3. Take laptop and bring to receiving site with the assistance
4. Contact volunteers for their services if need arises, and coordinate utilization of same.

RECEPTIONIST

1. Report to Control Centre with the Evacuation Kit and Emergency Manual.
2. Sign-in and direct incoming staff at staff entrance.
3. Contact families of Residents, at Relocation Centre, re: disaster.

MAINTENANCE

1. Report to Control Centre with walkie-talkie (Channel 1)
2. Utilize Lodge van/Public Works truck to transfer necessary equipment to the Relocation Centre.
3. Contact other available trucks (see Page 28) if necessary.
4. Request staff assistance from the Control Centre as needed.

REGISTERED NURSE/REGISTERED PRACTICAL NURSE

1. Respond to emergency situation as required. 4th floor R.N./R.P.N. is to bring the **Emergency Cart (crash cart)** to the **Triage area (Chapel) if required.** Direct staff and assign specific duties. Man walkie-talkies.
2. Send **Fire Bags** from (2nd, 3rd and 4th floors) with the first staff member to leave the floor with Residents. Instruct staff member to apply labels to Residents at Main Entrance/Outreach Entrance/2ND Floor garden area.
3. Notify the Supervisor of Support Services, via walkie-talkie, when the floor is evacuated.
4. R.N./R.P.N. when loading residents onto transportation vehicle will complete the **Record of Transfer (Form A-86) located in the Fire bags.**
5. Supervise transportation of residents going to Cornwall Community Hospital McConnell St. Site via Front Entrance. Send MAR sheet and Transfer Sheet with Residents to hospital.
6. Supervise transportation of Residents going to Relocation Centre via Tea Room and Outreach Entrance, 2nd Floor garden area.
7. Use walkie-talkies or designate runners to report staffing needs to Control Centre.
8. a) Remove charts, Med. Carts, and ensure their transfer to the Loading Dock if necessary.
   b) Transfer commodes, lifts, and any other equipment as required to Loading Dock as required.
9. Check all units following evacuation for stragglers.
10. Remain at exit area of unit during evacuation to see that Residents are properly clothed and sufficient blankets are available for the comfort of Residents.
11. Send staff with Residents when transported.
12. Proceed with Residents to Relocation Centre.

HEALTH & SAFETY/STAFF DEVELOPMENT

1. Report to Control Centre with walkie-talkie (Channel 1).
2. Co-ordinate operations at Control Centre when delegated. Direct all Supervisors to put on identification vests and to use their walkie-talkies.
3. Designate runners as needed.
4. In the event of total evacuation, delegate staff as required:
5. Evaluate level of disaster plan knowledge, and review, update, and revise training program as required.
6. Provide education and training of disaster plan annually.

STAFF RESPONSIBILITIES

Staff on Duty

1. Nursing Staff report back to individual units. Unit Dietary and Housekeeping staff remain on nursing units and follow direction of Charge Nurse.
2. All remaining staff go to the Control Centre.

Staff Called In

1. In the event of disaster, staff called in will enter facility through staff entrance.
2. Report to Control Centre and await further instructions from Supervisor of Support Services.

Resident Identification

All Residents will be identified with an Information Label before evacuation. **Labels will be kept in alphabetical order in specially marked Fire bags located at the Nursing stations on 2nd, 3rd and 4th Floors.**

The following information will be included on the label:

a) Name
b) D.O.B.
c) Physician
d) Health Card #
e) Next of Kin and Phone #

Mode of Transportation	Destination	Place of Exit
City Bus	Civic Complex	Outreach Entrance
Ambulance	C.C.H.-McConnell	Front Entrance
Handi-Transit	Civic Complex	Outreach Entrance

NOTE - Alternate exit would be Loading Dock if so advised.

INFORMATION ON LABELS WILL BE REVIEWED AND UPDATED BY THE R.N. ON NIGHT SHIFT MONTHLY (SEE CHECKLIST HS-25).

Availability Of Hospital Beds

The number of Residents that could be accommodated at City Hospitals are as follows:

C.C.H - McConnell Site - 30

PROCEDURE FOR EVACUATION/RELOCATION OF RESIDENTS

Purpose To remove residents from the building or part of the building to a place of safety as expediently as possible.

Order To Evacuate

The order to evacuate is the responsibility of the Administrator/Delegate/Charge Person.

Alert System

Administrator/Delegate would inform Key Personnel of the necessity to evacuate by:

a) Paging CODE GREEN (3 times at 10 second intervals)

or b) Putting the Fire Panel into Evac Mode

Method used would depend on urgency of situation.

Evacuation Procedure

a) Order of Evacuation per Floor

1. 2nd Floor
2. 4th Floor
3. 3rd Floor

b) 3rd & 4th Floors will evacuate to the Tea Room of the building or Front Entrance depending on mode of transportation. Alternate Area - Outreach Lounges.

c) 2nd Floor Residents will evacuate to the Outreach Lounges and Staff Dining Room, 2nd Floor garden areas weather permitting

d) Triage will be set up in the Chapel

e) After each floor is evacuated from the building, the Charge Nurse/RPN will notify the next floor's supervisor.

f) When 2nd Floor is evacuated, the Charge Nurse will notify the Control Centre to release the MAG locks at the Fire Panel.

g) All three elevators are to be used if so directed.
DO NOT USE ELEVATORS IN THE EVENT OF FIRE OR THREAT OF EXPLOSION.

h) As each floor's evacuation is complete, the Residents will enter the waiting bus/ambulance to be taken to their evacuation destination.

I) **Accounts.** All Residents, staff, volunteers and visitors must be accounted for during any emergency evacuation. To help facilitate the accounting, Residents from a unit should be kept segregated from Residents of other units in the safe area. A staff member of the evacuated unit should be assigned by the Charge Nurse to account, using unit records, for each and every Resident from that unit. SHOULD A RESIDENT BE MISSING, THE CONTROL CENTRE MUST BE INFORMED IMMEDIATELY.

j) **Search.** As a unit is evacuated, each room must be searched systematically. The Charge Nurse must assign teams, consisting of two persons, to search each and every room, closet, bathroom, shower, etc. The search teams start at one end of the unit and work their way to the other end room by room. Once a room has been searched, close the door and proceed to the next room. When a room has been searched and evacuated, the door should be closed, and the Evacu-check Marker opened. Once a team has finished their assigned area, they are to report back to the Charge Nurse. Work as a team of two persons. Do not separate; stay together for your own safety.

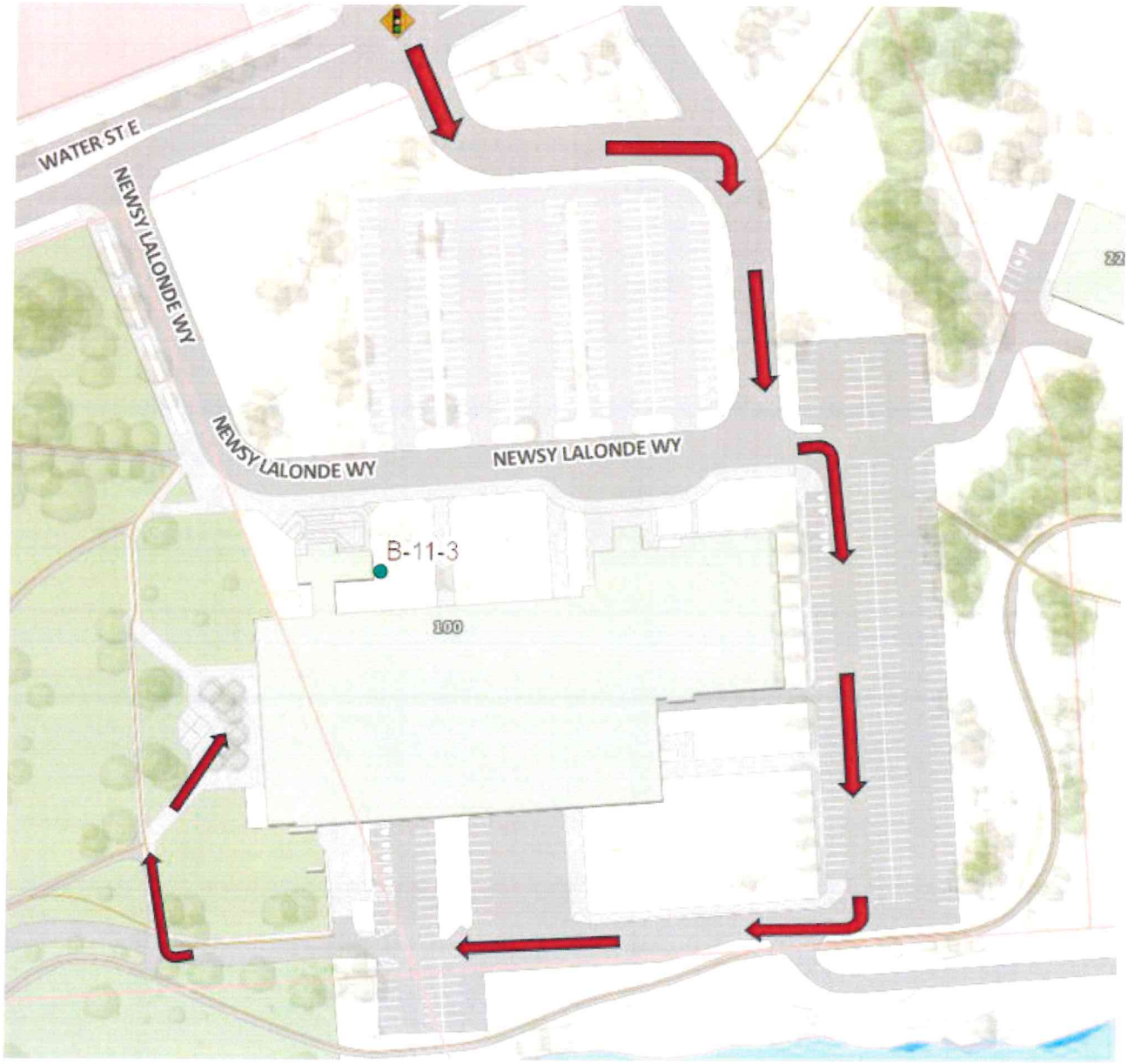
TRIAGE

Triage will be set up in the Chapel.

Relocation Area - TOTAL EVACUATION

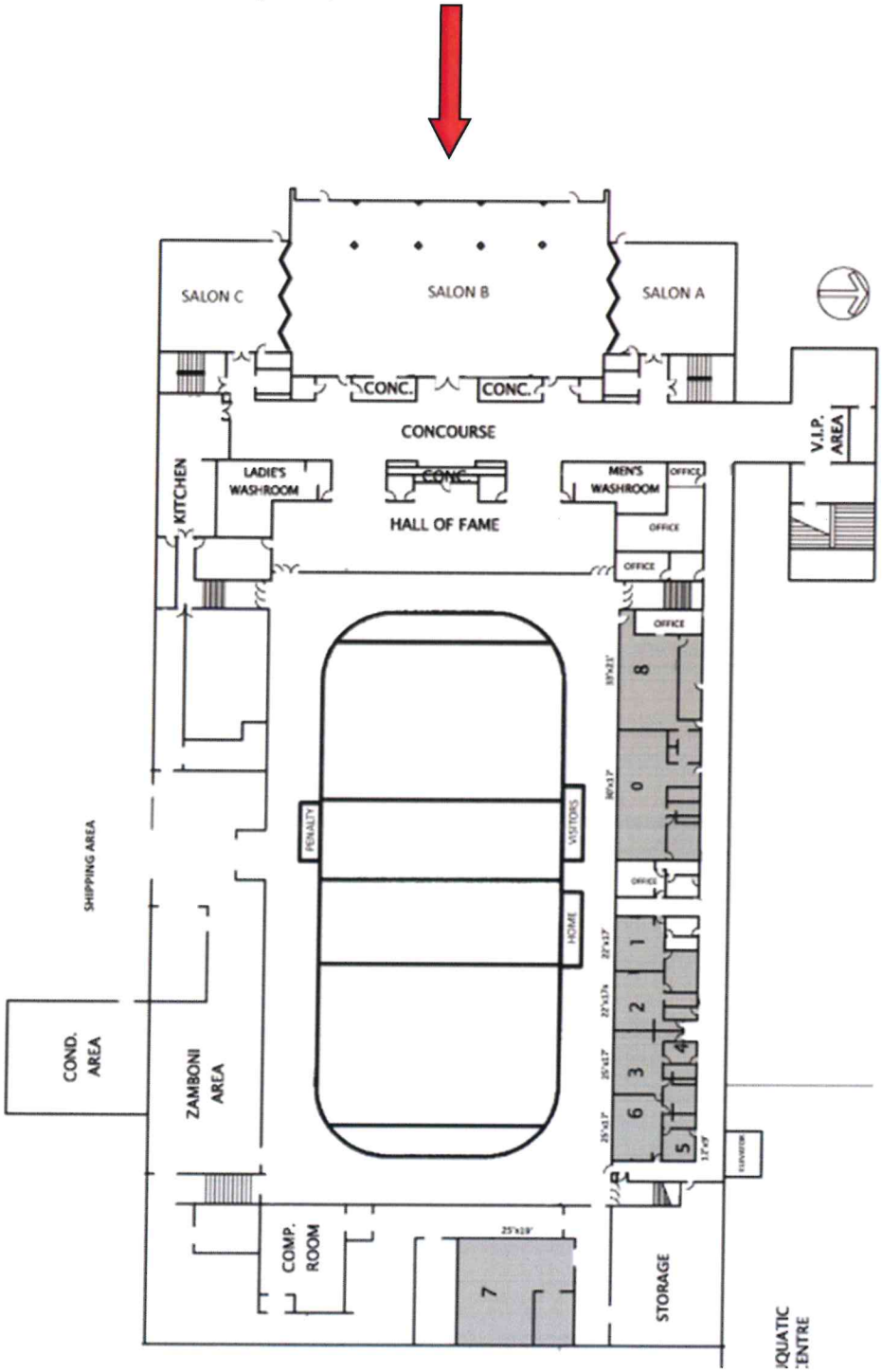
Residents designated for off-site relocation will be evacuated to Cornwall Civic Complex Salon's A,B,C.

SUMMER EVACUATION – CORNWALL CIVIC COMPLEX

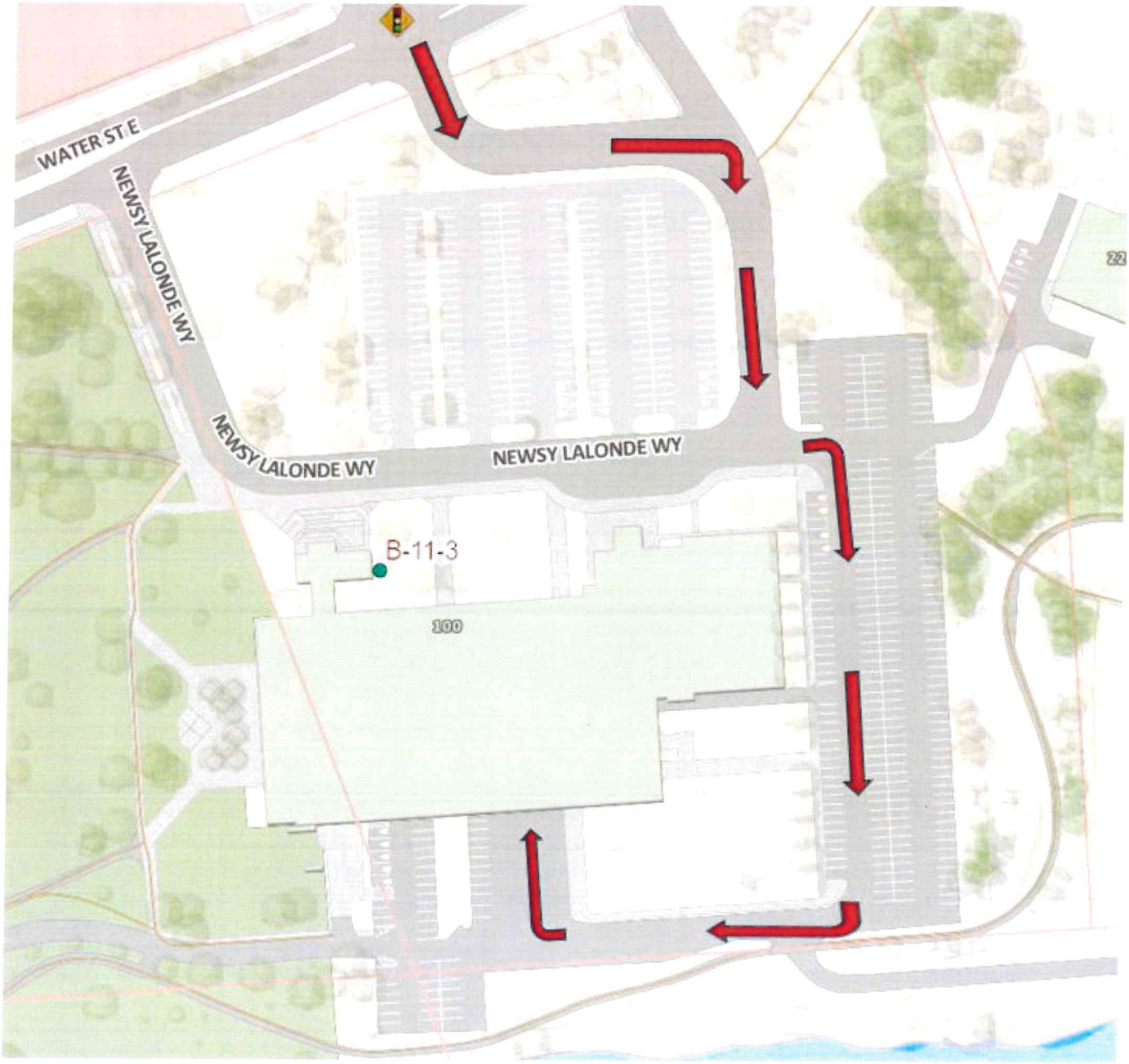


Summer Evacuation – Interior Map Complex

ENTER SALONS A, B.C,

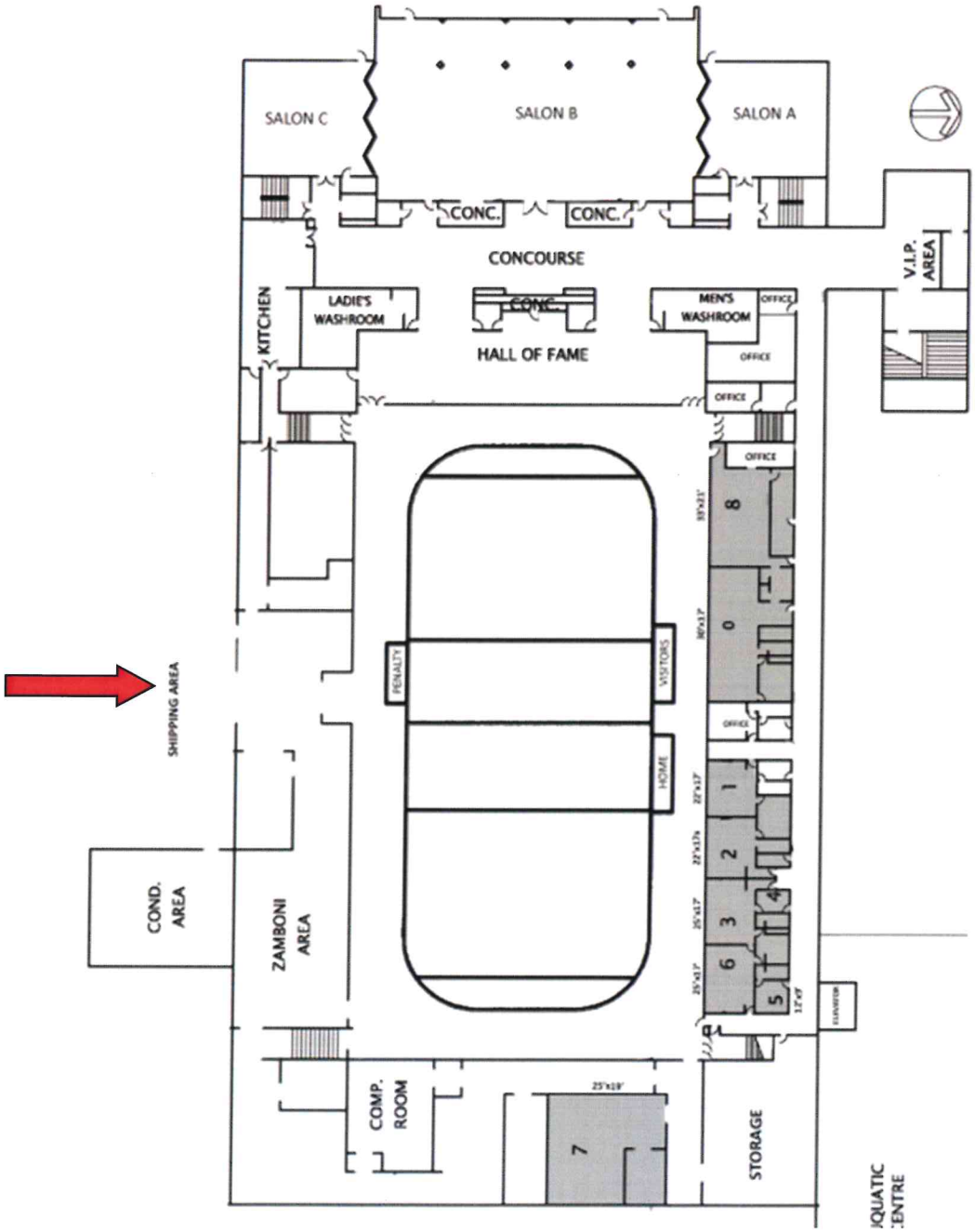


WINTER EVACUATION – CORNWALL CIVIC COMPLEX



WINTER EVACUATION – INTERIOR MAP COMPLEX

ENTER COMPLEX HERE



Disaster Headquarters

The headquarters will be located in the Control Centre of G.S.D.L. All operations and activities will be coordinated by the Control Centre, including inquiries concerning Residents. The Control Centre will be in the Library. The alternate location of the Control Centre will be announced by the Administrator.

Security

Security will be provided by Support Services who will act as traffic controllers on the home property. Designated entrances will be monitored, and only authorized personnel will be admitted. They will have their walkie-talkies with them.

Communications

1. Communications will be directed by the Administrator via walkie-talkie.

2. Contingency plans in the event of failure of planned communications methods will be through designated runners.

MAP OF FACILITY

To identify exits, etc. refer to Fire Plan.

External Air Exclusion

Standard: There is a process for the immediate shut down of all air handling and air exchange systems to restrict the entry of external contaminated air which include:

Procedure:
1. Fresh air circulation fans will be shut down manually.
   Note: Air circulation fans shut down automatically when the fire alarm sounds.
2. All activities and/or systems that create an exchange of air between the facility and the external environment will be shut down immediately in the event of toxic hazardous emissions in the community.
3. Restricting entrance and exit doors to main lobby, staff entrance, Outreach entrance and loading dock.
   Note: all of these doors have double doors.

In the event of a major community toxic chemical spill, where the resident's health is in jeopardy, the staff will close all doors and windows, and shut down HVAC(heating, ventilation, air conditioning) systems. Clothes dryers and oven ranges will also be turned off. Notify Supervisor of Support Services/Delegate immediately.

Parking And Report Back Procedures

Parking location, entrance/exit to and from the facility, and the reporting to arrangements will be followed according to chart below.

REPORTING PROCEDURES

PERSON	WHERE TO REPORT
STAFF	Staff Entrance
VOLUNTEERS	Staff Entrance
AMBULANCES	Main Entrance G.S.D.L.
CORNWALL TRANSIT	West Driveway-end of front sidewalk
HANDI-TRANSIT	West Driveway-end of front sidewalk

NOTE: Alternate place to report would be Loading Dock if so advised.

RELATIVES	Main Entrance at Civic Complex
MEDIA	Main Entrance at Civic Complex

Records/Equipment Transportation

Equipment needed at the Relocation/Receiving Site will be brought by the Lodge Van / Public Works Truck.

EQUIPMENT/RECORDS FOR TRANSPORTATION	RESPONSIBILITY	ACTION
Charts	Maintenance and Resident Services	Transport to Relocation Centre
Medicine Carts	R.N./R.P.N.	Transport to loading dock
	Maintenance and Resident Services	Transport to Relocation Centre
Commodes	R.N./R.P.N.	Transport to loading dock
	Maintenance and Resident Services	Transport to Relocation Centre
Incontinence Products	Support Services Resident Services	Transport to Relocation Centre
Lifts - Maxi, Sara	R.N./R.P.N.	Transport to loading dock
	Maintenance and Resident Services	Transport to Relocation Centre
Bedpans/Urinals	R.N./R.P.N.	Transport to loading dock
	Maintenance and Resident Services	Transport to Relocation Centre

<table>
<tr><td>Subject</td><td colspan="3">Section: Evacuation/Relocation</td><td>Original Issue: 1989 Feb.</td></tr>
<tr><td rowspan="3">Fan Out Plan</td><td colspan="3">Procedure: # MM-0603-11</td><td>Revised: November 2024</td></tr>
<tr><td>Page # 1</td><td># of pages 1</td><td>Reference Policy # n/a</td><td></td></tr>
<tr><td colspan="3"></td><td></td></tr>
<tr><td>Purpose</td><td colspan="4">The fan out plan is a means of calling off duty personnel back to work in the event of an internal or external disaster, when the home has an unusual number of casualties or when it is necessary to evacuate.</td></tr>
<tr><td>Person(s) Responsible</td><td colspan="4">Administrator or Delegate
Employees Listed on Fan Out Plan</td></tr>
<tr><td>Form Used</td><td colspan="4">Fan Out List</td></tr>
</table>

PROCEDURE:

1. The Administrator/Delegate will initiate the fan out plan in the event more staff are needed at the time of a disaster.

2. Administrator/Delegate will telephone the two names on the second row. The two people in the second row will call the two names below them on the third row.

3. The four staff in the third row will call each person in the line below them on the Fan Out List. If there is no response, move on to the next and so on until all possible employees below them are reached. Each employee listed on the second and third row should have their Fan Out List near their telephone or a photo saved of the Fan Out List for ease of access during an emergency.

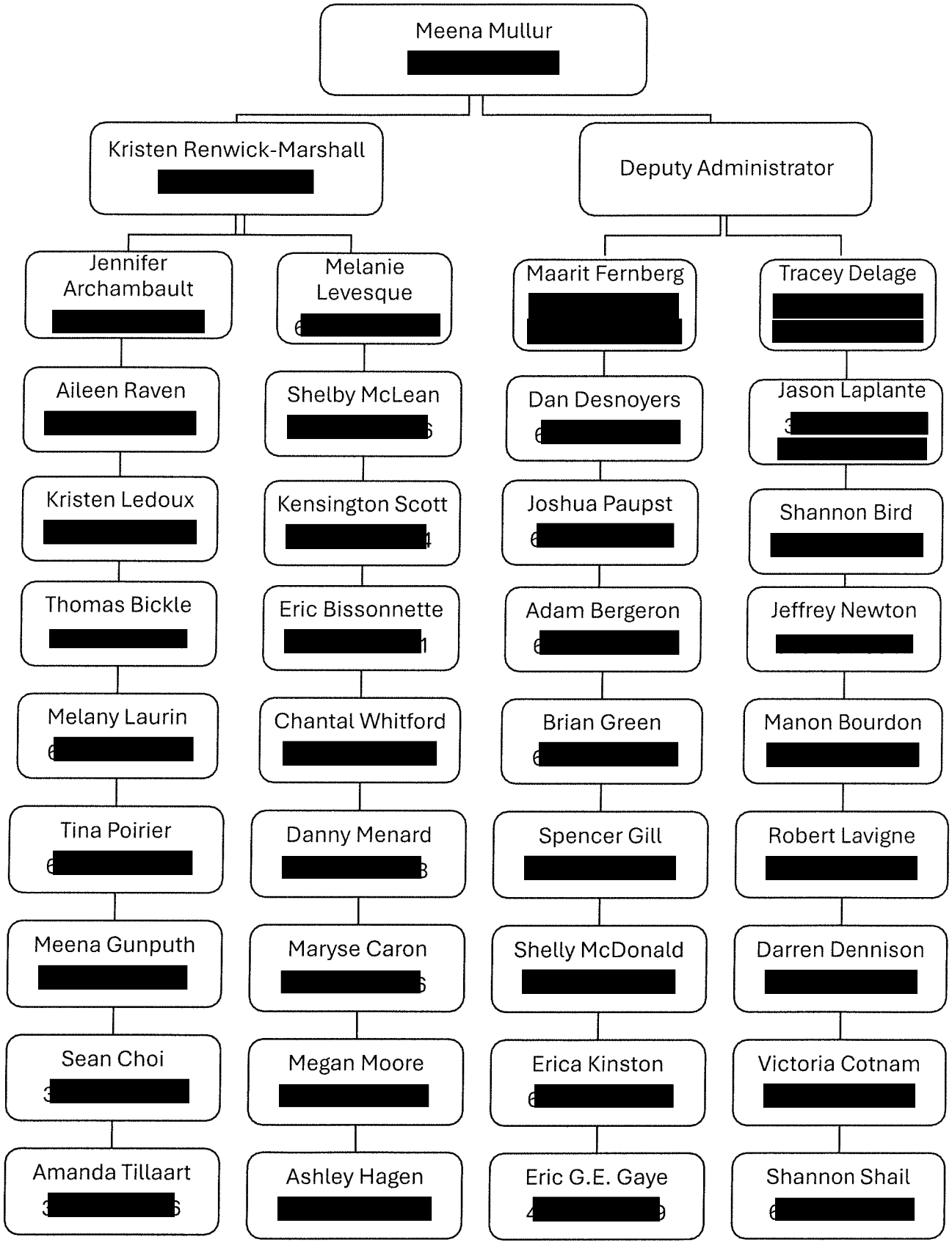
4. The third person must speak directly to the person they are calling and state "This is (not) a test". (No messages are to be given to other Family Members etc.). If this is not possible, they will move to the next person on the list. You should state "this is _____calling to announce the Fan out system is being initiated. You are requested to report to GSDL."

5. The third person shall report back to the Deputy Administrator on how many Staff are able to report to the Lodge. The Deputy Administrators will then contact the Administrator with an update.

6. Employees are to enter the Lodge through the Staff Entrance and report to the Control Centre where they will register and receive further direction. Employees must bring their GSDL swipe card to ensure entrance to the disaster area.

7. The Fan out plan will be reviewed and practiced annually to test staff responsiveness and awareness of the process. Following the test a response sheet will be submitted by the Deputy Administrators to evaluate the drill's effectiveness.

Fan Out List
November 2024



Bomb Threat Plan (Code Black)

Introduction

Most bomb threats are precisely that - a threat. However, each threat must be assumed to be real. Personnel participating in a bomb threat or other personnel on hearing of a bomb threat shall refrain from discussing this event outside of committee meetings.

PURPOSE All Staff are to be aware of their responsibility for dealing with a bomb threat.

A. THREAT RECEIVED BY TELEPHONE

Remain calm - **do not panic**.
The Receptionist or whoever receives the call should, if possible, transfer the caller to a person in authority. If the person does not wish to be transferred keep the caller online as long as possible, attempt to prolong the conversation and extract as much information as possible from the caller. Fill in the Bomb Threat Checklist. Listen attentively. Do not interrupt the caller.

1) Immediately signal to other staff members what is happening. Messages should be passed to others in writing as the caller will hang up if he overhears voices.
2) Direct that another person to call the Administrator or his delegate to initiate the bomb threat plan.

IMMEDIATELY AFTER CALLER HANGS UP PRESS *57 - this allows Bell to trace the call then CALL 911 then;

Notify the Administrator, Meena Mullur (Ext. 4223) Cell [redacted]

Notify the Supervisor of Support Services, Maarit Fernberg (Ext. 4224)
Cell - [redacted]

B. THREATS RECEIVED BY MAIL

As soon as you realize that it is a threat, do not handle the paper. Call the Administrator or delegate.

THE RESPONSIBILITIES OF ADMINISTRATOR/DELEGATE

a) Contact the Cornwall Police 9-1-1 regarding the situation.

b) Police will come to the Lodge and interview the person who received the call and the Administrator/Delegate

c) Following consultation with the Administrator/Delegate, the Police may direct the Administrator to alert staff by having **CODE BLACK** paged (3 times at 10 second intervals) that there has been a bomb threat and to begin their area of search. Staff are to return to their assigned area/Dept. and report to the R.N./R.P.N./Supervisor for further instructions.
Runners will be designated to go to each floor to give description of the bomb (if information is available)

d) Follow direction of police re initiation of the Internal Disaster Policy (i.e. evacuation)

Procedure On Hearing of Bomb Threat (Code Black)

RECEPTION: Receptionist must stay in Reception Area to answer phones and stops visitors entering the building.

a) Staff Members will congregate and remain at the Gallery of each Nursing Floor and at the Reception Area on Ground Floor – to await instructions via walkie-talkie or overhead page

b) R.N./R.P.N. will distribute Search Grids to staff members of each unit until Search Grids are all assigned.
Supervisor of Support Services will distribute Search Grids for Ground Floor.
1) Search Grids are found in the Disaster Plan Section of the Emergency Manuals
2) After business hours the Charge Nurse on 3rd Floor is responsible for distributing Search Grids for Ground Floor.
3) Two (2) Staff should do each Search Grid if possible
4) Administrator/Delegate will have two (2) Staff Members to check locked areas, giving one staff the Grand Master Key (located in 3rd Floor Med Room)
5) Staff should be assigned to search areas they are familiar with

c) A search will be conducted according to the Search Grid and including:
- all stairwells / halls / entrances
- all packages, shopping bags, lunch bags, boxes, mail, envelopes, etc. All items not belonging in the area must be treated as suspect.

d) Return completed Search Grids to Charge Person of each floor who will return them to Administrator/Delegate at Control Centre (Tea Room unless otherwise announced). Utilize runners for this purpose.
NOTE: Before returning the Search Grids to the Administrator/Delegate, RNs should check their locked areas.

e) Administrator will delegate the responsibility to check off areas to be searched on Master Check List Sheet.

f) At the direction of the Police, Administrator/Delegate will announce "all clear" when search is concluded.

DURING SEARCH

a) Listen for a ticking device while searching.
b) Do not move or touch a suspicious package.
c) Do not leave package unattended
d) Notify the Control Centre when a suspicious package is discovered.
e) Wait for police to arrive to examine package.
f) Act on instructions from the Police Department.

Note: Maintenance personnel:
1. must be prepared to shut down main electrical supply, turn off main gas and fuel lines on request from Fire and Police Departments.
Refer to Emergency Manual Procedure MM-0603-16.
2. if requested, must control entry into building.
3. search Penthouse and outside areas.

WHERE TO SEARCH

Bombs are usually placed outside buildings or in public areas within buildings. These areas must be checked with special care. Special attention should be paid to washrooms, utility rooms, closets, areas under stairwells, elevator shafts, furnace rooms, flammable storage areas, fan rooms, electrical panels, roof areas, valves for electrical gas and water supplies, trash receptacles, storage areas, false ceiling panels, moved furniture, draperies and fire hose and extinguisher cabinets. Elevator machinery, located on the ground floor adjacent to the elevators on Main Street, should also be checked.
When searching outdoors, particular attention should be paid to drainage areas, manholes in streets and sidewalks, trash receptacles, incinerators, etc. Parked vehicles, neighbouring mail-boxes, shrubs, bushes and other foliage should be thoroughly checked as well.

Bomb Threat Check List

INSTRUCTIONS: **LISTEN:** **DO NOT INTERRUPT THE CALLER EXCEPT TO ASK:**

WHY DID YOU PLANT THE BOMB? _____

WHAT IS YOUR NAME? _____

WHEN WILL IT GO OFF? _____

WHAT DOES IT LOOK LIKE? _____ CERTAIN HOUR: _____
TIME REMAINING: _____

WHAT FLOOR IS IT ON? _____ AREA: _____

DID THE CALLER APPEAR FAMILIAR WITH PLANT OR BUILDING BY HIS/HER DESCRIPTION OF THE BOMB LOCATION?
YES _____ NO _____

CALLERS IDENTITY _____ SEX: MALE ___ FEMALE ___ APPROXIMATE AGE ____

VOICE CHARACTERISTICS		SPEECH		LANGUAGE
__LOUD	___SOFT	__FAST	___SLOW	__EXCELLENT
__HIGH PITCH	___DEEP	__DISTINCT	___DISTORTED	___FAIR
__RASPY	___PLEASANT	__STUTTER	___NASAL	___FOUL
_INTOXICATED		__SLURRED		__GOOD
				___POOR

____USE OF CERTAIN WORDS PHRASES

ACCENT		MANNER		BACKGROUND MANNER
___Local	___Not Local	___Calm	___Angry	_Office Machinery
___Foreign	___Regional	___Rational	___Irrational	_Bedlam _Trains
___Race	___Other	___Coherent	___Incoherent	_Animals _Voices
		___Deliberate	___Emotional	_Quiet _Music
		___Righteous	___Laughing	_Mixed Noises
				_Street Traffic
				_Factory Noises
				_Party Atmosphere

ACTION TO TAKE IMMEDIATELY AFTER CALL

1. PRESS *57 - THIS ALLOWS BELL TO TRACE THE CALL.
2. NOTIFY YOUR ADMINISTRATOR OR DESIGNATE
3. TALK TO NO ONE OTHER THAN INSTRUCTED BY YOUR SUPERVISOR
4. WRITE OUT THE MESSAGE IN ITS ENTIRETY AS RECEIVED FROM THE INFORMANT:

_____

_____

_____

REMARKS _____

DISASTER MANUAL
PROCEDURE

Glen Stor Dun Lodge

<table>
<tr><td>Subject</td><td colspan="3">Section: Disaster Plan</td><td>Original Issue:1994 Sept</td></tr>
<tr><td rowspan="3">Shut Offs for Main Electrical and Gas Supply Lines</td><td colspan="3"></td><td>Reviewed July 2022</td></tr>
<tr><td>Page # 1</td><td># of pages 1</td><td>Reference Policy #</td><td></td></tr>
<tr><td colspan="3"></td><td></td></tr>
<tr><td>Purpose</td><td colspan="4">To establish the means by which the main electrical and gas supply lines to the Lodge could be shut off.</td></tr>
<tr><td>Person(s) Responsible</td><td colspan="4">Administrator/Supervisor of Support Services</td></tr>
</table>

PROCEDURE:

Main Electrical Supply

a) Proceed to the Electrical Transformer Room on Ground Floor.
b) Locate the Main Breaker Panel DP-1 Non-Essential Switchboard in the North-East corner of the room.
c) Take handle that is on the right side of the Main Breaker Panel, and attach it to the breaker, pulling the breaker down to the OFF position.

Gas Line

a) Proceed to 2nd Floor West Sitting Room exit, and go outside, turning to the right

b) Turn the valve (fluorescent orange), located at the base of the gas meter, counter-clockwise 45^0 to line up the holes.

Emergency Gas Line

a) Proceed to the East Driveway at the South-East corner of Lodge property.

b) Turn the valve (fluorescent orange), on the North side of the gas line loop, clockwise 45^0 using a wrench.

Feed to the Diesel Fuel Line

a) Proceed to the South-West corner of the Laundry Room.

b) Turn black knob to OFF position and shut off valves 146 and 147 (tagged) CAN ALSO BE SHUT DOWN IN THE RECORD STORAGE/SPRINKLER ROOM

c) Locate Panel LP-1EB in corridor outside of sprinkler room and turn OFF Switch #23.

DISASTER MANUAL
PROCEDURE

Glen Stor Dun Lodge

Subject	Section: Disaster Plan			Original Issue: 2006 July
Emergency Procedure - Loss of Water				Reviewed July 2022
	Page # 1	# of pages 1	Reference Policy # N/A	

STANDARD

1. To have a protocol in place to deal with an incident of loss of water which would allow for minimal disruption to the facility.
2. To have access to an adequate supply of water in the case of an emergency to ensure the health and welfare of all residents.

PROCEDURE

1. In the event of a complete loss of water, contact local Public Works at **930-2787 Ext. 2226**

2. In the event that water services will be returned to normal quickly (within 1-2 hours), no further action needs to be taken.

3. In the event that the water supplies will not be available for several hours the following procedure is to be followed:

   3.1 Milk and fruit juices are to be used to meet the needs of the residents. If extra supplies are needed, contact the Chef in the Main Kitchen or Dietary Aide in servery.

   3.2 Laundry, dishwashing operations and regular resident bathing shall be discontinued for the duration of the shortage. Back up operational contingency plan to be exercised.

   3.3 A supply of disposable wipes are available as needed.

   3.4 Minimize the use of toilets during period of shortage. Remember that a toilet can be flushed only once after water supply to building is cut off.

   3.5 Contact Supervisor of Support Services at Ext. 4224 to ensure that extra water is on hand. If the Supervisor is not available contact the bottled water supplier directly.

   3.6 Water interruption to be reassessed for duration by Senior Manager. Evacuation plans may be enacted at the discretion of the Administrator/Delegate.

4. In the event of a major water shortage for a significant period of time where residents' health is in jeopardy, the local water works is to be called by the Senior Management, staff available and informed that GSDL should be considered a priority.

EMERGENCY FOOD AND FLUID PROCUREMENT

Policy

Where food and fluids must be procured in an emergency situation the home must work collaboratively with the city of Cornwall and approved suppliers to provide food service in an emergency situation.
The home only uses City of Cornwall approved suppliers to purchase dietary supplies. Dietary supplies are purchased according to, and approved by, City of Cornwall specifications, in amounts that meet the menu and other requirements of the Dietary Department.

RELATED AND SUPPLEMENTAL POLICIES:

- Menus for Emergency Situations NC-05-01-08
- Purchasing NC-06-01-02
- Food Storage NC-06-01-06
- Receiving NC-06-01-08

DIETARY DEPARTMENT LEAD / DESIGNATE

1. Be familiar with all approved suppliers through ECPS.
2. Follow established purchasing contracts.
3. Use competitive buying techniques among companies authorized as City of Cornwall suppliers when no contract exists.
4. Maintain items that are readily available from suppliers in minimum permissible stock supply quantities. Maintain a supply as outlined below:
   a. A one-day (1) supply of perishable items;
   b. A three-day (3) supply of non-perishable items; and
   c. A three-day (3) supply of nutritional supplements, enteral or parenteral formula.
5. Maintain a list of contact information and delivery schedules for all suppliers. A Vendor Information form may be used. Refer to Vendor Information, Appendix 1.
6. Liaise with Complete Purchasing account manager (Tammy Armstrong) to set up emergency procurement
7. Set up Will-Call deliveries available to you through contracted suppliers (Sysco – Ottawa).
8. Ensure proper facilities available for safe food receiving, storage, preparation, and service. Refer to policies listed above for further explanation.
9. Refer to Canada. Public Health Agency of Canada. Centre for Emergency Preparedness and Response: Emergency food service: planning for disasters, and the Glen Stor Dun Lodge's Disaster Plan for further reference.

DIETARY STAFF

1. Prepare stipulated meals and deliver food to the designated areas.

Excerpted from Nutrition Care Manual

Menus for Emergency Situations

NC-05-01-08

LAST UPDATED: December 2020

APPENDICES:

- Appendix 1 – Emergency Menu: No Gas
- Appendix 2 – Emergency Menu: No Electricity
- Appendix 3 – Emergency Menu: No Water
- Appendix 4 – Emergency Menu: No Gas, No Electricity or No Water

RELATED AND SUPPLEMENTAL POLICIES:

- EP-13-01-02 – Loss of Essential Services, Emergency Preparedness and Response Manual
- RC-08-01-04 – Preventing Heat-Related Illnesses, Resident Care Manual

Emergency menus shall be implemented when an emergency situation arises (i.e., power disruptions, hot weather) and after the impact on the delivery of dietary services has been assessed. The Dietary Department shall refer to the home's Emergency Response Plan for further direction.
Sample menus are available but should be altered to make the best use of available utilities (water, gas, and electricity), food, supplies (paper and disposable supplies), workers and equipment during an
emergency situation.

Emergency situations could include loss of one or more of the following essential services:

- Interruption of cooling units (refrigerators and freezers);
- Interruption of gas or electrical supply (loss of cooking equipment);
- Interruption of water; and
- Interruption of supplier.

In the event that the home initiates a hot weather protocol, the menu may be altered as prevention and early intervention for heat-related illnesses. The menu in a hot weather protocol situation should be aimed at cooling and rehydrating residents.

DIETARY DEPARTMENT LEAD / DESIGNATE

1. Adapt the sample emergency menu to meet the basic nutritional requirements considering the following:
   a. Availability of utilities (gas, electricity and water) for food preparation, serving and ware washing;
   b. Availability of water for cooking, drinking and sanitation;
   c. Availability of staff;
   d. Availability of food and supply deliveries;

e. Ability to meet modified diet needs; and

f. In hot weather situations, availability of hydration stations on each home area, replace soup with juice, replace hot entrée with a sandwich, and provide extra popsicles and ice cream.
Note: In the event your major supplier is unable to deliver supplies, contact ECPS for an alternate vendor.

2. Direct, assign and supervise staff to meet the needs of the situation.
3. Ensure proper sanitation and safety standards are practiced in food preparation, food distribution and food storage areas.
4. Keep all arrangements current with community agencies, partnered facilities and resources that will be involved in the Dietary Department Emergency Response Plan for loss of essential services.

DIETARY STAFF

1. Prepare stipulated meals and deliver food to the designated areas.

REFERENCE

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html
Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx
GSDL Policy Platform is the official source of current approved policies, procedures, best practices and directives.

DISASTER MANUAL
PROCEDURE

Glen Stor Dun Lodge

Subject	Section: Disaster Plan			Original Issue: 1994 March
Elevators				Reviewed: December 2023
	Page # 1	# of pages 1	Reference Policy # MM-0706-30	
Purpose	To ensure that Staff are aware of the operation and safety features of the elevators.			
Person(s) Responsible	All Staff			
Form(s) Used	n/s			

PROCEDURE:

Elevator locations:

1 Front Entrance
2 Front Entrance
3 Service Elevator behind the kitchen

When the facility is in alarm, the elevator will automatically return to the first floor and open. Once opened they can only be accessed by the Fire Department.

Telephones are located in each elevator for emergency use. When the receiver is picked up, the telephone will automatically ring in the Glengarry Nurses' Station.

If any Elevator malfunctions or service is required, call **OTIS 1-800-458-6847**

LOCK OUT OF ELEVATORS

Refer to Management Manual Policy # MM-0706-30

SERVICE ELEVATOR

The Service Elevator is for the use of Lodge Personnel. It is not to be used by Residents/Families.

GLEN STOR DUN LODGE

DISASTER PLAN

Isolation

PURPOSE:

1. To enable the facility to survive on its own resources. Isolation could be the result of a flood, snowstorm, strike, power failure etc.

2. To maintain the resources to provide food, shelter, and medical care to the facility's total Resident population and all attending staff for a period of 3 days of isolation from the community.

COORDINATION OF ACTIVITIES

The co-ordination of all activities in the event of isolation from the community will be the responsibility of the Administrator or Delegate.

ISOLATION OPERATIONS

Human Resources

1. Establish minimum staff requirements and alter duties to preserve energy.
2. Co-ordinate sleeping arrangements for staff and provide methods of staff rotation.
3. Utilize Residents and Volunteers to relieve some pressure from Staff.
4. Notify those persons/agencies in the community from which assistance can be attained. (see Emergency Phone Numbers page 40)

Material Resources

1. Evaluate present stock and determine length of time they can suffice and establish maximum time they can last if rationed.
2. Arrange for alternate sources of water, electrical power, heat, cooking facilities and refrigeration.

Emergency Feeding

1. Utilize alternate methods of cooking.
2. Establish proper rotation system for perishable food items.
3. Menus and method of food preparation may have to be altered due to changing staffing patterns and availability of supplies.

NOTE: **As in all emergency situations, all non-essential work will be held in abeyance during the period of the emergency**

Code Orange- External Disaster Reception

RECEPTION

PURPOSE

The provision of shelter, food and medical care to evacuees or other residential facilities of the community.

Basic Assumptions:

The following criteria will be used to determine acceptance of evacuees;

a) Time/length of relocation required
(the facility will be able to house a maximum of 50 evacuees for 72 hours)
b) Availability of resources (staffing, equipment, etc)
c) Impact on home's services (meals, resident programs, staffing)
d) Ability to provide interim care to evacuees based on their care needs.
e) Restrictions on space and other resource allocations due to legislative requirements.

COORDINATION OF ACTIVITIES

The co-ordination of all activities to receive and house persons at the facility will be the responsibility of the Administrator/Delegate following an external disaster in conjunction with the designated Community Emergency Management Coordinator.
Notify those persons/agencies in the community from which assistance can be attained. (see Emergency Phone Numbers Page 28)

HOUSING

People will be sheltered as follows:

Location	Maximum Number
Tea Room - Pub	30
Outreach Areas	10
Main Street and Library	10

RECEPTION OPERATIONS

Identification and Records.

1. Establish a system of identification and record-keeping of all evacuees.
2. If records accompany evacuees, keep them separate because once the crisis is over such records will leave with the evacuees.

Human Resources

1. Assign staff accordingly to provide care for all evacuees.
2. If staff accompany evacuees coordinate staffing with liaison person.
3. Initiate fan-out as deemed necessary.

Material Requirements

1. When it is determined the number of persons needing shelter, provide food, clothing, bedding as needed.
2. If sufficient materials are not available within the Home, make necessary arrangements to have them delivered. (ie. Complex, Red Cross)

Emergency Feeding

Menus, method of food preparation and serving may have to be modified to a simpler system to accommodate the increased population.

Outcome

Code Orange is communicated to all staff/supervisors and the reception plan is implemented on notification of influx of residents subsequent to an external disaster.

Glen Stor Dun Lodge

Subject	Section: Disaster Plan			Original Issue: 1989 March
Communication with the Media				Reviewed: December 2023
	Page # 1	# of pages 1	Reference Policy # n/a	

1. The Administrator/Delegate is responsible for the release of information should be centrally located and supplied with pertinent information in a prompt manner. News releases regarding disaster will be provided on a regular basis by the Administrator/Delegate and coordinated with the City of Cornwall Media Coordinator. Media will be directed to Relocation Area, if possible.

2. Only the Administrator/Delegate has the authority to address the media regarding the Disaster situation. Careful record keeping on the evacuated residents will ensure that any requests for information about an individual resident can be obtained.

3. If the disaster situation is caused by a Bomb Threat, it is important to remember that the person issuing the threat may be doing so to illicit publicity. The Administrator/Delegate will seek the co-operation of the media to see that there is no media coverage of the event. The Administrator/Delegate will not issue any formal statements concerning the Bomb Threat.

4. Instruct all staff to maintain complete confidentiality and refer inquiries to designated spokesperson.

GLEN STOR DUN LODGE
DISASTER PLAN
(PEACETIME)

Emergency Phone Numbers

NAME	DEPARTMENT/AGENCY	OFFICE	HOME/CELL
Shawna Spowart	Police Chief, Cornwall Police	933-5000 Ext 2753	
Mathew Stephenson	Fire Chief, Cornwall Fire Depart.	930-2787 Ext. 2508	
Bill Lister	Chief Paramedic Services On Call Supervisor	930-2787 Ext. 2125 937-7500	
Dr. S. Patel	Medical Director		[redacted]
Justin Towndale	Mayor - City of Cornwall	930-2787 Ext. 2327	
Jean Marcil	Cornwall Transit - Handi-Transit	930-2787 Ext. 2254	
Mellissa Morgan	Interim General Manager, Planning, Development & Recreation	930-2787 Ext. 2599	
Lisa Smith	Interim General Manager, Human Services and Long-Term Care	938-7717 Ext. 4320	
	Long Term Care Division MCSS	1-800-267-8588	
Tracey Bailey	Interim C. A. O. - City of Cornwall	930-2787 Ext. 2501	
	Ontario Provincial Police	1-888-310-1122	
	Provincial Ambulance Service	933-2714	
	Fortis Electric (Outage reporting 1-844-319-3614)	932-0123	
	Enbridge	1-866-763-5427	
	Cornwall Community Hospital	938-4240	
	Ministry of the Environment	933-7402	1-800-860-2760
	MediSystem		
	Community Care Access Centre	936-1171	
	Veteran's Taxi	932-7311	
	Choice Taxi	938-8899	
	Medigas	936-0125	
	St. John's Ambulance Service	936-1525	
	Otis	1-800-458-6847	
Maarit Fernberg	Supervisor Support Services	[redacted]	

DISASTER MANUAL
POLICY

Glen Stor Dun Lodge

<table>
<tr><td rowspan="2">Subject</td><td colspan="3">Section: Disaster Manual</td><td>Original Issue:1987 October</td></tr>
<tr><td colspan="3"></td><td>Reviewed: December 2023</td></tr>
<tr><td rowspan="4">External Disaster Plan</td><td rowspan="4">Page # 1</td><td rowspan="4"># of pages 1</td><td rowspan="4">Reference Procedure #n/a</td><td></td></tr>
<tr><td></td></tr>
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</table>

The City of Cornwall Emergency Plan is the External Disaster Plan of Glen Stor Dun Lodge.

For ease of reference a copy of this Plan will be located in the Administrator's Office.

Glen Stor Dun Lodge will offer the use of its facilities to the City of Cornwall as a Reception Centre as per the established partial Evacuation Procedure.

DISASTER MANUAL
PROCEDURE

Glen Stor Dun Lodge

Subject	Section: Disaster Plan			Original Issue: June 23, 2022
Floods	Page # 1	# of pages 2	Reference Policy # n/a	Reviewed: December 2023
Purpose	To have a procedure in place to deal with isolated flooding or flooding posing a risk to residents.			
Person(s) Responsible	All staff			

PROCEDURE:

Isolated Flood:

1. In the event a flood is localized to a small area, and there are no potential risks to residents or staff safety i.e., resident's room, office, washroom etc. contact maintenance during business hours.

2. After hours, contact the on-call supervisor, if he/she is not available, contact the maintenance supervisor and notify him/her of the isolated flood.

3. Maintenance staff will assess the situation and commence troubleshooting and contact a city approved plumber if deemed necessary.

4. Floor staff are to start controlling the isolated flood immediately by using the following items at their disposal.
   - Towels and/or soaker pads
   - Sorbent socks and/or Sorbent pads
   - Shop Vac located in center core

Uncontrolled Severe Flood

1. If the flood poses danger to residents, staff, or visitors, call 9-1-1 immediately and include the following information:

- Name of facility
- Address
- Describe flood situation (General location or room #'s, severity of flood etc.)

2. Alert residents, staff, and visitors.

3. Unplug non-essential appliances, equipment, and computers. Do not allow electrical devices to come into contact with water.

4. Gather critical supplies to take to higher ground/evacuation (e.g., medications, drinking water, health records, important personal items, communication devices, blankets, etc.)

5. Consider all flood water contaminated. Avoid walking through flood waters and wash hands thoroughly after contact. Do not use pre-packaged food and drink products that come into contact with flood water. When in doubt, throw it out! Report utility problems to appropriate utility company/agency

6. In the event a flood cannot be contained and residents must be evacuated, activate the Code Green (evacuation) policy located in the disaster plan.

DISASTER MANUAL
PROCEDURE

Glen Stor Dun Lodge

Subject	Section: Disaster Plan			Original Issue: June 2022
Gas Leak	Page # 1	# of pages 1	Reference Policy # n/a	Reviewed: December 2023
Purpose	To establish the means by which the main electrical and gas supply lines to the Lodge could be shut off.			
Person(s) Responsible	Administrator/Supervisor of Support Services			

Where there is any suspicion or evidence of a gas leak, the following procedures outline the actions to be taken promptly

GUIDELINES:

In the event of someone who smells natural gas the following the general guidelines

1. Do not turn electrical switches on or off
2. Do not use a phone or a cellular phone inside the building
3. Do not use any potential ignition sources or open flames
4. If possible, open doors and windows to ventilate the building without spending additional time if there is imminent danger of explosion or fire jeopardizing safety.

PROCEDURES:

1. Maintenance staff are to close gas lines, or charge nurse after hours.

Gas Line

a. Proceed to 2nd Floor West Sitting Room exit, and go outside, turning to the right

b. Turn the valve (fluorescent orange), located at the base of the gas meter, counterclockwise 45^0 to line up the holes.

Emergency Gas Line

a. Proceed to the East Driveway at the South-East corner of Lodge property.

b. Turn the valve (fluorescent orange), on the North side of the gas line loop, clockwise 45^0 using a wrench.

2. Notify kitchen staff and advise to turn off equipment using natural gas and not to use electrical equipment until further notice.

3. Call Enbridge Gas (866) 763-5427 and Fire Department immediately.

4. Contact the Supervisor of Support Services or the on-call manager after hours

5. Maintenance to affect repairs or contact a City of Cornwall approved Licensed Natural Gas fitters.

6. In the event orders are received to evacuate residents, activate the Code Green (evacuation) policy located in the disaster plan.

DISASTER MANUAL
PROCEDURE

Glen Stor Dun Lodge

Subject	Section: Disaster Plan			Original Issue: June 2022
Boil Water Advisories	Page # 1	# of pages 2	Reference Policy # n/a	Reviewed: December 2023
Purpose	To ensure procedures are in place when the Eastern Ontario Health Unit declares a boil water advisory.			
Person(s) Responsible	All staff			

The Medical Officer of Health issues a boil water advisory when they suspect or have confirmed the presence of harmful microorganisms in the drinking water supply. adverse water quality.

Boiled water is when the water is in a rolling boil for at least one minute.

When the Medical Officer of Health issues a boil water advisory, instructions should be provided, otherwise staff is to follow the following instructions,

Boiled or bottled water are to be used for the following instances:

- Drinking
- Manually making ice cubes, juices, or other mixes (ice machines connected to a water line may not be used)
- Preparing food, including washing fruits and vegetables
- Gargling or brushing teeth or dentures

PROCEDURE:

1. Secure a supply of potable water by:
   - Boiling water, once cooled, store in a sanitized container.
   - Using commercially bottled water.
   - Contacting the supervisor of support services to ensure extra water is on hand.

2. Post a "Do not drink water" signs at all faucets.

3. Discard food prepared with potentially unsafe water prior to the issuance of boil water advisory.

Hand Washing

Wash hands with bottled water or boiled then cooled water.

- If using non-boiled tap water, wash hands with liquid soap and dry thoroughly. Then rinse/sanitize using an Alcohol-based hand disinfectant containing more than 70% alcohol.

Bathing

- Residents may safely bathe or take showers.
- Residents under the wound care program will be assessed for feasibility of bathing

Washing and Cleaning Laundry can be done as usual.

- Dishwasher may be used ensuring the final rinse reaches a minimum temperature of 66°C (150 degrees Fahrenheit).
- Dishwasher may be used when the sanitizing cycle is used.
- Dishes, cutting boards and countertops can be washed with soap and water and then disinfected with a strong bleach solution
    - Place 1 tsp of liquid household bleach in 3 cups of water.
    - Mix and let stand for at least 15 minutes before using.
    - The mixture can be transferred to smaller clean containers for use.
    - Label the containers as follows: "STRONG BLEACH SOLUTION – DO NOT DRINK."

Ref:

- Eastern Ontario Health Unit boil water advisory
- CDC, Boil Water Advisory.

Glen Stor Dun Lodge

Subject	Section: Disaster Plan			Original Issue: June 2022
Power Outage				Reviewed: December 2023
	Page # 1	# of pages 2	Reference Policy #	
Purpose	To establish procedure in the event of a power outage.			
Person(s) Responsible	Administrator/Supervisor of Support Services			

GUIDELINES:

Glen Stor Dun Lodge has a generator to power essential systems. The generator is to be tested on a regular basis and ensure there is a supply of fuel for the duration of the emergency.

In the event there is a power outage, and the generator is not functioning Glen Stor Dun Lodge is to follow procedures.

PROCEDURES:

1. Contact the Supervisor of Support Services or the on-call manager after hours.

2. Maintenance is to troubleshoot the generator or contact a City of Cornwall approved Licensed Electrician.

Kitchen

Immediately:

a) Record the time the power outage began

b) Monitor and record food temperature every 2 hours

c) Add ice to the refrigerators to maximize the time food stays cold.

d) Minimize refrigerator opening.

e) In the event the power outage is extended or indefinite, start planning for relocation of food, including frozen food to an alternate location unaffected by the power outage or a refrigerated truck.

Vaccines

a) Keep refrigerators where vaccines are stored closed.

b) Monitor temperatures. Record the time and internal temperature of the non-functioning refrigerator (as soon as possible after the start of the electricity disruption) in the vaccine temperature logbook.

c) Start planning for relocating vaccine to a functioning refrigerator such as the health unit.

3. Restrict activities to those that can be safely conducted in natural light whenever possible.

4. Use battery powered lights.

5. In the summer, to prevent heat related illnesses,

   a) have drinking water and encourage residents to drink it often.
   b) Keep shades drawn and blinds closed on the sunny side of the facility
   c) Open windows to promote cross breeze.

6. Contact the Supervisor of Support Services or the on-call manager after hours

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MEDIGAS – Homecare Disaster Preparedness Plan

HOMECARE DISASTER PREPAREDNESS PLAN

Medigas maintains a Disaster Client List, by Canadian region, which shows all oxygen clients, prioritized by liter flow.

Medigas encourages Long Term Care and Retirement homes to have backup generators.

Ensure your local Medigas office knows your evacuation plans.

Emergency Response Plan
The Medigas Homecare Emergency Response Plan is to ensure uninterrupted client/Resident care and service in the unlikely event of a natural disaster (earthquake, flood, etc.), communication breakdown, labour strike, or any other events beyond the immediate control of Medigas.

Medigas has the ability to coordinate emergency activities locally, regionally or nationally depending on the circumstances and severity of the disaster. In the event of such an emergency, coordination can be accomplished off-site by accessing our IT system from any one of our non-affected Medigas and Linde locations in North America. This would allow local Medigas emergency resources to focus their efforts in assisting the community with the needed disaster response. Contingency plans are in place in the event of a communication failure. Responsible personnel report to the location or an alternate disaster coordination site.

A client priority list for emergencies is maintained. Such a list prioritizes clients/Residents requiring immediate service in the event of a disaster. The local healthcare professional regularly revises and assesses the priority list. The priority list is generated monthly and stored in a secured access location. Subjective priority setting may also be determined based on the client's/Resident's observed condition, the availability of Medigas resources, or other known considerations.

All Medigas personnel are trained in the plan and their individual responsibilities. To maintain a level of preparedness, refresher training is conducted on a regular basis and as determined by local management. An annual drill practices the Plan and the performance is recorded on our Disaster Practice Drill Report.

Prioritizing Clients/Residents
Clients/Residents needing services during an emergency situation must be prioritized based on need. All factors should be considered when deciding priority including:

a. Nature of the emergency, i.e. power outage, blocked roads, loss of equipment
b. Expected length of the emergency
c. Liter flow
d. Continuous use/need for equipment vs. non-continuous use/need
e. Available resources such as equipment, backup in the Home, delivery staff

HOMECARE DISASTER PREPAREDNESS PLAN

The Client and Our Emergency Plan

Clients/Residents receiving essential services must be trained during their initial set up about our on-call services as well as the Medigas emergency preparedness plan. Clients/Residents must be trained on the following elements of the plan:

1. Medigas must continue to provide essential services during emergency situations as long as it is reasonably safe to do so, considering both the safety of employees and clients.
2. During an impending emergency, such as severe weather, Medigas must make pro-active plans to provide essential services and deliveries prior to the event. Medigas must contact Clients/Residents to inform them of any necessary schedule changes.
3. Clients/Residents should be trained to keep back up equipment charged and/or full and only use the backup equipment during an emergency situation. Clients/Residents should use their back up oxygen supply and/or utilize back up batteries and equipment while waiting for Medigas to arrive with additional product.
4. Clients/Residents who live in remote areas should consider purchasing a backup generator.
5. Clients/Residents should follow the safety directions issued by governing emergency management agencies including evacuation of the area. If evacuated, clients should bring all essential medical equipment, supplies and medications with them to their temporary location.
6. If Medigas cannot provide essential services to a client/Resident during an emergency situation, the Client/Resident should contact the local authorities, (Fire, Police, Ambulance) for assistance and/or transport to a local hospital or shelter.
7. Clients/Residents should contact Medigas during an emergency via the normal phone numbers. If the local telephone numbers are not functioning, clients can call a national Medigas hotline and provide the following information:
   i. Name
   ii. Name of their local branch
   iii. Current location (shelter, hospital, alternate address)
   iv. Equipment they use / need
   v. Phone number to reach them
8. During a severe emergency / natural disaster, Medigas must post announcements indicating our service capabilities on local radio and TV stations. Additionally, Medigas must provide contact information to all known or designated emergency shelters and hospitals.

HOMECARE DISASTER PREPAREDNESS PLAN

Community Response

Each location cannot operate in an emergency situation on its own. It must give and receive information to and from local governmental organizations such as police, fire departments, city and town emergency preparedness teams, emergency response agencies, hospitals, and county agencies.

- It is essential we seek their help and give assistance where and whenever we can to support our local governments who are engaged in serving the public.
- Each Medigas location is required to contact local emergency planning agencies and register with these agencies. Medigas must inform the agency of the nature of our business and the need to get priority assistance to clients on life sustaining equipment. Each location must also discuss the response role Medigas can play in emergency situations. Document the interaction.
- Whenever possible and resources permit, Medigas locations must cooperate and respond to requests for assistance from local government and emergency management organizations.
- Each Medigas location is required to prepare and maintain a list of local emergency response organizations and agencies. The list should be verified and updated at least every two years. The list should include the following:
  - Regional and local emergency planning offices address, phone number and contact name.
  - Name of state/provincial emergency management agency, address, and phone and contact name.
  - Regional and Red Cross office address, phone number and contact name.
  - Federal/Provincial Police headquarters address, phone and contact name.
  - Local Police and Fire, phone numbers.
  - List of all official, recognized emergency shelters addresses and phone numbers.

HOMECARE DISASTER PREPAREDNESS PLAN

Pandemic Emergency Plan
Medigas recognizes the importance of being prepared, to the fullest extent practical, in order to manage cris events including a pandemic. Medigas has undertaken to develop and implement corporate and site busine continuity plans that define actions to mitigate the impact of a pandemic on Medigas business operations. Elements addressed in the continuity plan are:

- Pandemic characteristics and impact
- Human resources issues
- Short, medium and long term planning
- Maintaining essential business activities
- Supply chain and business operations
- Protecting staff and visitors
- Workforce management
- Foreign travel
- Personal Protective Equipment

As with any crisis there are there are many uncertainties that can affect the outcome. The Medigas continui plan is intended to be adaptable dependent on the situation. Our business continuity planning in combinatic with our extensive supply and delivery capabilities all have the goal of enabling a continued supply to our customers in the event of a pandemic or other crisis event. For obvious reasons, due to the many uncertain involved in a potential event or crisis, Medigas cannot guarantee or warrant supply to any particular custome facility. We will however, exert our usual high levels of effort, as demonstrated in prior crisis situations, to w to optimize the supply of product.

POLICIES & PROCEDURES: Manual for MediSystem Serviced Homes
August 2023

mediSystem
by SHOPPERS DRUG MART

Table of Contents

28.3 Under no circumstance is emesis (vomiting) to be induced without consulting first with the Poison Information Centre or the pharmacy as certain substances may cause further damage to the upper gastrointestinal tract upon emesis.

30. Care Home Disaster Plan

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

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

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

1 Contact	Phone
	(416) 441-2293 (Toronto)
	(705) 722-7440 (Barrie)
	(519) 681-9020 (London)
	(905) 766-3410 (Mississauga)
	(613) 224-3225 (Ottawa)
	(705) 524-3542 (Sudbury)
Pharmacy	(403) 255-3886 (Calgary)
	(204) 784-2850 (Winnipeg)
	(587) 635 3148 (Edmonton)
	(604) 270-4590 (Richmond)
	(306) 949-3077,3,4 (Regina)
	(306) 445-6253, 3,4 (North Battleford)

	416-301-7449 / 1-877-631-6334 (Toronto, Mississauga)
	1-888-630-6334 (Barrie, London, Ottawa, Sudbury)
	1-403-466-6800 (Calgary)
After-hours	1-833-390-1020 (Edmonton)
pharmacist	1-778-908-7063 (Richmond)
	1-204-470-6025 (Winnipeg)
	1-306-999-0466 (Regina)
	1-306-445-6253, 3, 3 (North Battleford)

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

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

Home Disaster Plan

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

Request that all medications and MAR Sheets & TAR Sheets accompany the resident if possible.

MediSystem would require the following information in order to fill and dispense medications to these residents:

Resident's first and last name as it appears on their Health Card.
Health Card Number and Version Code
Allergy information, if known
List of all current medications
Name, address, telephone number of prescribing doctor OR
Name and telephone number of pharmacy supplying current medications

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